

# ***PROVIDER NETWORK MODELS***

*STRATEGIES TO STRENGTHEN ADDICTION TREATMENT and  
PREVENTION SERVICE SYSTEMS*



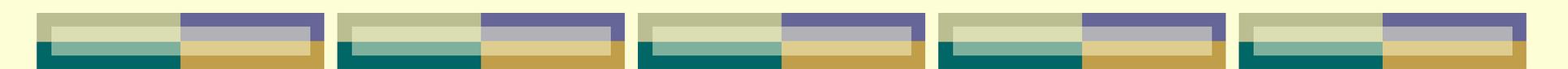
October 2009

Strategic Planning for Providers to Improve Business Practices Meeting

*Shannon Taitt*

*Kathleen Nardini*

*Barry Brogan*



# Introduction – Session Agenda

- *Introduction – Shannon Taitt, M.P.A., SAMHSA/CSAT PFR Coordinator (10 min.)*
  - *Provider Networks Study - Nine Models, Lessons Learned and Summary – Kathleen Nardini, M.A, Abt Associates PFR Project Manager (30 min.)*
  - *Q & A - Shannon Taitt (5 min.)*
  - *Provider Network Model – Barry Brogan, E.D. and C.E.O., North Country Behavioral Healthcare Network (NCBHN) (20 min.)*
  - *Facilitated Discussion on Forming a Network – Shannon Taitt and Barry Brogan (25 min.)*
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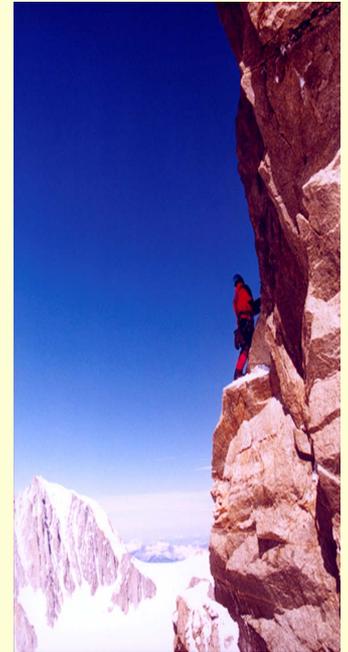
# Provider Network Models

- This effort was supported by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (SAMHSA/CSAT), Partners for Recovery Initiative (PFR), under subcontract to State Associations of Addiction Services (SAAS).
- It builds on recommendations from an earlier SAMHSA report: “Strengthening Professional Identity, Challenges of the Addiction Treatment Workforce”.
- It is based on the Provider Networks Report prepared by PFR and SAAS under PFR. Available on <http://www.pfr.samhsa.gov> and <http://www.saasnet.org>.



# Introduction – Challenges

- The addiction treatment provider system is confronted with a variety of challenges in today's environment.
  - Shrinking resources
  - Increasing demands to demonstrate outcomes
  - Patients with complex sets of problems
- Small and large providers are affected



# Introduction - Solutions



To survive and grow, agencies must:

- **Find new methods of collaborating** in order to maximize resources, retain staff, find strength and stability in a changing marketplace
- Provide higher quality services based upon sound and appropriate evidence-based practices

# Introduction - Overview

- Challenges from one part of the country are truly not that different in other regions
- Examining various types of collaborations can illustrate strategies and structures that can strengthen and support local providers
- Lessons can be learned from our peers across the country that may be replicated in our communities



# Introduction - Session Goals

- For participants to learn about **nine successful addiction and behavioral health provider networks** that are highly diverse in size, scope, complexity and service array
- To stimulate discussion about the benefits of networks and potential applications in your State or community



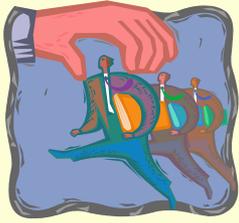
# Provider Networks Study

Networks were loosely defined as collaboration between providers

Network objectives were identified:

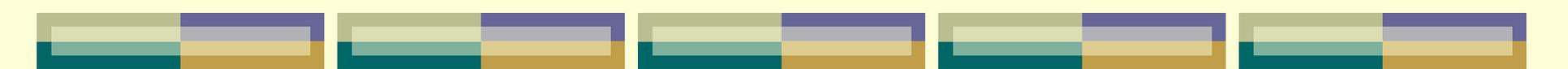
- Improve access to specialized services
- Expand services
- Coordinating care
- Treat people with co-occurring mental, substance use, or physical disorders
- Share staff, information technology, and other administrative and management functions
- Co-locate staff or programs
- Achieve economies of scale or enhancing revenue





