



FY09 ANNUAL PLAN AND BUDGET

September 16, 2008

As Presented By:

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Optimism is the faith that leads to achievement.

Nothing can be done without hope and confidence.

Helen Keller

The staff at Oakland County Community Mental Health Authority offer their sincere thanks to everyone who provided comments, ideas and edits. Several hundred people at Club Houses, Drop-In Centers, Consumer Advisory Councils, Board meetings, staff meetings, and Public Forums provided input to the FY09 Annual Plan. Please know that your time and interest is truly appreciated. Your voice was heard. As always, it's our responsibility to listen and act.

MISSION, VISION AND VALUES

Mission

Oakland County Community Mental Health Authority (OCCMHA) supports ***the advancement of social equity and improved quality of life*** for adults with serious mental illness, children with serious emotional disturbances, and people with developmental disabilities.

We work to meet this mission by:

1. Requiring consumer choice and direction in all areas of organizational function, especially in the development and integration of support and service delivery systems.
2. Using effective resource management tools, evidence-based practices, and practice based evidence.
3. Budgeting financial resources to those served so that they can increasingly direct their own supports and services.
4. Partnering with people we serve and their advocates, community stakeholders and quality provider networks.

OCCMHA's vision is our identity. It gives shape and direction to our organization's future.

Vision

OCCMHA is responsive to its community's needs and ensures that quality supports and services are provided to those who access the public mental health system.

OCCMHA is recognized as a statewide leader in doing what is right with, and for, the people we serve and their families.

Values are traits or qualities that are considered worthwhile; they represent our organization's highest priorities and deeply held driving forces.

Values

OCCMHA believes that to be the best the following beliefs and principles must be understood and followed by all employed by OCCMHA and all who provide services and supports through contracts with OCCMHA.

- People we support are our first concern.
- All people are interdependent and equal citizens.

- Children and families are supported in ways that strengthen and preserve the family unit, and help the child to achieve skills that lead to a successful adult life.
- Those who seek our services are welcomed and addressed promptly with respect and service excellence.
- Each person is served or supported through mission-based, person/family-centered planning and by evidence/practice based and community-based services and supports.
- Co-occurring disorders are to be expected, recognized, understood and treated.
- People with disabilities are supported and served to achieve real and individually defined quality of life outcomes.
- People with disabilities are supported to have reciprocal, committed relationships with people whom they can rely upon and trust to advocate for their personal life outcomes, along with their health and safety needs.
- Services and supports are interventions. To be funded by the public mental health system, they must be “medically necessary” and the least intrusive to achieve positive, individualized outcomes.
- Any intervention limiting individual rights may only occur with demonstrated need and timely due process.
- People with disabilities must have opportunities and experiences to serve others and develop reciprocal relationships with people in the community who do not have a disability.
- Collaboration and properly released information sharing among all service providers is essential to use supports and services effectively.
- Positive community partnerships are necessary to achieve community integration and the reduction of stigma.
- Citizens of Oakland County are best served through the greatest transfer of public funding to supports and services to individuals, and when those funds are used in cost beneficial and cost efficient ways to achieve optimal life outcomes.
- The public trust requires continuous attention to improve all systems, refine accountability, share responsibility and demonstrate high standards of professionalism.
- Participation of the people we serve in all levels of decision making and service delivery is required.
- We are here to serve in such a manner that the entire Oakland County community achieves valued benefits as a result of our service.

- All members of our organization, including those agencies with whom we contract, must be committed to these values, and demonstrate knowledge through behavior consistent with these values and principles.

INTRODUCTION

OCCMHA believes in the following practices as our foundation for working with individuals and families:

- Life planning through Person-Centered / Family-Centered Planning processes;
- A Recovery orientation that gives hope and empowerment;
- Self-Determination, which provides greater control over provider choice and the use of an individual budget to purchase services that meet people's needs;
- A resilient family perspective that supports keeping families together;
- Trauma informed systems that are aware of the impact of trauma in people's lives; and
- Cultural sensitivity and competency honor diversity and assure equal access to and availability of services to all who are eligible.

