



# Oakland Community Health Network

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**FY2023-24 ANNUAL PLAN & BUDGET**



# Table of Contents

OVERVIEW: FY24 ANNUAL PLAN & BUDGET.....	1
MISSION, VISION & VALUES .....	3
FY24 STRATEGIC PRIORITIES & GOALS.....	4
PROVIDER NETWORK.....	6
FY24 BUDGET .....	8
GLOSSARY OF TERMS.....	12



Oakland Community  
Health Network

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*Developmental Disabilities • Mental Health • Substance Recovery*

**OCHN CONTACT INFORMATION**

Main Office Phone: 248-858-1210  
Non-Crisis Services Access Phone: 248-464-6363  
Customer Service Phone: 800-341-2003

**MAILING ADDRESS:**  
5505 Corporate Drive  
Troy, MI 48098

Oakland residents can learn more about public mental health eligibility requirements and OCHN non-emergency service options by calling at 248-464-6363. For crisis emergency services call the 24-hr Helpline at 988. People can also visit the website at [oaklandchn.org](http://oaklandchn.org).

## OVERVIEW: FY24 ANNUAL PLAN & BUDGET

Oakland Community Health Network (OCHN) is committed to a three (3) year strategic planning cycle. In August 2022, the OCHN Board approved the Fiscal Year (FY) 2023 - 2025 Strategic Plan, 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 FY24 Annual Plan and Budget is the second 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 FY24 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 a comprehensive children’s system of care. OCHN remains committed to these important life outcomes for people receiving services.

The FY24 Annual Plan reflects OCHN’s continued work to improve behavioral health access and equity for the Oakland County community, including the approximately 27,000 people who are served annually by OCHN. Additionally, OCHN collaborates and contracts with multiple community stakeholders, including Oakland County courts, law enforcement, local hospitals, the Oakland County Health Division, and Oakland County schools.

OCHN is ahead of the curve when it comes to addressing broader trends and best practices in healthcare integration, and quality and value in behavioral health service delivery. The FY24 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.

To better understand the FY24 Annual Plan, a Glossary of Terms is located at the end of this document.

# MISSION, VISION & VALUES

## Our Mission

Inspire hope, empower people, and strengthen communities.

## Our Vision

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

## 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.



**PERSON FOCUSED | PEOPLE FIRST**

# FY24 STRATEGIC PRIORITIES & GOALS

The FY24 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 set the compass for the annual plan:

- **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 Social Determinants of Health (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
- **Quality System of Care**
  - Enhance system of care and strengthen provider network to ensure timely access for all eligible populations in Oakland County
  - Improve Healthcare Effectiveness Data and Information Set (HEDIS) measure outcomes for service delivery
  - Evaluate, expand, and improve crisis and non-crisis services to meet identified needs
- **Staffing and Retention**
  - Develop and maintain a qualified behavioral health workforce
  - Continue developing a diversity, equity, and inclusion (DEI) based hiring and retention strategy

## 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. Comply with administrative Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Programs (CMHSP) redesign function and structure requirements:** Coordinate with the Michigan Department of Health and Human Services (MDHHS) to implement final conflict-free case management guidelines. Implement updated housing management contracts.
- 2. Use of technology to improve provider network monitoring:** Strengthen financial system management with improvements to Business Central and the ODIN electronic health record system. Enhance managed care system with software upgrades: population health tool, contact center, credentialing, and contract management. Implement audit reciprocity for SUD administrative audits. Utilize learning management system (Docebo) to deliver training opportunities throughout network.
- 3. Implement budget management strategies:** To transition from public health emergency contingencies, OCHN will focus on improving efficiency of managed care processes, explore additional revenue opportunities, reduce provider stabilization requests, and improve service analytics.

## 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 healthcare integration outcomes:** Utilize data collected from new population health management tool to improve population health and social determinants of health outcomes. Continue to support healthcare integration and review outcomes of Health Homes.
- 2. Evaluate and expand crisis services:** Explore opportunities to launch integrated behavioral health urgent care with partners. Monitor and improve post-stabilization services to reduce hospital admissions. Continue developing justice re-entry programming. Implement community threat assessment initiative. Expand crisis response training for the community. Assess the mobile crisis needs in Oakland County.

## 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. **Strengthen local relationships in Oakland County:** Educate newly-elected officials, including state, county, and city council officials, about public behavioral health services. Host community forums for the public at-large. Expand law enforcement and justice system partnerships and joint training opportunities.

### 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 Access services:** Improve workflow processes and increase Access staffing to cover additional shifts. Identify opportunities to integrate access in the community by regions. Expand jail diversion programming.
2. **Strengthen children's system of care:** Continue developing comprehensive network of community-based services and supports organized to meet the behavioral health needs of children and families. Transition the Youth and Family Care Connection (YFCC) from a grant-funded program to a sustainable service. Expand capacity for adolescent withdrawal management and residential treatment. Establish protocols and practices that improve monitoring and data plans. Continue outreach efforts to identify network service providers, increasing choice for families utilizing Serious Emotional Disturbance (SED) services.