## Provider Networks Study – Selection Criteria

At least two separate cooperating agencies	At least one network must be a large, formalized network
At least one network should consist of only two agencies	Only one network per State and geographically diverse
Operational for at least five years and respond to workforce challenges	At least one member organization must provide addictions treatment
At least one network member organization must provide non-addictions-related services, (e.g. housing, primary care, mental health, etc.)	At least one network should serve a minority or underserved population



# Provider Networks Study - Network Features

- Network structures
    - free standing non-profit organizations
    - networks where one organization is the administrative lead
    - networks that are non-incorporated coalitions of providers
  - Collaboration such as sharing staff, joint projects, shared management functions, and purchasing
  - Innovative networking mechanisms including joint funding, co-location, common client tracking systems, and cross training
  - Wide range of business agreements from negotiated contracts to “good faith” verbal agreements
  - Diverse scopes of service including both direct client services to the community and services to network members
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# Provider Networks Study - Nine Models



<b>California</b>	CAARR	California Association of Addiction Recovery Resources
<b>Florida</b>	CFBHN	Central Florida Behavioral Health Network
<b>Illinois</b>	Project WIN	Wellness Initiative Network
<b>Maine</b>	MJTN	Main Juvenile Treatment Network
<b>Massachusetts</b>	BHSN	Behavioral Health Services Network
<b>Nebraska</b>	Touchstone	Touchstone
<b>New York</b>	<b>NCBHN*</b>	<b>North Country Behavioral Healthcare Network*</b>
<b>North Carolina</b>	GCSA	Guilford County Substance Abuse Coalition
<b>Oregon</b>	OTN	Oregon Treatment Network



# Provider Networks Study - Standard Protocol for Information Collection

Organizational History	Mission, Values, and Vision
Network Structure	Membership
Geographic Area	Staffing
Support	Range of Services
Collaborative Efforts	Workforce Development
Strengths of the Network	Challenges of the Network
Considerations in Forming a Network	Looking to the Future





# California - California Association of Addiction Recovery Resources (CAARR)

- **Large multiservice membership non-profit association, 501 (c) (3):** 150 member agencies, 100 recovery homes, and individuals, supported by **membership fees, grants and contracts**, \$1.5 mil budget.
- **Mission** - to encourage development, expansion and quality of **social model programs** through advocacy, education, training, and role modeling
- Trains and certifies “Sober Living Environments” (e.g., sober houses or recovery homes).
- Hosts one of the State’s counselor certification boards





# California - CAARR

- **Range of Services**

- Training and workforce development conferences
- TA
- Legislative monitoring
- Administrative management
- Advocacy
- Formal and informal communication



- **Strengths of the Network** – wide range of membership services offered, various levels of membership, supports operations of community-based providers, management oversight to several small nonprofit programs
- **Challenges of the Network** – serving expanded criminal justice population
- **Considerations in Forming a Network** – solid commitment of member organizations, and mechanism for supporting productive communication

# Florida - Central Florida Behavioral Health Network (CFBHN)



- **Structure**

- 501 (c)(3) not-for-profit network of 19 mental health and substance abuse providers in nine counties providing publicly funded behavioral health services. It has 22 full-time employees.
- The network is a management entity, an **Administrative Services Organization (ASO)**. It coordinates county-based planning, training, and technical assistance to providers.

- **Mission** – provide well-managed and integrated behavioral health services that increase access and improve continuity of care to vulnerable populations.

- **Range of Services - provider network management**

- Strategic planning
- Regional planning
- Quality improvement/management
- Utilization management
- Financial management
- Information management
- Provider services: contracts, purchases, and distributes State and Federal funds for mental health and substance use services

# Florida - CFBHN

- **Strengths of the Network:**
  - Economies of scale results in lower administrative costs
  - Data driven and consumer focused planning process
  - Braided and blended public dollars to create unique service arrays
  - Unified systems of care and recovery-oriented systems
  - Multiple venues for membership input
  - High level outcomes
  - High level of membership service
  - High-quality professional staff
- **Challenges of the Network:**
  - High level of oversight and reporting to funders
  - Need sophisticated IT infrastructure to support network and track transactions
- **Considerations in Forming a Network:**
  - Develop successful IT systems for support
  - Regularly assess member needs
  - Commit to quality improvement process
  - Clearly define mission





