

**SOUTH FLORIDA BEHAVIORAL HEALTH
NETWORK, INC.**

ENHANCEMENT PLAN

Fiscal Year 2017-2018

**FY 17/18 Enhancement Plan
Local Funding Request**

Please complete the following form for each of the priorities identified in your Managing Entities' Needs Assessment.

- 1. Please describe the process by which the area(s) of priority were determined. What activities were conducted, who participated, etc.**

From May 2017 – August 1, 2017, SFBHN has facilitated eight community needs assessment meetings that have taken place throughout Miami-Dade and Monroe counties. A total of 52 stakeholder organizations and 29 SFBHN providers participated in these meetings. There was a total of 262 people that attended these community meetings.

Prior to facilitating these meetings, the SFBHN analytics team looked at prevalence of behavioral health disorders in the community, national, statewide and local trends in service utilization, treatment needs, demographic information regarding the consumers served, etc. SFBHN completed a different analysis for those specialty populations, for which specific community needs assessment meetings were held: criminal justice involved consumers, child-welfare involved consumers, trends in Monroe county vs. Miami-Dade, etc.

These meetings were recorded and the recordings were transcribed and entered into Nvivo software, which assisted in identifying the frequency in which specific key words were mentioned throughout all of the meetings. This information was then utilized to determine which needs took priority. Some of those unmet needs are identified in the following Local Funding Request.

- 2. Please describe:**

Unmet need #1: Implementation of Centralized Receiving System throughout the Southern Region

- a. The problem or unmet need that this funding will address:**

In order to implement Senate Bill 12's requirement of implementing a Centralized Receiving System within each ME region, SFBHN has identified the need to propose funding of three centralized receiving facilities (CRFs), located geographically across Miami-Dade County. A separate centralized receiving facility will be implemented in Monroe County. A total of \$6,300,000 has been estimated to fund the 3 facilities in Miami-Dade County and \$942,515 for Monroe. SFBHN has worked closely with Miami-Dade County to be able to comply with Senate Bill 12 and open at least one CRF in Miami-Dade by October 2017. Through this effort, SFBHN has been able to secure a total of \$1 million from Miami-Dade County to contribute to the total \$2.1 million that is needed to open the CRF. This will address SB 12's requirement that there is a "no wrong door" approach for acute care services.

The "no wrong door" model as defined in s. 394.4573, F.S, by developing a process for assessing, referring and/or treating consumers with co-occurring disorders, to increase access of persons identified as co-occurring, to provide services for both disorders regardless of the entry point to the behavioral health system. This model requires that systems develop policies and procedures that mandate a welcoming approach to individuals with co-occurring psychiatric and substance disorders in all system programs, eliminate arbitrary barriers to initial evaluation and engagement, and specify mechanisms for helping each consumer (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible. This model will help meet needs across various areas of need such as opioid and child welfare populations.

The county is taking an incremental approach to rolling out the centralized receiving system. At a Provider Meeting on March 20, 2017, Banyan Health Systems volunteered to be the first to implement for the central region. Citrus Health Network and Community Health of South Dade (CHI) were present at the meeting and will continue to hold discussions with SFBHN for future implementation in the north and south regions of the county.

SFBHN has secured a contract with Banyan Health Systems for implementation of the first CRF, which will open its doors on October 1, 2017. Currently, SFBHN is working closely with Banyan Health Systems in order to ensure that there are policies and procedures in place that are specific to functions of the CRF.

b. The proposed strategy and specific services to be provided

The CRF will provide the following array of services: DETOX, Crisis Stabilization, Screening, Assessment, Linkage and Referral, Transportation and Medication Assisted Treatment through a combination of existing and new funds.

c. Target population to be served

- AMH
- ASA
- CMH
- CSA

d. County(ies) to be served:

- Miami-Dade
- Monroe

e. Number of individuals to be served

- For Miami-Dade County, it is expected that a total of 16,327 adults will be served, along with 4,628 children.
- For Monroe County, it is expected that a total of 2,108 adults will be served, along with 376 children.

3. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

4. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

\$4,200,000 to fund the additional two facilities in Miami-Dade County - See attached excel workbook- budget tab

5. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that there will be an improvement in the consumers' ability to access behavioral health care by opening up a centralized receiving system that will be able to conduct screenings/assessments and determine the level of care needed to address behavioral health needs as well as improved access based on the "no wrong door" model.

6. What specific measures will be used to document performance data for the project

- Reduce drop-off processing time by law enforcement officers for admission to crisis services
- Increase consumer access to community-based behavioral health services after referral
- Reduce the number of consumers admitted to a forensic state mental health treatment facility
- Proper, least restrictive services provided to consumers
- Improved Case Plans
- Better consumer engagement

7. Please describe:

Unmet need #2: Restoration and additional funding for care coordination and housing (both at the ME level and the SFBHN provider level)

a. The problem or unmet need that this funding will address:

Housing: There is a great need for affordable housing in the Southern Region which is comprised of Miami Dade and Monroe Counties. For FY 16-17, a total of 2,979 consumers were homeless in our population at the time of admission. SFBHN has continually advocated that housing measures are difficult to meet due to Miami-Dade and Monroe Counties having a high cost of living and homes which are higher than the rest of the State. Additionally, each county has its unique needs as one is rural and the other is urban. SFBHN continues to advocate for lowering the target in the housing measure.

Care Coordination: Care Coordination is the systematic management of the system of care to ensure that individuals with the highest level of need are being linked to community based care and provided the appropriate supports to ensure that their treatment needs are properly addressed. These needs may include, but are not limited to, housing, community supports, linkages to community treatment providers, follow up between treatment providers to safeguard a smooth transition between levels of care and any additional assistance the consumer may need in order to be properly integrated into the community. Poorly managed care transitions for high-risk, high need individuals from acute services to lower levels of care negatively affect a person's health and well-being, potentially causing additional utilization of acute, crisis services, avoidable re-hospitalization, or re-arrest.

b. The proposed strategy and specific services to be provided

Housing - SFBHN will continue to implement its Housing Collaborative to address the housing needs in our community. SFBHN will continue to:

- Provide agencies with technical assistance in coding and meeting the State targets
- Track agency progress towards meeting State Housing targets
- Partner with Homeless Trust on innovative and new ways to offer housing to consumers who are in both the behavioral health and homeless systems
- Outreach to other system partners such as Veteran's Administration, LINK, and housing developers.
- Further refinement of SFBHN's Housing Directory & Inventory
- Follow-up on Housing recommendations based on SFBHN's Community Needs Assessment

Housing: New steps that SFBHN will take in order to further address the housing need in the Southern Region:

- Hire an additional Housing Peer Specialist(s) to target support to Monroe county and assist with coordinating the activities described above. Staff will need to receive training on Service Prioritization Decision Assistance Tool (SPDAT) and Homeless Management Information System (HMIS) system.
- Engage with Florida Housing and Finance for updates, funding availability, and resources.
- Partner with Homeless Trust to assess the unduplicated count of homeless persons served across the network continuum, prioritizing services for persons identified as High Need/High Utilization (HNHU) program participants.

- Research best practices to support increased utilization of non-traditional services, increased involvement from community providers, increased feedback from affected consumers and their families, decreased homelessness, and increased treatment compliance.
- Collaborate with the professional trade organizations as well as other organizations that are addressing Housing and Homelessness issues including but not limited to: Florida Council for Community Mental Health, Florida Alcohol and Drug Abuse Association, the National Housing Council, the Florida Housing Council, the Florida Coalition for the Homeless, the Florida Supportive Housing Coalition, the Florida Council on Homelessness, and the Florida Assisted Living Association.
- Consultation and training to be offered to SFBHN network providers to cross train clinical staff to complete SPDAT assessments (Service Prioritization Decision Assistance Prescreen Tool) for housing resource access.