These principles and practices, which express hope, dignity and empowerment, have the following in common:

- Placing people at the center of the planning process – listening to and pursuing their expressed dreams, goals, needs and desires.
- Building on the strengths of people and families – valuing abilities, resiliencies, talents, and the inherent worth of each individual.
- Pursuing outcomes that lead to better lives – housing, education, employment, relationships, health and safety, community membership, and transportation.
- Increasing the responsibility and authority of individuals and families in identifying and selecting services and supports that lead to positive life outcomes.
- Ensuring a responsive mental health system that offers choice of services and supports that meet the varying needs of individuals and families.
- Developing a system where people are aware of the cost of their supports and services and participate in making outcome based choices, representing as well the wise use of public funding.
- Assuring partnerships that actively include individuals and families in the planning, development, implementation and evaluation of policies, practices, and personal life plans.
- Responding to cultural differences that result in improved access and delivery of supports and services.
- Recognizing the importance of a community, where individuals and their families belong and are encouraged to realize their full potential.

FY09 ANNUAL PLAN AND BUDGET GOALS

By listening to and talking with individuals and family members who use supports and services, advocates, providers and other community citizens, OCCMHA staff are able to identify practices and resources that need to be developed or strengthened. Not all issues discussed at the Annual Plan meetings or communicated in writing are specifically mentioned in the Fiscal Year 2009 (FY09) Annual Plan. OCCMHA staff, however, review all recommendations and, when possible, include those recommendations in OCCMHA work plans. The Annual Plan also acts as our Commission on Accreditation of Rehabilitation Facilities (CARF) Accessibility Plan, where identified barriers facing the people served are noted and implementation plans for addressing these barriers are included in work plans.

Comments and recommendations are also considered in the continued development of the 3-5 year Strategic Plan and OCCMHA's response to the Department of Community Health's (DCH) "Application for Renewal and Recommitment," which is expected to be issued by November 1, 2008. Further, through our partnerships with individuals and families, providers, community members, and DCH, OCCMHA commits its resources to greater levels of excellence in the quality of outcomes for those served.

In the FY09 Annual Plan, you will find a continuation of many goals and objectives from the FY08 Annual Plan. Be assured that progress has occurred. However, many of the areas identified tended to be long term goals and fit better within a 3 to 5 year Strategic Plan.

This year, the FY09 Annual Plan focuses on those tasks, within larger work plans, that can be accomplished within 12 months. The tasks or objectives are listed under the following four (4) goal areas:

- I. Quality of Life Outcomes
- II. Strategies to Support Quality of Life Outcomes
- III. Effective, Consistent and Efficient Use of Resources
- IV. Infrastructure

I. Quality of Life Outcomes

1. Housing: OCCMHA continues to implement its 2005 – 2010 "Strategic Housing Plan for Consumers of the Oakland County Community Mental Health System."
 - Incorporate housing information and preferences as part of Person-Centered Planning, using this information to create a data base of current and future housing needs and preferences. Identified trends in housing needs and preferences help with future development of additional community wide housing options, with variation in locations and units to meet individualized needs. This information is also a useful tool to case managers / supports coordinators as they assist people in their housing preferences. While many people continue to live with their families, early data trends for those who choose to live elsewhere show

an increased demand for:

- Houses, condos, and apartments typical of the general population
 - Home ownership
 - Fewer people living together
 - Personal roommate selection
- Develop and implement a Housing and Roommate Locator system that allows for the simple searching of a wide variety of housing options, based on the needs and desires of consumers.
2. School Transition: OCCMHA actively participates in the Oakland County 'Transition Network', whose mission "is to ensure that through local collaborative efforts every person with disabilities will leave the school system with the necessary skills for transition and opportunity to achieve successful post school outcomes." OCCMHA encourages the use of the Person-Centered Planning process when developing individualized educational goals (IEP), so that the school and community mental health plans work together to support each person's life goals.
- Work with school Transition Counselors to make sure that students who need community mental health supports are identified as soon as possible, and that their support needs are also identified so that resource planning can occur.
 - Develop training for teachers and case managers / supports coordinators to address educational, training, employment, life skills, and housing needs, so that students are prepared for adult life.
3. Employment, Income, and Assets: OCCMHA continues to review, evaluate and update its "Increasing Value-Based Employment" work plan to ensure that individualized employment opportunities are available for all people, and that the number of people employed, creating income, and having assets is increased.
- Implement Evidence-Based Supported Employment for people with mental illness and co-occurring disorders, with money from a block grant for systems change. This provides competitive employment with follow along supports.
 - Develop employment and career opportunities for people with cognitive and developmental disabilities through project SEARCH, a workforce development initiative associated with large companies such as hospitals, banks, and automotive corporations.
 - Provide Social Security Benefit Planning Assistance to individuals so they are able to work and, at the same time, protect their financial and health benefits.
4. Transportation: OCCMHA has a transportation work plan and actively supports the Oakland County Transportation Coalition that was formed to expand transportation resources.
- Continue involvement in the West Oakland Transportation Advisory Committee (WOTA), a community collaborative of cities and townships along M59 that is addressing the unmet transportation needs of seniors and people with

disabilities. The purpose is to combine resources in order to develop comprehensive transportation services for residents along M59 and the western portion of Oakland County.

- Coordinate a series of community transportation discussions resulting from a grant received from Eli Lilly and Company. Those invited include advocates, representatives from mental health and other related organizations, members of the business community, and governmental representatives.
5. Relationships and Community Membership: OCCMHA expects providers to assist individuals in building relationships and community connections, should they have none or need improvements in these areas. Long term relationships form the foundation of one's social, personal, and spiritual lives. Real membership in one's community means that individuals are equal members of any number of civic, recreational, social, religious, or political organizations and clubs.
- Offer the training "Defeating Loneliness" as part of the OCCMHA Living Hope series. It is based on Mary Ellen Copeland's book, *The Loneliness Workbook*.
 - Coordinate the "ABILITY to Vote 2008" project to ensure that people understand their right to register to vote, and to ensure that they are transported to election precincts or have an absentee ballot, should they choose to vote.
6. Coordination of Mental Health and Health Care: OCCMHA continues to address 'Coordination of Care' issues to improve health and wellness outcomes for people, including those who do not have medical coverage or a primary care physician. This includes improved communication and coordination of treatment plans between people served, primary care services, Medicaid Health Plans, hospital staff, etc.
- Work with the Federally Qualified Health Plans to locate medical care, pharmacy, and mental health care in one building. This approach has shown improved mental health and health care benefits to individuals served.
 - Continue collaborative efforts with Oakland County's Medicaid Health Plans to address the needs of persons with high physical and / or mental health concerns. Identify unmet physical preventative care needs with data provided by the Michigan Department of Community Health and coordinate intervention activities.

II. Strategies to Support Quality of Life Outcomes

1. Peer Supports: Through strengthened collaboration between Peer Choices, Core Provider Agencies, and OCCMHA, opportunities exist for Peer Specialists to develop leadership skills, to provide training, and to help others achieve their goals of community membership, independence and productivity by providing:
- Vocational Assistance
 - Housing Assistance
 - Independent Facilitation of Person-Centered Plans
 - Transportation Assistance

- Wellness Recovery Assistance Planning (WRAP)
- Crisis Intervention
- Relationship Building Guidance / Friendship

OCCMHA expects to increase the number of Peer Support Specialists / Certified Peer Support Specialists (39 certified) by:

- Determining the capacity need for Certified Peer Support Specialist services; and
 - Providing training and support to Certified Peer Support Specialists to ensure a skilled workforce to help people to achieve their goals and dreams.
2. Individual Budgets and Self-Determination: OCCMHA is transitioning to a system where each person has an individualized budget that clearly identifies the costs associated for supports, services, and treatments. Individuals and families will participate in determining whether the services received support their goals and dreams and that those services represent best purchasing value. People will also have the option to direct their budget through the use of a Fiscal Intermediary organization.
 - Ensure that Core Provider Agencies provide people with their individual budgets in a format that is understandable and useable for them, and that identifies the costs of supports and services approved in their Individual Plans of Service.
 - Ensure that all Core Provider Agencies have contracts with Fiscal Intermediary organizations, so that they are prepared to offer control of individualized budgets through Self-Determination arrangements, should people request them.
 3. Evidence-Based Practices: OCCMHA supports evidence-based practices that result in 'Quality of Life' outcomes such as employment, living independently, friendships, community membership, reducing hospitalization, remaining with family, and avoiding contact with the justice system. Evidence-based practice represents the coming together of knowledge and skills of the practitioner; the desires and values of the consumer / family; and the best research evidence that links a particular intervention or treatment with a desired outcome. Some of the evidence-based practices include: Assertive Community Treatment, Co-Occurring Integrated Dual Disorder Treatment, Dialectical Behavior Therapy, Family Psycho-Education, and Supported Employment.
 - Assess Core Provider Agency practices for fidelity to evidence-based models, and evaluate them for expected outcomes.
 4. Alternatives to Guardianship: If a person has a guardian, the guardian should be guided by the known wishes, likes, and preferences of the person for whom they are a guardian, whether expressed before the guardianship was established or currently. Likewise, if a person can understand that a decision is to be made, a guardian should communicate with them before acting. Whenever possible, the individual should be presented with choices. These are important aspects of independence and dignity. A guardian has the duty and responsibility to assist in returning the individual to self-management, if and when possible. OCCMHA continues to:

- Track and monitor guardianships and alternatives to guardianship to ensure that individuals retain and regain their civil rights.
 - Provide Alternatives to Guardianship training so individuals, families, and providers know that there are other options besides guardianship, e.g., power of attorney, representative payee, time-limited guardianship.
5. Children and Families: OCCMHA continues to increase supports and services to children and families through outreach, centralized access, expanded service options, choice of providers, suicide prevention programs, Wraparound supports, jail diversion, foster care, substance use interventions, and peer and family support. Coordination with public and private agencies advances the 'System of Care' approach where all organizations have a stake in strengthening families in need and preparing children for adult life.
- Issue a Request for Proposals (RFP) so that families have a choice of agencies for services and supports.
 - Implement a Mental Health Block Grant proposal, entitled "Parent Guides", which has experienced families help new families understand and 'navigate' the Oakland County mental health system.

III. Effective, Consistent and Efficient Use of Resources

1. Utilization Management: OCCMHA continues to implement the Utilization Management system and evaluate functions delegated to the Core Provider Agencies in terms of outcomes for those they serve. People and those closest to them are supported to make decisions about the best ways to achieve their goals and dreams.
- Review the self-assessments completed by the Core Provider Agencies of their delegated Utilization Management functions, and identify successes and areas for improvement.
 - Evaluate assessment tools for people with developmental disabilities, such as the Supports Intensity Scale, for use in helping to determine service and support needs, much like the LOCUS and CAFAS are used for adults and children with mental illness and serious emotional disturbances respectively. Such tools do not take the place of Person-Centered Planning, but are used to support that planning.
2. Supports Coordination / Case Management: OCCMHA continues to ensure that supports coordinators / case managers have the knowledge and skills to support people to achieve their life outcomes.
- Coordinate a discussion of supports coordinator / case manager tasks to determine reasonable workloads, so that they have sufficient time to meet with and support the people they serve.
 - Ensure training in person-centered planning, self-determination, recovery, trauma informed practices, aging, substance abuse, benefits coordination,

and other resources that assist supports coordinators / case managers in helping people achieve their goals and dreams.

3. Information Systems: OCCMHA continues its Centralized Information Systems development, with an expectation that the various projects associated with the centralization be completed within FY09. Priority projects are focused on:
 - Electronic Medical Record / Individual Plan of Service
 - Access and Eligibility
 - Utilization Management
4. Provider Report Card: OCCMHA continues its development of a Provider Report Card, which measures customer satisfaction, achievement of Quality of Life outcomes, and other contract performance expectations.
 - Establish benchmarks to reduce variability among providers, improve performance, evaluate contractual expectations, and to assist individuals and families with choice of Core Provider Agencies.
 - Continue to assess that the Report Card format is one that is easily understood and meets the needs of the people and families who receive supports and services.

