

EXECUTIVE DIRECTOR & CEO
Annette Downey

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Attn: Community Editors

FOR IMMEDIATE RELEASE

Contact: Christine Burk
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OCHN Receives Outstanding Community Partner Award

OAKLAND COUNTY, MI (November 19, 2018) – The Michigan Association of Rehabilitation Organizations (MARO) recently presented Oakland Community Health Network (OCHN) with the Apex Award for Outstanding Community Partner at their annual conference. This award recognizes the commitment of community partners toward the betterment of an existing program, or the creation of a new model that positively affects the quality of life for people receiving services.

“I was so proud to be able to accept the award on behalf of all of the outstanding OCHN employees, board members, providers, and stakeholders,” said OCHN Executive Director and CEO, Annette Downey. “Our focus on making positive impacts in the lives of people we serve was noted, and that is what we care about most.”

Nomination letters from service providers including New Horizons and JVS Human Services emphasized OCHN’s work in sharing best practices related to Home and Community Based Services, contracting processes and agreements, new rate structures, and outcome-based incentives. These all promote community inclusion and employment for people served.

OCHN was associated with terms like unique, systematic, fair, and economically diligent. It was also recognized for the continued desire for partnership, and transparency about fee structures. The focus continues to be on making a positive impact, providing increased choices in opportunities for all people to be employed and participate in the community, and practicing partnership.

About OCHN

Oakland Community Health Network (OCHN) is the public mental health system responsible for identifying, influencing, and delivering services and supports to approximately 25,800 Oakland County residents, including individuals with intellectual/developmental disabilities, adults with mental illness, children with serious emotional disturbance, and persons with substance use disorders. Most of these individuals have Medicaid.

OCHN's current network of service providers include: Common Ground, Community Housing Network, Community Living Services, Community Network Services, Easterseals Michigan, Macomb-Oakland Regional Center, Oakland Family Services, Inc., and Training and Treatment Innovations. A complete list of substance use service providers is available on OCHN's website. For more information about OCHN call 800- 341-2003 or visit www.oaklandchn.org

-END-

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OCHN Launches Person-First Language Campaign to Address Stigma

OAKLAND COUNTY, MI (September 10, 2018) – Oakland Community Health Network's (OCHN) Executive Director and CEO, Annette Downey, is leading staff, individuals served, and community partners in an effort to use more respectful language when talking about people who have an intellectual / developmental disability, mental health disorder, or substance use disorder.

The organization's new #LessLabelsMoreRespect campaign aligns with OCHN's commitment to eliminate words and terms that promote stigma.

"Our goal is to stop using a person's diagnosis to describe him or her," explained Downey. "It's important to refer to people as just that, people, and not their disability."

OCHN is recommending everyone use everyday terms when describing people who utilize public mental health services, such individuals, people or person, replacing words like client, consumer, and crazy.

The campaign includes posters, flyers, and social media messages to be shared locally and statewide. These materials provide examples of appropriate and respectful terms. Further, Downey will be speaking on the importance of person-first language during various community presentations.

"Person-first language matters if we are going to succeed in creating a more inclusive atmosphere," adds Downey. "We want to do everything we can to raise awareness about the importance of using respectful language to enhance the self-esteem of those we serve in Oakland and throughout the State."

Downey introduced the #LessLabelsMoreRespect initiative to OCHN's Board and staff members last month with customized cookies decorated with person-first language.

For more information about #LessLabelsMoreRespect, visit OCHN's website at www.oaklandchn.org and select the Press Room link under the About Us tab.

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-END-



Person-First Language Matters

People are not their diagnosis.

He has a mental illness.



He's mentally ill.



Oakland Community
Health Network

Developmental Disabilities • Mental Health • Substance Recovery

#LessLabelsMoreRespect

Person-First Language Matters



CORRECT


He uses a wheelchair


She is blind


He has a mental illness


She has schizophrenia

INCORRECT


He is confined to a wheelchair


She is visually handicapped

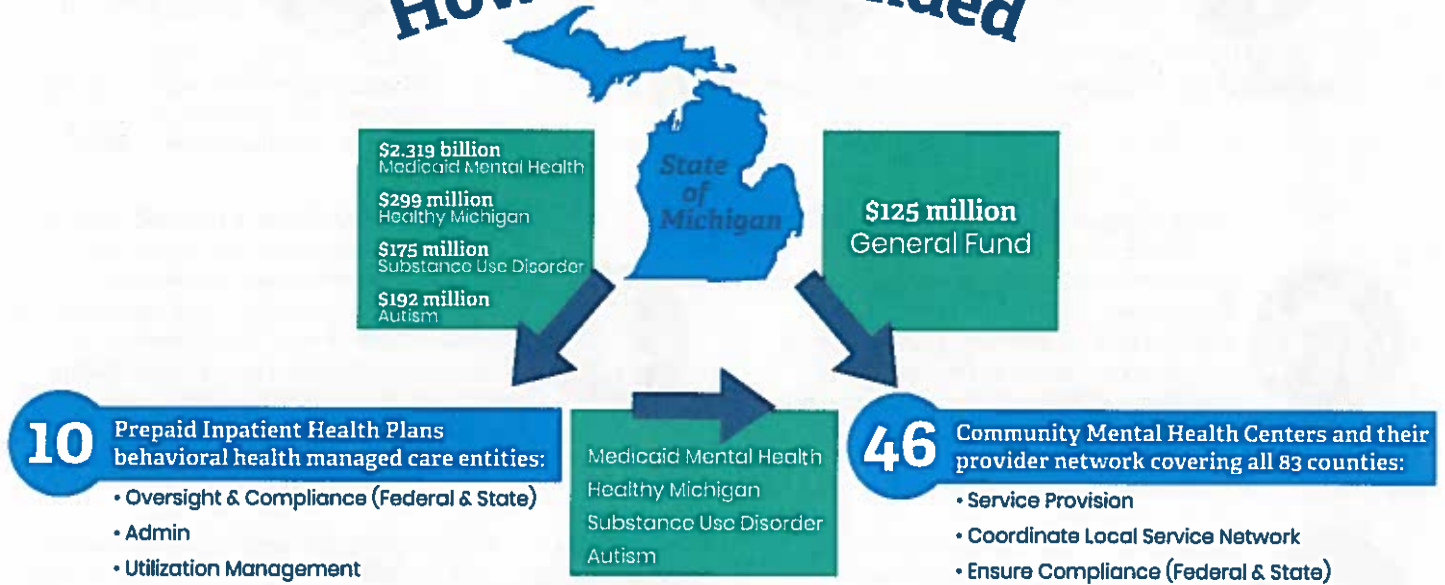

He is mentally ill


She is a schizophrenic



Community Mental Health Association of Michigan (CMHAM) is a trade association representing the 46 community mental health boards, 10 Prepaid Inpatient Health Plans, and more than 90 provider organizations that deliver services to adults with mental illness, children and adolescents with emotional disturbances, persons with intellectual/developmentally disabilities, and those with substance use disorders in every community across the state.

