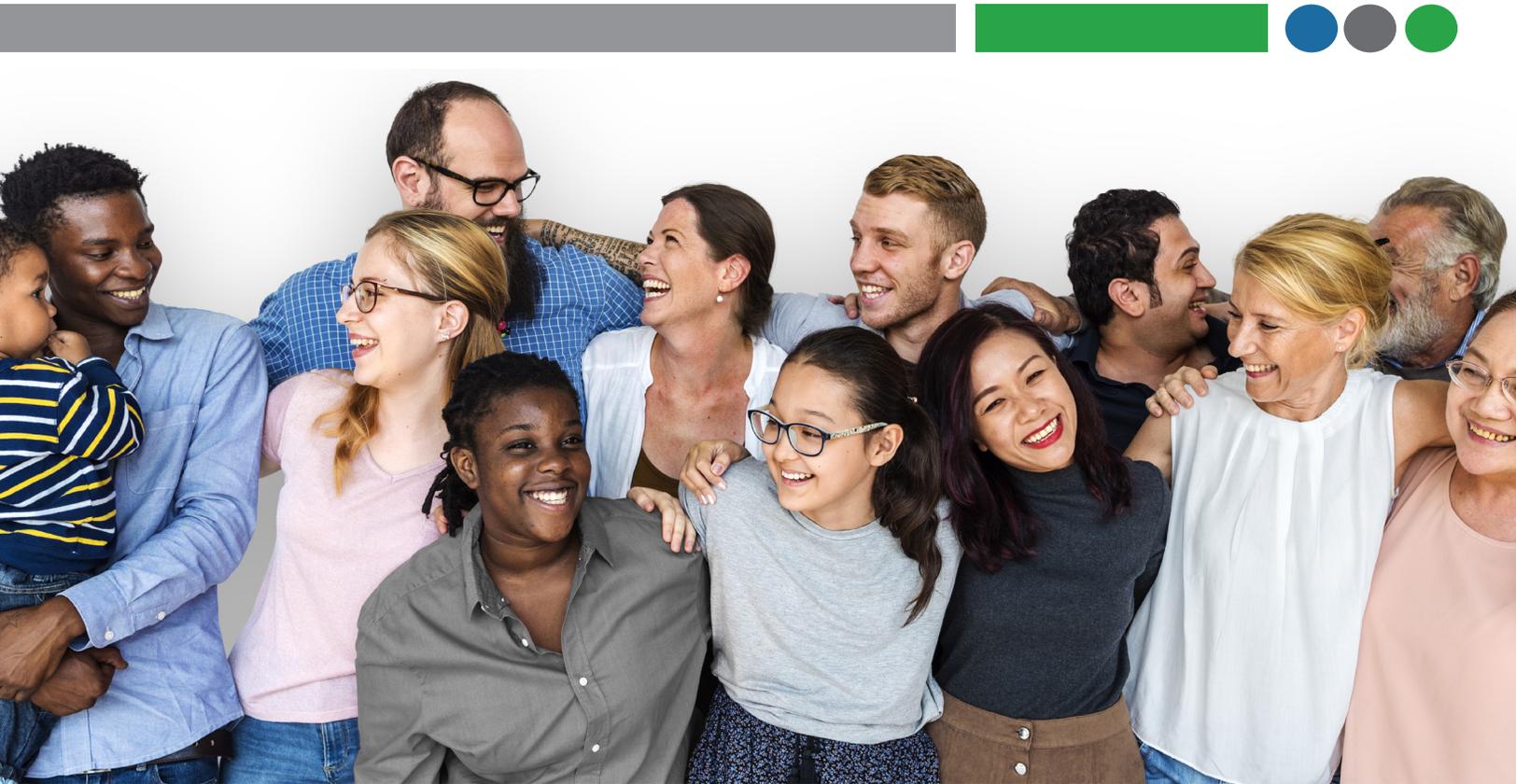


Oakland Community Health Network



Fiscal Year 2023 Annual Plan and Budget



Inspire Hope • Empower People • Strengthen Communities

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FISCAL YEAR 2023 (FY23) ANNUAL PLAN AND BUDGET PROCESS

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

The FY23 Annual Plan and Budget is the first year of the FY23 – FY25 Strategic Plan. Identified goals are accomplished through the development of specific objectives and are expected to be completed within 12 months. The FY23 Annual Plan focuses on new and emerging initiatives and addresses ongoing needs in the areas of workforce development, access to crisis and non-crisis care, healthcare integration, and the social determinants of health. OCHN remains committed to these important life outcomes for people receiving services.