Care Coordination:

- The initial proposal indicated that SFBHN would implement Care Coordination in two phases. This process has changed and in congruence with Guidance Document 4, SFBHN will focus on the two target populations previously identified. SFBHN is responsible for the following activities:
 1. Identify, through data surveillance, individuals eligible for Care Coordination based on the priority populations identified.
 2. Subcontract with Network Service Providers for the provision of Care Coordination using the allowable services. Network Service Providers must demonstrate a successful history of:
 - a. Collaboration and referral mechanisms with other Network Service Providers and community resources, including, but not limited to, behavioral health, primary care, housing, and social supports;
 - b. Benefits acquisition;
 - c. Consumer and family involvement; and
 - d. Availability of 24/7 intervention and support.
 3. Track individuals served through Care Coordination to ensure linkage to services and to monitor outcome metrics.
 4. Manage Care Coordination funds and purchase services based on identified needs.
 5. Track service needs and gaps and redirect resources as needed, within available resources.
 6. Assess and address quality of care issues.
 7. Ensure provider network adequacy and effectively manage resources.
 8. Develop diversion strategies to prevent individuals who can be effectively treated in the community from entering SMHTFs.
 9. Develop partnerships and agreements with community partners (i.e., managed care organizations, criminal and juvenile justice systems, community based care organizations, housing providers, federally qualified health centers, etc.) to leverage resources and share data.
 10. Provide technical assistance to Network Service Providers and assist in eliminating system barriers.
 11. Work collaboratively with the Department to refine practice and to develop meaningful outcome measures.
 12. Implement a quality improvement process to establish a root cause analysis when care coordination fails.

c. Target population to be served

Housing:

- AMH who are in need of housing or are at-risk of becoming homeless
- ASA who are in need of housing or are at-risk of becoming homeless

Care Coordination:

SFBHN will be focusing on the following target populations identified its Care Coordination proposal:

- Adults with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as: a. Adults with three (3) or more acute care admissions within 180 days; or
- Adults with acute care admissions that last 16 days or longer.
- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.

Populations identified to potentially benefit from Care Coordination that may be served in addition to the two required groups include:

- Persons with a SMI, SUD, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
- Caretakers and parents with a SMI, SUD, or co-occurring disorders involved with child welfare.
- Individuals identified by the Department, managing entities, or network providers as potentially high risk due to concerns that warrant Care Coordination, as approved by the Department.

d. County(ies) to be served:

- Miami-Dade
- Monroe

e. Number of individuals to be served

Housing: 70

Care Coordination: 725

8. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

9. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

\$1,218,255 - See attached excel workbook- budget tab

10. Identify expected beneficial results and outcomes associated with addressing this unmet need.

Housing:

It is the goal of SFBHN to develop nontraditional partnerships with community housing providers, organizations and agencies to facilitate access to supportive housing resources for individuals who are dealing with a mental illness and/or co-occurring disorder. This Housing Collaborative is geared towards the identification and development of supportive housing services that complement/facilitate access to those individuals currently in our residential system of care and/or those who have the skills to benefit from supportive housing.

Care Coordination:

The long-term goal of Care Coordination in the Southern Region, when fully implemented, is to be able to utilize the data collected through this process to develop behavioral health treatment protocols similar to those that are currently used in the medical field. The development of these protocols will enable the system to better identify crisis indicators and improve early intervention services. SFBHN is also seeking to provide Care Coordination to all target populations.

11. What specific measures will be used to document performance data for the project**Housing:**

- SFBHN will measure success by improvements in State Housing Targets by the network.
- Decrease the number of individuals that are homeless in the system.

Care Coordination:

- Readmission rates for individuals served in acute care settings;
- Length of time between acute care admissions;
- Length of time an individual waits for admission into a SMHTF;
- Length of time an individual waits for discharge from a SMHTF; and
- Length of time from acute care setting and SMHTF discharge to linkage to services in the community.

