**Template 4**

**Managing Entity Annual Business Operations Plan**

**Contract Reference:** *Sections A-1.2 and C-1.1.7*

**Frequency:** *Annually*

**Due Date:** *No later than July 31*

**Discussion:** The Annual Business Operations Plan shall contain the following minimum elements.

**SECTION 1 – CURRENT SYSTEM CAPACITY**

**SECTION 2 – SYSTEM ENGAGEMENT**

**SECTION 3 – MANAGING ENTITY SPECIFIC INITIATIVES**

**SECTION 4 – SYSTEM MONITORING**

**SECTION 1 – CURRENT SYSTEM CAPACITY**

1. Identify by county any operational sub-regions within the Managing Entity’s service area, if applicable. Briefly describe the scope of available services within each sub-regions, and identify Managing Entity staff directly responsible for coordination and oversight of each sub-region.
2. Provide the negotiated new fiscal year targets for the Network Service Provider Output Measures required by contract **Section E-3.**

|  |  |  |
| --- | --- | --- |
| **Network Service Provider Output Measures - Persons Served for Fiscal Year** | | |
| **Program** | **Service Category** | **FY Target** |
| **Adult Mental Health** | Residential Care |  |
| Outpatient Care |  |
| Crisis Care |  |
| State Hospital Discharges |  |
| Peer Support Services |  |
| **Children's Mental Health** | Residential Care |  |
| Outpatient Care |  |
| Crisis Care |  |
| **Adult Substance Abuse** | Residential Care |  |
| Outpatient Care |  |
| Detoxification |  |
| Women’s Specific Services |  |
| Injecting Drug Users |  |
| Peer Support Services |  |
| **Children's Substance Abuse** | Residential Care |  |
| Outpatient Care |  |
| Detoxification |  |
| Prevention |  |

1. For estimating and future allocation purposes, provide an overview of the following non-contractual projected service outputs for the new fiscal year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Projected Non-Contractual Service Outputs – Persons Served** | | | | |
| **Service Type** | **Adult MH** | **Child MH** | **Adult SA** | **Child SA** |
| Behavioral Health Network (BNet) | N/A |  | N/A | N/A |
| Florida Assertive Community Treatment (FACT) Team |  | N/A | N/A | N/A |
| Indigent Drug Program (IDP) |  | N/A | N/A | N/A |
| Temporary Assistance for Needy Families (TANF) |  | N/A |  |  |
| Persons with Criminal Justice Involvement |  |  |  |  |
| Other Special Projects – (specify and add rows for special projects of initiatives implemented by the Managing Entity, as necessary) |  |  |  |  |

1. Describe the methodology and data sources used to establish the Network Service Provider Output Measures and Projected Non-Contractual Service Outputs.
2. Describe any plans for network modifications anticipated during the new fiscal year, if applicable. Provide a justification, applicable data supporting the modification and implementation timelines.
3. Identify any anticipated reductions in funded system service capacity over the prior fiscal year capacity. Identify the affected Network Service Provider, subcontract number, program, available covered service or service location impacted by each reduction and provide a brief justification.
4. Update the key staff designations required by contract **Section C-2.1.4** for the new fiscal year.

|  |  |  |
| --- | --- | --- |
| **Key Staff Designations** | | |
| **Designation** | **Designee Name and Title** | **Contact**  **Phone and Email** |
| *1* Immediate Response |  |  |
| *2* Consumer Affairs |  |  |
| *3* Facilities Representative |  |  |
| *4* NSP Ombudsman |  |  |
| *5* Data Officer |  |  |
| *6* Lead Housing Coordinator |  |  |