The FY23 Annual Plan reflects OCHN's continued work to improve behavioral health 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.

OCHN is ahead of the curve when it comes to addressing broader trends and best practices in healthcare integration, and quality and value in behavioral health service delivery. The FY23 Annual Plan focuses on opportunities to expand and enhance this already strong foundation. OCHN's success in implementing integrated healthcare models includes Certified Community Behavioral Health Clinics (CCBHCs), Health Homes, complex case management provided by full-time nursing staff, veteran's navigators, an on-site hospital liaison, and an on-site coordinator with a Federally Qualified Health Center (FQHC). Additionally, OCHN's value-based contracting and service models promote quality over quantity, offering greater efficiency for use of public funds. Finally, OCHN's National Committee for Quality Assurance (NCQA) accreditation places the organization in the top tier of behavioral health managed care organizations throughout the country.

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 FY23 Annual Plan, a Glossary of Terms is located at the end of this document

MISSION, VISION AND VALUES

Our Mission

Inspire hope, empower people, and strengthen communities.

Our Vision

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

Our Values

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

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.

FY23 ANNUAL PLAN PRIORITIES, GOALS, AND OBJECTIVES

The FY23 Annual Plan activities are derived from the Strategic Priorities identified in the FY23 – FY25 Strategic Plan. The intent of the following priorities, goals, and objectives is to positively impact, significantly enhance the lives of people in Oakland County, and continue to 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 FY23 Annual Plan and Budget include:

- **Staffing and Retention**
 - Develop and maintain a qualified behavioral health workforce
 - Continue developing a diversity, equity, and inclusion (DEI) based hiring and retention strategy
- **Quality System of Care**
 - Enhance system of care and strengthen provider network to ensure timely access for all eligible populations in Oakland County
 - Improve HEDIS measure outcomes for service delivery
 - Evaluate, expand, and improve crisis and non-crisis services to meet identified needs
- **Administration and Service Delivery**
 - Continue to expand value-based contracting for service delivery
 - Evaluate and implement administrative efficiencies to increase ease of access to services
 - Expand technological solutions to improve service delivery and administrative efficiency
- **Integrated Healthcare**
 - Establish model(s) / proposal for integrated system of care
 - Increase care coordination across the OCHN system of care
 - Ensure equitable utilization and services by diverse populations
 - Improve SDOH for individuals receiving services through OCHN

- **Partnerships, Advocacy, and Community Outreach**
 - Improve OCHN's identity and affiliation branding
 - Proactive legislative advocacy to support public system
 - Identify / establish strategic partnerships

Staffing and Retention

This priority focuses on strategies to address worker shortages in Oakland County to meet the needs in the community. These strategies address worker shortages and identify opportunities to retain current staff, including Direct Care Workers, Direct Support Professionals, and internal OCHN staff. All OCHN's plans and goals are dependent on maintaining a workforce that is sufficient to meet the community needs.

1. **Implement targeted recruitment strategies online and with universities and colleges to increase workforce:** Utilize online recruitment tools and align OCHN's careers page with branding objectives. Participate in career fairs and expand internship opportunities in partnership with universities and colleges.
2. **Increase resources to support and retain existing workforce:** Continue to monitor wages and work to repair wage gap. Provide technical assistance and other support to staff at residential sites for addressing challenges. Provide targeted monthly trainings to provider network to support knowledge and skill development.
3. **Implement DEI Workplan to cultivate a workplace culture that fosters a sense of equity, inclusivity, belonging, and pride among employees:** Provide learning opportunities that promote DEI and identify key performance indicators to show status of DEI efforts.