# Illinois – Project Wellness Initiative Network (WIN)

- **Mission** – Multiagency, multiservice collaboration to provide coordinated care in areas of mental health, medical health, and substance use treatment, and housing to **homeless adults**.
- **Created from grant funds from HUD.** Members include: Cook County Department of Public Health (CCDPH) (State lead agency), and 7 non-profit community based organizations as partners that provide services. Informal structure.
- **Range of Services:**
  - Clinicians provide outreach and onsite services to clients: broad team to focus on a specific population with multiple problems
  - Offer shelter, care coordination, comprehensive assessment
  - Addictions treatment and recovery services, and mental health services
  - Primary health care services
  - Entitlement and disability benefits assistance
  - Emergency dental/oral services, eye exams and eyeglass referrals

# Illinois - Project WIN

- **Strengths of the Network:**

- Community agencies collaborate to provide expanded service array to a targeted population to reduce access barriers
- Direct service staff provide site-based services to better service difficult to treat clients

- **Challenges of the Network:**

- Require matching funds by participants
- Staff turnover disrupts service continuity
- Setting measurable goals



- **Considerations in Forming a Network:**

- Know your partners
- Build on collaboration and minimize competitiveness in membership
- Complementary members work best
- Access nontraditional sources of funding



# Maine - Maine Juvenile Treatment Network (MJTN)

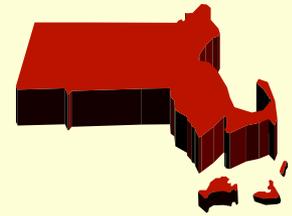
- **Mission-** expand capacity of State to **treat adolescents with substance use disorders**. Coordinates a **statewide system** to identify, screen, and refer adolescents with substance use issues to participating substance use treatment providers
- **Supported and coordinated by contract** of approximately \$350,000 from **Maine Office of Substance Abuse** and other related State programs awarded to Day One; a **501(c)(3) nonprofit community-based** prevention and treatment agency
- **Range of Services**
  - Funding, training and workforce development
  - Client screening, referrals, and support
  - Provides needs assessment and systems capacity building
  - Data collection and analysis
  - Networking and communications

# Maine - MJTN

- **Strengths of the Network**
  - Builds statewide capacity for adolescents
  - Identified referral source
  - Setting a standard of care
  - Uses a common screening tool
  - Developed a trained workforce for adolescents
  - Developed IT capacity to collect data
  - Highly affordable, serves as successful collaborative model
- **Challenges of the Network** - need for adolescents to be referred for evaluation and services instead of being penalized for substance use
- **Considerations in Forming a Network – State agency as partner and funder where providers can:**
  - Build collaborative relationships
  - Develop responsive infrastructure and data base capacity
  - Use common tools such as screening tool



# Massachusetts - Behavioral Health Services Network (BHSN)

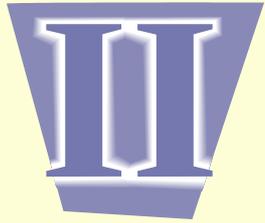


- **Mission-** meet behavioral health needs of low income, underserved in community. Provide **preventive and clinical services** for children, families, and individuals using systems of care principles.
- The **Somerville Mental Health Association** serves as the **lead agency** for the network and provides communication activities and network support. Network provides referrals and resources.
- **Decentralized system** of provider agencies (private and not-for-profit) that provide supportive housing, substance use disorders treatment and mental health services to persons with **substance use and co-occurring disorders**. Informally organized coalition
- **Challenges of the Network** – scope of activity limited due to absence of formal structure and scarcity of overall resources

# Massachusetts - BHSN



- **Range of Services that support providers and consumers:**
  - Web site to inform and exchange information and share resources
  - Network performs ongoing needs assessment in community
  - Community and mental health services
  - Health promotion
  - Family recovery services
  - Homelessness prevention
  - Suicide prevention
  - Youth crisis response network
- **Strengths of the Network are through collaboration, innovation and availability of expanded services**
  - Community effort to build and support network of service providers: behavioral health, primary health, housing, education, other social services
  - Includes providers, payers, and State licensing regulators
- **Considerations in Forming a Network** Assess community needs, how organizations can respond, provider readiness, involve clients, identify benefits to participating organizations.



