



Oakland Community
Health Network

Developmental Disabilities • Mental Health • Substance Recovery



Strategic Plan
Fiscal Year 2026 - 2028

Inspire Hope, Empower People, & Strengthen Communities

Introduction

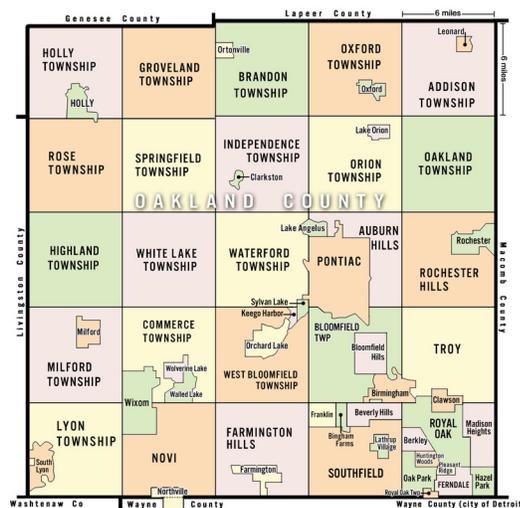
Oakland Community Health Network (OCHN) leads a provider service network that assists approximately 30,000 Oakland County citizens at more than 400 service sites across the county. OCHN also manages a \$440 million budget funded in part by the Michigan Department of Health Human Services (MDHHS), General Fund, grants, and Oakland County.

People who receive public behavioral health services through OCHN’s provider network include those who live with a intellectual/developmental disability, mental health concern, and/or substance use disorder. Most of these individuals have Medicaid insurance coverage. OCHN’s goal is to ensure these individuals are aware of and have access to services and supports that will improve their health and quality of life, as well as ensure their engagement in full community participation. As a Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Provider (CMHSP) under contract with MDHHS, OCHN is responsible for identifying, influencing, managing, and delivering public behavioral health services to Oakland County residents.



Need for a Strategic Plan

Every three (3) years, OCHN creates a Strategic Plan to ensure accountability to both the public and the individuals served through its provider network. This plan outlines the organization’s key priorities for the upcoming years and serves as a foundation for clear communication. The planning process invites feedback from the public and OCHN’s Board of Directors, allowing them to weigh in on these priorities and hold OCHN accountable for their success. Internally, the Strategic Plan helps leadership allocate resources and set timelines to achieve these goals. Additionally, it provides a framework for OCHN’s Annual Plan and Budget, developed each year within the three-year cycle. Annual goals, aligned with strategic priorities, are pursued through specific, measurable objectives and timelines. It’s important to note that the Strategic Plan is a living document. Progress is regularly assessed and shared with the Board, people served, providers, community partners, and the public.



How the Strategic Plan was Developed

The development of the Strategic Plan began with an in-depth Needs Assessment survey, which gathered input from a wide range of stakeholders, including individuals served, their families and friends, OCHN's contracted providers, the Board of Directors, OCHN staff, legislators, and other community members. The final Needs Assessment Report, presented during a public Board meeting, summarized the findings and served as the foundation for the Strategic Plan's development.

OCHN leadership and department directors crafted the strategic goals by combining their clinical and program expertise with insights from the Needs Assessment and other relevant data on current behavioral healthcare trends. A draft outline was then presented to the Board of Directors during a public meeting to gather further feedback, which shaped the final Strategic Plan. Before the Board and leadership approved the final version, the draft was also shared with the public for additional comments.

Scope of the Strategic Plan

By addressing current and emerging challenges, OCHN strategically plans for and adopts policies and practices that both advance its mission to inspire hope, empower people, and strengthen communities, and respond to an evolving service delivery system. The FY26-28 Strategic Plan is intended to guide OCHN as it:

- Sets policy and budget priorities
- Manages funding sources, grants, staff resources, and contracts
- Engages public and private partners
- Provides data and information about its progress



FULL



Organizational Overview

Mission

Inspire Hope, Empower People, and Strengthen Communities.

Vision

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

Values

These values are expected from all OCHN and provider network staff in their day-to-day work:

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



Scope of Activities and Services

At the time of writing the FY26-28 Strategic Plan, OCHN's 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 (CCBHCs), and behavioral health home (BHH) providers.