How we are Funded

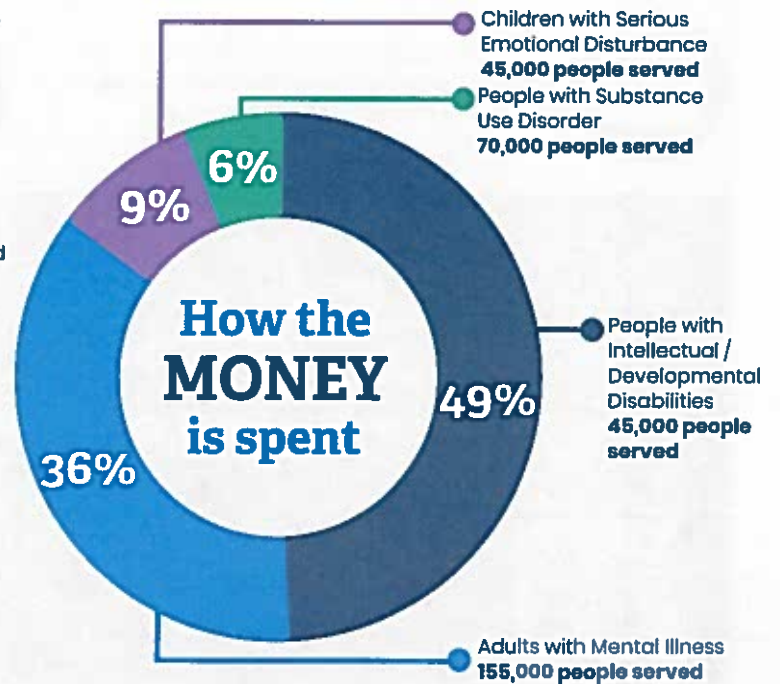
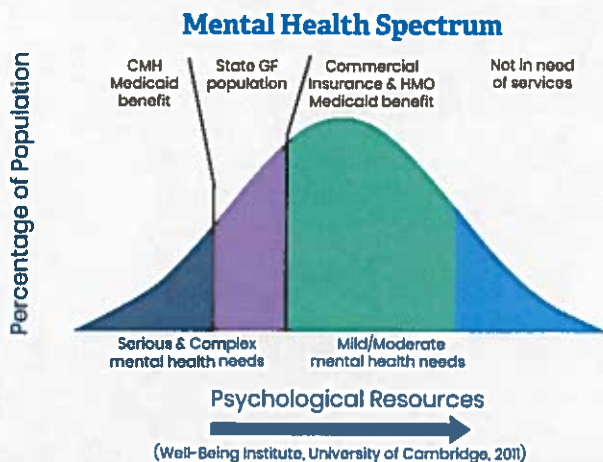


Who We Serve

Michigan's Public Mental Health System Serves 4 Main populations:

- Children with Serious Emotional Disturbances (examples: Obsessive-Compulsive Disorder (OCD) or Attention Deficit Hyperactivity Disorder (ADHD))
- People with Substance Use Disorders
- People with Developmental/Intellectual Disabilities
- Adults with Mental Illness.

Michigan is the **ONLY** state that serves all 4 populations in a managed care setting.



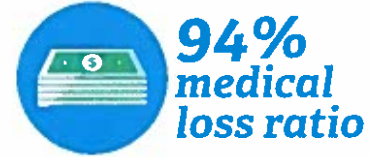
MICHIGAN'S PUBLIC MENTAL HEALTH SYSTEM DID YOU KNOW?



1 in 5
in the United States are impacted by a mental illness.



83 counties
in Michigan are covered by the 46 CMHs & 10 PIHPs.



94% medical loss ratio
(i.e. the percentage of dollars spent on actual care) of Michigan's public PIHP system has a statewide average spent on administrative costs of 6%.



Since 1997, Michigan has remained the only state in the nation that provides publicly managed care for all four major populations; adults with mental illness, children and adolescents with emotional disturbances, persons with intellectual / developmental disabilities, and those with substance use disorders **[saving the state more than \$1 billion!]**



24 hours a day / 7 days a week, mental health professionals provide services for people with mental illness, intellectual / developmental disabilities, and substance use disorders regardless of ability to pay. As outlined in Michigan's Mental Health Code, Public Act 258 of 1974, Michigan's public mental health system serves as the local public safety net for the state's most vulnerable citizens.



91 percent of the CMH budget is from Medicaid and Healthy MI plan. State General dollars that serve people without insurance makes up only 4% of the total budget.



2 million people statewide are impacted by one of the 300,000 people served by Michigan's public community mental health system when you include family, friends, neighbors, and co-workers.



Michigan's public community mental health system is a **\$3 billion industry** in our state employing more than **50,000 people**.



750+ Michigan's CMH/PIHP system is leading the way with more than 750 on-the-ground healthcare integration initiatives across the state - co-location, electronic health records, and partnerships.

Substance Use Disorders

Opioid deaths in Michigan are increasing. From 1999 to 2016, the total number of **overdose deaths involving any type of opioid increased more than 17 times in Michigan**, from 99 to 1,689.3 **Over six people in Michigan die every day from opioid-related causes.**

Every person can make a difference. Some things you can start doing today:

- Store medications safely.
- Don't share prescription medications.
- Learn to recognize the signs and symptoms of opioid abuse.
- Keep talking about the opioid epidemic and help break the stigma.

Healthy Michigan Plan provides dedicated and reliable funding for persons with substance use disorders and who have co-occurring mild to moderate mental disorders.

Prior to HMP (Medicaid Expansion), some regions had up to six month waiting lists for Medication Assisted Treatment (MAT) or withdrawal management /residential treatment. Oftentimes these are the most important services for people with opiate use disorders to begin the road to recovery.

Over 70,000 people receive Substance Use Disorder treatment and recovery services through Michigan's public system each year.

Employers Can't Attract Direct-Support Workers with Current Reimbursement Rates

Results of a Survey by the Partnership for Fair Caregiver Wages

In the spring of 2014, the Michigan Legislature passed a law to increase the standard minimum hourly wage, via annual increases, from \$7.40 to \$9.25 by January 1, 2018. The Legislature did not provide any additional funding for the wages of direct-support workers, the employees of state-funded programs that care for and support some of the most vulnerable people in our state.