# Nebraska - Touchstone

- **Founded by two 501 (c)(3) non-profit residential programs:**
  - Houses of Hope (addictions populations): corporate umbrella
  - Center Pointe (mental health populations)
- **Mission** – form a substance use and co-occurring disorders short-term residential treatment facility
- **Structure and Support** - Contract and MOU between agencies. Share in provision of clinical services. Co-located staff. Support is State contract and Medicaid
- **Strengths of the Network** – true synergy of two agencies:
  - Shared management structure
  - Integrated model for treatment of co-occurring disorders

# Nebraska - Touchstone

- **Range of Services:**

- 22 beds
- Intake
- Individual and group services
- Nursing and medical services
- Case management
- Community daily living skills
- Recreational therapy
- Crisis response
- Introduction to self-help programs
- Follow-up after discharge

- **Challenges of the Network:**

- Developing a common language and vision
- Collaborative decision making
- Adequate funding
- Staff challenges (different philosophies)

- **Considerations in Forming a Network:**

- Work out details in advance, create equal partners
- Create forums for discussion and problem solving
- Look for complementary mission and culture of agencies



# North Carolina - Guilford County Substance Abuse Coalition (GCSAC)



- **Non-profit 501 (c)(3) coalition of member organizations (72) from community sectors:** hospitals, physicians, schools, law enforcement, local government, community organizations, and faith-based organizations.
- **Mission** – form a **diverse, inclusive network** to support comprehensive approaches to treatment and prevention services, using **EBPs** to **integrate** substance use and mental health disorders treatment with primary care
- **Consideration in Forming a Network:**
  - Need the full involvement of community through support and motivation to make an impact

# North Carolina - GCSAC

- **Range of Services** (Does not provide direct services):
  - Maintains active and engaged coalition of community stakeholders
  - Facilitates community mobilization, planning, and implementation of services
  - Assesses substance use service needs for county
  - Supports adoption of EBPs
  - Builds community awareness and disseminates information
  - Supports targeted efforts for prevention of youth substance use
- **Strengths of the Network:**
  - Assesses community needs
  - Broad based community representation to support capacity building including both individuals and organizations
  - Provides neutral forum for diverse interest groups, advocate for provider network

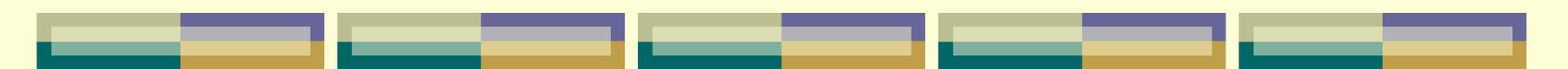




# Oregon - Oregon Treatment Network (OTN)

- **Mission** – coordinates efforts of 5 non-profit treatment and prevention of substance use and co-occurring disorders organizations
- **Structure** – 501 (c)(3) nonprofit network that serves as a fiduciary agent for a series of grants for network members. Also has membership dues. Statewide network with small governance structure and committees, Part of **NIDA Clinical Trials Network**; funded by grants and membership dues.
- **Range of Services:**
  - Network membership services are provided, members receive grants and contracts to train member agency staff
  - Members provide a full array of clinical services for adults and youth with substance use and co-occurring disorders
  - Members participate in NIDA Clinical Trials Network





# Oregon - OTN

- **Strengths of the Network:**
    - Spans all levels of clinical care in variety of communities
    - Serves all age groups, and diverse racial and linguistic groups
    - Common quality assurance and quality improvement protocols
    - Close working relationship with a major research institution
    - State-of-the-art clinical programs
    - Minimal competition between agencies due to different geographic regions.
  - **Challenges of the Network:**
    - Limited enrollment to minimize competition
    - State funding strategies are a continuing concern
    - Use use of technology across large geographic areas reduces access problems
  - **Considerations in Forming a Network:**
    - Pick partners carefully
    - Real value must be created for network to survive
    - Relationships among members must be complementary and supportive
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# Lessons Learned and Summary

- Lessons Learned
- Summary of Network Services
- Summary of Network Benefits
- Recommendations for Network Formation





# Lessons Learned

- Networks can be used as a strategy for remaining competitive in the marketplace by:
  - Creating economies of scale,
  - Sharing resources, and
  - Creating a stronger voice in agency and legislative processes.
- The formation of networks enables providers to better create a continuum of care and offer a richer array of services at all levels of care.

# Lessons Learned



- Networks have the ability to improve client access and retention, coordination of care, team approaches to service, and can enhance collegial input.
- Networks can create rich opportunities to train and develop the workforce.
- Network services to membership span a full range of options and are determined by needs and interests of participants.

