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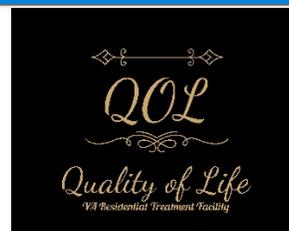


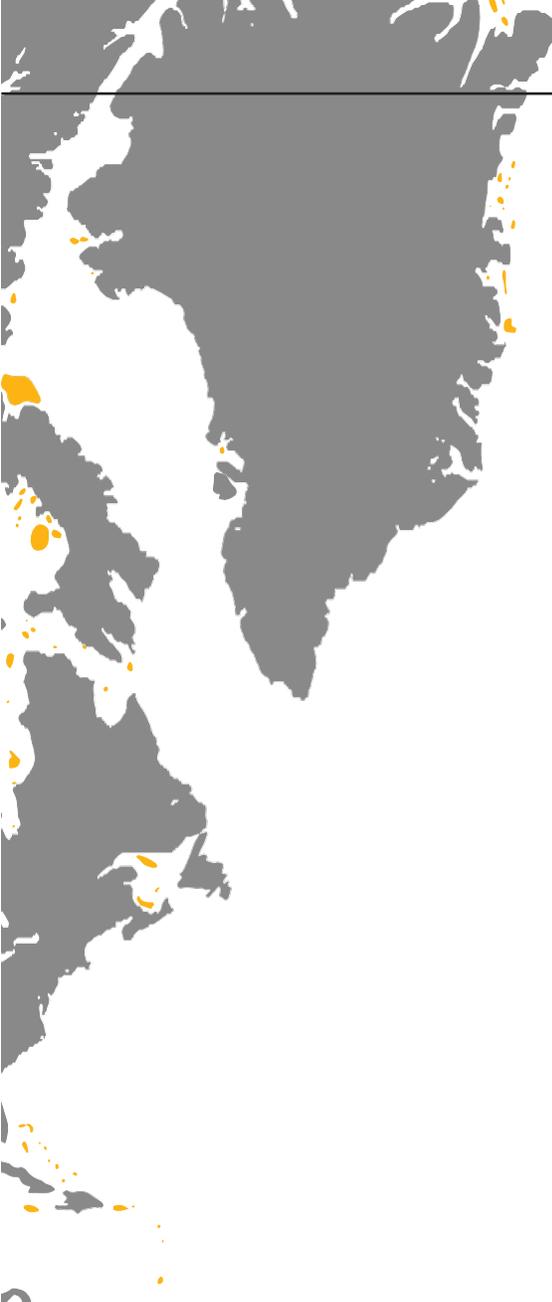
QUALITY OF LIFE GROUP CARE FACILITY

Business Plan

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS PLAN





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- EXECUTIVE SUMMARY

Quality of Life is a Group Care Facility, located at 603 Melaleuca Dr., Margate, FL 33063. The Company is owned by Miryam Jimenez, an entrepreneur and investor based in South Florida.

BUSINESS DESCRIPTION

Quality of Life is the vision of Ms. Jimenez, who, through the tragic loss of a loved one, is personally motivated to help others. The facility was first envisioned in 2016, with an anticipated grand opening set for August 15, 2019. The agency is registered in the State of Florida as a S-Corporation, subject to the laws and regulations therein.

LICENSURE

Quality of Life will be licensed by the Agency of Health Care Administration (AHCA) and the Department of Children and Families (DCF) in accordance with Chapter 64E-12 of the Florida Administrative Code, Chapter 394 of the Florida Statutes, and Section 381.006(16) of the Florida Statutes. Relevant materials are attached to this proposal as Exhibit A.

64E-12 Residential Treatment

“Residential Treatment” is a group care facility and provides services on a residential basis 24 hours-per-day, 7 days-per-week, and is intended for clients who meet the placement criteria for this component.” “This level is appropriate for persons who have sub-acute biomedical problems or behavioral, emotional, or cognitive problems that are severe enough that they require residential treatment, but do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.”