IV. Infrastructure

1. Application for Renewal and Recommitment: OCCMHA will submit its "Application for Renewal and Recommitment" to the Department of Community Health (DCH) by February 1, 2009. The ARR response is Oakland County's commitment to achieving performance measures outlined in the Concept Paper issued by Michael Head, Director of DCH's Mental Health and Substance Abuse Administration and further outlined in the ARR.
 - Involve consumers, advocates, families and community members in the partnership needed to ensure that the OCCMHA's "Application for Renewal and Recommitment" response reflects the input of those supported by the public mental health system as well as the community in general.
2. Strategic Plan: OCCMHA continues to develop a 3-5 year Strategic Plan, which focuses on Quality of Life outcomes for individuals and families.
 - By January 1, 2009, complete a study of consumer service needs, network capacity, and provider resourcing in order to respond to current and future service, support and treatment needs. This information serves as a strategic roadmap for Provider Network development, coordination and management.

FY09 PROGRAM AND BUDGET PLAN

Total revenues are projected to increase by 1.5% for Fiscal Year (FY) 09. This compares to a projected 3.1% increase in FY08. Although the trend of revenues increases in declining, the last 3-4 years of revenue increase has allowed OCCMHA to pursue its mission by:

- Continuing to increase the volume of existing services and supports, based on increased numbers of consumers served, as well as their identified needs;
- Increasing peer delivered services;
- Broadening our community collaboration activities; and
- Expanding Evidence-Based Practices.

Below is an explanation of OCCMHA's FY09 revenue and expenditure assumptions.

FY09 General Revenues

Medicaid Specialty (Increased \$4,462,233)

The Medicaid revenue was increased to recognize the anticipated 2.2% rate increases for FY09. Although the State budget was passed with a 2.9% Medicaid increase, the State has not performed its rate setting revenue calculation; therefore, OCCMHA budgeted the increase at 2.2%, in anticipation of State adjustments. No increase in Medicaid eligibles was incorporated into the FY09 budget.

Interest Income (Decreased \$500,000)

Revenue was reduced to reflect the decrease in interest income due economic declines.

Other Program and General Revenue

Remaining revenues were all maintained at the projected FY08 levels.

FY09 Program Expenses

Core Provider Network (Total increase \$3,315,262)

The Core Provider Network budgets were increased 1% for costs for fuel, health care and other general economic related costs increases.

Core Provider Network – One Time Adjustments (Total decrease \$1,161,000)

The one time Core Provider program enhancement funds given to the Providers in FY08 will be deducted for the base expenses for FY09.

Purchase of Services – MORC, CLS and CG

In addition to the economic increase, MORC, CLS and Common Ground budgets were adjusted to reflect consumer transfers.

Purchase of Services – State Facilities (Increased \$338,148)

Although the State has not established their State Facility rates for FY09, the budget was adjusted to return the budget to the original FY08 budget levels. As soon as the new fiscal year rates have been determined, the State Facility Revenue and Expense budgets will be adjusted.

Purchase of Services – Community Hospitals (Increased \$948,509)

The budget was increased in anticipation of rate increases to be negotiated with Community Hospitals. Every two years OCCMHA negotiates new hospital rates and contracts and, since the rates have not been increased for two years, we are budgeting an anticipated rate increase.

Purchase Services Other (Increased \$85,820)

The increase in Purchase Services Other was to account for the 1% economic increase for Arab-American Chaldean Council, Neighborhood Services Organization, and Peer Choices.

Quality Assessment Provider Tax (QAAP) (Increased \$324,832)

The budget was increased to reflect the additional tax, which will be assessed on the increased Medicaid revenues.