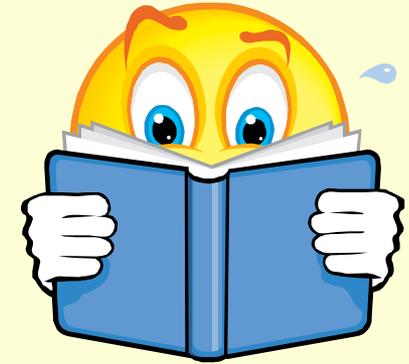
# Lessons Learned



## Types of Networks in this study

- **5** free standing 501 (c)(3) (California - CAARR, Florida - CFBHN, New York - NCBHN, North Carolina - GCSAC, and Oregon - OTN)
- **3** have an agency serving in a role as lead and fiduciary agent (Illinois - Project WIN, Maine - MJTN, and Nebraska - Touchstone)
- **1** is a coalition of providers (Massachusetts - BHSN)

# Lessons Learned



## Commonalities among Networks:

- **Add value** to the membership
- **Collaboration** among network members is promoted and emphasized. Competition among providers is viewed as counterproductive.
- **Collegiality and peer-to-peer network** is viewed as highly valuable
- **Highly participatory**
- **Formal and informal TA** is available through networks
- **Advocacy** is a function of most networks
- **Workforce development** focus area among networks



# Lessons Learned

## Impact on the Workforce – Infrastructure:

- Networks have many **infrastructure** elements to support high-quality workforce development in:
  - Recruitment, training
  - Professional development
  - Credentialing.
- Networks have fairly **direct access** to the workforce and a physical location where **training** can be conducted.
- Networks provide rich opportunities for **expanded training and professional development**. These trainings range from traditional workshops, to in-depth skills focused training, coaching, and mentoring.

# Lessons Learned



## Impact on the Workforce - Recruitment and Retention:

- **Job sharing and co-location** of staff are innovative roles offered through networks that can assist in the recruitment process.
- **Peer-to-peer support** and assistance is available through networks, which supports and empowers clinical staff.
- **Clinical supervision, staff training, and professional development activities** (including subsidization of training and credentialing costs) reinforces **staff commitment** to the agency.



# Lessons Learned

## Impact on the Workforce – Professional Development:

- Networks provide **supervisory training, coaching, and mentoring.**
- Contracts are available to prepare workers for **certification and licensing.**
- Networks provide **training on EBPs.**
- Rich opportunities are available for professional development for **staff training for classroom and on-line courses.**

# Summary of Network Services

- Provider Network Management
- Strategic Planning for Network
- Shared Quality Improvement/Quality Management
- Financial Management
- Information Management
- Workforce Development
- Organizational Capacity Building
- Facilitation of Collaborative Efforts among Providers



# Summary of Network Services

- Advocacy at the State and Federal Level
- Public Education and Outreach
- Accounting Services
- Group Purchasing
- Program Design
- Grant Coordination



# Summary of Network Benefits

- Aid in the survival and sustainability of an organization
- Provide shared administrative functions across programs
- Provide competitive advantages pursuing grants and contracts
- Provide advocacy



# Summary of Network Benefits

- Provide access to funding, collaboration on grants, advertising and marketing, shared staffing, group purchasing, and other economies of scale

- Provide peer-to-peer assistance



- Participation in a network provides access to resources that otherwise may be unavailable (e.g. IT resources, TA)

# Summary of Network Benefits

- Partnerships among providers, allied service organizations, and community
- Improve access and coordination of services to persons in community
- Bring together a broad array of services to support individuals and families in treatment



# Summary of Network Benefits

- Improve communications among patients and organizations involved in other services
- Patients respond better to treatment when care is coordinated and provider responses are integrated
- Networks can play a vital role in needs assessment, gap analysis, and service planning



# Recommendations for Network Formation

- Clearly define your **vision** for the organization based on a commitment to services.
- Regularly **assess needs** of your members and of the communities you serve and identify how your organization and others can **respond** to those needs.
- Having the **State agency** as a **partner and/or funder** of the network can be beneficial.





# Recommendations for Network Formation

- Identify how the network will be of benefit to the participating organizations.
- Identify the value created through the network.
- Create an environment where providers can build collaborative (not competitive) relationships. This is a key to success.
- Have a mechanism that supports open and productive communication to resolve any issues and differences among providers.