Quality of Life will be a group-care-facility as defined and meet the definition and regulations in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code. As used in Section 381.006 of the Florida Statutes and Chapter 64E-12 of the Fla. Administrative Code, the term “group care facility” means any public or private school, assisted living facility, adult family-care home, adult day care center, short-term residential treatment center, residential treatment facility, home for special services, transitional living facility, crisis stabilization unit, hospice, prescribed pediatric extended care center, intermediate care facility for persons with developmental disabilities, or boarding school. The department of health may adopt rules necessary to protect the health and safety of residents, staff, and patrons of group care facilities. Rules related to public and private schools shall be developed by the Department of Education in consultation with the department. Rules adopted under this subsection may include definitions of terms; provisions relating to operation and maintenance of facilities, buildings, grounds, equipment, furnishings, and occupant-space requirements; lighting; heating, cooling, and ventilation; food service; water supply and plumbing; sewage; sanitary facilities; insect and rodent control; garbage; safety; personnel health, hygiene, and work practices; and other matters the department finds are appropriate or necessary to protect the safety and health of the residents, staff, students, faculty, or patrons. The department of health may not

adopt rules that conflict with rules adopted by the licensing or certifying agency. The department of health may enter and inspect at reasonable hours to determine compliance with applicable statutes or rules. In addition to any sanctions that the department of health may impose for violations of rules adopted under this section, the department of health shall also report such violations to any agency responsible for licensing or certifying the group care facility, which is the Agency of Health Care Administration. The licensing or certifying agency may also impose any sanction based solely on the findings of the department of health.

ACCREDITATION

The agency will be fully accredited by The Joint Commission. The Joint Commission is a private, not for profit organization established in 1951 to provide accreditation to health care organizations within the United States. The Joint Commission accredits nearly 21, 000 health care organizations in the United States. The Joint Commission provides deemed status and is recognized by the Centers of Medicare and Medicaid Services (CMS) as the industry “Golden Seal” for organizations that provide the highest quality healthcare.

EXECUTIVE LEADERSHIP TEAM

Quality of Life has assembled an experienced Executive Leadership Team:

Miryam Jimenez, Owner

Ms. Jimenez has developed a thriving real estate business with vast holdings. She specializes in procurement and selling of residential and commercial real estate. It is through the death of a loved one that Ms. Jimenez is driven to help individuals and their families who are dealing with behavioral health issues.

Emilio Mantero-Atienza, MD, PhD

Dr. Mantero-Atienza is a highly respected board-certified, psychiatrist and author who has over 30 years of experience working with those who suffer from behavioral health issues. He specializes in Medication Assisted Therapies, Medication Assisted Treatment in Mental Health Services, and Evidenced Based Treatment. Dr. Mantero acquired a PH.D. in Clinical Biochemistry.

Mary Jane Fitzpatrick, RN, JD, Consultant

Ms. Fitzpatrick, RN, Behavioral Health Consultant specializing in nursing administration, medical-legal, and risk management. She is considered an expert in Joint Commission quality standards and the Agency for Health Care Administration regulatory requirements. Ms. Fitzgerald is a member of the Florida Bar and is a Registered Professional Nurse.

Linda Potere, MBA, LHCRM, CHCQM, LADAC, CAP-Program Director

Linda Potere is a behavioral health consultant to a wide variety of behavioral health organizations holding the positions of Quality Assurance Director, Corporate Compliance

Officer, and Risk Manager. Her duties and responsibilities include: (1) achieving and maintaining licensure; 2) certification, accreditation and regulatory compliance for all state, local, and federal licensure and accreditation bodies; 3) certification and compliance with risk management, Center for Medicare Services and Medicaid Standards; 4) coordinate and implement of Joint Commission and CARF standards in behavioral & hospital health care settings; and 5) insuring compliance and training of staff in Performance Improvement, team building, and additional training needs for accreditation survey for Community Mental Health Centers, Methadone Clinics, and Partial Hospitalization Programs for both Mental Health and Substance Abuse services.

Cathy Claud, MNM, CAP, CPP, ICADAC, CRRA-Consultant

Ms. Claud has over 35 years of experience in the development and management of health care systems, specializing in systems of care for children and families dealing with behavioral health disorders. Specifically, Ms. Claud’s dedication, experience, and passion for the work, forms the basis of her professional standards of excellence in serving the community.