### Staffing and Retention

This priority focuses on strategies to address worker shortages in Oakland County to meet the needs in the community. Implement strategies address worker shortages and identify opportunities to retain current staff, including Direct Care Workers (DCWs), Direct Support Professionals (DSPs), 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. **Cultivate positive work environment:** Continue conducting Great Place to Work surveys, reviewing the results with teams in order to engage staff in development and implement action plans.
2. **Develop career pathway for behavioral health system:** Attend career fairs to promote career opportunities through OCHN and the provider network. Maintain OCHN's apprenticeship program. Provide educational and professional training opportunities to OCHN staff, provider staff, peers, community members, and individuals receiving services.

### Provider Network

OCHN's entire provider network consists of 192 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.

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. Provider therapists provide a variety of services, such as counseling, family therapy, occupational therapy, speech therapy, Applied Behavioral Analysis (ABA), and numerous Evidence-Based Practices (EBP).

### Core Provider Agencies

- OCHN partners with a network of six (6) core provider agencies responsible for delivering a comprehensive set of services and supports through net-cost, service model, performance-based contracts.
- Eight (8) Core Provider Agencies provide supports and services to children and youth with Serious Emotional Disturbances and their families: CNSH, Easterseals MORC, Hegira, Judson Center, Oakland Family Services (OFS), and TTI.
- Three (3) Core Provider Agencies support Adults with Mental Illness: CNS Healthcare (CNSH), Easterseals Michigan MORC, 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 Easterseals MORC.

### Crisis Services

OCHN contracts with Common Ground to provide 24-hour crisis services to adults throughout Oakland County, including crisis intervention, inpatient admission emergency screening, and crisis residential services. OCHN contracts New Oakland Family Centers to provide 24-hour crisis services to children throughout Oakland County, including crisis intervention, inpatient admission emergency screening, and crisis residential services. Both Common Ground and New Oakland Family Centers provide mobile crisis team services.

### Substance Use Disorder (SUD)

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

- OCHN contracts with nineteen (19) SUD prevention and treatment providers who are reimbursed via fee for service contracts.
- The Sober Support Unit (SSU) provides immediate access to, or crisis support for SUD treatment located at the Resource and Crisis Center (RCC). This service is administered by Common Ground.
- The Recovery, Information, Support, and Education (RISE) Center, also located at the RCC, is managed by Personalized Nursing Lighthouse (contracted substance use treatment provider) which provides resource information and assistance to people who need services.

## Direct Service Providers and Resources

- Twelve (12) vocational and skill building providers.
- More than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers.
- Twenty-one (21) providers for Applied Behavioral Analysis (ABA) services.
- Seven (7) Behavioral Health Home providers.
- Two (2) Certified Community Behavioral Healthcare Clinics (CCBHCs).

## Additional Network Partnerships

- Other specialized providers who support the entire Network include: 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.

## FY24 PROVIDER AGENCY CONTRACTS

The FY24 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 FY24, to include outcomes, measures, performance levels, incentives, and performance evaluations.

## FY24 BUDGET

### Overview

OCHN is entering FY24 with revenue expected to exceed expenses based on the rates provided by MDHHS on Wednesday, August 23, 2023. The projected budget surplus in FY24 is \$15,291,159. Medicaid revenue comprises 91% of OCHN's total revenue. Approximately 94% of OCHN's expenses fall under program services and related costs, while administrative costs are estimated to be 6%.