An estimated 44,000 direct-support jobs are funded through Medicaid appropriations to support and serve people with intellectual and developmental disabilities, mental illnesses, and substance use disorders. Employers of these workers depend on Medicaid funding provided through the Michigan Department of Health and Human Services, and unlike other businesses, have little or no ability to increase revenues to meet increased staff costs.

Even before the increases in the minimum wage, staffing shortages tied to low wage rates were creating soon-to-be-crisis-level consequences.

New survey paints a stark picture.

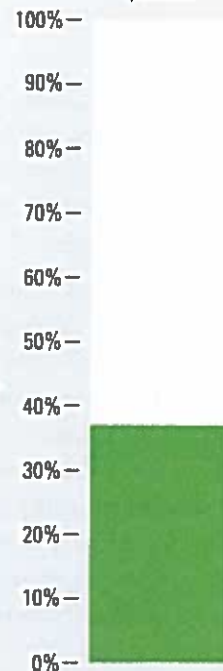
A recent survey (see page 4) sponsored by the Partnership for Fair Caregiver Wages highlights the challenge employers face in meeting the new minimum wage requirements.

The average starting wage for direct-support workers is \$8.69 per hour, but 28 percent of state Medicaid-funded employers pay a starting wage of less than \$8.50 per hour, the state minimum wage as of January 1, 2016. The majority pay an average starting wage of less than \$8.90 per hour, the minimum wage scheduled to go into effect on January 1, 2017.

An estimated 44,000 direct-support jobs are funded through Medicaid appropriations to support and serve people with intellectual and developmental disabilities, mental illnesses, and substance use disorders.

State Minimum Wage Effective 2017 \$8.90

Only 37 percent of employers have a starting wage at \$8.90 per hour or above



The Partnership for Fair Caregiver Wages is a coalition of state-wide organizations advocating for persons with disabilities, direct support staff, and employers as well as regional community mental health boards and individual employers. This coalition is seeking sufficient public dollars to raise the wages of direct support staff in Medicaid-funded programs supporting people with intellectual and developmental disabilities, mental illness, and substance use disorders. For more information, please contact Hollis Turnham at hturnham@PHInational.org or Robert Stein at rstein@miassistedliving.org.

Uncompetitive wages result in high turnover and many unfilled jobs.

An ever-changing stream of staff due to high turnover and unfilled jobs destroys the continuity of supports and services and undermines the quality of support for people with disabilities.

In one week, surveyed employers reported over 2,600 vacant jobs meant to support and serve people with disabilities.

The average annual turnover rate was 37 percent, though a sizeable number of employers report much higher rates. Almost half of responding employers (48 percent) have a turnover rate higher than the average, ranging from 38 to 97 percent.

High Turnover

Among those surveyed, a 37 percent turnover rate = loss of 6,308 employees in a single year.



100% = 17,409

The labor market has changed.

With the recent change in the state minimum wage, these state-funded direct-support jobs are now “minimum wage jobs.” This makes these challenging jobs even less attractive to workers who may find better wages in retail or food service.

The reality is that major retailers are raising their minimum wages to attract and retain employees. Michigan’s direct-service providers are competing for labor with companies like Target, Walmart and Costco, all of whom have announced their intention to increase starting wages.

To ensure that their state-funded programs caring for vulnerable residents can compete for workers, other states are stepping up to increase wages. Maine, for example, increased reimbursement for home and community-based providers from \$15 to \$25 per hour, and required that 85 percent of the increase go to the home care aides who deliver services.¹ New York has created a wage floor of \$10 per hour for its home care workers (the state minimum wage will be \$9 per hour at the end of 2015),² and Oregon will pay state-funded personal care aides \$14 per hour in 2016.³

Hourly Wages

Michigan Direct Support v. Major Retailers



Employers simply can't compete.

As this new survey shows, the vast majority of employers of direct-support staff cannot afford to raise starting wages to \$8.90 per hour—or higher—to compete in the open job market with such behemoths as Walmart, Target, and others.

Just over one third of providers are considering discontinuing some services, identifying staffing shortages and insufficient reimbursement rates as the primary reason for doing so.

Potential workers are already choosing other employment where they can earn the same or a better wage with much less responsibility than that of a front-line caregiver. If publicly funded employers can't afford to pay more than the minimum wage, they will not be able to provide the caregiving services that Michigan residents need.

Direct-Support Workers Earning Poverty Wages

The average hourly wage for all direct-support workers is \$9.52 per hour (including new and incumbent workers). With full-time hours, these workers earn just \$19,801 annually, an amount just below the living wage earnings for a single person to live self-sufficiently (\$20,761), and less than half that required to raise a child as a single parent (\$44,322).⁴ But notably, half the workforce works less than full-time, reducing their annual earnings.

Data shows that over half of Michigan's direct-care workers (including direct-support workers, home health aides, and nursing assistants) rely on public assistance, including food and nutritional assistance, Medicaid, and housing assistance to support their families.

Direct-support workers provide vital services to Michigan's families, but they don't earn enough to be self-sufficient themselves.

Solutions needed to stabilize support services.

State policies must change so that employers can recruit and keep skilled direct-support workers to support the independence of people with developmental disabilities, mental illness, and substance use disorders.

The Partnership is asking for a \$1 per hour, per year wage increase for fiscal year 2017, 2018, and 2019 that will place starting and current wages at \$10–\$12 per hour.

By increasing the wage rate for direct-support workers, Michigan will demonstrate that caregiving is “not a minimum wage job” but is instead an important part of supporting and strengthening Michigan families and communities.

HELP WANTED:
Challenging Work – Minimum Wage

Provide support to people with intellectual and developmental disabilities, mental illness, and substance use disorders to live full, vibrant, and independent lives.

2,600
direct-support
workers are
needed now

Direct Support Employer Survey Results

Endnotes

- 1 Maine PCAs Will Receive Wage Increase (July 22, 2015). Found at: <http://phinational.org/blogs/maine-pcas-will-receive-wage-increase>
- 2 Home Care Worker Wage Parity Frequently Asked Questions (FAQs) (January 2014). Found at: https://www.health.ny.gov/health_care/medicaid/redesign/docs/2014-01-17_faq_information.pdf
- 3 Oregon PCAs Could Earn \$15/Hour by 2017 (September 3, 2015). Found at: <http://phinational.org/blogs/oregon-pcas-could-earn-15hour-2017>
- 4 **Dr. Amy K. Glasmeier** (2015). Living Wage Calculation for Michigan. **Massachusetts Institute of Technology**. Found at: <http://livingwage.mit.edu/states/26>.

About the Survey

The Partnership for Fair Caregiver Wages sponsored the survey of employers with the Michigan Assisted Living Association. The vast majority of the responding employers provide residential services (86 percent), community living supports (74 percent), and personal care (68 percent) to people with intellectual and developmental disabilities (96 percent) and mental illness (68 percent).