Quality of Life will employ approximately 49 (part and/or fulltime) employees in the following positions:

- | | |
|---------------------------|--|
| Chief Operating Officer | Licensed Nurses |
| Compliance Officer | Case Managers |
| Admissions Director | Mental Health Counselors |
| Drivers | Behavioral Health Technicians |
| Group Therapy Facilitator | Dietician and other ancillary supports |
| Janitorial/Cleaning Staff | |
| Chef | |
| Assistant Chef | |
| Secretarial | |
| Medical Director | |

MISSION STATEMENT

Our Mission

To provide the highest quality of evidence-based mental health care to active duty and reserve military personnel that are involve in heightened stress levels and trauma, as well as the elderly military personnel that were affected by and are suffering from Posttraumatic Stress Disorder (PTSD). Quality of Life aims to address Veterans’ needs during reintegration into civilian life.

A report posted by the Mental Health First Aid for Veterans organization states that “thirty percent of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health condition requiring treatment – approximately 730,000 men and women, with many experiencing post-traumatic stress disorder and major depression. Sadly, less than 50 percent of returning veterans in need receive any mental health treatment. The Veterans Administration reports that approximately 20 veterans die by suicide every day.”



DESCRIPTIONS OF SERVICES.

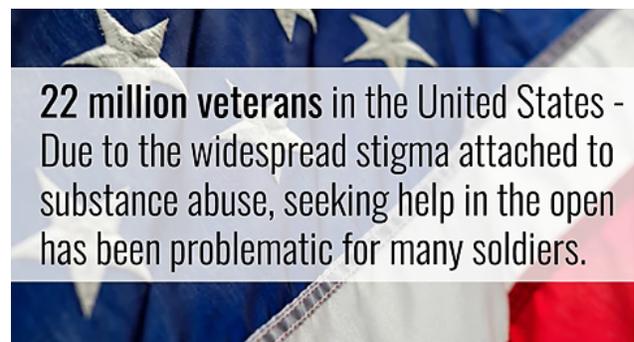
Quality of Life Program Description

The program will specialize in Evidence Base Treatment The facility will provide a structured group treatment setting with 24 hour per day, 7 days per week supervision for residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance. The residents served in this facility have a moderate capacity for independent living.

(1) Services.

Each patient shall receive 34 hours of services each week, with a minimum of 14 hours of counseling by Licensed Therapists. **Quality of Life** will provide or arrange for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the patient as identified in the treatment plan as follows:

- a) Individual counseling.
- b) Group counseling.
- c) Counseling with families.
- d) Mental Health Issues education, such as strategies mental health related issues or relapse, health problems related to mental health issues, and motivational enhancement and strategies for achieving a stable mental health lifestyle.
- e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management.
- f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the patient with alternative means of self-



- expression and problem resolution.
- g) Training or advising in health and medical issues.
 - h) Employment or educational support services to assist patients in becoming financially independent; and
 - i) Mental health services for the purpose of:
 1. Managing patients with disorders who are stabilized.
 2. Evaluating patients' needs for in-depth mental health assessment.
 3. Training patients to manage symptoms; and
 4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems, which may arise during treatment

(2) Caseload.

Licensed Therapists will have a caseload that will not exceed 8 patients at one time.

(3) Staffing Coverage and Pattern.

The staffing coverage and pattern for the facility shall be maintained at a minimum of 1-15 staff to resident ratio with never less than two staff on the premises when residents are present. The facility shall have procedures to mobilize additional staff 24 hours daily in the event of emergency need. The facility will have a telephone tree to mobilize additional staff 24 hours daily in the event of emergency needs.

Evidence Base “TREATMENT PRACTICES”

PROLONGED EXPOSURE (PE).

Prolonged exposure is typically provided over a period of about three months with weekly individual sessions, resulting in eight to 15 sessions overall. The original intervention protocol was described as nine to 12 sessions, each 90 minutes in length. Sixty to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

Licensed Therapists begin with an overview of treatment and understanding the veteran’s past experiences. Licensed Therapists continue with psychoeducation and then will generally teach a breathing technique to manage anxiety.

Generally, after the assessment and initial session, exposure begins. As this is very anxiety-provoking for most patients, the therapist works hard to ensure that the therapy relationship is perceived to be a safe space for encountering very scary stimuli. Both imaginal and in vivo exposure are utilized with the pace dictated by the patient.

- **Imaginal exposure** occurs in session with the patient describing the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques.
- **In vivo exposure**, that is confronting feared stimuli outside of therapy, is assigned as homework. The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

COGNITIVE PROCESSING THERAPY (CPT).

Cognitive processing therapy is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events including child abuse, combat, rape and natural disasters.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

COGNITIVE BEHAVIORAL THERAPY (CBT).