- Approximately 660 staff provide Supports Coordination/Case Management, In-Home Supports, or Assertive Community Treatment (ACT) to people served. Their role is to ensure the development, implementation, and monitoring of Individual Plans of Service (IPOS), 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).
- OCHN contracts with crisis providers as necessary to ensure network adequacy. Through this network, OCHN provides 24-hour crisis services, including the Crisis Telephone Line, crisis intervention and inpatient admission emergency screening, crisis residential services, and mobile crisis services.
- OCHN contracts with twenty-three (23) SUD prevention and treatment providers who are reimbursed via fee for service contracts. Additionally, the Sober Support Unit (SSU) provides crisis support for substance use disorder (SUD) treatment located at OCHN's Resource and Crisis Center (RCC). The SUD Strategic Plan goals align with the goals of OCHN's broader Strategic Plan.
- OCHN also contracts with:
 - Eleven (11) vocational and skill building providers.
 - More than one hundred (100) Specialized Residential and Community Living Supports (CLS) providers.
 - Nineteen (19) providers for Applied Behavioral Analysis (ABA) services.
 - Seven (7) Behavioral Health Home providers.
 - Fourteen (14) hospitals for psychiatric care.
- Additionally, OCHN maintains a variety of ancillary contracts which enhance overall service delivery, including maintaining long-term care agreements with six (6) facilities.



Management and Governance

OCHN is governed by a Board of Directors, appointed by the Oakland County Board of Commissioners (BOC), whose members bring a wide range of skills, educational backgrounds, and experiences. The Board meets multiple times a month to provide strong oversight and ensure the stability and effective governance of the agency, supporting its mission and long-term success. Key responsibilities include approving the annual budget, contributing to the development of strategic and annual plans, and supporting the annual Needs Assessment process. OCHN's CEO and Executive Director, a seasoned leader with extensive experience, works closely with a team of highly skilled executive staff to guide the organization's operations and strategic direction.

Environmental Scan

The environmental scan consisted of both internal and external analyses of key trends in behavioral health and the local service landscape. The internal analysis drew on qualitative and quantitative data identified through the Needs Assessment. The external analysis incorporated demographic and healthcare data specific to Oakland County, as well as broader trends in healthcare policy, service delivery, and workforce dynamics. Understanding these internal and external factors is essential, as they may influence OCHN’s ability to achieve its goals and are therefore critical in shaping the organization’s strategies and priorities.



National Trends

Federal Cuts to Medicaid

Federal Medicaid cuts could have serious consequences for Michigan’s public behavioral health system, which currently serves approximately 300,000 individuals through the state’s public behavioral health network. Medicaid is the largest payer for behavioral health services in Michigan, funding critical services and supports such as outpatient therapy, case management, crisis intervention, and residential care. A loss of federal Medicaid funding—potentially amounting to \$2 to \$4 billion annually beginning October 1, 2027—would severely strain Michigan’s community mental health system, which is already experiencing financial challenges. MDHHS has warned that these reductions could jeopardize care for hundreds of thousands of residents, especially those with serious mental illness, intellectual/developmental disabilities, and/or substance use disorders.

Health Models

The Affordable Care Act of 2010 introduced an optional Medicaid State Plan benefit allowing states to establish Health Homes to coordinate care for Medicaid beneficiaries with chronic conditions. These Health Homes emphasize a “whole person” approach, integrating physical and behavioral health services through six core services: comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social support services. Michigan has made the Health Home model a key part of its healthcare integration strategy. In October 2020, OCHN launched its Behavioral Health Home (BHH) model, quickly becoming a leader in the state. Other national and statewide trends in healthcare integration include CCBHC demonstration. In 2016, the State of Michigan applied to become part of the demonstration, and the demonstration launched in October 2021 at 13 sites throughout the State, including Oakland County.

Workforce Shortages

Health and behavioral health organizations across Michigan, including hospitals and community mental health agencies, have been grappling with persistent workforce shortages, a crisis that began before the COVID-19 pandemic but has since intensified. According to a 2023 report from the Michigan Health Council, the state is projected to face a shortfall of over 21,000 direct care workers by 2026, with vacancy rates for behavioral health roles, such as case managers, clinicians, and direct support professionals, ranging from 20% to 40% in some regions. This shortage directly impacts service capacity, leading to increased caseloads, burnout, and delays in care.