The response provides statewide representation of Medicaid-funded providers, with the majority of respondents working in Wayne, Oakland, and Macomb counties.

The 121 responding providers employ 17,409 direct-support workers, across the state. Half of direct-support workers work full-time.

For more information contact

Hollis Turnham at hturnham@PHInational.org

Robert Stein at rstein@miassistedliving.org

— INTEGRATED HEALTHCARE COORDINATION — IMPROVES CARE AND LOWERS COSTS

Ensure Michigan's most vulnerable citizens receive quality physical and mental healthcare services, without moving funding. This can be accomplished through private and public collaboration reinforced by legislative support and alternative budget language.

CareConnect 360

Michigan Department of Health and Human Services (MDHHS)
Data Sharing Platform and Care Management Model



Enhance both **physical and mental health** outcomes for **people**.



Decrease system-wide **costs** for both **public and private** healthcare systems.



Position **Michigan** as a **national leader** in delivering **quality** healthcare services.

Reduced Healthcare Costs in Oakland County

Utilizing the MDHHS CareConnect 360 (CC360 / Care Bridge)

Emergency Department visits*



Hospital Days*



*This data reflects healthcare outcomes achieved by 74 individuals who received shared care planning using CC360 information.

Healthcare integration starts with the person,
not the funding level.



Developmental Disabilities - Mental Health - Substance Recovery

Keeping People First in Public Mental Health

While Building Bridges to Expand Healthcare Collaboration

Presented by:

Oakland Community Health Network
Annette Downey, Executive Director and CEO
Anya Eliassen, Chief Financial Officer

Thursday, April 11, 2019

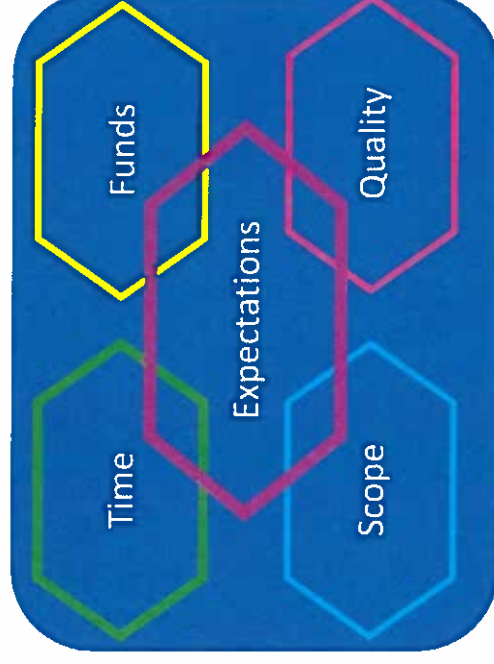
Inspire Hope • Empower People • Strengthen Communities

Specialty Public Mental Health Services



Funding Management

- General Fund reduction: \$200 million from Michigan's public mental health system
- Medicaid loss in 2017: \$133 million – due to continued revenue reductions
- Oakland County: over \$27 million Medicaid reduction over last two years alone
- Doing more with less using Outcomes-Based Payment Methodologies



Medicaid Revenue Reductions at a Glance

OCHN Medicaid Revenue



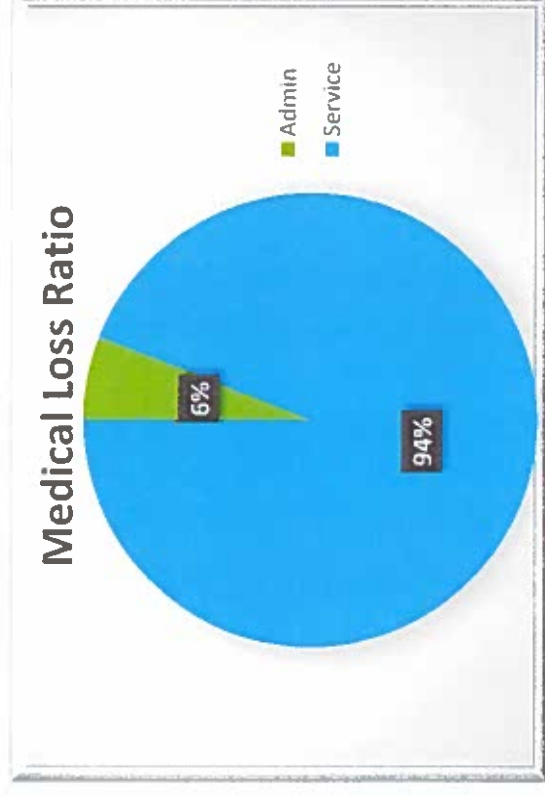
General Fund Reductions at a Glance

GF Allocation (in \$ millions)



Responsible Stewards of Public Dollars

- 94% percentage of funding for Michigan's public PIHP system is spent on actual care of people
- 6% is the statewide average spent on administrative costs
- 4% is spent on admin in Oakland

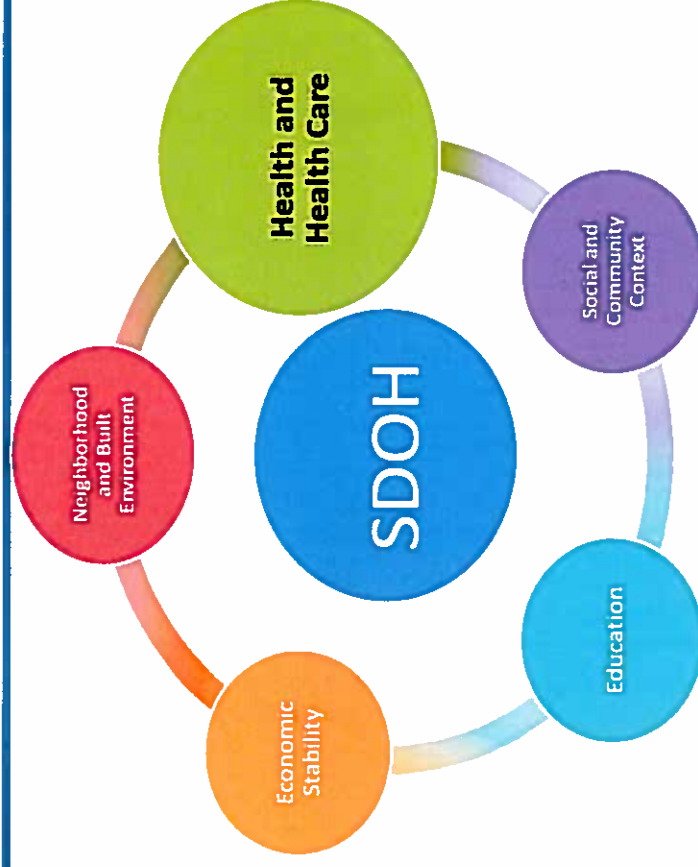


Concerns Identified by People Served

- Direct Care Worker Shortage
- Preserving the publicly funded and locally governed mental health system
- Employment
- Housing
- Transportation



Social Determinants of Health



Responding to the Challenge

- Person-Centered focus
- Self-Determination arrangements
- Innovation
 - Outcomes-based payments for all service populations
 - Technology
- Collaboration
- Healthcare Integration – Building Bridges to Expand Healthcare Collaboration



Integrated Healthcare Collaboration

Oakland Community Health Network Proposal:

Expand use of Michigan Department of Health and Human Services (MDHHS) CareConnect 360 (CC360 / “Care Bridge”) data sharing platform and existing Care Management model.