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation. Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.

TRAUMA-FOCUSED PSYCHOTHERAPY (TFP).

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help you process your traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

CLINICAL PERSONNEL

Licensed medical personnel, i.e. physicians and nurses.

Licensed clinical personnel, i.e. Licensed Clinical Social Workers, Mental Health Counselors.

Certified Behavioral Health Technician.

Dietician and other ancillary supports.



SECURITY

Quality of Life services are provided in the privacy of a self-standing gated facility, monitored with all around security cameras. The facility will follow protocols proven to work in other Veterans exclusive residential inpatient facilities. The patients stay 90 to 120 days, receive mail at the facility and will have visitation privileges after two weeks of treatment; however, visitation is earned and needs to be approved by their doctor or the clinical director. Guest will have to pass a full body search prior to enter in contact with their visitor. Residents' passes to the outside of the facility are earned after several weeks in the facility and, upon their return, the patients will have to undertake a full body search by a **Quality of Life** employee of the same sex, and drug and alcohol test prior to enter in contact with other patients in the facility.

Our services are voluntary; therefore, we do not provide services to individuals who are court mandated and resistive to the therapeutic process.

All program participants are pre-screened to ensure their level of motivation and ability to maximum their opportunity for success in the program.

ADMISSION CRITERIA

- a. Ambulatory or capable of self-transfer
- b. Able to participate in treatment programming and services;
- c. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services;
- d. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and
- e. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others,
- f. Maintains personal hygiene and grooming with staff supervision

Quality of Life takes a strength-based approach that empowers patients and their families to go beyond simply pointing out problems and deficits. We take a problem-solving approach that stabilizes veteran's while working to identify and prevent future problems. We understand that our veterans and their families need the skills, knowledge, and support in a wide variety of personal and social functions. **Quality of Life** takes a broad holistic view to patient treatment. Our veteran's will be treated with respect and dignity. Patients will be free from neglect, abuse, and exploitation and have open access to guardian(s), and advocates as appropriate.



Services provided include but are not limited to: Intake, Assessment and Discharge Planning; Development of Individualized Treatment, Treatment Plan; Individual, Group and Family Therapy; Case Management; and Recreational Activities.

QUALITY OF LIFE WILL PROVIDE (SERVICES)

- Plan, arrange, and provide for transportation to medical/dental appointments.
- A planned activity program including arrangement for utilization of

available V A community resources.

- Continuous observation, care and supervision as required.
- Assistance in meeting necessary medical and dental needs.
- Assistance with taking prescribed medications in accordance with physician's instructions, unless prohibited by law or regulation.
- Food services (three nutritious meals daily, snack, unrestricted access to fruit and vegetables and arranging of special diets if prescribed by a physician or dietician.
- Maintenance or supervision of patient cash resources, electronics, or other property if necessary.

The Treatment Plan will be developed for the patient, by the treatment team consisting of medical, clinical, and program staff.

The plan includes the following:

- 1) Use of a strength/deficit list.
- 2) Behavioral objectives in written agreements that focus on individual outcomes.
- 3) Realistic target dates that also permit frequent feedback to the patient on progress.
- 4) Revisions to the plan when there is a change in objectives, goals, or services.
- 5) The veteran's active participation in the development, modification and evaluation of the plan.
- 6) The accurate and complete documentation of the veteran's progress and problems to be addressed.
- 7) Regular evaluation of the service plan to occur on an as-needed basis. Physician, Psychologist and the Licensed Therapist will design an evaluation plan for patients. The evaluation will be a model for use in measuring the success of patient objectives

Upon discharge of a patient, all cash resources, personal property, and valuables that have been entrusted to **Quality of Life** will be surrendered to the patient.

Patients and are given copies of all discharge instructions and policies and procedures. Signed copies of the policies and procedures are maintained in the veteran's file records. In addition, a licensed mental health professional shall complete and provide to the veterans a typed discharge summary which includes demographic information, date of admission, DSM-V diagnosis, current emotional and/or behavioral problem, continuing therapeutic and educational needs, medication, and reason for discharge.

The licensed mental health professional shall also provide a signed discharge report within 14 days of the date of discharge. This report will include the reason for admission,

reason for discharge, course of treatment (including medications), the discharge diagnosis, report of all medical and dental services received during the veteran's stay, the prognosis and recommendations for further mental health treatment, education programs, or placement.

