

Dana's Directors Report

June 2021

As conversations about disrupting Michigan's public mental health system continue to spiral, I am grateful to find myself standing with courageous advocates, united in their commitment to protect the delivery of quality, public funded supports for people with intellectual or developmental disabilities, mental health challenges, and substance use disorders.



The voices of persons served, their allies, and our community partners continue to echo concerns to legislative leaders and policy makers about the devastating consequences before us if public funding for public services are turned over to private, for-profit entities. I am especially thankful for those legislators who have taken the time to meet with me to learn more about this critical conversation.

OCHN Strategies & Priorities Alignment with MDHHS & Oakland County

- Access and Crisis Services
- Integrated Behavioral Health Care
 - Behavioral Health Home (BHH)
 - Certified Community Behavioral Health Clinics (CCBHC)
 - Complex Care Coordination
- Improved System of Care for Children & Families
- Provider Relations & Value Based Outcomes
- Workforce Development for Direct Service Professionals (DSP) / Direct Care Workers (DCW) and Licensed Clinicians

Supports Lost with Privatization

Examples of programs at risk of being lost with privatization, but not limited to, are:

- The community mental health system as the safety net for the most vulnerable citizens in Michigan and Oakland County.
- Community-based, coordinated support for individuals based on a Person-Centered Plan and medical necessity, which reduces hospitalization and supports an integrated, holistic approach to care.
- Community Living Supports that assist individuals in learning to become as independent as possible with supported daily living activities.
- Employment supports that help adults with intellectual / developmental disabilities, mental health challenges, and substance use disorders prepare for, locate, and retain meaningful employment.
- Housing assistance that enables people to attain the goal of home ownership, as well as long-term, safe housing and independent living.

- Justice diversion services that ensure jails do not replace institutions for non-violent offenders with a mental health challenge. These supports also promote de-escalation trainings for and partnerships with law enforcement responding to crisis situations.

Solution Oriented

Is there room for improvement in Michigan's public mental health system? Of course. We all want for our state's citizens to have access to the supports they need, when they need them, regardless of where they live in our state. This goal is attainable without the disruption and unraveling of those system components that are working well.

Realistic recommendations, some of which are shared on Oakland Community Health Network's (OCHN) website under the [Recipient Rights / Advocacy Resources](#) links, are being discussed with and presented to legislators by myself and other public mental health leaders. Advocacy information is also available on the [Community Mental Health Association of Michigan website](#). I encourage you to use these resources to educate yourself about the issues and to also share your views with your legislative representatives.

Our Work Continues

While we continue to keep a close eye on the changing advocacy landscape, OCHN is committed to not being distracted from our most important responsibility – service delivery to people. This includes taking advantage of innovative programs funded through grants, some of which are included in this report:

- **Peer Respite:** This spring, the Michigan Department of Health and Human Services (MDHHS) approached OCHN with the opportunity to leverage grant funds to further expand its crisis services continuum of care by implementing peer respite. Peer-to-peer services, which are being provided by Hope365, are designed to help individuals at risk for inpatient hospitalization and crisis service recidivism through 24-7 peer support, self-advocacy, education, and wellness planning.
- **PPE Grant Funds:** OCHN applied for and was awarded \$170,000 to purchase additional Personal Protective Equipment (PPE) for the people we support and our provider network. This allows people served and providers peace of mind and the ability to focus on living life / providing services instead of obtaining PPE.
- **Children's Crisis Stabilization Services Grant:** With the growing need to support youth and families in crisis and lack of access to psychiatric hospital services, OCHN has applied for a Substance Abuse and Mental Health Services Administration (SAMHSA) grant for \$5 million over two years to create a children's crisis stabilization unit. This unit will include clinical service support, a separate entrance at the Resource and Crisis Center, and the ability for OCHN service providers to come to the unit and continue working with the people they support. If awarded, funds will be available as of 10/1/2021 and services expected to begin being delivered 2/1/2022.

