

PART 1 Project Deliverables & Report:

System Capacity Analysis - Connect 4 Families Pasco Pinellas System of Care Research & Development Project

(Part of the State of Florida Children's Mental Health System of Care Expansion Project Suncoast Region by the Florida Department of Children & Families)



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For more information:

Juanita Suber, MSW, LSW

System of Care Coordinator

State of Florida's Children's Mental Health System of Care Expansion Project Suncoast Region
(& Supervisor of this Research & Development Team)

9393 N. Florida Avenue

Tampa, Florida 33612

Office: (813) 337-5955

Mobile: (813) 400-8176

Fax: (813) 558-5719

Email: juanita_suber@dcf.state.fl.us

Introduction to this Research & Development Project

Purpose & Scope of Work

This project was designed to advance the goals and objectives of the Connect 4 Families Strategic Plan to develop and expand the use of the system of care approach in children’s mental health services. The project aimed to produce the deliverables reflected in the table below.

DELIVERABLES:	OUTCOMES:
Part 1 Data Collection	
<p>Inventory of System Elements Targeted by the Strategic Plan – identifying all organizations who provide services and resources to children ages 10 to 16 and their families, funders who support and sustain those services and resources, and life outcomes that have resulted from their investments.</p> <p>Summary of Data Available on System Performance & Efficiency – compiling assessments and quantitative measures of system of care efficiency and performance, including, as examples, the number of clients on wait lists, the average service tenure, average post-service follow-up limit, and other important items.</p>	<ul style="list-style-type: none"> ▪ Clearer pictures of system capacity, including shortages or surpluses of capacity ▪ Clearer picture of system efficiency, including opportunities to do more with existing resources
Part 2 Social Media & Marketing	
<p>Begin phase I of our social marketing campaign by establishing a) Facebook page, b) Twitter account, c) a brochure outline, and d) a social media strategy outline.</p> <p>Create logos for Connect 4 Families 1 other entity</p>	<ul style="list-style-type: none"> ▪ Ability to communicate amongst partners and other stakeholders with key updates and engagement strategies
Part 3 Operating Plan Outline	
<p>Create Operating Plan Outline of the agreement, action steps, tools and strategies needed to operationalize the Connect 4 Families strategic plan over the next year (Please note that the Outline will be used to guide discussion among Connect 4 Families Executive Committee & Planning Team to create work plans and other implementation tools)</p>	<ul style="list-style-type: none"> ▪ Ability to focus and accelerate the work of the Connect 4 Families Executive Committee & Planning Team (both still under formation)
Part III Cultural & Linguistic Competency	
<p>Cultural & Linguistic Competency Workshop – Assessing attendees competencies and needs; and discussing practical tools and concepts that enable them to develop self-awareness, utilize strengths, support collaboration, and create more welcoming environments (including 30 to 45 minutes eliciting feedback toward the development of the CLC strategic plan, particularly the vision, mission, values and goals being set to guide the CLC’s work over the next 5 years).</p>	<ul style="list-style-type: none"> ▪ Clearer understanding of CLC’s import and impact to the Connect 4 Families strategic plan.

Approach

The project used the *Connect 4 Families* (Circuit 6 System of Care Collaborative) Strategic Plan¹ as a guide. Part 1 deliverables – the inventory and summary of data available - focused on the presence and status of system elements cited within the strategic plan, including the array of services being rendered to children and their families, as well as new modes of communication and collaboration that are named within the strategic plan.

Part 2 deliverables - social media and marketing tools - addressed the identified need to reduce stigmas that can prevent individuals from seeking mental health resources. Part 3's deliverable – an Operating Plan Outline – provides actionable steps and strategies over one year to further the goals of the *Connect 4 Families* Strategic Plan. The Part 4 deliverable – a cultural competency training begins an on-going commitment of the Circuit 6 team to the development of a system of care that works effectively all with all clients and stakeholders.