Quality System of Care

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

1. **Expand crisis response system and develop a plan for comprehensive crisis continuum services:** Develop sustainability plan for the Children's Crisis Care Unit to continue services after Federal grant has ended. Establish Team to develop implementation plan and training to conduct threat assessments and crisis incident and stress management during crisis and disaster situations to lessen impact of post-traumatic stress disorders and to lessen burden on direct care workers. Expand Co-Responder model and Crisis Intervention Team (CIT) trainings to law enforcement. Evaluate the development and maintenance of an Assisted Outpatient Treatment program to increase individuals' engagement in community-based services, per Kevin's Law. Utilize sequential intercept (tool/model-find language) to identify and address gaps in crisis services and develop plan.

- 2. Improve access services:** Expand hours of operation for access services to weekends. Increase peer, veterans,' and school mental health navigators to help people access services. Implement new call center for Customer Services and implement a QR code tool with OCHN's contact information to facilitate communications. Create a data sharing system with Oakland County Jail to expand re-entry and community programs. Identify opportunities to fund juvenile justice diversion programs, provide individuals with medication upon discharge from jail, and opportunities to launch Forensic Assertive Community Treatment. Continue participating in state-level workgroup and develop an implementation plan for conflict-free case management to facilitate individuals' right to choose a provider.
- 3. Improve and strengthen provider network:** Expand provider network to increase choice and access for all populations. Monitor provider network for service gaps and develop implementation plan. Ensure provider compliance with Due Process requirements so that persons served receive due process to appeal decisions about allowable services. Implement practice guidelines and measures for ADHD, Borderline Personality Disorder, and Self-Harm and Suicidality in Adolescents. Implement new evaluation metrics and tools to improve outcomes. Launch new training platform for provider network to improve access to quality educational training.
- 4. Monitor and Improve HEDIS Metrics:** Develop interventions to improve outcomes on Healthcare Effectiveness Data and Information Set (HEDIS) measures for connecting people served with substance use disorder (SUD) treatment, follow-up care after hospitalization, and follow-up after an emergency department (ED) visit due to SUD and reducing racial disparity for these outcomes.

Administration and Service Delivery

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

- 1. Evaluate service models and increase value-based contracts:** Conduct community hospital analysis and develop a plan to decrease costs. Expand value-based contracts to continue focusing on quality of care and efficiency in service delivery. Evaluate and develop providers incentives for vocational service model to improve service delivery.
- 2. Partner with Other PIHPs to Identify Administrative Efficiencies:** Implement reciprocity for SUD audits to reduce administrative burden on SUD providers. Form workgroup with providers to identify duplication and areas to improve efficiency.
- 3. Improve Business Management Capabilities Through Software Solutions:** Partner with residential providers to identify opportunities to provide efficiency for residential progress notes in ODIN. Implement Provider Credentialing and Management module in ODIN. Continue implementation of Business Central and utilize for OCHN financial system and reporting.