Local Trends

OCHN's Annual Needs Assessment Survey

From January to March 2025, OCHN conducted a comprehensive needs assessment to gather feedback from individuals served, their families, providers, community stakeholders, and other partners. A total of 823 people responded, with the vast majority representing individuals receiving services (374 total)—up 1% from the previous year. Efforts to increase access and inclusion included survey translations, in-person outreach at sixteen (16) provider sites, and multiple distribution formats (digital, paper, and community events). Respondents represented diverse population groups and geographic areas within Oakland County. Among persons served, satisfaction with behavioral health services remained high, particularly in case management, veterans' services, and healthcare coordination. Additionally, individuals expressed high satisfaction with Direct Support Professionals (DSPs) and community engagement services, although nearly half of respondents reported concerns about basic needs such as transportation, medical care, and housing.

Feedback from family members, DSPs, and community partners reinforced the importance of key service areas like respite, transportation, rights advocacy, and crisis intervention. Family members emphasized the need for accessible and coordinated mental health services, while DSPs highlighted wages and job flexibility as top priorities. Community stakeholders such as law enforcement, hospital staff, and school personnel, stressed the value of improved access to crisis services and jail diversion programs. When asked to identify strategic priorities for the coming year, most respondents pointed to mental health treatment, crisis intervention, and care coordination as the highest priorities. These findings offer a clear roadmap to inform OCHN's strategic planning, ensuring continued focus on equitable service delivery, accessibility, and community-driven priorities.

Energizing Connections for Healthier Oakland (ECHO) Data

Oakland County's ECHO initiative unites leaders in physical and mental health to enhance healthcare outcomes locally using Healthy People 2030 targets to monitor progress. The most recent outcomes underscore both progress and areas requiring targeted intervention in behavioral health. Key outcomes include:

- **Youth Mental Health Concerns:** A significant proportion of high school students in Oakland County reported persistent feelings of sadness or hopelessness, with a notable gender disparity favoring female students. This trend has been increasing over the past seven years, highlighting the need for focused mental health support for adolescents.
- **Access to Behavioral Health Services:** Residents have expressed challenges in accessing mental health services, particularly in underserved areas. This issue is compounded by a shortage of mental health providers relative to the population, as indicated by the county's health indicators.



Oakland County Census Data

Oakland County, Michigan, is home to a diverse population with both affluent communities and areas facing significant poverty and health inequities. A stark example of this disparity is the 21-year difference in life expectancy between residents living just twelve (12) miles apart within the county. Pontiac, a city within Oakland County, is designated by the U.S. Department of Health and Human Services as a Medically Underserved Area (MUA), facing challenges such as a shortage of primary care providers, high infant mortality rates, and elevated poverty levels. Additionally, data from the Oakland County Health Division (OCHD) and input from individuals served by OCHN highlight a critical need for expanded crisis response services, particularly for children and youth, who often face delays or insufficient support during mental health emergencies.

Behavioral health continues to be one of the most pressing concerns identified in the County's Community Health Needs Assessments, with suicide rates remaining high at 12.8 per 100,000 residents, and 1 in 5 children experiencing a serious mental health disorder in their lifetime. The county is also home to more than 51,000 Veterans, many of whom face unique behavioral health challenges. According to 2023 U.S. Census Bureau estimates, Oakland County's population stands at approximately 1.27 million, with 13.9% identifying as Black or African American and 4.7% as Hispanic. However, individuals identifying as Black or African American accounted for 30% of OCHN's crisis contacts in 2020, and Hispanic individuals represented 10% of crisis contacts, demonstrating a disproportionate representation of minority populations in mental health crises. In addition, 7.6% of Oakland County residents under the age of 65 report having a disability, further emphasizing the need for targeted behavioral health services and resources to address the needs of these vulnerable groups.

Summary of Strengths, Weaknesses, Opportunities, and Threats (SWOT)

OCHN remains a leader in advancing best practices in public behavioral health, particularly in areas such as care integration, value-based service delivery, and quality assurance. OCHN's National Committee for Quality Assurance (NCQA) accreditation places it among the top behavioral health managed care organizations nationwide, underscoring its commitment to high standards in service delivery and care coordination. Its proactive implementation of value-based contracting ensures public funds are used efficiently, prioritizing quality outcomes over service volume.

At the same time, OCHN must address key regional and statewide challenges. Oakland County continues to face significant health disparities rooted in high healthcare costs, racial disparities, and uneven access to services, including a shortage of public transportation. Data shows a disproportionate rate of behavioral health crises among Black and Hispanic residents, and there remains a critical shortage in the behavioral health workforce across Michigan.