# Recommendations for Network Formation

- Develop infrastructure that is responsive to the needs of the populations served and the network membership.
- Select network partners based on their ability to be complementary and supportive to others in the network.
- Seek to create equality among partners and incorporate democracy in operations.
- Senior leadership of member organizations must be involved.
- Access to IT Infrastructure is recommended
- Commit to an ongoing process of quality improvement



# Provider Network Models

## Questions?

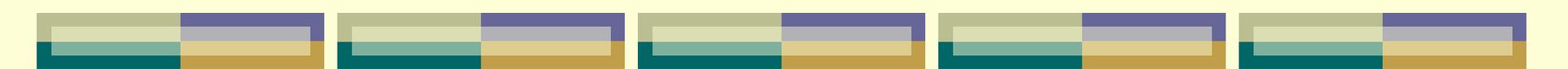




# PROVIDER NETWORK MODEL

**New York –North Country Behavioral  
Healthcare Network (NCBHN)**





# New York – North Country Behavioral Healthcare Network (NCBHN)

- **Mission** – connects and supports behavioral health providers to **strengthen service delivery through collaboration**, and brings the necessary resources together among its partners
  - **501 (c)(3) nonprofit rural behavioral health care network serving 5 upstate New York counties:**
    - Members provide an array of services for adults, adolescents, children, elderly people, and Native Americans.
    - 20 active organizations, board members, officers
    - North Country Management Services (NCMS a for-profit affiliate)
  - **Support** – grants, and modest membership dues, and income generated by NCMS.
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# New York - NCBHN

- **Range of Services:**
  - The network provides: organizational capacity building, facilitation of collaborative services, community needs assessment, training, and workforce development. NCMS provides business products, TA, management support and legislative liaison services.
  - Network members provide services in substance use disorders, mental health, primary health, developmental disabilities, temporary housing, prevention, and education and peer support.
- **Strengths of the Network include:**
  - Maintain high quality professional staff
  - Non-competitive collegial environment
  - Responsive governance structure
  - Venues for member communication and input
  - Services support business infrastructure



# New York - NCBHN

- **Challenges of the Network:**
  - Seek funding through grants
  - Grow NCMS to obtain increases in revenue
  - Add more members to further strengthen the network
- **Considerations in Forming a Network:**
  - Incorporate democracy
  - Establish recognizable identity quickly
  - Charge dues
  - Senior leadership must be involved
  - Assess needs
  - Be responsive to member needs