Oakland County Community Mental Health Authority

Budget for the Fiscal Year Ending

September 30, 2009

9/11/2008

	<u>Final</u> <u>Fiscal Year 08</u>		<u>Increase</u> <u>(Decreases)</u> <u>for 09</u>		<u>Fiscal Year 09</u> <u>Budget</u>	
Program & General Revenues						
Medicaid						
Medicaid Specialty MC	\$ 203,655,967		\$ 4,462,233		\$ 208,118,200	
Medicaid Waiver	\$ 1,100,000				\$ 1,100,000	
Total Medicaid	\$ 204,755,967	76.0%	\$ 4,462,233		\$ 209,218,200	76.5%
State						
General Fund	\$ 42,684,394				\$ 42,684,394	
State Facility	\$ 6,165,174				\$ 6,165,174	
MI Child	\$ 135,302				\$ 135,302	
Categorical	\$ 500,794				\$ 500,794	
Adult Benefit Waiver	\$ 1,674,525				\$ 1,674,525	
Total State	\$ 51,160,189	19.0%	\$ -		\$ 51,160,189	18.7%
County Match	\$ 9,620,616	3.6%	\$ -		\$ 9,620,616	3.5%
Other						
OBRA Reimbursement	\$ 468,201				\$ 468,201	
Revenue -Grants	\$ 1,242,659				\$ 1,242,659	
Title XX	\$ 75,410				\$ 75,410	
Carry forward	\$ 1,021,880				\$ 1,021,880	
Income from Investments	\$ 1,158,343		\$ (500,000)		\$ 658,343	
Miscellaneous	\$ 6,000				\$ 6,000	
Total Other	\$ 3,972,493	1.5%	\$ (500,000)		\$ 3,472,493	1.3%
Total Revenues	\$ 269,509,265	100%	\$ 3,962,233		\$ 273,471,498	100%
Program Expenses						
OCCMHA	\$ 10,187,050	3.8%	\$ 101,871		\$ 10,288,921	3.8%
Purchase of Services MORC	\$ 122,173,542	45.3%	\$ 500,735		\$ 122,674,277	44.9%
Purchase of Services TTI	\$ 16,890,598	6.3%	\$ 32,406		\$ 16,923,004	6.2%
Purchase of Services CNS	\$ 28,711,895	10.7%	\$ 59,619		\$ 28,771,514	10.5%
Purchase of Services Easter Seals	\$ 30,160,620	11.2%	\$ 54,606		\$ 30,215,226	11.0%
Purchase of Services CHN	\$ 5,582,634	2.1%	\$ 55,826		\$ 5,638,460	2.1%
Authority Housing Program	\$ 380,000	0.1%	\$ 127,000		\$ 507,000	0.2%
Purchase of Services CGS	\$ 8,995,937	3.3%	\$ (29,041)		\$ 8,966,896	3.3%
Purchase of Services State Facilities	\$ 8,376,773	3.1%	\$ 338,148		\$ 8,714,921	3.2%
Purchase of Services Community Hospitals	\$ 10,801,491	4.0%	\$ 948,509		\$ 11,750,000	4.3%
Purchase of Services CLS	\$ 5,190,245	1.9%	\$ 1,361,902		\$ 6,552,147	2.4%
Purchase of Services Others	\$ 4,220,132	1.6%	\$ 85,820		\$ 4,305,952	1.6%
Grants	\$ 1,242,659	0.5%			\$ 1,242,659	0.5%
Medicaid Substance Abuse	\$ 2,314,920	0.9%			\$ 2,314,920	0.8%
Quality Assessment Provider Tax Match	\$ 11,903,653	4.4%	\$ 324,832		\$ 12,228,485	4.5%
	\$ 2,377,116	0.9%			\$ 2,377,116	0.9%
Total Program Expenses	\$ 269,509,265	100%	\$ 3,962,233		\$ 273,471,498	100%
Change in Net Assets	\$ -		\$ -		\$ -	

FY09 PROVIDER NETWORK

The Authority continues to contract with a Provider Network that is responsible for providing a comprehensive set of services and supports through net cost, performance based contracts with each Core Provider Agency.

The Core Provider Agencies that are contracted to provide supports and services to Adults with Mental Illness are:

- Easter Seals – Michigan (ES);
- Community Network Services; and
- Training and Treatment Innovations (TTI).

Services to Children with Serious Emotional Disturbance and their families are managed by Easter Seals – Michigan.