Compounding these challenges are shifts in the behavioral health landscape, including the CCBHC Demonstration. While CCBHCs are designed to expand access to care, their introduction has raised important questions about how to maintain the strength of Michigan's long standing CMHSP system, which covers a broader array of services (such as specialized residential services) and has served communities for decades. Changes in oversight or funding

structures on top of Federal changes to Medicaid risk creating unintended fragmentation, reduced public accountability, and increased costs. It is essential to strike a thoughtful balance that leverages the innovations of the CCBHCs while preserving the stability and public stewardship provided by CMHSPs.

Another significant threat is MDHHS's proposal to uproot PIHPs through a competitive procurement process. This move has raised concerns among stakeholders, including the Michigan Association of Counties and local mental health providers, who argue that it could erode local control, reduce transparency, and potentially privatize managed care oversight. While private providers of direct care are fundamental partners in the current public behavioral health system, the introduction of private payers as PIHPs could mean higher administrative costs that divert funding away from services.

Despite these risks, OCHN is well-positioned to leverage its strengths. OCHN has responded to these concerns by increasing access points to services in the community, including the Mental Health School Navigators, Oakland 360 Care Center in Pontiac, and behavioral health clinician stationed at the OCHD office in Southfield. With robust community engagement, data-driven strategic planning, and strong provider partnerships, the organization can expand access, enhance crisis response capacity, particularly for youth, and support vulnerable populations, including those with disabilities, Veterans, and individuals facing housing insecurity. Continued investment in integrated care models, workforce development, and system-wide collaboration will be essential for navigating the uncertainties of FY26 and beyond while preserving the integrity and mission of Michigan's public behavioral health system.



Goals, Planned Accomplishments, and Strategies

Strategic Focus Areas and Goals

Managed Care Administration and Operations

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

- **Develop and maintain a qualified behavioral health workforce.** Focus on strategies to retain essential provider staff and internal OCHN staff. OCHN will increase opportunities such as partnerships with Universities and Colleges, network staff wages, creating efficiencies in onboarding staff, or making OCHN a competitive employer with an appealing work culture.
- **Improve efficiency of managed care processes and oversight.** Improve the efficiency of managed care processes and oversight by streamlining authorization workflows and enhancing data reporting capabilities.
- **Strengthen Community Mental Health Services.** Strengthening community mental health services by expanding access, enhancing service integration, and improving outcomes through partnerships, workforce development, and culturally competent care that is safe and inclusive for everyone.

Advocacy, Partnership, and Outreach

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

- **Reinvest in PIHP-County partnerships to strengthen behavioral health services.** Reinforce PIHP-county partnerships by implementing shared planning processes, funding collaborations, and joint accountability structures.
- **Build community partnerships.** Establish and strengthen community partnerships by engaging local organizations, including schools, housing agencies, faith-based groups, law enforcement, and advocacy organizations through formal collaboration agreements and joint initiatives to improve coordination of care and address social determinants of health (SDOH).
- **Build relationships with healthcare providers.** Enhance partnerships with network providers by developing integrated care protocols, data-sharing agreements, and referral pathways.



Comprehensive Systems of Care

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

- **Implement processes for monitoring and addressing network adequacy and provider capacity.** By integrating existing processes OCHN will establish a multidisciplinary approach to evaluate network adequacy and provider capacity that will inform decisions about system of care development. Leveraging this information and the expertise of a multidisciplinary team, OCHN will more effectively implement changes to meet the needs of its priority population.
- **Improve person/family-centered planning and care coordination.** Coordination among OCHN service providers and other service delivery systems (e.g., child welfare, social services, schools, physical healthcare) is integral to the development of a comprehensive system of care. Training and data-driven continuous quality improvement initiatives will improve access to supports and services for adults, children, youth, and families alike while ensuring alignment to best practices that target key performance indicators.
- **Explore the use of technology to enhance individual choice and independence.** By assessing opportunities to implement technology solutions across the provider network, OCHN will support individuals in having expanded choices regarding where they live and how they receive services. Technology solutions across the provider network could reduce dependency on paid staff and increase safety in the community.