12. Please describe:

Unmet need #3: Opiate funding

a. The problem or unmet need that this funding will address:

SFBHN has seen a significant increase in opiate use within the last few years, along with the rest of the U.S. This uptick is evident when looking at a 77% increase in Miami-Dade in the number of opioid death rates from 2014-2015, where the death rate increased from 6.4 people/100,000 in 2014 to 11.3 people/100,000 in 2015, according to the FDLE Medical Examiner's Report on Drugs Identified in Deceased Persons (2012 through 2015). In 2015, SFBHN saw a 17% increase in the number of substance abuse admissions that reported opiates as a primary drug of choice, as compared to 2014. In FY 16-17, there was a higher percentage of individuals that were served by SFBHN providers with opioid use disorders, when compared to the previous two fiscal years (8% vs. 5% and 6%, respectively).

b. The proposed strategy and specific services to be provided

It is anticipated that the opiate funding would include the provision of the following services, at minimum: Detoxification, Medication Assisted Treatment, Outpatient-type services (in-home/on-site), residential level II services.

c. Target population to be served

Consumers receiving services in ASA with an opioid use disorder

d. County(ies) to be served:

- Miami-Dade
- Monroe

e. Number of individuals to be served

850

13. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

14. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

\$2,000,000 - See attached excel workbook- budget tab

15. Identify expected beneficial results and outcomes associated with addressing this unmet need.

The expected benefits associated with addressing this unmet need will reducing opioid-related deaths, preventing prescription opioid misuse among young people, increasing the number of individuals trained to provide medication-assisted treatment and recovery support services, and increasing access to medication-assisted treatment among individuals with opioid use disorders.

16. What specific measures will be used to document performance data for the project

- Successful Discharges from SA treatment

- Increased used of MAT
- Distribution of Nacran
- Less Recidivism

17. Please describe:

Unmet need #4: Data Analytics Team

a. The problem or unmet need that this funding will address:

The focus for managing entities are to eliminate contracting with many individual providers, by increasing access to care, placing more emphasis on community planning, more integration of best practices, cleared definitions of service gaps, realignment or change of the state's administrative functions, providing incentives for collaboration among providers as well as stronger partnerships and accountability, providing more flexibility and cost effectiveness, more service uniformity and standard setting, reducing duplication, limiting political restraints and creating consensus building for political support. Managing entities are being required to organize a comprehensive, effective, community based system of care for substance abuse and mental health. In order to accomplish the charge of the State, managing entities need the ability to do data analytics to effectively manage the system. Through the use of data analytics, MEs can utilize emerging data standards to reduce gaps in care, prevent duplicated services, improve quality of services, enhance care coordination, and ensure smooth transitions from acute care to outpatient services.

b. The proposed strategy and specific services to be provided

Through the use of data analytics, SFBHN is seeking to: 1) identify best practices in behavioral health, 2) to identify those treatment protocols which are the most cost efficient, 3) continuously evaluate community needs, 4) systematically track data for trend analysis, and 5) improve services.

18. Target population to be served

N/A

19. County(ies) to be served:

- Miami-Dade
- Monroe

20. Number of individuals to be served

N/A

21. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

22. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

\$465,120 - See attached excel workbook- budget tab

23. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that identifying the best treatment protocols will directly benefit consumers in the community and will also result in significant savings in state dollars currently being spent for behavioral healthcare which can be

reinvested into the system of care. As treatment protocols cut across age and income groups, it is expected that this will also, necessarily and beneficially impact Medicaid reform. In addition, there is much evidence that shows that many people who need services do not access these services. This proposal will increase access to services by improving overall outcomes, reducing recidivism, identifying community needs, and/or turning treatment slots over more readily through the use of best practices and proper level of care placements.

24. What specific measures will be used to document performance data for the project

- Publishing of Community Needs Assessment
- Identification of system trends and best practices which will become the roadmap to improve the system of care and ensure better outcomes
- Identify consumers in need of care coordination
- Looks at outliers for system improvements.