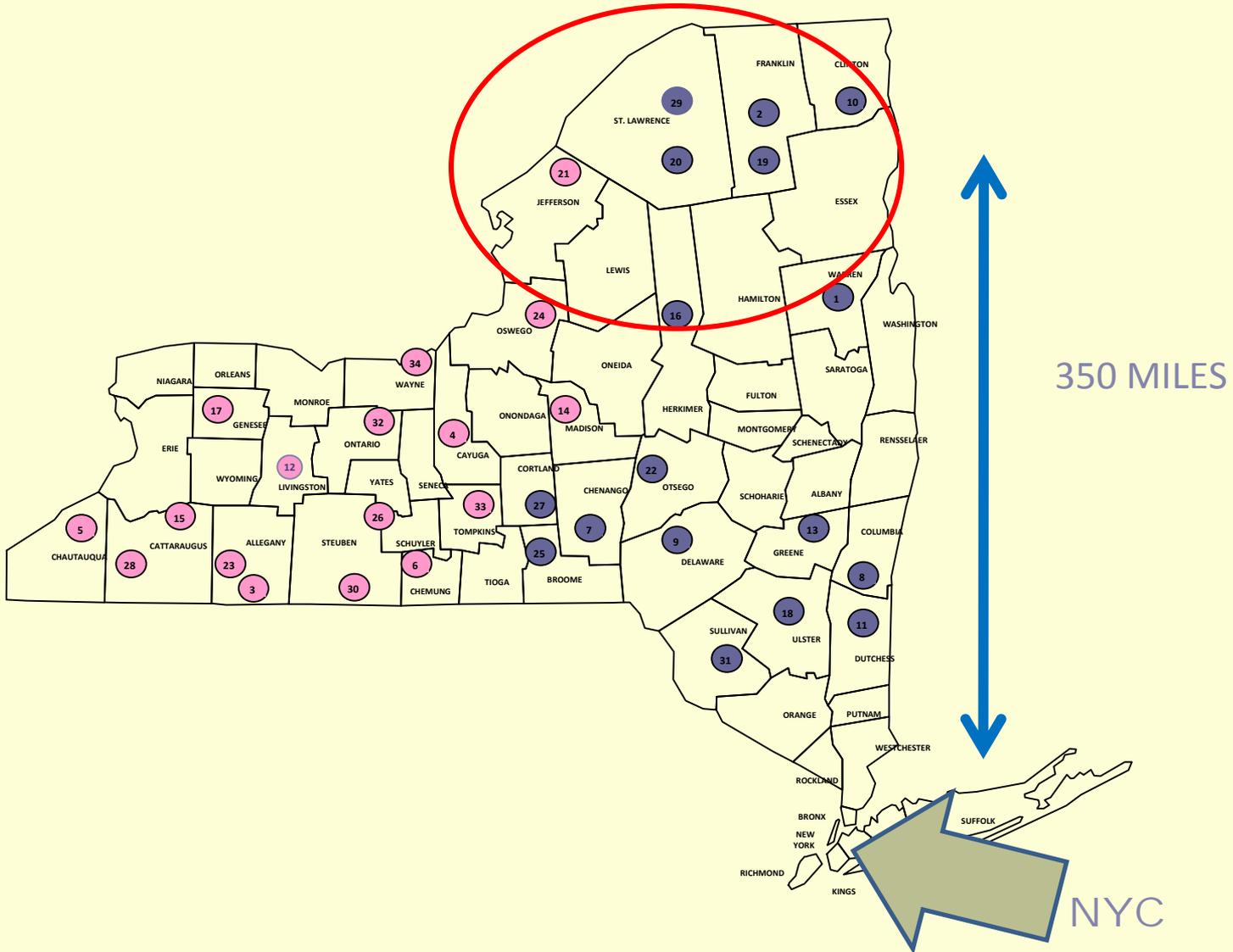
New York - NCBHN

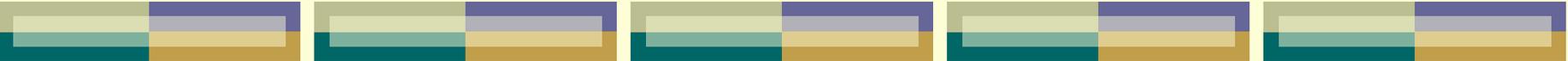
**SO WHAT?**



- **WHO ARE YOU REALLY?**
- **WHAT DO YOU DO THAT MAKES YOUR NETWORK IMPORTANT TO YOUR MEMBERS?.....**
- **AND WHAT PART OF NEW YORK CITY DID YOU SAY YOU WERE FROM?**

# NEW YORK STATE NETWORK DEVELOPMENT GRANT PROGRAM





# North Country Behavioral Healthcare Network

## **From “Networking for Rural Health”**

*“Most communities and healthcare providers have an extensive list of unmet needs.*

*Organizations will work together to the extent to which these compelling needs or (expected benefits) are among their top priorities.”*





# North Country Behavioral Healthcare Network



# New York's North Country: 10 months of winter



# North Country Behavioral Healthcare Network

## Value



We have found that our members value the network for:

- Flexibility and speed in addressing needs
- Value of networking among the members
- Ability to tackle common “back-burners”
- Seat at policy table

# North Country Behavioral Healthcare Network

## Realistic Expectations for Start Up



- Must allow time for development outcomes for first 1 to 2 years
- Should be development not program oriented

# North Country Behavioral Healthcare Network

## Behavioral Health as a Network Project

**1997: Why did we get together.**

**What was our common problem?**

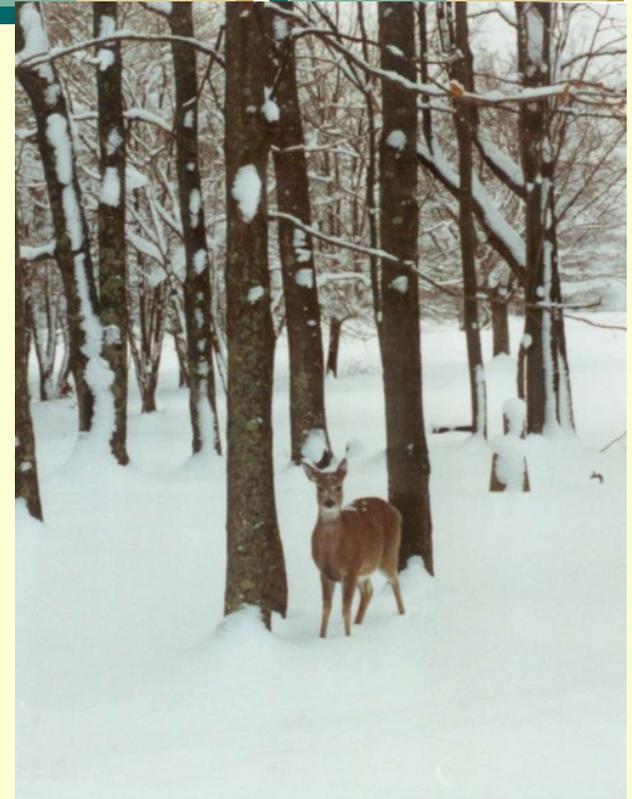
- Medicaid Managed Care
- Insurance Company Rates
- Costs of Doing Business
- Lack of Qualified Health Professionals



# North Country Behavioral Healthcare Network

## Project Focus in 2009

- IT Systems Development and Technical Assistance
- Outreach and Professional Development
- Regional Projects Development and Management
- Cost of Doing Business (NCMServices, LLC)



# North Country Behavioral Healthcare Network

We moved from a model to increase revenue.