Integrated Healthcare

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

- 1. Improve care coordination within local Hospital EDs and urgent care locations to facilitate post-stabilization services, diversions, and transitions back to the community:** Implement partnership with the Michigan Department of Health and Human Services (MDHHS), local hospitals, and FQHC to provide psychiatric telehealth in emergency rooms (ERs) and urgent care. Establish more hospital liaisons in EDs to better facilitate diversions and transitions back to the community. Implement Project Assert. Assess care coordination services. Improve post-stabilization services by implementing process to monitor utilization and efficacy of services within network.
- 2. Expand and support integrated health models:** Launch Opioid Health Home (OHH) and continue to increase enrollment in both the OHH and the SUD Health Home. Identify and establish a process for monitoring CCBHC trends and metrics and continue to analyze revenue and expenses to assist with provider funding and reporting to MDHHS. Track implementation of rights protections for all CCBHC participants, including non-Medicaid population.
- 3. Develop OCHN-wide plan to identify and improve health disparities and population health outcomes:** Implement new population health management software to monitor and improve population health outcomes. Identify under-served populations at risk for poor health outcomes through data analyses and develop interventions to improve outcomes. Research evidence-based Social Determinants of Health (SDOH) screening instruments and pilot the use of the instrument with one program in the OCHN System.
- 4. Facilitate access to housing resources for individuals served:** Manage placements and updates through OHLink to reduce vacancies and increase utilization. Identify and implement enhancements to the specialized residential services (SRS) and community living supports (CLS) provider network to identify housing needs and provide increased access to affordable housing supports and community resources.
- 5. Facilitate transportation access across service network:** Establish a transportation authorization in the planning process for all individuals served by including a transportation authorization in the IPOS or Treatment Plan. Identify OCHN administrative structure for Transportation service needs. Assist identified OCHN teams with solutions for immediate transportation needs to ensure program and service engagement.

Partnerships, Advocacy, and Community Outreach

This priority focuses on the involvement of people served by OCHN and the Provider Network in the development, implementation, monitoring, and evaluation of the supports and services they receive. Key strategic partnerships in the community help OCHN advance advocacy efforts promoting civil rights and the service and support needs of people served.

- 1. Identity branding campaign for OCHN's leadership role in behavioral health:** Educate the public about services that are available through OCHN by producing television commercials, purchasing advertisement space on billboards throughout Oakland County, and increasing the number of OCHN Facebook followers. Recruit individuals representing the Gen Z community to serve on workgroup to provide service and outreach recommendations for peers.
- 2. Develop and implement outreach plan for Oakland County's elected representatives:** Prepare educational packages for newly elected officials and conduct outreach to elected representatives on a regular schedule.
- 3. Build strategic partnerships with Oakland County officials, community leaders, educational institutions, law enforcement, and other health care entities:** Coordinate OCHN's participation in monthly community events or meetings. Increase engagement with NAMI Michigan. Expand CIT Oakland Advisory Committee.

FY23 Provider Network

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

Approximately 660 staff provide Supports Coordination/Case Management, Home-based services, Assertive Community Treatment (ACT), or other therapies to people served. Their role is to ensure the development, implementation, and monitoring of Individual Plans of Service, so that people served achieve their life dreams and goals. Nearly 130 therapists provide a variety of services, such as counseling, family therapy, occupational therapy, speech therapy, Applied Behavioral Analysis (ABA), and numerous Evidence-Based Practices (EBP).

Core Provider Agencies

- OCHN partners with a network of six (6) core provider agencies responsible for delivering a comprehensive set of services and supports through 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. In FY22, New Oakland Family Services was awarded a contract to provide Children’s Crisis Stabilization services to 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. The SUD Strategic Plan goals align with the goals of OCHN’s broader Strategic Plan.

- OCHN contracts with twenty-three (23) SUD prevention and treatment providers who are reimbursed via fee for service contracts.
- 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.

Direct Service Providers and Resources

- Fourteen (11) vocational and skill building providers.
- More than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers.
- Thirteen (23) 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, as CCBHCs.

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.

FY23 PROVIDER AGENCY CONTRACTS

The FY23 provider contracts reflect OCHN's contract obligations to the 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 FY23, to include outcomes, measures, performance levels, incentives, and performance evaluations. Due to the pandemic, which creates an unpredictable model of services for many providers, some networks remain on cost reimbursed models and are assessed quarterly. This is to ensure an ongoing viable and stable provider network.

FY23 PROGRAM AND BUDGET PLAN

Fiscal Year October 1, 2022 through September 30, 2023

Budget Narrative

Overview

OCHN is entering its FY23 with revenue expected to exceed expenses based on the rates provided by MDHHS. OCHN is experiencing a flattening of the eligibility trend that has been consistent throughout the Pandemic. There is significant uncertainty around the end of the Public Health Emergency and its impact on Medicaid and Healthy Michigan enrollment.