Half of the six-person project team was assigned to Part 1; they completed a 21-day scan and analysis of the system to produce the inventory and other data on the system, including a status report on the system elements reflected in the Strategic Plan.

The other half of the team was assigned to Parts 2, 3 and 4. One consultant took responsibility for creative design of social media and marketing tools, and consulted the larger team in reviewing work products. A second consultant designed and led a cultural competency training.

The team as a whole worked to develop and fulfill several of the “Key Indicators of Success,” “Activities,” and “Resources Needed” per the *Connect 4 Families* strategic plan.

Project Team

Led by Juanita Suber, System of Care Coordinator for the State of Florida's Children's Mental Health System of Care Expansion Project Suncoast Region, the project was completed by a team of six professionals. Suber used a competency-based approach in assembling consultants who are well-versed in key facets of the strategic plan.

Data Collection was led by Gypsy C. Gallardo, CEO of Urban Market Ventures, who has conducted system analyses, impact analyses, supply inventories, needs assessments, and other meta-analyses in several fields of human and economic development services. She has also worked with nearly a dozen clients to identify gaps and more fully integrate service continuums serving primarily low and moderate income individuals and families. Gypsy is a graduate of Harvard's Kennedy School of Government with a Master's in Public Policy (dual concentrations in Political & Economic Development and International Trade & Finance); and of the Whitney Young College of Leadership at Kentucky State University with a BA (double major in English Literature and Liberal Arts). Gypsy was aided in analysis by two research assistants:

- **Briana Hankins** earned a BA in Psychology from the University of South Florida with a focus in Mental Health and recently completed the graduate certificate program in Infant Family Metal Health, while pursuing a Master's degree in Public Health with an emphasis on

¹ This project used DRAFT Version 9.0 of the *Connect 4 Families* Strategic Plan.

Maternal and Child Health. She also has an AA in Nursing from Ohio State University. Briana has worked in the medical field for the last 10 years, including as Lab Director and Clinic Supervisor at a local medical facility. Her research focuses, in part, on if and how community engagement, locally driven solutions reduce health disparities.

- **Retia Bennett-McAdory** has over 25 years' experience in the health care industry. She has a BA in Business Management from Eckerd College, maintains a 218 Life and Health license in her home state of Florida, and holds licenses in an additional 7 states. As a Product Manager for a major insurance carrier, Retia's is well-versed in health management and distribution strategy management of corporate programs that support improved health and productivity.

Cultural Competency Training – was led by Gwendolyn Reese, CEO of InFinite Solutions of Tampa Bay, who is a contracted consultant to the Federal Healthy Start Project in Pinellas County, YWCA of Tampa Bay, the Florida Health Equity Commission and as District Manager of Professional Opportunities Program for Students. She currently serves as Coordinator of the YWCA Social Justice Program. Ms. Reese has 40 years of experience in the design, development and facilitation of workshops in the areas of community engagement & mobilization, individual and institutional racism, becoming culturally proficient, valuing diversity, diversity management, goal setting and effective communication. She has facilitated workshops, participated in panel discussions and delivered keynote addresses throughout the southeast.

Social Media & Marketing Tools – were created by Andrea “Andee” Peaten has been working in the community for over 20 years. She has been training for 15 of those years in the areas of Basic Knowledge of WINDOWS, Benefits and Dangers of Social Networking, Cultural Competency, and USDA practices in a Daycare Setting, Diversity Training and most recently Immunizations education. Andrea is certified as a Youth Development Worker Certified through JWB B.E.S.T. and is an Immunization Ambassador Certification through The Immunization Partnership. She has also been working in the field of Graphic Design for over 10 years.

The Operating Plan Outline – was created by Carl Lavender, Jr., whose experience includes 30 years of non-profit executive and management level leadership as well as collaborative joint ventures. Carl is the retired CEO for Boys & Girls Clubs of America with well over forty years of experience in the non-profit industry. He is a graduate of Ohio State University, and cum laude graduate of The Springfield College Non-Profit Executive Master's program.