**SECTION 2 – SYSTEM ENGAGEMENT**

1. Describe the Managing Entity’s strategy for coordinating services across multiple funding sources and systems to reduce duplication, ensure continuity of care, and improve integration.
2. Describe how the Managing Entity will be responsive to consumers of behavioral health services. Include a summary description of dispute resolution, complaint management, and response to information requests processes. Provide references to applicable policies or procedures available in the Managing Entity electronic vault.
3. Describe how the Managing Entity plans to address the following uniquely vulnerable populations with evolving needs:
   1. Parents involved in the child welfare system,
   2. Homeless individuals,
   3. Members of the LGBTQ community,
   4. Pregnant women and women with children;
   5. Persons re-admitted to a CSU or inpatient unit within 30 days of discharge from a State Mental Health Treatment Facility; and
   6. Any additional uniquely vulnerable populations identified by the Managing Entity.
4. **Reintegration Plan for Discharge Ready Individuals**
   1. Identify the file name and acceptance date for the most recently accepted Reintegration Plan, required by contract **Section C-1.1.7.2.1**, available in the Managing Entity’s electronic vault.
   2. Discuss, if necessary, any proposed updates to the plan for the new fiscal year. Provide a justification and proposed implementation time table for each update.
   3. The Managing Entity may elect to submit a completely revised plan as an attachment if, in its judgement, extensive updates are necessary to address current year operations.
5. **Care Coordination Plan**
   1. Identify the file name and acceptance date for the most recently accepted Care Coordination Plan, required by contract **Section C-1-1.10**, available in the Managing Entity’s electronic vault.
   2. Provide any annual updates necessary to the Managing Entity’s plans to
      1. Reduce, manage, and eliminate waitlists for services, including descriptions of how existing resources will be redirected
      2. Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance abuse and mental health disorders;
      3. Promote access to clinically appropriate services by ensuring the use of screening, assessment, and placement tools designed to identify an appropriate level and intensity of care for an individual;
      4. Promote the use of service outcome data to achieve desired outcomes;
      5. Promote coordination of behavioral health care with primary care;
      6. Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care and are diverted from higher levels of care when appropriate; and
      7. Monitor and implement system changes to promote effectiveness.
6. **Quality Assurance Plan**
   1. Identify the file name and acceptance date for the most recently accepted Quality Assurance Plan, required by contract **Section C-1.1.11**, available in the Managing Entity’s electronic vault.
   2. Provide any annual updates necessary to the Managing Entity’s plans to
      1. Conduct periodic external review activities to assure that the agreed upon level of service is achieved and maintained; and
      2. Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.
7. **Triennial Needs Assessment** 
   1. Attach the most recently accepted community behavioral health care needs assessment required by contract **Section C-1-1-6.**
   2. Provide updates, if necessary, to:
      1. Reductions in the number of individuals on waitlists for services and the number of days on waitlists;
      2. Unmet needs identified through community feedback;
      3. Training and technical assistance needs
      4. The extent to which designated receiving systems function as a “no-wrong-door model,”
      5. The availability of recovery-oriented and peer-involved treatment and recovery services;
      6. The availability of less-restrictive services; and
      7. The use of evidence-informed practices.
      8. Describe the Managing Entity’s timetable and implementation plan for conducting the next required iteration of the triennial needs assessment.
   3. Discuss any other current need assessments or system evaluation used by the Managing Entity, if applicable. Attach or identify the file name and location in the Managing Entity electronic vault for any applicable assessment or evaluation reports.
8. **Assisted Living Facilities-Limited Mental Health (ALF-LMH) License Annual Plan**
   1. List all opportunities for public input into the regional ALF-LMH Plan, as required per s. 394.4574(3), F.S., including dates, locations and lead facilitator(s). Identify the file name and location in the Managing Entity electronic vault for minutes and attendance roster at each opportunity.
   2. Describe how the Managing Entity ensures the standards in s. 394.4574, F.S. are met.

* Demonstrate how the region ensures the provision of state-funded substance abuse and mental health services to the ALF-LMH residents.
* Address case management services; access to consumer-operated drop-in centers; access to services during evenings, weekends, and holidays; supervision of the clinical needs of the residents; and access to emergency psychiatric care.
* Include frequency of mental health provider monitoring by the Managing Entity, method of monitoring, and sample size.
  1. Describe how the Managing Entity addresses the training requirements of s. 429.075, F.S.
* The minimum required training materials are available from the Department Office of Substance Abuse and Mental Health. The training is designed to be 8 hours. Training events should be offered at least every 60 days, or as appropriate to the region.
* Identify any training held within the last year including dates, locations, and trainers. Identify the file name and location in the Managing Entity electronic vault for minutes and attendance rosters for each training.
* Provide a schedule for trainings for the new fiscal year, including proposed dates, locations, and trainers.
  1. Describe gaps or deficits in the network’s service capacity for individuals served in an ALF-LMH and the Managing Entity’s plan for addressing identified gaps or deficiencies.

**SECTION 3 – MANAGING ENTITY SPECIFIC INITIATIVES**

Describe Managing Entity Specific Initiatives that have been designed to support statewide or local performance metrics and strategies, and to enhance behavioral health services in the community.

1. Statewide performance metrics and strategies are defined as activities which implement or support the Department’s Priority of Effort Initiatives, the Department’s SAMH Triennial Service Plan, or Federal Block Grant performance indicators. These performance metrics are not the contractual equivalent of the Minimum Performance Measures specified in Exhibit E of the Managing Entity Contract.
2. Local performance metrics and strategies include activities identified in the Managing Entity’s Enhancement Plan or Strategic Plan; or activities implemented in collaboration with community Task Forces, Coalitions, or other stakeholder collaboratives.
3. The Managing Entity may be the lead for a Specific Initiative or may be a participating member in an Initiative led by a community partner.
4. For each Specific Initiative,
   1. Provide a brief description of the initiative, including goals and objectives;
   2. Indicate if the initiative is a continuation of an ongoing activity or a new initiative developed for the new fiscal year;
   3. Specify the applicable statewide and local performance metrics and strategies which the initiative supports;
   4. Identify the lead individual, and agency or other governmental entity responsible for implementation. If the Managing Entity is not the lead agency, specify what role the Managing Entity fills in the initiative.
   5. Outline the implementation tasks or action steps with projected target dates and describe how implementation is or will be tracked.

**SECTION 4 – SYSTEM MONITORING**

1. Attach the proposed initial Network Service Provider Monitoring Plan required by contract **Section C-1.3.1.**
2. Identify any Network Service Provider Corrective Action Plans initiated in the prior fiscal year which remain active during the new fiscal year.