# OCHN FY24 Annual Budget

## FY24 Initial Budget Draft 8.30.2023

<b>REVENUES</b>	<b>FY24 Initial Budget</b>	<b>Notes</b>
<b>Medicaid</b>		
Medicaid Specialty MC	356,196,387	
Medicaid Waiver	6,372,454	
Healthy Michigan	40,177,418	
CCBHC Supplemental	52,347,060	
<b>Total Medicaid</b>	<b>455,093,319</b>	
<b>State</b>		
General Fund	10,809,183	
<b>Total State</b>	<b>10,809,183</b>	
<b>Local (Oakland County)</b>	<b>9,956,178</b>	
<b>Other</b>		
OBRA Reimbursement	890,300	\$2,500 allowable revenue from Medicaid and \$887,800 allowable revenue from Grants
Revenue -Grants	4,826,390	Grants Revenue
Income from Investments	230,000	\$80,000 allowable revenue from Medicaid and \$100,000 allowable revenue from Local
Miscellaneous	372,763	Local Revenue
Resource and Crisis Ctr.	947,512	Local Revenue
SUD Other (PA2 & Block Grant)	13,555,049	SUD Grants and PA2
BHH Case Rate	2,469,710	BHH Revenue
Tenant Income - Administrative Of	480,877	\$46,7749 allowable revenue from Medicaid and \$13,128 allowable revenue from General Fund
<b>Total Other</b>	<b>23,772,601</b>	
<b>Total Revenues</b>	<b>499,631,281</b>	
<b>EXPENSES</b>		
<b>Administration</b>		
System Administration	30,981,286	
<b>Total Administration</b>	<b>30,981,286</b>	
<b>Program &amp; Other Expenses</b>		
ABA	17,250,000	
Core Provider- Adults	101,337,234	
Crisis and Acute Care Services	46,094,198	
Core Provider Kids	4,363,800	
State Facilities	2,561,381	
Housing Services	4,428,750	
Substance Use	21,839,904	
Grants	4,826,390	
Purchase of Services - Other	1,820,298	
Claims/Use Tax	3,277,517	
Local Match Drawdown Expense	936,904	
Resource & Crisis Center	2,469,294	
Board Designated Honor	1,100,000	
Vocational/Non-Vocational	13,908,976	
Residential/CLS	131,192,333	
BHH Case Rate	2,469,710	
CCBHC	91,546,147	
Provider Training	1,936,000	
<b>Total Program &amp; Other Expenses</b>	<b>453,358,835</b>	
<b>Total Expenses</b>	<b>484,340,122</b>	
<b>Change In Net Assets From Opera</b>	<b>15,291,159</b>	

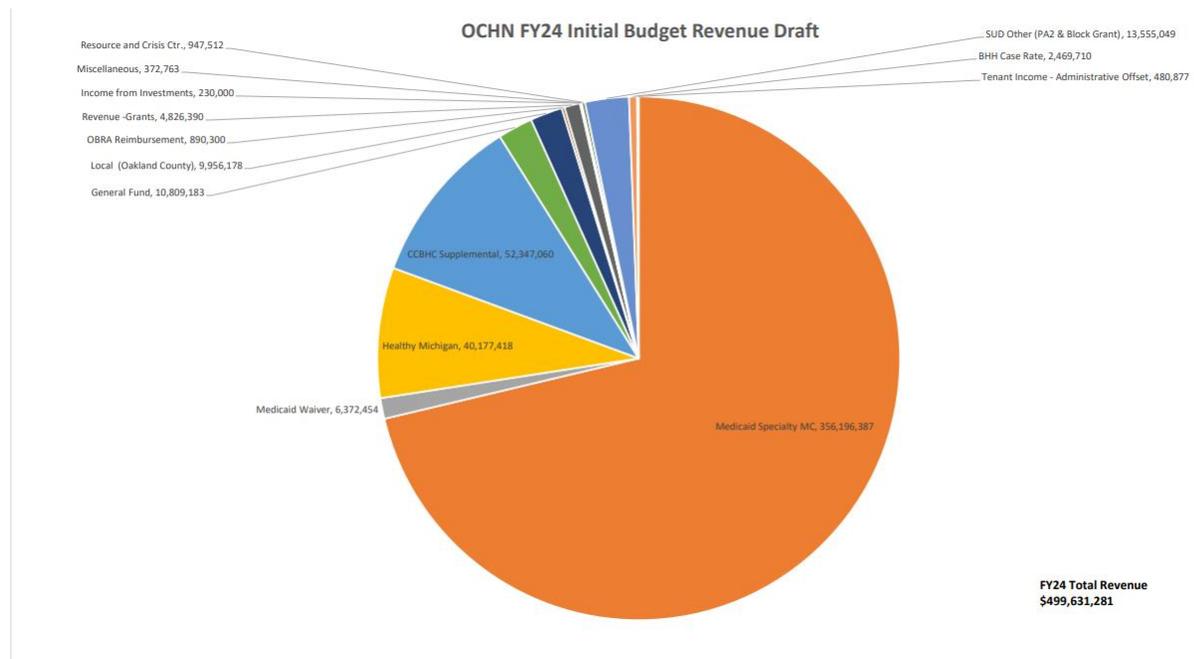
# FY24 Annual Revenue by Funding Source Summary