BUSINESS SUMMARY

INDUSTRY OVERVIEW

For the U.S. Department of Veterans Affairs (VA), nothing is more important than supporting the health and well-being of the Nation's Veterans and their families. A major part of that support is providing timely access to high-quality, evidence-based mental health care. VA aims to address Veterans' needs, during Service members' reintegration into civilian life and beyond.

The VA Office of Mental Health and Suicide Prevention Guidebook provides information on the variety of mental health services that VA offers on both a national and local level. These programs and services are rooted in several core values:

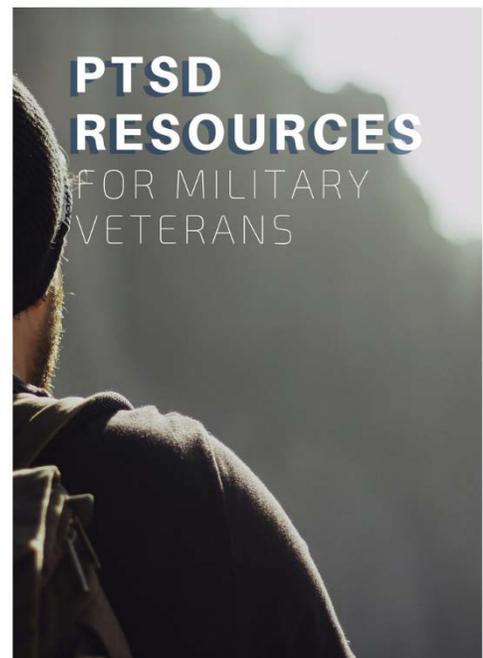
FOCUS ON RECOVERY

Keeping a focus on recovery from mental health challenges or substance use issues empowers Veterans to take charge of their treatment and live a full and meaningful life. This approach focuses on the Veteran's strengths offering respect, honor, and hope to Veterans and the family members who support them.

VA provides treatments that are proven to be effective for mental health concerns. These treatments are time-limited and focus on helping Veterans recover and meet their goals. To learn more about evidence-based mental health treatments, please visit treatmentworksforvets.org. You can also view a video, "Evidence-Based Treatment: What Does It Mean," and other brief videos about evidence-based treatments for Posttraumatic Stress Disorder on the website for the VA National Center for PTSD.

VA health care providers work together to provide safe and effective treatment for the whole person — head to toe, inside and out using a Whole Health approach. Timely medical care, good nutrition, and exercise — along with a sense of purpose are just as important to mental health as to physical health. Veterans take an active role in their care by partnering with their providers to improve their health and well-being.

WHOLE HEALTH



It all starts with a simple question: What matters most to you? That's the first step in the Whole Health approach, which is designed to help Veterans achieve and maintain their best all-around health and well-being. Through a Whole Health Approach, VA is committed to empowering, equipping, and treating Veterans according to their preferences and priorities. Learn more about Whole Health and the impact this is having in helping Veterans live their life to the fullest by visiting the Whole Health for Life website.

BUSINESS GOALS AND OBJECTIVES

Short Term (0-3 Months)

Design and implement a prestigious, residential treatment facility for military VA, specializing in addressing Veterans' needs during their reintegration into civilian life, as well as providing treatment for the elderly Veterans affected by PTSD or other mental health disorders.

- 1) Inpatient Residential Care.**
 - a. Community approval.
 - b. Apply and acquire license from the Agency for Health Care Administration (AHCA)
 - c. Apply and acquire license from the Department of Children and Families.
 - d. Employ highly professional consultants to assist with implementation.
 - i. Hiring
 - ii. Orientation
 - iii. Competency training
 - e. Design and implement Performance Improvement
- 2) Implement Marketing Plan**
 - a. Open House
 - b. Local medical groups; physicians / hospitals
 - c. Veteran's Administration
 - d. Web based applications
- 3) Maintain a 50% capacity by 90 days**

Long Term (4 -12 Months)

- 1) Apply for and acquire Joint Commission Accreditation.
- 2) 100% compliance with all performance measures, including safety.
- 3) Maintain 80% capacity by 12 months.
- 4) 12 Month: Reach financial goal established in the Financial Plan
- 5) To acquire more licenses so that we can provide more services.
- 6) To expand the facility to add physical rehabilitation.