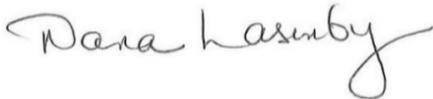
I appreciate the efforts by OCHN staff members whose hard work and diligence created awareness of these funding resources so we can expand our service outreach.

OCHN Welcomes New Chief Clinical Officer

I am very excited to announce the addition of our new Chief Clinical Officer, Kimberly Flowers, to OCHN's executive team. Her extended and comprehensive experience leading clinical best practices will serve as tremendous assets to strengthen OCHN's leadership position as an integrated, managed-care system.

As always, I welcome your thoughts and input about information for this report and other important news related to OCHN's services and operations. Please feel free to contact me via email at lasenbyd@oaklandchn.org.

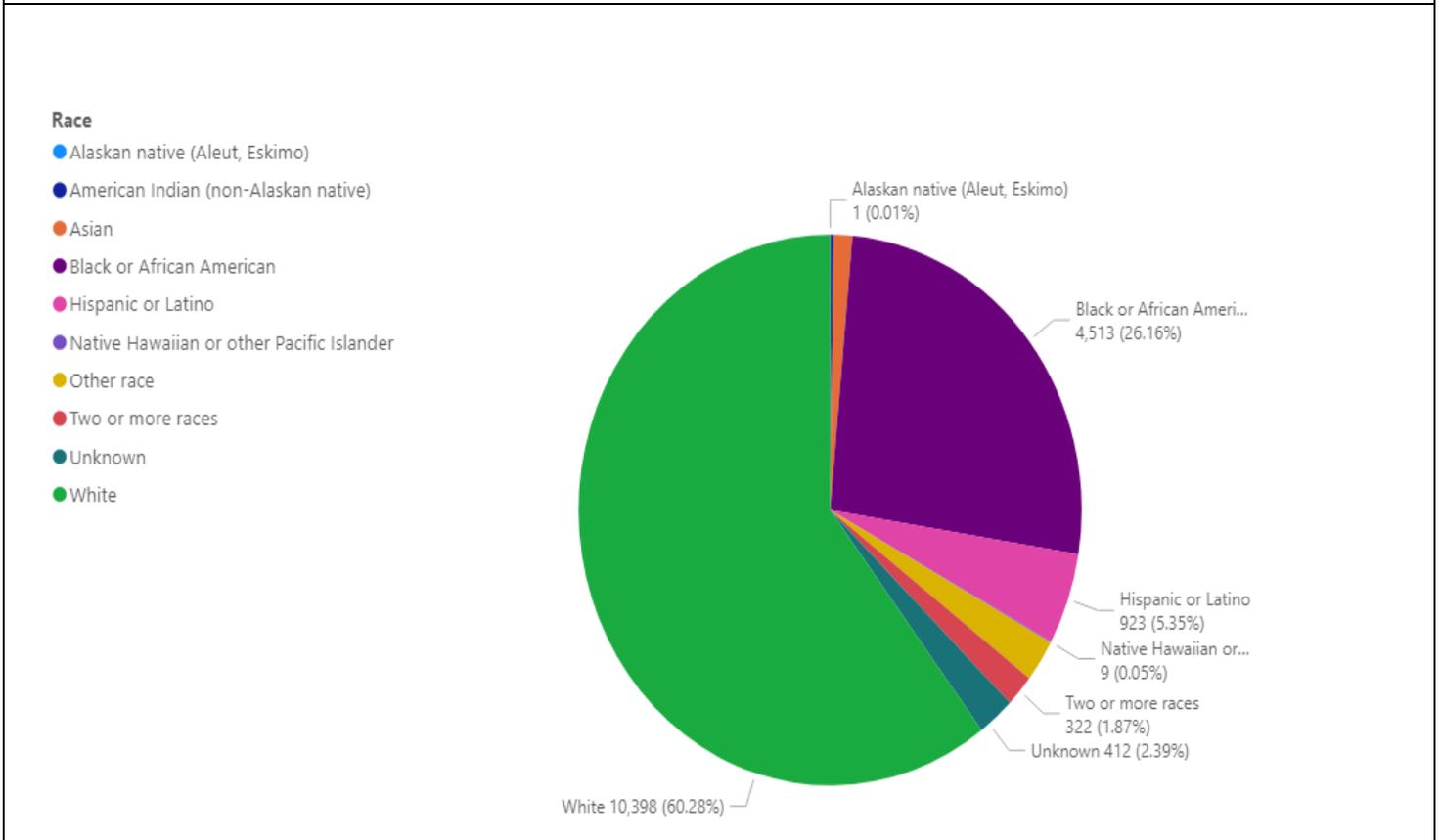
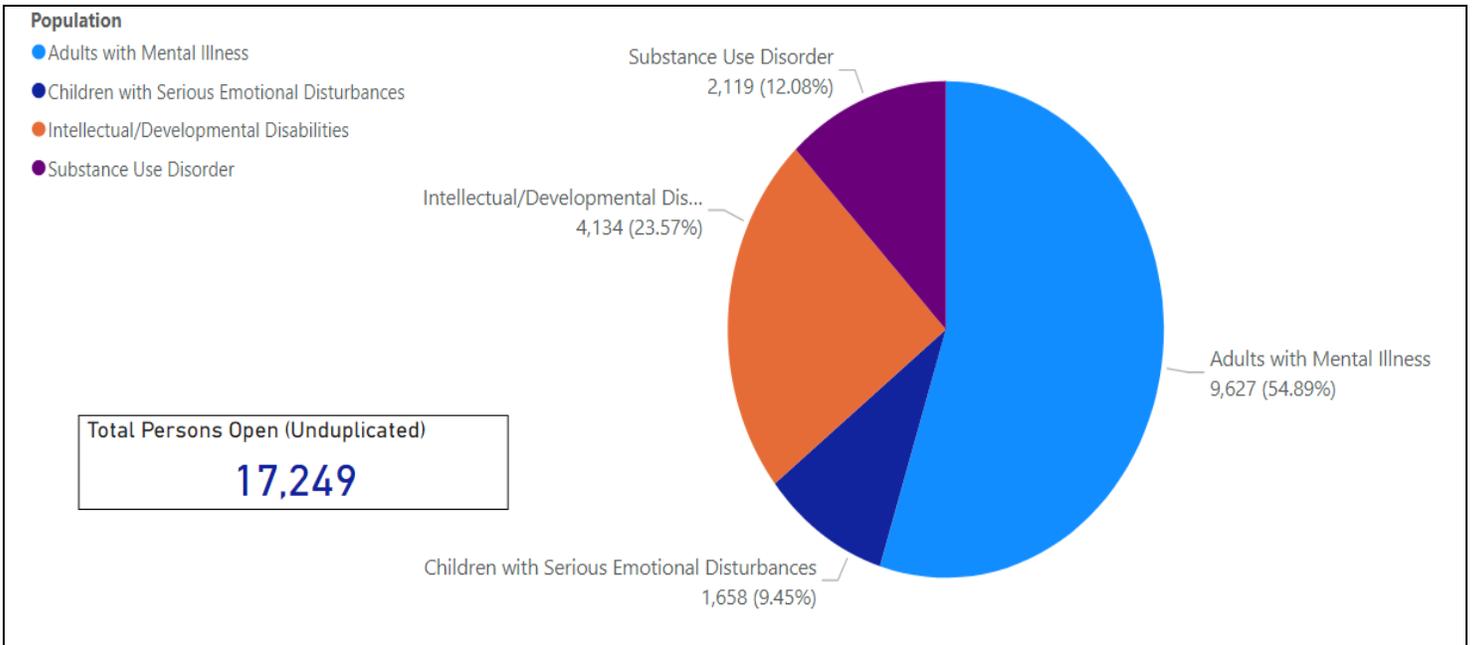
Sincerely,