25. Please describe:

Unmet need #5: ME Operational Integrity

a. The problem or unmet need that this funding will address:

The focus for managing entities are to eliminate contracting with many individual providers, by increasing access to care, placing more emphasis on community planning, more integration of best practices, cleared definitions of service gaps, realignment or change of the state's administrative functions, providing incentives for collaboration among providers as well as stronger partnerships and accountability, providing more flexibility and cost effectiveness, more service uniformity and standard setting, reducing duplication, limiting political restraints and creating consensus building for political support. During the last fiscal years, the MEs have been asked to increase oversight of various programs included but not limited to the FITT Teams, CAT Teams, Forensic Multi-Disciplinary Teams without an increase to the ME Operational Budget. The management of these services has increased workloads throughout the ME staff with no funding added to the ME's operational budgets.

b. The proposed strategy and specific services to be provided

Through the appropriate staffing of the ME, SFBHN will be better equip to manage the increasing demands of the ME contracts.

26. Target population to be served

N/A

27. County(ies) to be served:

- Miami-Dade
- Monroe

28. Number of individuals to be served

N/A

29. Please describe in detail the action steps to implement the strategy

See attached excel workbook- action plan tab

30. Identify the total amount of State funds requested to address the unmet need and provide a brief budget narrative. Please identify any other sources of state and county funding that will contribute to the proposal.

\$368,000 - See attached excel workbook- budget tab

31. Identify expected beneficial results and outcomes associated with addressing this unmet need.

It is expected that staffing the ME at the appropriate staffing levels there will be better program oversight.

32. What specific measures will be used to document performance data for the project.

- Increased ME productivity.



**South Florida
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Priority 1

Action Plan - Implementation of Centralized Receiving System

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1 Implementation of 1st Centralized Receiving Facility (in both Miami-Dade and Monroe)	10/1/2017	SFBHN Staff	Banyan Health Systems, Guidance/Care Center, DCF, Miami-Dade County Staff, Monroe County Staff	Contract Execution
2 Monitor progress at both Miami-Dade and Monroe CRFs	3/31/2018	SFBHN Staff	Banyan Health Systems, Guidance/Care Center, DCF, Miami-Dade County Staff, Monroe County Staff	Services being provided to expected target populations
3 Continued discussions to expand Centralized Receiving System (add 2 more in Miami-Dade)	3/31/2018	SFBHN Staff	Other SFBHN providers that are interested in becoming CRFs	Stakeholder Meetings
4 Implementation of the other 2 CRFs in Miami-Dade	10/1/2018	SFBHN Staff	SFBHN staff, DCF, Miami- Dade County Staff, Other SFBHN providers that are interested in becoming CRFs	Contract Execution
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**South Florida
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nd Care Coordination

Total Budget: \$

1,218,255.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
	N/A					\$ 187,700.00	housing - reinstate deficit in allocation
	N/A					\$ 380,555.00	care coordination - reinstate deficit in allocation
Mental Health	Fee for Service	02 Case Management				\$ 350,000.00	\$50,000/CWHC for care coordination services at the provider level
Substance Abuse	Fee for Service	26 Supported Housing				\$ 300,000.00	VOLOA

*Proposed Rates and units will be negotiated with identified providers.



South Florida Behavioral Health Network, Inc.