CC360 / Care Bridge Defined

- Tool to share physical and mental health information between healthcare providers
- Ensures quality care coordination
- Minimizes service duplications
- Enhances service delivery to people

Integrated Healthcare



MDHHS – Persons Served Health Data

PIHPs
Prepaid Inpatient
Health Plans

MHPs
Medicaid
Health Plans

Collaboration / Monthly Meetings /
Care Coordination

Leading Innovative and Integrated Healthcare for People



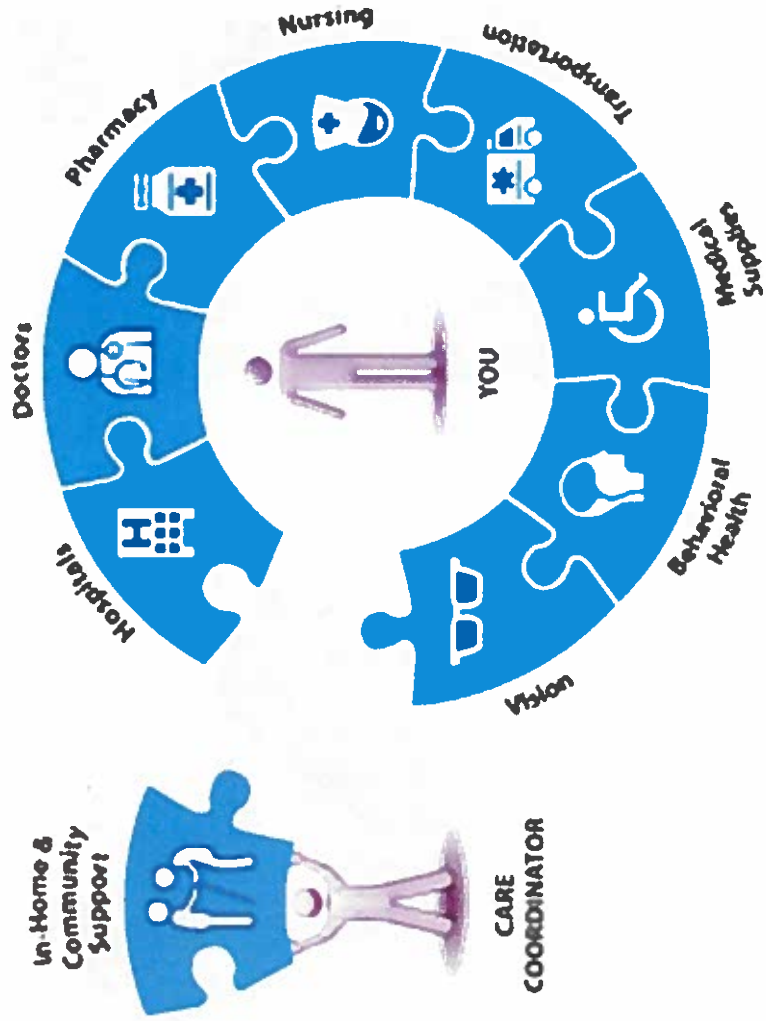
Inspire hope. Empower people. Strengthen communities.

Non-Emergency Services: (248) 464-6363

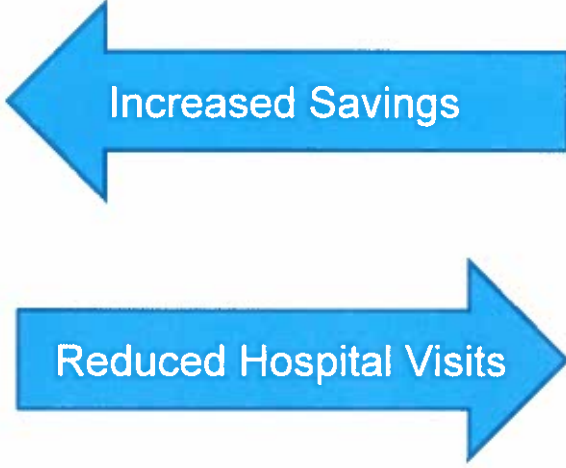
Healthcare integration happens at the **PERSON LEVEL**, not at the funder level.



Care Coordination



Improved Healthcare – Reduced Costs



Michigan is a Leader, Not a Follower



Listen to the voices of those who rely on services.



Protect and promote Public Mental Health Services in Michigan via expansion of our existing healthcare coordination tool (Care Connect 360) and utilization of our Care Coordination support model.

- Substance Use Recovery**
- Education/Prevention
 - Medication Assistance
 - Recovery Support
 - Therapy
 - Withdrawal/Detox



- Intellectual/Developmental**
- Community Inclusion
 - Employment
 - Health Education/Support
 - Integrated Healthcare
 - Supports Coordination

- Children Emotional Support**
- Caregiver Assistance
 - Crisis Intervention
 - Family Support
 - Integrated Healthcare
 - Psychiatry/Therapy

- Mental Health**
- Community Inclusion
 - Integrated Healthcare
 - Jail Diversion
 - Nursing/Health Education
 - Psychiatry/Therapy

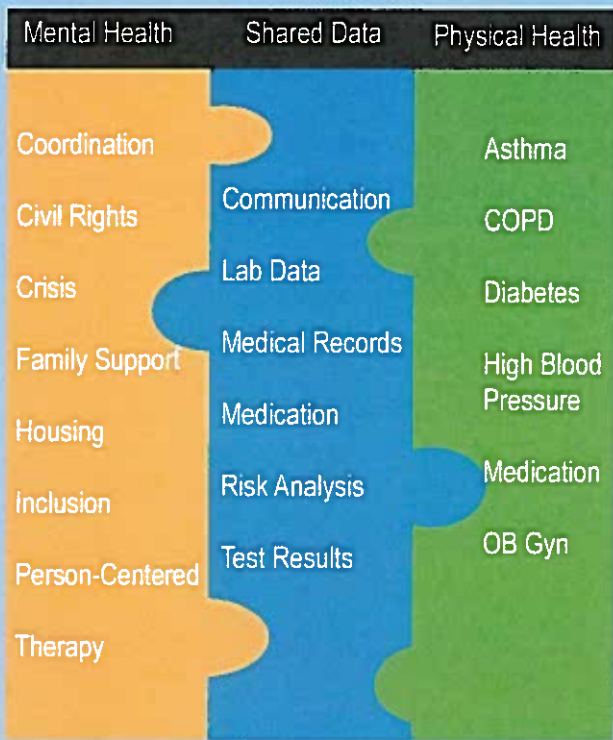
Oakland Community Health Network (OCHN) is both a Prepaid Inpatient Health Plan and a Community Mental Health Service Provider funded in part by the Michigan Department of Health and Human Services.