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 and FY22 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 and FY22 to begin to replenish the Medicaid Internal Services Fund that was used to support the system in FY18 and FY19. OCHN is expecting the eligibility trend to flatten in FY23 and begin to decline when the Public Health Emergency (PHE) ends. MDHHS has agreed to review PIHP rates when this happens to adjust for the decrease in enrollment.

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 expects a surplus in FY23. The eligibility trend is expected to flatten and potentially decline in FY23 as noted above.

General Fund (GF)

OCHN will receive \$10.8 million in GF for FY23. 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. FY23 is the fourth year OCHN has seen a reduction related to this change in methodology as FY19 CMHs were held harmless. During the PHE (Public Health Emergency), the use of GF has decreased due to increases in Medicaid/Healthy Michigan eligibility and spend downs not being required. This use is expected to increase when the PHE (Public Health Emergency) ends.

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 and Convention 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.

FY23 Revenues

Medicaid & Healthy Michigan revenue is projected to increase overall based on the continuing PHE and rate adjustments to a total of roughly \$3 million in additional Medicaid & Healthy Michigan revenue compared with the FY22 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. In addition, the CCBHC supplemental revenue will continue to increase as enrollment and services to individuals under CCBHC increases.

FY23 Expenses

Administration expenses are 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 as well as the second-year implementation of compensation analysis adjustments.

Program & Other expenses have been adjusted based on FY22 experience and adjustments planned for FY23 increases to service delivery costs and the number of individuals served. OCHN continues to fund some networks on a cost reimbursed basis due to the continued staffing crisis and challenges due to COVID-19. We will continue to monitor the remaining services on a quarterly basis in FY23.

Total change in net assets is projected to be a surplus of roughly \$2 million.

Use of Reserves and Savings

OCHN does not intend to utilize reserves in FY23.

OCHN FY23 Annual Budget

<i>REVENUES</i>	<i>FY23 Initial Budget</i>
Medicaid	
Medicaid Specialty MC	291,476,334
Medicaid Waiver	4,236,084
Healthy Michigan	51,731,125
Covid Premium Pay	22,837,678
Total Medicaid	370,281,221
State	
General Fund	10,809,183
Categorical	-
Total State	10,809,183
County Match	10,113,616
Other	
OBRA Reimbursement	742,500
Revenue -Grants	7,123,811
Income from Investments	230,000
Miscellaneous	372,763
Resource and Crisis Ctr.	947,512
SUD Other	13,609,998
BHH Case Rate	2,469,710
Tenant Income - Administrative Offset	441,032
CCBHC	25,567,577
Total Other	51,504,903
Total Revenues	442,708,923
EXPENSES	
Administration	
System Administration	27,450,183
Total Administration	27,450,183
Program & Other Expenses	
ABA	16,131,207
Core Provider- Adults	151,714,023
Crisis and Acute Care Services	40,524,667
Core Provider Kids	19,532,718
State Facilities	2,561,381
Housing Services	4,128,750
Substance Use	21,759,566
Grants	7,123,811
Purchase of Services - Other	1,752,736
Claims/Use Tax	3,047,467
Local Match Drawdown Expense	1,416,976
Resource & Crisis Center	2,469,294
Board Designated Honor	1,100,000
Vocational/Non-Vocational	17,218,903
Residential/CLS	118,917,912
BHH Case Rate	1,975,768
CCBHC	-
Provider Training	1,870,000
Provider Retention Payment	-
Total Program & Other Expenses	413,245,181
	-
Total Expenses	440,695,364
Change In Net Assets From Operations:	2,013,559

FY23 Annual Revenue by Funding Source Summary

OCHN

FY23 Initial Budget

MEDICAID	Specialty	Specialty	Healthy Michigan -			SED Waiver	TOTAL	
	Medicaid - Mental Health	Medicaid - Substance Use Disorder	Autism	Healthy Michigan - Mental Health	Substance Use Disorder			Children's Waiver
Budgeted Revenue	\$299,569,724	4,064,701	11,778,490	42,692,483	10,136,132	3,665,288	1,319,932	373,226,750
Budgeted Expenditures	294,208,285	3,893,805	18,693,849	39,313,781	9,262,681	7,724,338	1,008,408	374,105,147
Surplus/ (Deficit)	5,361,439	170,896	(6,915,359)	3,378,702	873,451	(4,059,050)	311,525	(878,397)