Request for funding for Housing and Care Coordination

ACTION PLAN

Tasks	Target Completion		Resource People	Other Resources	Success Indicator
	Date				
1	Reinstated funding allocation after deficit	10/1/2017	SFBHN Executive Management Team/Fiscal Team	DCF	Funding restored for Housing and Care Coordination
2	Rehire staff	11/1/2017	SFBHN Human Resources Department/Management Staff	DCF	Positions filled
3	Receive funding for care coordination services at the SFBHN provider level	10/1/2017	SFBHN Executive Management Team/Fiscal Team/Contract Management Team	DCF	Funding received for care coordination services
4	Identify providers that will be receiving care coordination service funding	11/1/2017	SFBHN Contract Management Team/SOC Team/CQI Team/Fiscal Team	DCF	Providers identified
5	Contract Negotiation with identified providers for care coordination services	12/1/2017	SFBHN Executive Management Team/Contract Management Team/SOC Team/CQI Team/Fiscal Team	DCF/SFBHN Providers	Contract Negotiation meetings are conducted.
6	Contract Execution with identified providers for care coordination services	1/31/2017	SFBHN Executive Management Team/Contract Management Team	DCF/SFBHN Providers	Contracts with identified providers are executed.
7	Restore funding for housing services at the SFBHN provider level	10/1/2017	SFBHN Executive Management Team/Contract Management Team	DCF	Funding restored for housing services
8	Identify providers that will be receiving housing funding	11/1/2017	SFBHN Contract Management Team/SOC Team/CQI Team/Fiscal Team	DCF	Providers identified
9	Contract Negotiation with identified providers for housing services	12/1/2017	SFBHN Executive Management Team/Contract Management Team/SOC Team/CQI Team/Fiscal Team	DCF/SFBHN Providers	Contract Negotiation meetings are conducted.
10	Contract Execution with identified providers for housing services	1/31/2017	SFBHN Executive Management Team/Contract Management Team/Fiscal Team	DCF/SFBHN Providers	Contracts with identified providers are executed.



South Florida Behavioral Health Network, Inc.

Priority 3

Opioid Funding

Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1 Identify population needing services and funding need	12/1/2016	Data Analytics Team/Fiscal Team	DCF local office	completed analysis
2 Identify providers already serving this population	1/1/2017	Data Analytics Team/Fiscal Team	DCF local office	completed analysis
3 Negotiate with providers for opioid-specific services	3/1/2017	Contract Management/Executive Management	SFBHN Providers	Contract Negotiation Meetings conducted
4 Executed contracts with providers	3/1/2017	Contract Management/Executive Management	SFBHN Providers	Contract was signed and executed
5 Distribute funds	3/1/2017	Fiscal Team		Funds were distributed



**South Florida
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Priority 4

Data Analytics Unit

Total Budget: \$

465,120.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
	N/A					\$ 80,000.00	Program Manager
	N/A					\$ 75,000.00	Biostatistician
	N/A					\$ 55,000.00	Lead Data Analyst
	N/A					\$ 96,000.00	Junior Data Analyst (2 total)
	N/A					\$ 76,500.00	Fringe (25%)
	N/A					\$ 82,620.00	Operating Expenses (27%)

This funding is to be allocated to the ME for an internal data analytics unit. Therefore, the budget does not fit into the traditional treatment categories that are defined here.



**South Florida
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Priority 4

Data Analytics Unit

Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1 Implement Data Analytics team	10/1/2017	SFBHN Executive Management/COI Team	DCF	Data team maintain at ME
2				
3				
4				



**South Florida
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Priority 5

ME Operational Integrity

Total Budget: \$

368,000.00

Budget

Program	Payment Methodology	Covered Services (add rows to each Payment Methodology as necessary)	Proposed Rate	Available Service Capacity (Units)	Minimum Required Service Level (Units)	Operating Budget Allocation	Comments
	N/A					\$ 64,480.00	Contract Manager
	N/A					\$ 74,400.00	IT Programmer
	N/A					\$ 72,000.00	Compliance Specialist
	N/A					\$ 49,600.00	Administrative Assistant
	N/A					\$ 107,520.00	Staff COLA
	N/A						

This funding is to be allocated to the ME for operations. Therefore, the budget does not fit into the traditional treatment categories that are defined here.



**South Florida
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Priority 5

ME Operational Integrity

Action Plan

Tasks	Target Completion Date	Resource People	Other Resources	Success Indicator
1 Hire additional team members	12/1/2017	SFBHN Executive Management/CQI Team	DCF	Hire Staff
2				
3				
4				