The unique configuration of the project team provided added benefit to Connect 4 Families strategic plan. The fact that several team members are participants in collaborative efforts in related service fields enabled the project not only to identify the presence or status of some of the system elements that comprise the strategic plan; but to identify platforms and tools that can help Connect 4 Families to fulfill the strategic plan.

Team member Gwen Reese is a current or former officer of numerous collaborative forums; Carl Lavender, Jr. led the effort to revive urban youth arts programs in South St. Petersburg, and is currently Senior Consultant for Capacity Building for Pinellas County Schools Career & Adult Education; and Gypsy Gallardo is Chairperson of the 2020 Plan Task Force, which is leading the 2020 Plan to reduce poverty in South St. Petersburg by 30% by the 2020 Census.

These practical connections enable Connect 4 Families to leverage collaborative structures already built or under construction, in order to fulfill on several facets of the Strategic Plan. As one example, the Plan calls for “Increased knowledge of and or application of Family Team Conference/Wraparound,” which is currently being piloted as part of the 2020 Plan in South St. Petersburg - an area identified by officials in 2012 as the largest of five high-poverty zones in Pinellas County, and which disproportionately uses mental & behavioral health services.²

Note about Geographic Focus of the Research

This 21-day project had limited time to review services, resources and engagement levels in both Pinellas and Pasco counties. The project team opted to focus on a more comprehensive review of data on mental & behavioral health services in Pinellas due to the proximity of data and relationships to the project team. This was done with a view to equipping Florida Department of Children & Families staff or contractors to replicate the inventory and data review for Pasco County during a subsequent phase of research.

This more thorough review of Pinellas enabled a fuller application of the Connect 4 Families Strategic Plan. Importantly, it found that several of the building blocks laid by Connect 4 Families over the past year have already fulfilled some objectives of the Plan.

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² The project team has submitted a request to the Juvenile Welfare Board to identify current providers & programs that utilize the Family Team Conferencing model, and the number of families being served through the approach.

Part 1 Deliverables

- Summary Inventory of System Elements Targeted by the Strategic Plan
- Status of System Elements targeted by the Strategic Plan
- Insights into the Size & Composition of the Provider Community
- List of Providers of Mental & Behavioral Health Services
- Assessing levels of interagency collaboration & communication