OTHER MENTAL HEALTH	General Fund	Local	Grants	Non-MDHHS	BHH	CCBHC	TOTAL
Budgeted Revenue	11,405,074	11,533,891	4,845,923	-	2,469,710	25,567,577	55,822,175
Budgeted Expenditures	15,928,537	5,392,650	4,845,923	1,100,000	1,975,768	25,567,577	54,810,455
Local 10% Match on State Funds	(750,000)	750,000					
Net Expenditures	15,178,537	6,142,650					
Surplus/ (Deficit)	(3,773,462)	5,391,241	(0)	(1,100,000)	493,942	0	1,011,720
Disposition of Deficit							
from excess GF			-	-			-
from excess local	3,773,462	-	-	1,100,000			-
Net Surplus/ (Deficit)	-	517,778	-	-	493,942	0	517,778

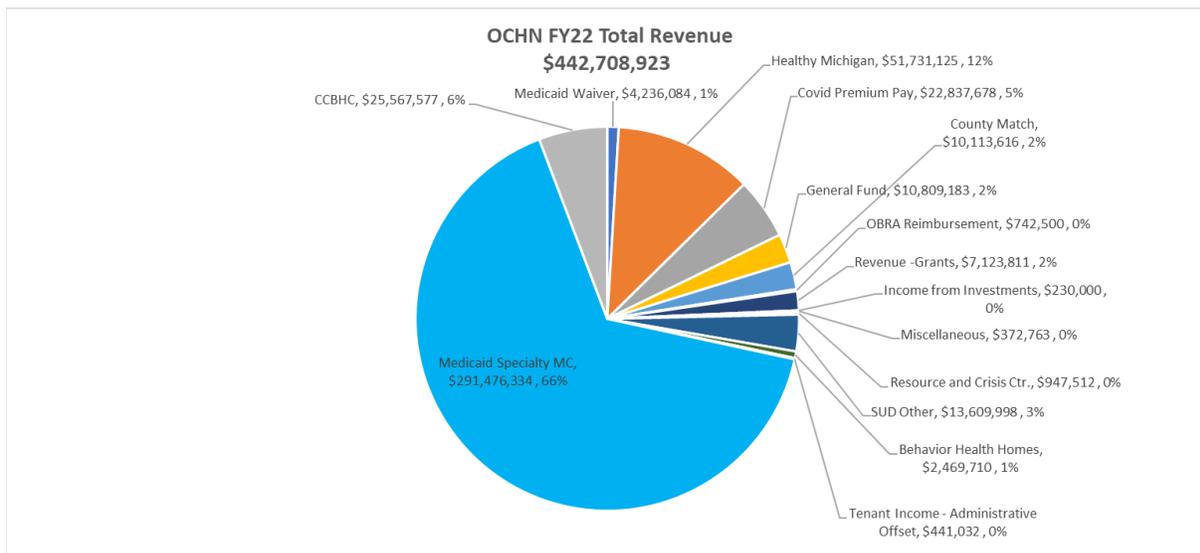
OTHER SUBSTANCE USE DISORDER	PA2	Block Grant	SOR Grant	SUD Covid-19		TOTAL
				Supplement	Grant	
Budgeted Revenue	4,816,565	4,604,657	2,334,280	1,904,496	13,659,998	
Budgeted Expenditures	1,113,713	6,427,274	2,334,280	1,904,496	11,779,762	
Surplus/ (Deficit)	3,702,852	(1,822,617)	-	-	1,880,236	

TOTAL BUDGET	TOTAL
Budgeted Revenue	442,708,923
Budgeted Expenditures	440,695,364
Surplus/ (Deficit)	2,013,558