The Core Provider Agencies that provide supports and services to Adults and Children with Developmental Disabilities are:

- Community Living Services – Oakland County; and
- Macomb Oakland Regional Center

Common Ground provides crisis services, admission screening, eligibility determination and specialty services to all populations throughout the county.

The Oakland County Health Division / Office of Substance Abuse Services (OSA) provides services to individuals with substance use disorders.

The entire Core Provider Network is supported by the following specialized providers:

- Peer Choices;
- Community Housing Network;
- Arab American Chaldean Council (ACC);
- Neighborhood Service Organization (NSO);
- Community Hospitals; and
- State Facilities.

CPA Contracts

The FY09 contract with the Core Provider Agencies is a document that covers a two (2) year period. FY09 is the second year of the contract period. The body of the contract is consistent with the one developed by the Uniform Contract Committee, which was formed from the Contract and Financial Issues Committee of the Michigan Association of Community Mental Health Boards (MACMHB). The development of a uniform contract is consistent with the Michigan Mental Health Commission Report that addresses standardization across the state. OCCMHA participated in the Uniform Contract Committee to ensure that the integrity of OCCMHA's contract was maintained and strengthened, rather than weakened.

The External Quality Review Organization continues to require OCCMHA's contract to describe more clearly the delegated functions, the way in which each function and outcome is evaluated and how each Core Provider Agency is held accountable. Contract changes, such as the implementation of both Centralized Access and Utilization Management, are written to meet that standard.

In FY09, the contract documents contain the following Attachments:

- Attachment A – The Budget: OCCMHA is providing a 1% economic increase in FY09.
- Attachment B – The Scope of Work: The FY09 contract continues to contain language to define and address life outcomes through the use of Evidence-Based Practices and fidelity measures.
- Attachment C – Measurable Indicators: Attachment C continues to provide incentives and penalties for outcomes related to housing, employment, consumer owned businesses, transportation, Office of Recipient Rights (ORR) remedial action, and Michigan Department of Community Health audits. The focus is on defining life outcomes, as well as improving the timeliness and accuracy of reporting.

Other Contracts

Substance Abuse Services

OCCMHA continues to use the Oakland County Health Division / Office of Substance Abuse Services contract developed by Oakland County, and is working with OSA to amend the contract to include Corporate Compliance reporting.

Community Housing Network

The FY09 budget continues to reflect State lease transfers.

Common Ground Sanctuary

The contract changes relate to Centralized Access, whereby eligibility determination for people seeking supports occurs at Common Ground Sanctuary rather than at the CPAs.

State Facilities

There is no change to the contract from the previous year. OCCMHA continues to work with the Center for Forensic Psychiatry (CFP) to have individuals return to their home community from CFP, when appropriate, rather than always being transferred to a state hospital for evaluation and discharge planning.

Community Hospitals

OCCMHA is in the process of negotiating new, two (2) year contracts with the community hospitals.

Other Services

OCCMHA's contracts with ACC and NSO also contain the new, uniform contract format. Contract negotiations with Michigan Rehabilitation Services (MRS) include implementation of the Evidence-Based Practice for Supported Employment.