Summary Inventory of System Elements Targeted by the Strategic Plan

System Element Targeted by Strategic Plan Objectives	Status relative to Strategic Plan Objectives
1.1 Create and expand development and use of collaborative work and advisory groups across system partners in developing a circuit-wide consortium that reflects the demographics and cultural make-up of circuit 6 families and organizations.	A host of cross-system and in-system collaborative groups exist in Pinellas and Pasco counties that can be viable platforms for fulfilling several facets of the strategic plan; they are identified in this report.
1.2 Develop a process and measures to assess the levels of interagency collaboration, coordination and communication	Several qualitative reporting tools exist that enumerate specific instances of interagency collaboration and coordination, and the DCF itself has at least one reporting template that can be used; it is included in this report.
1.3 Report to DCF and community on progress of Connect 4 Families	Ditto
2.1 Identify gaps in schools, child welfare, and juvenile justice regarding services within Pasco and Pinellas counties, and collaborate with these groups as well as non-traditional supports/services (including civic, community, and faith-based organizations) to fill gaps	An inventory of services and gaps does not exist; this project used the published data of the Juvenile Welfare Board, Connect 4 Families, the CAPPP, the Central Florida Behavioral Health Network, and others, to identify ways to overcome data limitations in order to sustain a clear picture of services and gaps.
2.2 Develop and train on service planning and implementation to address strengths and needs of the entire family (including Increased application of Family Team Conference/Wraparound approach)	Viable platforms exists for expanding the Family Team Conference/Wraparound approach, including the JWB's Family Services Initiative, which has helped providers integrate their services into wraparound; information is included in this report.
2.3 Train on and implement evidence-based practices and other effective services, supports, and screening to provide to families	This strategic plan element was not addressed by this project.
2.4 Interagency service planning will occur to identify and implement most appropriate intervention and support for child/youth	Several platforms exist that could support on-going interagency service planning; they may help Connect 4 Families fulfill strategic plan objectives; they are identified in this report.
3.1 Families & youth will be full partners in workgroups, advisory groups, treatment planning, and service development and delivery	This report offers recommendations for increasing the number of current and former clients who are engaged and hired as peer service leaders.
4.1 Education will be provided to families & youth on services and support available	This report contains several action steps and collateral materials (some in draft) that can aid Connect 4 Families in meeting this objective.
4.2 A resource guide of services and supports available in Pasco and Pinellas counties will be disseminated to families and youth	Several resource guides exist. None of them provides a real time inventory of services and supports that is usable by families and youth seeking help.
4.3 Provide 211, parent peer support providers	This strategic plan element was not addressed by this project.
4.4 Provide access to respite services and 24-hour care with staff trained to handle children w/ mental & behavioral health challenges	This strategic plan element was not addressed by this project.
5.1 Collaborate with and maximize use of recreation centers and after school programs to integrate youth into traditional community life	This strategic plan element was not addressed by this project.
5.2 Provide an array of in-home case management and therapy services that support social, emotional, behavioral, and academic success, and address both child and family needs	This strategic plan element was not addressed by this project.
5.3 Strengthen home-school communication and collaboration	This strategic plan element was not addressed by this project.
6.1 & 6.2 Educational outreach to <i>partners and community</i> across Pasco and Pinellas will be conducted on topics such as information about Connect 4 Families services, and how to work with families and youth in non-stigmatizing ways.	This report contains several action steps and collateral materials (some in draft) that can aid Connect 4 Families in meeting this objective.

Status of System Elements targeted by the Strategic Plan

Cross System & In-System Collaborative Groups

A growing consensus among practitioners in health and human services is that the Tampa Bay region, which is home to Pinellas and Pasco counties, has a glut of human development initiatives that often overlap in purpose and purview. This recognition has led to consolidation among “initiatives,” “forums,” “task forces,” “workgroups,” and other platforms designed to make systems more efficient and effective. Over the past five years especially, system-level deduplication has already yielded new forms of intelligence and new modes of communication.

The project team recommends that, as part of its sustainability plan, Connect 4 Families leverage the trend by utilizing *existing cross-system and in-system platforms* to execute its work, rather than creating new platforms to lead the strategic plan objectives; and that Connect 4 Families utilize *existing champions* to gain traction on certain objectives.

While it will be important for Connect 4 Families’ Executive Committee and Planning Team to lead (i.e., take the driver’s seat) certain strategic plan objectives, this should be limited to objectives that are not already being carried out by another entity in the service area, or that, for other strategic reasons, should be led by Connect 4 Families.

The project inventoried several *cross-system and in-system platforms* that may be ideal to help carry-out specific facets of Connect 4 Families’ work. This is important, as Connect 4 Families strategic plan objectives 2.1, 2.2, 2.4 and others rely on cross-system and in-system collaborations that must take place over extended periods of time (e.g., objective 2.4’s interagency service planning would need to happen at least yearly across a host of agencies).

Leveraging pre-existing platforms relieves Connect 4 Families of the labor-intensive work of recruiting, sustaining and managing collaborative groups. The following are examples of pre-existing platforms that may be ideal to help Connect 4 Families to fulfill its purposes.