Dana Lasenby, MA, LLP, MBA
OCHN Executive Director and CEO



June Directors Report | General Service & COVID-19 Data | As of June 17, 2021

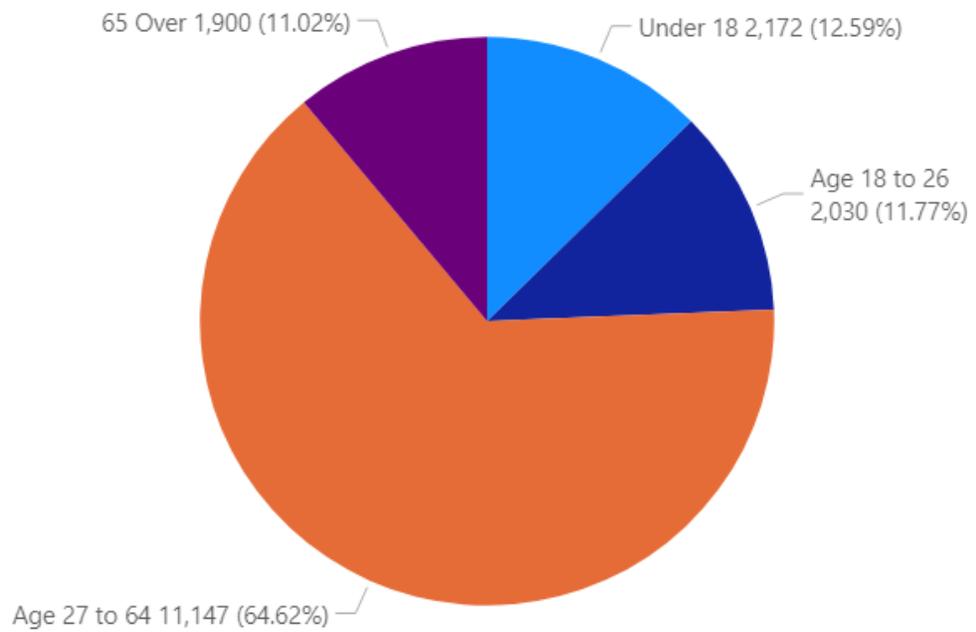


Persons_Open

BY AGE_GROUP

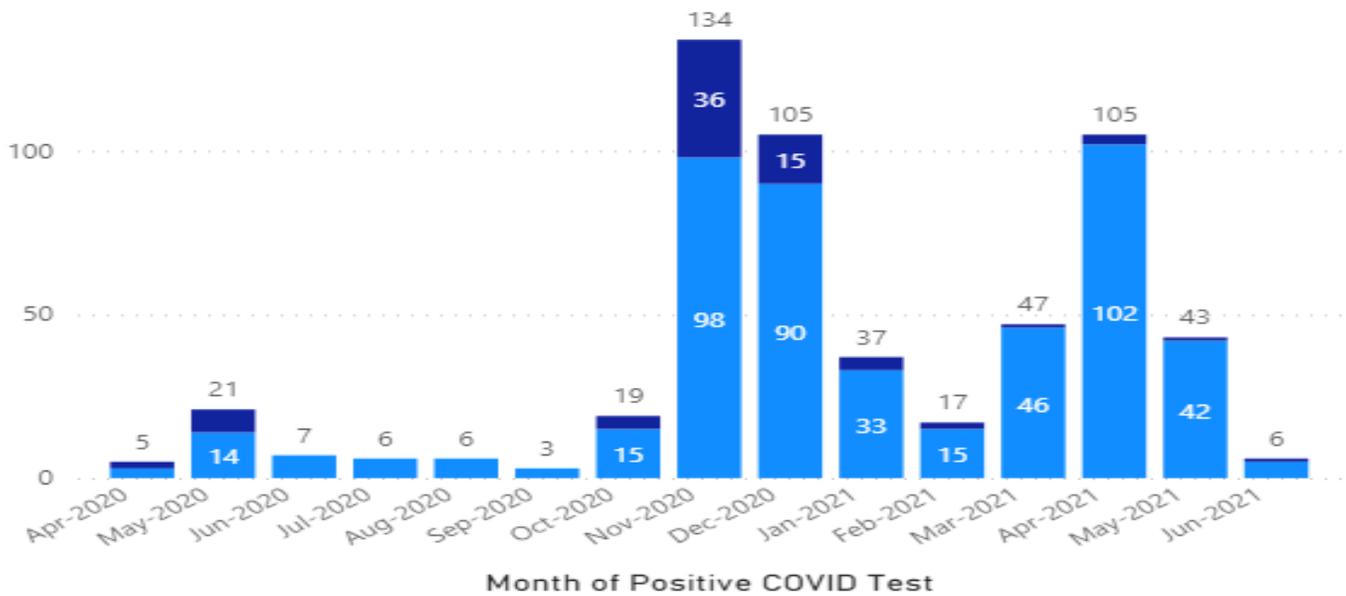
Age Group

- Under 18
- Age 18 to 26
- Age 27 to 64
- 65 Over



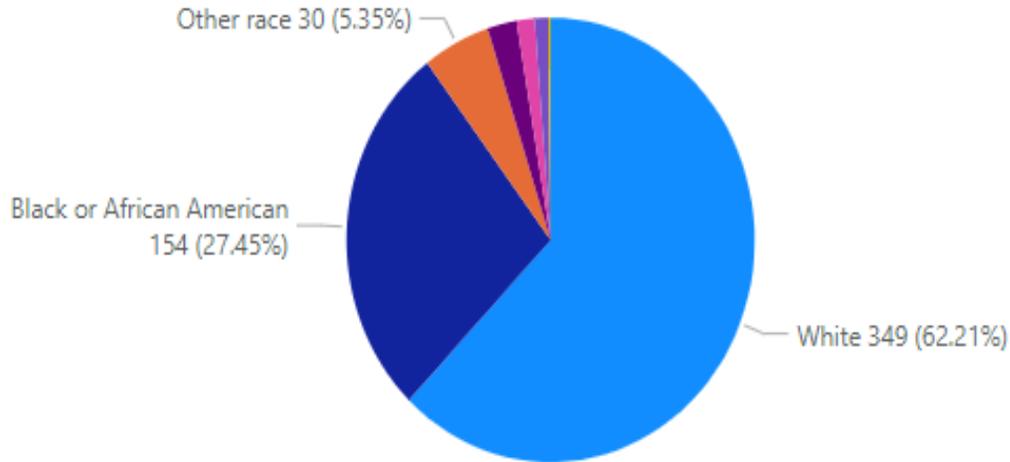
Positive COVID Test - People Currently Open

Residential ● No ● Yes



Positive COVID Test - People Currently Open

Race ● White ● Black or African American ● Other race ● Two or more races ● Asian ● N/A ● American Indian



Total Persons Received Vaccine

16,373	5,769	4,961	30.30%
People Eligible/Open	Received First Dose	Fully Vaccinated	% Fully Vaccinated

Persons with Intellectual/Developmental Disabilities - Received Vaccine

3,858	2,346	2,062	53.45%
People Eligible/Open	Received First Dose	Fully Vaccinated	% Fully Vaccinated

Adults with Mental Illness - Received Vaccine

9,553	3,247	2,795	29.30%
People Eligible/Open	Received First Dose	Fully Vaccinated	% Fully Vaccinated

Children with Serious Emotional Disturbances - Received Vaccine

846	176	104	12.34%
People Eligible/Open	Received First Dose	Fully Vaccinated	% Fully Vaccinated