Leading Innovative and Integrated Healthcare for People

OCHN serves 27,000 people; directs a network of 150 providers and 300 service sites; and manages a budget of more than \$300 million.

OCHN's outcome-based service programs address social determinants of health, including housing, employment, and criminal justice assistance.

Integrating mental, substance use, and primary healthcare produces the best outcomes and is the most effective approach to support people.



OCHN is an active partner with Medicaid Health Plans for statewide care coordination.

OCHN provided funding to establish a Federally Qualified Healthcare Clinic, ensuring people have access to primary healthcare.

OCHN uses data driven tools, like CC360, to promote service and quality improvements.



Case Management

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

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

Community Living Supports (CLS)

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

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

Criminal Justice Services

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

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

Employment Supports

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

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

Housing

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

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

Peer Mentor/Peer Supports

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

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

Respite

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

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

Substance Use Disorders

**Inspiring Hope, Empowering People, and
Strengthening Oakland County Communities**

- **Program Initiative: Alliance of Coalitions for Healthy Communities (ACHC)**
Community Value: The ACHC exists as an umbrella organization funded by OCHN to ensure the sustainability and build the capacity of the 18 existing community prevention coalitions. The coalition's presently serve 46 of the 62 cities, villages, and townships (cvt's) in Oakland County (OC). The ultimate goal of the ACHC is to assist in establishing a coalition presence in every community in OC, bringing the community sectors together to address the local as well as region-wide problems that result from substance use.
- **Program Initiative: Do Your Part: Be the Solution**
Community Value: OCHN and The Alliance of Coalitions for Healthy Communities (ACHC) have teamed up to promote and create awareness for the State's Do Your Part: Be the Solution initiative to prevent the misuse of prescription drugs and alcohol. The awareness campaign includes the use of billboard and bus ads, social media ads, and electronic message boards located in Emagine Theatres throughout Oakland County.
- **Program Initiative: Family Against Narcotics Coalition (FAN)**
Community Value: OCHN and the Alliance of Coalitions for Health Communities (ACHC) have teamed up with Families Against Narcotics coalitions to address the opiate crisis and provide a resource for Oakland County families. There are coalitions that serve all quadrants of Oakland County.
- **Program Initiative: Law Enforcement Responds with Naloxone (LERN)**
Community Value: OCHN provides naloxone to local law enforcement in an effort to reverse an opioid overdose and save lives. Officers who complete the LERN Training carry the lifesaving medication to use when responding to an overdose incident. The training provides a basic understanding of addiction neurobiology, the impact of over-prescribed medication on substance misuse, and how stigma and misinformation about the disease of addiction are barriers to treatment and prevention. More than 2,000 Naloxone kits have been provided to local police departments since May 2015.
- **Program Initiative: myStrength**
Community Value: myStrength is a unique online emotional wellness program. Like a virtual gym for the mind, myStrength provides personalized online and mobile resources proven to promote ongoing emotional wellbeing. myStrength's safe and secure platform delivers stress management tools, inspirational videos, articles, and quotes, as well as step-by-step eLearning modules to help employees feel better and stay better. This resource has been made available by OCHN to all Oakland County residents.

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

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

- **Program Initiative: Behavioral Health Justice Collaborative (BHJC)**
Community Value: The Behavioral Health Justice Collaborative is a quarterly group that meets to address the justice initiatives at OCHN and the other critical community sectors. Community partners with a stake in justice outcomes for individuals with mental illness (Oakland County Sheriff's Office, Jail Services staff, Community Corrections, Court staff) as well as the OCHN Providers are in attendance at the meeting. A BHJC Newsletter is also published with the input of this group to be shared with the broader community.
- **Program Initiative: Crisis Intervention Team (CIT) Training**
Community Value: CIT is a nationally recognized, community program that establishes a partnership between law enforcement and mental health professionals. It is strategically designed to promote positive outcomes during crisis situations that require police assistance. Officers receive 40 hours of comprehensive mental health training, which includes information about mental illness and developmental disabilities, opportunities to speak with advocates, individuals with mental illness and their families, and participation in role-playing scenarios. More than 120 law enforcement and emergency dispatch representatives participated in this valuable training exercise. These efforts have been supported in part through successful grant writing at OCHN.
- **Program Initiative: Jail Program Services**
Community Value: OCHN provides psychiatric services at the Oakland County Jail for individuals in need of behavioral health interventions. Psychiatric services are available for all individuals who meet criteria while in the custody of the Oakland County Jail.
- **Program Initiative: Jail Release Transition**
Community Value: OCHN was awarded a 2016 grant to hire a REACH (Rapid Engagement and Access to Community Health) Coordinator. This person will be housed at the Oakland County Jail and able to screen individuals for eligibility at the time they are being discharged. Previously, individuals would have to do telephone screenings for eligibility. This person will also stay connected to this person until their first appointment with a mental health treatment provider, assist with having Medicaid re-instated, and make referrals to any and all resources (including medical health providers) so that the individual has a temporary plan in place until they assigned care provider can assume care.