LEGAL ISSUES

Quality of Life affirms that its promoters have and will continue to abide by all regulatory requirements. The agency is or will be regulated by the following:

City of Margate: Planning and Zoning: ensure proper land use.

Broward County Health Department: regulates and licenses professionals and cleanliness of environment.

Broward County Fire Department: regulates and inspects facility for safety.

The Joint Commission: Accreditation of services and physical environment.

Agency for Health Care Administration: regulates and inspects provision of care and environment.

MARKETING SUMMARY

Miryam Jimenez, Owner, is known throughout Florida, with well established relationships in the business community. Ms. Jimenez will personally handle marketing the agency as a premier Group Care Facility/Veterans Residential Treatment Facility. Sharing her passions and hope for those affected by mental health is her primary marketing strategy.

TARGET MARKETS

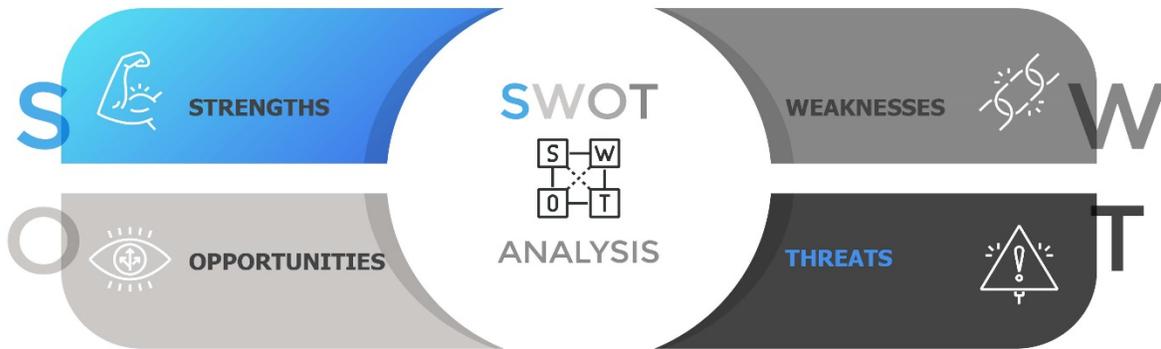
The agency will target veterans with co-occurring mental or physical health concerns, i.e. PTSD, Trauma, etc.

Ms. Jimenez will target referral sources such as the Veteran's Administration, physicians, behavioral health professionals, hospitals and the community at large to share her vision and information regarding the services.

PRICING STRATEGY

The Company has completed a thorough analysis of its pricing. Most of our pricing will be regulated by the government since our target clients are the military veterans. The facility will be accepting all insurances available to veterans, United Health Group, Medicare, Optum Behavioral Health, VA CCN Southeast Region, etc.

Once the facility has met the financial goals set forth in the Financial Plan, providing scholarship for services may be awarded at the discretion of the owner.



SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats) ANALYSIS

As part of the agency’s strategic planning process, the Executive Leadership Team analyzed the organization’s internal and external environment by completing an analysis of the strengths, weaknesses, opportunities and threats (SWOT).

Organizational strengths are those attributes of the organization that are helpful to achieving the goals and objectives, the weaknesses are the attributes of the organization that are harmful to achieving the objectives. The opportunities are external conditions that are helpful and promote the achievement of the agency’s objectives and the threats are external conditions which could do damage to the agency’s performance.

SWOT ANALYSIS

Expectations of persons served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Therapeutic Groups • Individual counseling • Qualified staff • Solid Program Schedule • Individualized care • Location • “client input into our treatment” • Financially secure • Safe, comfortable. 	<ul style="list-style-type: none"> • New facility • Program limited to residential level 1 and 2 	<ul style="list-style-type: none"> • Expansion to provide physical rehabilitation. • Agency financially positioned to increase services • The first Veterans exclusive inpatient treatment facility in Broward County. 	<ul style="list-style-type: none"> • City limitations of available viable licenses.

Expectations of stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Ethical • Good Staff • Good Program/Treatment • Established Program • Accepted by community • Maintains property • Fiscally responsible • Administratively responsive • Ease of access to services • Good Reputation 	<ul style="list-style-type: none"> • Limited services due to limited available licenses. 	<ul style="list-style-type: none"> • Working with the Government. Federal Governments new budgets benefits VAs 	<ul style="list-style-type: none"> • The City preventing the facility to open.