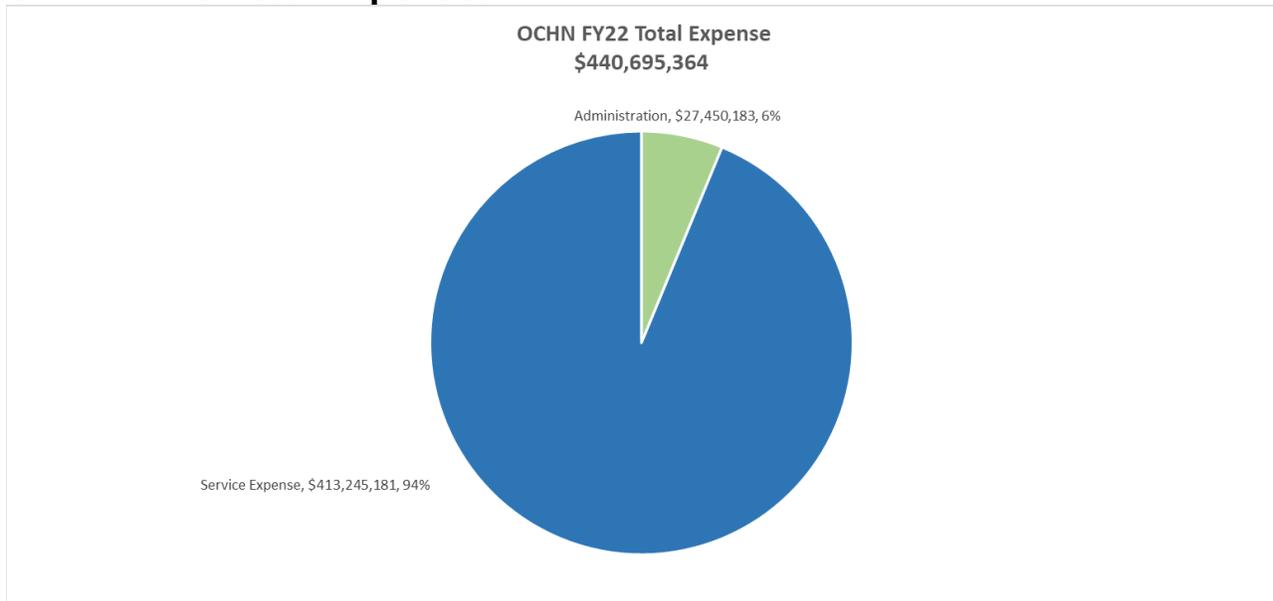
* Revenues and expenditures in this budget are projected conservatively.
 Historical data was used for revenue projections related to services and funding models

OCHN FY23 Total Revenue \$442,708,923

REVENUES	OCHN FY23 Total Revenue
	Revenue
Medicaid Waiver	\$4,236,084
Healthy Michigan	\$51,731,125
Covid Premium Pay	\$22,837,678
General Fund	\$10,809,183
County Match	\$10,113,616
OBRA Reimbursement	\$742,500
Revenue -Grants	\$7,123,811
Income from Investments	\$230,000
Miscellaneous	\$372,763
Resource and Crisis Ctr.	\$947,512
SUD Other	\$13,609,998
Behavior Health Homes	\$2,469,710
Tenant Income - Administrative Offset	\$441,032
Medicaid Specialty MC	\$291,476,334
CCBHC	\$25,567,577
	\$ 442,708,923



OCHN FY23 Total Expenses



FY23 Grants

OCHN continues to pursue and secure grant opportunities to supplement access to services, including 16 grants totaling \$7.1 million.