Grants

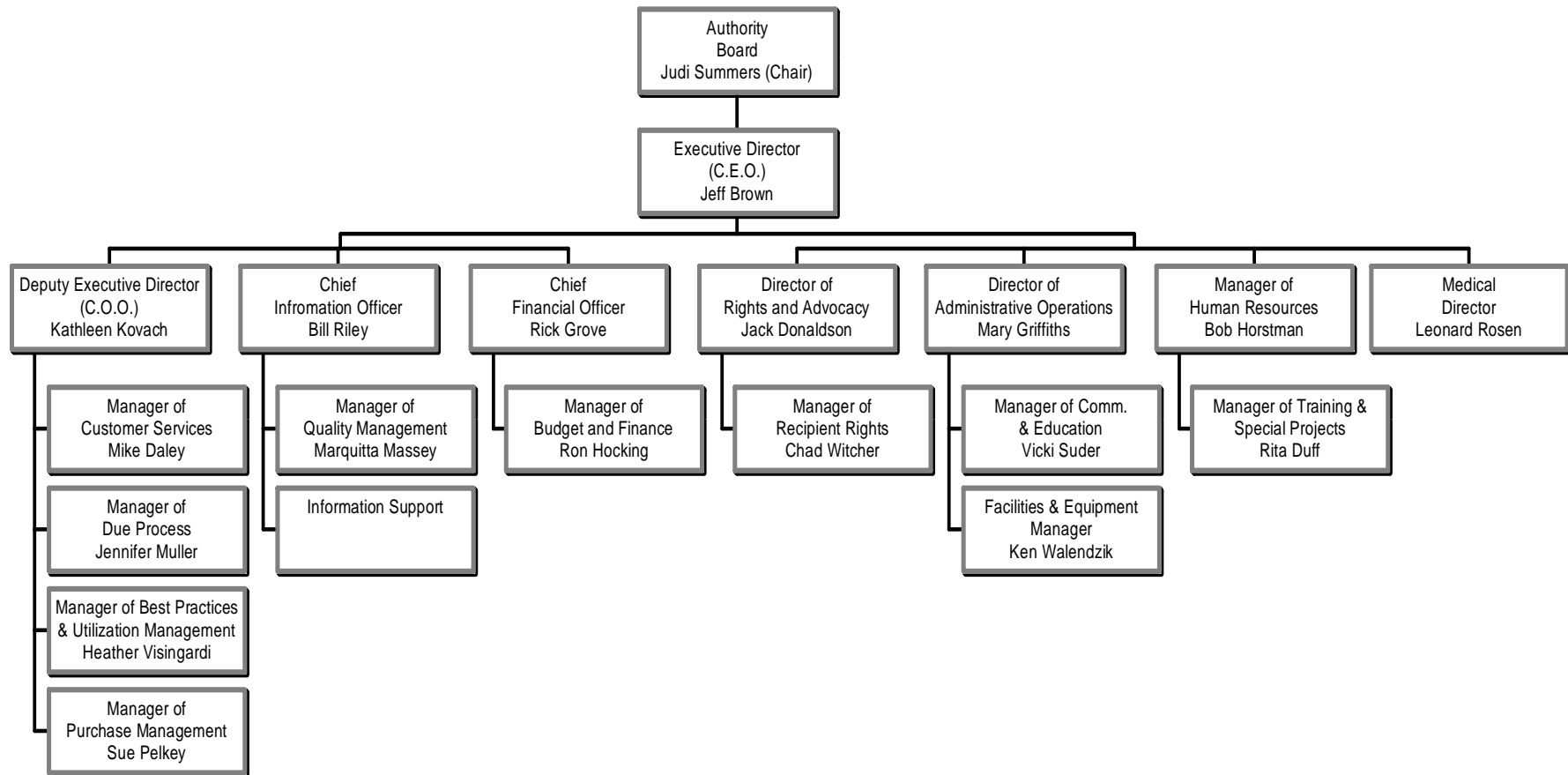
The following grants have been approved by MDCH.

- Children's Mental Health Block Grant for Child Care Expulsion Prevention.
- Adult Mental Health Block Grants:
 - Renewal of Crisis Recovery Services – Living Room.
 - Co-occurring System's Change
 - Renewal of Coordinated Homeless Housing Resource Center
 - South Oakland Drop-in Center Enhancement
 - Comfort Zone Drop-in Center Enhancement
 - FAIR Drop-in Center Enhancement
 - Renewal of Recovery and Evaluation
 - Renewal of Evidence-Based Supported Employment
 - Renewal of Supported Housing for Young Adults
 - Anti-Stigma Community Inclusion Project

OCCMHA ADMINISTRATION

The FY09 expenses are expected to increase by \$101,871 to allow for a 1% economic increase. The total Administrative cost is \$10,288,921 or 3.8% of the total costs for FY09. The Authority's staffing level remains at just over 80 employees, including the continued employment of people supported by the system.

OCCMHA Organizational Chart



AUGUST 2008