- Program Initiative: Juvenile Liaison Position**
Community Value: The OCHN Juvenile Justice Liaison’s primary responsibility is to provide support to youth and their families through the OCHN system of care and/or community referrals, while working closely with members of the Juvenile Court Team (probation officers, casework supervisor, Public Defender’s Office, Prosecutors, Judges and Referees). The liaison will increase early identification of youths with potential mental health needs who are involved in the JJ system, assess for eligibility, and arrange access to CMH services and/or community referrals. This individual will also divert youths with mental health needs to appropriate treatment within the community, as an alternative to adjudicating them as delinquent; act as a consultant on mental health issues, treatment alternatives and resources to court staffs; and advocate for appropriate services for youths with mental health needs within the JJ system.
- Program Initiative: Kevin’s Law**
Community Value: The purpose of Kevin’s Law is to enable the court to order “Assisted Outpatient Treatment” for people with a mental illness who are the “least able to help themselves of most likely to present a risk to others. If the court agrees that the person is not going to help his or herself, the court can order the individual to contact OCHN for assistance. Kevin’s Law is used more frequently by Oakland County than any other county in the State.
- Program Initiative: Medicated Assisted Treatment Pilot**
Community Value: Oakland Community Health Network (OCHN) and the Oakland County Jail have partnered to provide a Medication Assisted Treatment (MAT) program to address the high rate of overdose upon release from incarceration. Recognizing that medication is an adjunct to treatment to aid in a person’s recovery while incarcerated, MAT combines individualized treatment planning, recovery coaches, and therapeutic services to address a person’s opiate use disorder.
- Program Initiative: Mental Health Courts**
Community Value: The 45th District Court (Judge David Gubow) has obtained a grant to establish a Mental Health Court in his district, with the possibility of this being a regional site. OCHN is a partner in the SCAO (State Court Administrator’s Office) grant opportunity and has hired a liaison who is embedded at the court. This staff member provides screening, brief intervention, and will serve as a system’s navigator. This is the first Mental Health Specialty Court in Oakland County.
- Program Initiative: Pre-Booking Jail Diversion**
Community Value: Pre-Booking Jail Diversion services offer persons diagnosed with a developmental disability, mental illness, or substance use disorder the opportunity to receive treatment within the community instead being charged with a criminal offense for a non-violent misdemeanor. Jail Diversion is accomplished through a comprehensive, county-wide partnership between law enforcement, the public mental health system, advocates, and other stakeholders.
- Program Initiative: Sequential Intercept Model**

Community Value: The Sequential Intercept Model, developed by the Gains Center, is a model used by OCHN to identify where gaps in mental health service exist along the criminal justice continuum. OCHN is consistently working to fill the gaps with grants or collaborative agreements with community partners.

- **Program Initiative: Stepping Up**

Community Value: The Oakland County Board of Commissioners (BOC) partnered OCHN and local members of the criminal justice system in support of the nationally recognized Stepping Up Initiative as stated in a recently approved resolution. Stepping Up is an unprecedented national collaboration designed to reduce the number of people with a mental illness in jail through appropriate treatment and prevention services. An Oakland County Stepping Up resolution in support of this effort was presented by BOC member, Shelley Taub, and passed with a unanimous vote on January 20, 2016.

Substance Use Specific to Justice Initiatives:

- **Program Initiative: Medication Assisted Treatment Jail Services**

Community Value: Due to the high prevalence of individuals with opiate addiction in the jail, we are importing screening and coordination of care services, providing funding to the jail for a part time staff position to assist with this population, and importing recovery coach services.

- **Program initiative: Community Corrections**

Community Value: Oakland County Community Corrections approached OCHN regarding their Alternatives to Incarceration program. This program was funded solely with county general funds. The funding was running out mid-year and approval was denied to increase funding. OCHN agreed to partner and provide funding for these services in order to maximize the county general funds and keep the program going. In addition, OCHN is partnering with Community Corrections and will be providing 50% of staff salary and benefits for a liaison between the court, community corrections, and access.

- **Program Initiative: Children's Village Substance Use Disorder Services**

Community Value: Created and fully fund a residential program within Oakland County Children's Village to serve detained youth in need of substance use disorder (SUD) services. Provide technical assistance and oversight of the program provided by a substance use disorder provider selected during the residential bid process. Currently in the process of developing programming to expand the program and provide early intervention services for youth who misuse substances, but may not exhibit the clinical need for residential services.

- **Program Initiative: Law Enforcement Responds with Naloxone (LERN)**

Community Value: OCHN provides naloxone to local law enforcement in an effort to reverse an opioid overdose and save lives. Officers who complete the LERN Training carry the lifesaving medication to use when responding to an overdose incident. The training provides a basic understanding of addiction neurobiology, the impact of over-prescribed medication on substance misuse, and how stigma and misinformation about the disease of addiction are barriers to treatment and prevention. More than 1,500 Naloxone kits have been provided to local police departments since May 2016.



Healthcare Integration

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- **Program Initiative: Oakland Integrated Healthcare Network (OIHN)**
Community Value: Oakland Integrated Healthcare Network is a nonprofit, 501(c)(3) established by OCHN in 2012. The Federally Qualified Healthcare Center (FQHC) offers complete, coordinated, high quality primary, mental and dental health care throughout Oakland County. Services are open to all, regardless of insurance or residence. Last year alone more than 16,000 people received services from OIHN. Additionally, OCHN recently finalized a contract with OIHN to provide psychiatric services for individuals who are exiting the OCHN public system or who may not be found eligible for services. OCHN also funded a full time case manager who is embedded in the OIHN clinics to support uninsured and underinsured individuals who cannot be served by the public system. Since 2012, OCHN has committed \$8.4 million to OIHN success, and is presenting a request to its Board to proposal for an additional \$900,000 in 2017.
- **Program Initiative: Healthcare Coordination - \$350,000 (grant funded / local dollars)**
Community Value: This initiative is the result of several smaller initiatives that blend together to coordinate all healthcare needs and services of the individuals served by OCHN. This is accomplished using data analysis to determine the most common chronic healthcare conditions experienced by individuals in the public system, ensure that each individual has access to and sees a primary healthcare provider, and by identifying and problem solving any barriers that are experienced. In addition, software is used to provide real time notifications of medical hospitalizations to providers and formal agreements with the Medicaid Health Plans assure that individuals receive all their entitlements while reducing duplicative services.



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Education

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- **Program Initiative: Transition to Life Council**
Community Value: OCHN is an engaged and active member of the Oakland County Transition to Adult Life Steering Committee, including representatives from special education, vocational rehabilitation, and parents/consumers. The purpose of the Steering Committee is to facilitate communication between entities concerned with the successful support and transition of individuals with disabilities to adult life.
- **Program Initiative: Project Search**
Community Value: Project Search works by forming a collaborative effort between local school districts, businesses and Community Mental Health organizations to provide firsthand, job-training experiences for students who have developmental disabilities. Supporting members of Oakland County's Project Search team include: OCHN, Michigan Rehabilitation Services (MRS), Oakland Schools, New Horizons, Jewish Vocational Services (JVS), Macomb Oakland Regional Center (MORC), Community Living Services (CLS), Jardon/Hazel Park Schools District, Troy School District, West Bloomfield School District, Henry Ford Health Systems West Bloomfield Campus, and Beaumont Health Systems Troy Campus.
- **Program Initiative: Youth Mental Health First Aid (YMHFA) - Project Aware**
Community Value: Its purpose is to build and expand Michigan Department of Education's capacity to increase awareness of mental health issues among school-aged youth, provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults, and connect children, youth, and families who may have behavioral health issues with appropriate services. Oakland County is one of three Intermediate School Districts where the YMHFA trainings are being offered.