- **Strengthen collaboration with Medicaid Health Plans.** Strengthen collaboration with Medicaid Health Plans for shared members by expanding data integration and sharing and implementing integrated care plans to improve health outcomes.
- **Enhance use of Healthcare Effectiveness Data and Information Set (HEDIS) measures and SDOH data to improve health outcomes.** Utilize HEDIS measures and SDOH data to design targeted interventions and track outcomes. Identify populations within Oakland County facing significant barriers to optimal health outcomes and develop targeted interventions to address their specific needs and improve overall well-being.

Crisis Continuum of Care

This priority focuses on enhancing access to a full continuum of crisis services that ensures timely, clinically driven assessment and stabilization for individuals during their most vulnerable moments. OCHN's role in managing crisis services will expand to increase access points across Oakland County, improve quality of care, and ensure MDHHS requirements are met.

- **Enhancing service delivery.** Increasing focus on improving internal policies, procedures, and protocols to ensure clarity, consistency, and alignment with best practices. Improved, detailed measures will assist crisis providers with understanding service expectations and strengthen crisis outcomes.
- **Expanding service utilization.** Elevating and expanding duties internally to include greater assurance of use of the full crisis continuum, while improving efforts to place individuals served in the least restrictive environment. Broadening internal roles and responsibilities to ensure full use of the crisis continuum while also prioritizing placement of individuals served in the least restrictive, most appropriate settings.
- **Collaboration and continuous improvement.** Collaborating with crisis providers to understand and enhance training and resources as it relates to crisis services and treatment implementation.



Monitoring and Review

Monitoring Progress

OCHN maintains a structured and collaborative process for monitoring progress toward its strategic goals throughout the year. This process includes departmental oversight, regular review by Chief Officers, governance by the Board of Directors, and the use of a centralized tracking tool to ensure transparency and alignment. Chief Officers and Department Directors meet weekly to review progress on key organizational initiatives and to address any barriers to implementation. The Board of Directors receive regular program and department updates to ensure continued oversight and accountability. In addition to mid-year and annual progress reports, OCHN staff prepare a comprehensive year-end strategic report summarizing outcomes, identifying lessons learned, and outlining opportunities for future improvement.



Plans for Reviewing and Refining the Plan

Each year, before the start of the fiscal year, OCHN staff develop an Annual Plan that aligns with the organization's broader strategic priorities. This planning process enables OCHN's leadership team, department directors, and Board members to establish clear, measurable objectives that support the achievement of long-term goals. The Annual Plan serves as a roadmap for implementation and resource allocation across the organization. To ensure accountability and adaptability, staff present a mid-year progress update and a final annual report that assesses progress toward the objectives, identifies any necessary adjustments to timelines or resources, and evaluates the impact on the provider network and individuals served. Annual and Strategic Plans and Reports can be found on OCHN's public website at www.oaklandchn.org.

Appendix

Environmental Scan Data

- Energizing Connections for Healthier Oakland (ECHO), convened by Oakland County Health Division, responds to community input to improve health outcomes and reduce health disparities in Oakland County. It is overseen by an Advisory Council with representatives from hospitals, human services, behavioral health, higher education, businesses, parks and recreation, economic development, emergency response, community organizations, and elected officials. Visit www.oakgov.com
- The Healthy People initiative is designed to guide national health promotion and disease prevention efforts to improve the health of the nation. Released by the U.S. Department of Health and Human Services (HHS) every decade since 1980, Healthy People identifies science-based objectives with targets to monitor progress and motivate and focus action. Visit www.health.gov/healthypeople
- The United States Census Bureau, officially the Bureau of the Census, is a principal agency of the U.S. federal statistical system, responsible for producing data about the American people and economy. Visit www.census.gov/quickfacts/OaklandCounty

Other Supporting Information

- The National Committee for Quality Assurance (NCQA) is an independent nonprofit organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation. Visit www.ncqa.org



OCHN does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Free interpreter services are available. If special accommodations are needed to inquire about services, please contact 248-858-1210.



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Services Offered

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

- Adult Mental Health
- Applied Behavioral Analysis
- Crisis Resources
- Children's Mental Health
- Serious Emotional Disturbances
- Employment & Skill Building
- Housing Resources
- Intellectual / Developmental Disabilities
- Jail Diversion / Criminal Justice
- Peer Support
- Substance Use Disorder
- Veteran's Services

Keep OCHN in Your Contacts!

1. Scan the QR code with a smartphone
2. Select "Save Contact"
3. Scroll down and tap "Create New Contact"

Access: (248) 464-6363
Suicide & Crisis Lifeline: 988



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