## OCHN FY24 Initial Budget Draft 8.30.2023

MEDICAID	Specialty Medicaid - Mental Health	Specialty Medicaid - Substance Use Disorder	Autism	Healthy Michigan - Mental Health	Healthy Michigan - Substance Use Disorder	Children's Waiver	SED Waiver	TOTAL
Budgeted Revenue	\$586,188,872	5,814,114	14,896,556	30,488,295	9,582,880	4,817,497	1,565,296	405,296,509
Budgeted Expenditures	319,087,772	4,914,128	18,490,989	37,452,314	9,858,771	4,313,006	682,705	394,799,776
Surplus/ (Deficit)	17,101,099	899,986	(3,651,433)	(6,964,019)	(275,891)	504,491	882,590	8,496,733
OTHER MENTAL HEALTH	General Fund	Local	Grants	Non-MDHHS	BHH	CCBHC	TOTAL	
Budgeted Revenue	10,822,311	11,376,453	5,714,190	-	2,469,710	52,347,060	82,729,724	
Budgeted Expenditures	13,026,396	4,755,140	5,714,190	1,100,000	2,469,710	51,822,577	78,888,113	
Local 10% Match on State Funds	(750,000)	750,000						
Net Expenditures	12,276,396	5,505,140						
Surplus/ (Deficit)	(1,454,085)	5,871,313	(0)	(1,100,000)	-	524,385	3,841,611	
Disposition of Deficit from excess GF								
from excess local	1,454,085			1,100,000				
Net Surplus/ (Deficit)		5,871,313				524,385	3,841,611	
OTHER SUBSTANCE USE DISORDER	PA2	Community Grant	SOR Grant	SUD Covid-19 Supplement Grant	TOTAL			
Budgeted Revenue	4,993,138	4,960,043	2,354,280	1,317,588	13,605,049			
Budgeted Expenditures	1,528,836	5,471,529	2,334,280	1,317,588	10,652,233			
Surplus/ (Deficit)	3,464,302	(511,486)			2,952,815			
TOTAL BUDGET	TOTAL							
Budgeted Revenue	499,631,281							
Budgeted Expenditures	484,340,122							
Surplus/ (Deficit)	15,291,159							

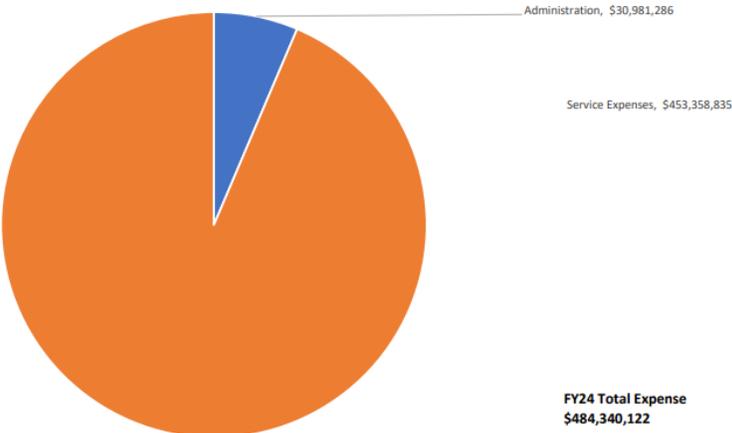
\* Revenues and expenditures in this budget are projected conservatively. Revenue projection are projected base on MDHHS draft rate setting and not finalized. Will amend once we receive the finalized rates. Historical data was used for expense projections related to services and funding models.

OCHN FY24 Total Revenue: \$499,631,281



OCHN FY24 Total Expenses: \$484,340,122

OCHN FY24 Inital Budget Expense Draft



## 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

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.

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

Crisis Stabilization Unit: 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.

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.

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

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

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

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

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

General Fund Revenue (GF): These funds are part of the State's GF budget appropriation. Amounts are distributed to each Community Mental Health Specialty Program, based on a formula and prior history, along with any adjustments MDHHS determines to be appropriate for revenue reallocation. Historically, OCHN is among the highest in GF and formula average. Payments are made monthly to OCHN and can be adjusted by 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.

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

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

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

Home and Community Based (HCBS) Transition Plan: The Centers for Medicare & Medicaid Services (CMS) have issued regulations that define the settings in which it is permissible for states to pay for Medicaid Home and Community-Based Services (HCBS), otherwise known as waiver services. 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 (ISF): Savings of unspent Medicaid revenue to be used at a future date. The unspent funds are restricted for use on Medicaid and Healthy Michigan service to cover higher-than-anticipated costs.

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

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

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals
- (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;

- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope, and duration of the service(s) to reasonably achieve its/their purpose; 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.

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

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

1. Self-Direction: People served lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
2. Individualized and Person-Centered: There are multiple pathways to recovery based on an individual’s unique strengths and resiliencies, as well as his/her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result, as well as an overall paradigm for achieving wellness and optimal mental health.

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

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

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

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

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

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

Trauma – Informed: Trauma-informed services acknowledge that lived experiences are the basis for therapeutic decision-making. They promote choice and empowerment for successful treatment. This approach is based on the recognition that many behaviors and responses (often seen as symptoms)

expressed by people served are directly related to traumatic experiences that often cause mental health, substance use, and physical health concerns. Incorporating trauma-informed values and services is key to improving services and supporting the healing process.