The following grants are approved by the MDHHS:

- Children's Intensive Crisis Stabilization Services Expansion: Provides Intensive Crisis Stabilization Services (ICSS) to children with serious emotional disturbance who are not funded by Medicaid.
- 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 .9 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 and one PTE 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 two .5 FTE at OCHN who are 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.
- Mental Health COVID Supplemental Services: Funds to operate a peer respite center providing 24 hours a day, 365 days a year support for individuals served in the OCHN network. Hope365 Peer Respite and Wellness Center provides the support and services contracted/funded through OCHN.
- Mental Health COVID Testing and Mitigation: Funds the expansion of activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 for individuals with serious mental illness or serious emotional disturbance.
- ARPA CCBHC Non-Medicaid Operations Support: Funding supports the delivery of non-Medicaid CCBHC Demonstration services to those with SMI/SED or Co-Occurring Disorders for persons uninsured/underinsured or who lack other sources of payment.
- ARPA ACT and Dual ACT/IDDT Financial Incentive: Funds provide workforce stabilization support to members of Assertive Community Treatment (ACT) and Dual ACT/Integrated Dual Disorder Treatment (IDDT) teams.
- Michigan State Opioid Response: Funds provided to increase access to Medication Assisted Treatment; reduce unmet treatment needs; reduce overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) and stimulant use disorders (StUD); and improve quality of treatment for StUD and OUD.
- 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.
- Federal Non-MDHHS ARPA Oakland County School Navigator Program: Funds 5.5 FTE to provide additional support for existing mental health resources in schools. The Initiative will work in collaboration with school staff, students, and families to provide support, resources and interventions and will act as a direct link to OCHN Access for public mental health services or connections to private resources. OCHN
- Federal Non-MDHHS SAMHSA Children's Crisis Unit: Funds support Children's Crisis Services to expand and enhance its capacity to effectively address the needs of children and youth.

FY23 Glossary of Terms

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

Behavioral Health Home (BHH): BHHs 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.

Crisis Intervention Team (CIT): The CIT program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. It also promotes officer safety and the safety of the individual in crisis.

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.

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

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.

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 facilitates a comparison of health plan performance on an “apples-to-apples” basis.

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

Home and Community Based (HCBS) Transition Plan: The Centers for Medicare & Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS), otherwise known as waiver services. 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 MDHHS from out-of-home placements and must be approved by the State for entry into the program by meeting specific, severity criteria that the State has established.

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.

OHLINK: Oakland Housing Link (OHLINK) is a collaborative project between Community Housing Network (CHN) and OCHN. OHLINK is a website containing information on licensed and unlicensed “group homes” in Oakland County. The homes contained on the website are available to case managers and support coordinators to aide in the search for housing options and vacancies on behalf of adult individuals receiving services through OCHN.

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

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.

QR Code Tool: A quick response (QR) code is a type of barcode. It is a machine-readable code consisting of an array of black and white squares, typically used for storing URLs or other information for reading by the camera on a smartphone. When smartphones scan the code, the user is usually directed to a website.

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

1. **Self-Direction**: People served lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
2. **Individualized and Person-Centered**: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies, as well as his/her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result, as well as an overall paradigm for achieving wellness and optimal mental health.
3. **Empowerment**: People served have the authority to choose from a range of options and to participate in all decisions – including the allocation of resources – that affect their lives and are educated and supported in so doing. They have the ability to join with others served to speak for themselves collectively and effectively about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
4. **Holistic**: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, served to have access to these supports.
5. **Non-Linear**: Recovery is not a step-by-step process, but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the individual to move on to fully engage in the work of recovery.
6. **Strengths-Based**: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, people leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of

recovery moves forward through interaction with others in supportive, trust-based relationships.

7. Peer Support: Mutual support – including the sharing of experiential knowledge and skills and social learning – plays an invaluable role in recovery. People receiving services encourage and engage others served in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
8. Respect: Community, systems, and societal acceptance and appreciation of people receiving services – including protecting their rights and eliminating discrimination and stigma – are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital. Respect ensures the inclusion and full participation of individuals in all aspects of their lives.
9. Responsibility: People have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Individuals must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
10. Hope: Recovery provides the essential and motivating message of a better future; people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life.

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.

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

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

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

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

Substance Use Disorder Health Home (SUDHH): An SUDHH provides comprehensive care management and coordination services to Medicaid beneficiaries with substance use disorder.

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 MDHHS. 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.