We moved toward a model to reduce costs.

One year to organize and

One year to ramp-up.

- Risk Management
- Administrative Services
- Group Purchasing
- Educational Programming



# North Country Behavioral Healthcare Network



## Our Evolution Since 1997

1997

Organizational  
Development



2009

Program  
Projects

# North Country Behavioral Healthcare Network

## Information Technology



- North Country Behavioral Telehealth Initiative (14 agencies)
- Four County Common I&R website
- Six-Agency Electronic Medical Records Project
- IT Best Practices Assessments

# North Country Behavioral Healthcare Network

## Outreach & Professional Development



- Staff Continuing Education
- Public Programs on B.H. Topics
- Policy Impact in Albany & Washington
- Participation in State Advocacy Organization
- National Rural Health Association

# North Country Behavioral Healthcare Network



## Regional Projects

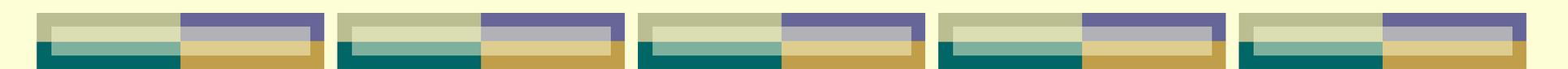
- Fort Drum Behavioral Health (5 members)
- Points North Housing (4 members)
- Older Adults Mental HealthNet (4 members)

# North Country Behavioral Healthcare Network

## Project Criteria

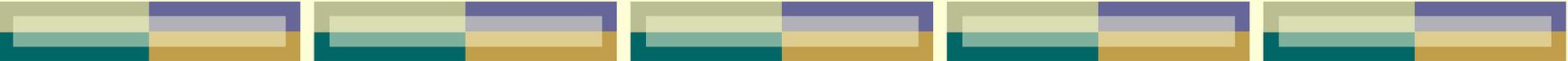


- Must be collaborative (more than one member)
- Must address an identified behavioral health need
- Over time the program must be financially viable
- Completion in realistic time frame
- Reality based – feasibility & probability of success are judged to be high



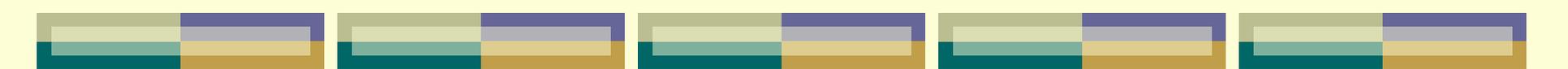
# Group Discussion on Forming a Network

- Is there a compelling **need** for building, changing or enhancing a network?
  - Who are the **key players** and are the key players in agreement with this?
  - What will the collaboration/network **do**?
  - How can/will collaboration/network **add value** to your system?
  - Where would the network be located? With a provider? Independent location?
  - What might this **cost** and are there **resources** available to support this effort?
  - Will **senior leadership** from organizations commit to working together collaboratively to develop a **plan of action**?
  - What are **next steps** moving forward?
- 



# Recovery-Oriented Systems of Care (ROSC) SCENARIO

- **Need to form a network to support ROSC**
  - **Definition of ROSC** – a network of organizations, agencies, and community members that coordinate a wide spectrum of services to prevent, intervene, and treat substance use health conditions.
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# Recovery-oriented Systems of Care (ROSC) SCENARIO

- **Key players** include substance use treatment and prevention providers, and mental health care providers, but need to include more providers that support recovery. Who else should be in the network?
  - **Collaboration/network will** coordinate and refer clients to the provider(s) that best meets the clients needs on pathway to recovery. Providers will deliver services to clients and families in community.
  - **Collaboration/network will add value** by coordinating services and enabling the delivery of comprehensive menu of recovery-oriented services across the continuum of care. Describe.
  - Consider **costs and resources**.
  - Obtain **commitment from senior leadership**.
  - **Develop plan of action .....** How will the network operate?.....
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