Table 1: Examples of Pre-Existing Platforms that could support Connect 4 Families objectives

Connect 4 Families Objectives	Potential Platform for Connect 4 Families Objectives
2.1: Create and expand the use of collaborative work and advisory groups across system partners in the development of a circuit-wide consortium that reflects the demographics and cultural make-up of circuit 6 counties.	In Pinellas, there are several cross-system collaborative groups, such as the Healthy Communities Initiative workgroup assembled by the Pinellas County Department of Health & Community Services, which has education, corrections, justice, health and other system leaders working to integrate services and technologies in order to reduce poverty costs, expand services with existing resources, and improve life outcomes for people served. [See next page for groups to whom Connect 4 Families should be introduced].
Objective 2.2: Develop and train on service planning and implementation that addresses strengths and needs of the entire family (Increased knowledge of and or application of Family Team Conference/Wraparound*)	In Pinellas, the Juvenile Welfare Board’s Family Services Initiative (FSI) has become a centralized cross-agency, cross-system platform for forging and strengthening a continuum of services in a wraparound approach. Partners to the FSI, who are reflected in the graphic on the following page, include public, non-profit and for-profit organizations who work hands-on to help families become healthy and stable. Pasco County may already have a similar collaborative structure.

*Text in parentheses is a “Key Indicator of Success” toward Objective 2.2 in the Connect 4 Families Strategic Plan.

Collaborative forums that may help fulfill Connect 4 Families strategic plan

There are a host of collaborative forums in the Connect 4 Families' service area whose member organizations have a vested interest in the success of the Connect 4 Families strategic plan. This 21-day project identified the following collaborative groups that may be ideal partners in adopting, leading, and supporting various Connect 4 Families goals and objectives:

Table 2: Types of Collaborative Forums that may advance Connect 4 Families objectives

	Cross-System	Cross-Agency	Community Anchored
1. Health and Human Service Coordinating Council for Pinellas County	✓	✓	
2. Pinellas County Health and Behavioral Health Leadership Network	✓	✓	
3. Pinellas County Homeless Leadership Network	✓	✓	
4. Pinellas County Low Income Housing Leadership Network	✓	✓	
5. Circuit 6 Juvenile Justice Advisory Board		✓	
6. Public Safety Coordinating Council		✓	
7. Healthy Communities Initiatives, Pinellas County	✓	✓	
8. Pinellas County Community Health Improvement Plan 2013-2017	✓	✓	✓
9. CREED (Creating Racial Equality and Ending Disparities) Consortium			✓
10. Circuit 6 CAPPP Initiative - 5-Year Prevention & Permanency Plan	✓	✓	
11. The LiveFree! Coalition, housed at Operation PAR	✓	✓	
12. The Tampa Bay Healthcare Collaborative		✓	✓
13. The Family Services Initiative – JWB of Pinellas County	✓	✓	
14. National Forum for Black Public Administrators			✓
15. Pinellas Juvenile Assessment Center wraparound & referral network	✓	✓	
16. Pasco Juvenile Assessment Center wraparound & referral network	✓	✓	
17. Gracepoint Management, Inc.**		✓	✓
18. United Way Emergency Food & Shelter Program	✓	✓	✓
19. The 2020 Plan Task Force	✓	✓	✓
20. The African American Health Forum		✓	✓
21. Sharing the Care collaboration – USF SP Family Study Center	✓	✓	✓
22. The Annual Forum on African American Mental Health		✓	✓
23. Suncoast Mental Health (various advisory entities)		✓	✓
24. Pinellas Ex-Offender Re-Entry Coalition	✓	✓	✓
25. Suncoast Health Council, Inc. Board of Directors	TBD	TBD	TBD
26. The JWB South County Coordinating Council (& other councils)	✓	✓	✓
27. WAS Collaborative – Childs Park YMCA	✓	✓	✓
28. Pinellas County Schools Office of Strategic Partnerships*	✓	✓	✓
29. Florida Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute	✓	✓	✓
30. Pinellas County Data Collaborative	✓	✓	✓

*This Office manages several community advisory boards/leadership groups that may be of interest to Connect 4 Families. **Though Gracepoint is a single agency, it is the product of a 2012 merger of Personal Enrichment through Mental Health Services Inc. (Pinellas County), Agency for Community Treatment Services Inc. (Hillsborough, Pasco, Polk, Hardee, Highlands and Broward counties), and Mental Health Care Inc. (Hillsborough/Pasco counties), and has a large and far-ranging portfolio of services and relationships.