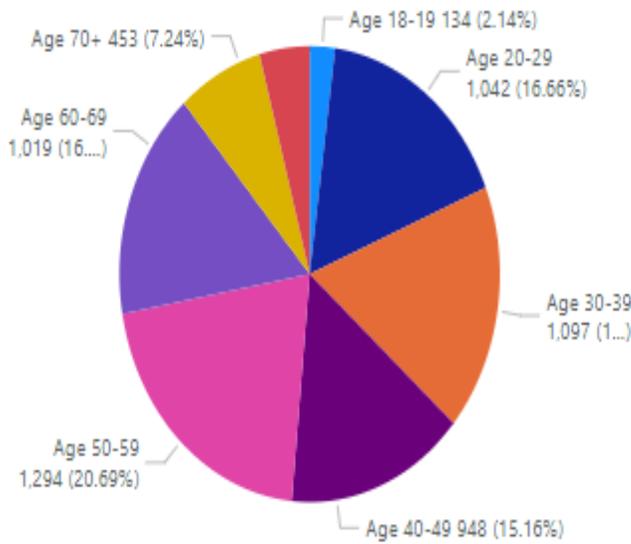
Persons Receiving SUD Services

101	95
Received First Dose	Fully Vaccinated

Persons by Age Group

Vaccinated

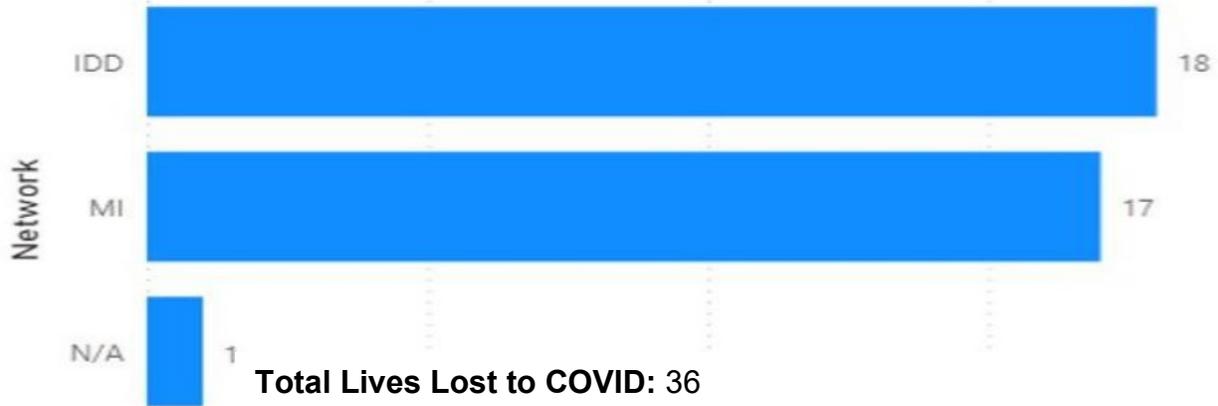
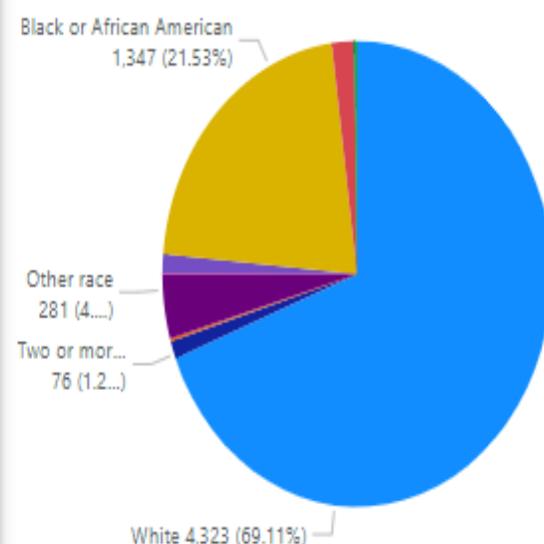
● Age 18-19 ● Age 20-29 ● Age 30-39 ● Age 40-49 ● Age 50-59



Persons by Race

Vaccinated

● White ● Two or ... ● Refused... ● Other ra... ● Native ... ● N/A



Total Lives Lost to COVID: 36

There are no new reports of lost lives since January 2021.