Competitive environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Compassionate, owner • Good, Experienced staff • Licensed clinicians • Financially solvent • Quality of Care • Good recovery environment 	<ul style="list-style-type: none"> • New facility • Limitation of services due to limited licensing 	<ul style="list-style-type: none"> • Good community relationships • Abundant labor force • The only Veteran exclusive inpatient treatment facility in Broward 	<ul style="list-style-type: none"> • Limitation of Services due to limitation of licensing

Financial threats			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> • Viable management team • Financially solvent • External Accountant 		<ul style="list-style-type: none"> • Experienced accountant • Annual Budget 	

Organization's capabilities (HR; Program Development, Technology, etc.)			
Strengths	Weakness	Opportunities	Threats
HR: <ul style="list-style-type: none"> Experienced, knowledgeable owner Multi-disciplinary team Administratively self-contained Licensed Doctors and clinicians Strong IT Misc. <ul style="list-style-type: none"> AHCA Licensable Financial resources EMR ready 	HR: <ul style="list-style-type: none"> New staff need to be trained to bond as a team. 	<ul style="list-style-type: none"> BHT Training and Certification available Abundant professional workforce 	<ul style="list-style-type: none"> City of Margate litigation
Service Area Needs (Waiting lists, Ineligible clients, Program Needs)			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> AHCA Licensable Financial Resources to care for facilities Planned ratio of clients/staff Easy access to services Accepts insurance Government contracts 	<ul style="list-style-type: none"> City zoning may not allow the services to be provided to the Military Veterans 	<ul style="list-style-type: none"> Federal government commitment to provide much needed services for the Veterans. 	<ul style="list-style-type: none"> Issues with City zoning dept.
Demographics of Area Served			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Desirable South Florida location The only Veterans exclusive inpatient facility in Broward County. Excellent access to Police and Fire Area served not limited to South Florida 	<ul style="list-style-type: none"> NIMBY 	<ul style="list-style-type: none"> Government new contract and expansion to other services for the Veterans Weather Marketing in areas up north when cold 	<ul style="list-style-type: none"> NIMBY City not allowing QOL to open.
Relationships with external stakeholders			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Government contracts Referral agreements Good working 		<ul style="list-style-type: none"> Large market of possible referral agencies 	

relationships • Good communication		• Community Education	
Regulatory Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Licensed and in full compliance by AHCA and DCF. Knowledgeable and licensed staff Proactive involvement 	<ul style="list-style-type: none"> NIMBY: Zoning City not allowing the facility to provide services for the Veterans 	<ul style="list-style-type: none"> Sen. Rick Scott supporting the Veterans in the State of Florida Big budget allocated for the Veterans 	City Zoning not allowing the Facility to open.
Legislative Environment			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Knowledgeable staff 		<ul style="list-style-type: none"> To provide more services to the Veterans as they become available with more licensing 	<ul style="list-style-type: none"> Zoning limitations

Technology			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> New facility with state of the are capabilities and technology IT technology Financial assets Gated Facility 	New System Integration only for the first 30 to days	<ul style="list-style-type: none"> Staff training Support from the VA hospitals with new technology Consultants To provide new medical equipment 	City not allowing new medical services

Performance Analysis			
Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> Electronic Medical Record Willing staff 		<ul style="list-style-type: none"> Performance measures in EMR National performance measures Access Databases 	

REGULATORY AND LEGISLATIVE ENVIRONMENT:

In Broward County and throughout the nation, municipalities are strengthening their stance of the “NIMBY” (“Not in My Back Yard”) principle, making it harder to implement treatment facilities.

Quality of Life continues to work with local and state advocacy and regulatory bodies that advocate for excellence in providing mental health treatment to the Veterans.

COMPETITION

Demand for mental health services is driven by availability of new drugs, treatments, and the healthcare funding policies for the military Veterans. The profitability of individual facilities depends on controlling costs and attracting referrals from the VA outpatient facilities. There are no large companies to compete with since the nearest Veterans exclusive inpatient facility is in Miami-Dade County as a part of the VA hospital. Self-standing small facilities such as **Quality of Life** will effectively provide superior patient service, integrating treatment with follow-up procedures, and specializing by treatment or demographic group.

National analysts identify the following agencies in Palm Beach, Date and Broward County as reputable competition for the services **Quality of Life** will offer.