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

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

- **Program Initiative: Hospital Liaison Position**
Community Value: In 2016, OCHN established a Community Hospital Liaison to support improvements in the experience of persons seeking/requiring acute psychiatric care. This full time position focuses on improving the process and flow from community Emergency Departments to either our crisis services (Common Ground) , or to inpatient care. The Hospital contracts for Inpatient Psychiatric care are held directly with OCHN. The Liaison works to establish a relationship with our contracted hospital partners and provides contract management.

OCHN has identified the need to expand the capacity to provide mobile crisis intervention supports to youth and families. OCHN staff have joined members of MDHHS in exploring options and making site visits to other communities that have initiatives under way. OCHN is also applying for grant funding that would cover the development costs of these services.

- **Program Initiative: Youth Suicide Prevention Grant**
Community Value: In 2014, OCHN was awarded a grant of \$200,000 annually for five years to support suicide prevention efforts throughout the county. The funds are part of a five-year grant, totaling nearly \$4 million from the Substance Abuse and Mental Health Services Administration (SAMHSA) to MDHHS. Grant funds are being distributed from the state to OCHN, which is then contracting with the Health Division to implement system and systematic changes that address suicide. These funds continue to be used for training, community awareness events, and resource tools for schools, parents, and youth.



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Community Inclusion

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- **Program Initiative: Alliance for Housing**
Community Value: The Alliance for Housing is a nonprofit organization committed to end homelessness in Oakland County. It serves as the continuum of care for Oakland County in which funding for homeless grants and services will start to pass through. This is a community collaboration of both public and private members including: schools, hospitals, sheriff's department, day programs, homeless shelters, and the health department.
- **Program Initiative: Community Housing Network**
Community Value: CHN is a nonprofit organization established by OCCMHA in 2001 as a housing resource center. The agency offers an array of services and programs that work together to provide a comprehensive approach to working with those in a housing crisis or at risk of homelessness. Community programs include the Housing Resource Center, housing counseling, Getting My Own Address (GMOA), future housing planning, community outreach and street outreach (PATH), and Shelter Plus Care designed to house and provide supportive services in the home for those vulnerable individuals.
- **Program Initiative: Individual Placement & Supported Employment**
Community Value: Individual Placement and Supported Employment (IPS) is an evidenced based model that helps people who have been diagnosed with a serious mental illness find work. IPS Supported Employment distinguishes itself from standard supported employment by using specific fidelity measures to achieve high employment outcomes. This model helps people gain employment in community based, integrated employment settings that pay minimum wage or above.
- **Program Initiative: Freedom Road Transportation**
Community Value: OCCMHA helped establish Freedom Road to fill the public transportation gap for the undeserved; giving individuals the freedom to avoid social isolation, attain employment, access medical services, shopping and other activities. The organization supplies resource information about available transportation, identifies people who are homebound or living in isolation, and provide monetary incentives for volunteer drivers to assist eligible persons in receiving needed transportation when they do not have any other form of transportation available or are unable to use other forms of transportation.

- **Program Initiative: Veterans Navigator Position**

Community Value: In 2018, OCHN established a Veterans Navigator position to support Oakland County veterans and their families, regardless of discharge status. This includes veterans who do not meet service eligibility due to time-in-service and veterans who are not eligible for Veterans Administration (VA) services. The Veterans navigator can also assist veterans who do not wish to seek traditional support paths.

The Veteran Navigator assists Oakland County veterans and their family members by helping them navigate state, federal, and community resources such as mental health, substance use, disabilities, support groups, housing, employment, transportation, and various other resources.

More information is available by phone at 248-764-4443 or via email at mcdonaldc@oaklandchn.org.

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

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

- **Program Initiative: myStrength**

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

OCHN's Integrated Healthcare Efforts

Population Health Management - OCHN used a MDHHS grant to purchase a software tool

- **Risk Stratification** - Tool allows us to leverage the CC360 data set to identify those with the most complex needs and at highest risk.
- **Access to Primary Care** - OCHN receives quarterly reports to identify people we serve who have not had a primary care service in the last 12 months. Providers use this information to ensure individuals are linked to a primary care provider.
- **Data Driven Quality Improvement** - OCHN uses the data in the Population health tool to identify gaps in service provision and design quality improvement efforts around those. These are based on the same HEDIS measures used by MHP's.

Coordination with FQHC

- **Launched OIHN:** OCHN provided the start up funding to create a local FQHC to ensure those we serve had access to all needed healthcare services.
- **Embedded Staff:**
 - *Health care coordinator-* OCHN uses a MDHHS grant to embed a Full Time Employee (FTE) to provide case management and brief solutions focused therapy interventions for people.
 - *SBIRT screener* - OCHN uses SUD funding to embed a FTE to provide the nationally recognized evidence based practice Screening, Brief Intervention, and Referral to Treatment (SBIRT) to patients at OIHN.

Additional Funding

- *Psychiatrist-* OCHN uses local GF to fund a psychiatrist at OIHN. This Dr. sees people with complex behavioral health needs that may not qualify for OCHN services.
- *Medications-* OCHN uses local GF to fund the cost of psychotropic medications prescribed by the psychiatrist.

Coordination with MHPs

- **Early Adopter Pilots:** One pilot conducted with two MHPs demonstrated that for every \$1 OCHN saved, the MHP saved \$16.
- **Statewide efforts** OCHN has active participants in the statewide care coordination efforts and has met each contract incentive 100%.

Provider Support

- *Drop Ins* - OCHN supports local drop in centers to obtain MDHHS block grant \$\$ to implement health activities.
- *Training-* OCHN uses data gleaned from the population health tool to identify the most common and high risk chronic healthcare conditions of people we serve.
- *Data Interoperability* - OCHN uses MDHHS block grant funding to support an API key between the OCHN EMR and the population health tool.
- *Adaptation of MQIC Guidelines-* OCHN facilitated a community effort to adapt the Michigan Quality Improvement Consortium MQIC guidelines used by the MHP's for behavioral health providers and community members.

Complex Case Management - Two OCHN nurse case managers use population health data to identify those served by OCHN providers who are at high risk and have complex medical needs.

Value Based Purchasing - OCHN implemented value based purchasing models which includes incentives to ensure access to care as well as the social determinants of health, including housing, employment, and reduced involvement with the criminal justice system.