Insights into the Size & Composition of the Provider Community

Number of Providers in this Field

According to data from the U.S. Substance Abuse and Mental Health Services Administration and a range of other sources, there are at least 90 organizations that provide mental and behavioral health services to the children and families of Pinellas County. This 21-day project compiled from a dozen sources but is not comprehensive. As examples of organizations missing from the 90: only a handful of the agencies that offer support groups for people with mental & behavioral health challenges are included; and the project team did not have the time needed to fully research services at local hospitals, temporary or transitional housing shelters, faith institutions and other places where mental health services can be found.

Organizations involved in the Service Delivery Process Chain

In addition to providers of mental and behavioral health services, a host of organizations are involved in the service delivery process chain that renders treatment or services. These include the Sixth Judicial Circuit, the Public Defender, various divisions of the Florida Department of Children & Families, and numerous departments and divisions of county and city governments in Pinellas and Pasco counties.

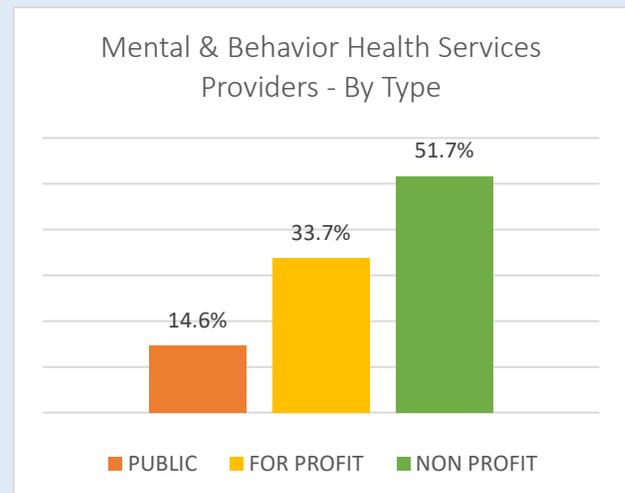
A separate group provide goods and services to the mental & behavioral health community. Examples include Success 4 Kids & Families, which provides training to providers and system stakeholders and the Florida Mental Health Institute at the University of South Florida, which provides evaluation and research services to system stakeholders.

Providers mostly non-profit, but include public and for-profit organizations

Based upon a preliminary classification of the limited list of providers identified by the project team³, over half (51.7%) of providers of mental and behavioral health services are non-profit organizations; while over one-third (33.7%) are for-profit and 14.6% are public agencies.

The largest providers

Based on limited research by the project team, providers so far identified as having the largest repertoire of mental & behavioral health services (and possibly the largest service populations) are Gracepoint, Operation PAR, Suncoast Mental Health, Gulf Coast Jewish Family Services, and the Department of Children & Families.



³ The project team cautions that the list of providers analyzed by this research and development project is not comprehensive, and that some organizations may have been misclassified as for-profit. Additional research is needed to develop a more authoritative analysis and list.

List of Providers of Mental & Behavioral Health Services

This 21-day project identified 89 providers. More research is needed to complete an authoritative list.

Table 3: Providers Identified by Connect 4 Families (June 2014)

1	2-1-1 Tampa Bay Cares	46	Healthcare Alternatives of West FL Inc
2	6th Judicial Circuit	47	Healthy Start Coalition of Pinellas, Inc.
3	Abilities of Florida, Inc.	48	Integrity Counseling Inc
4	ACTS Florida	49	Medicaid Region 5 Office
5	Adult Comprehensive Protection Services, Inc.	50	Mental Health Resource Center (a group practice)
6	AIDS Community Project of Tampa Bay (AIDS Coalition)	51	Metropolitan Charities Inc.
7	Al-Anon and Alateen Family Groups	52	Moffitt Cancer Center
8	All Children's Hospital	53	Morton Plant Hospital
9	Alternatives in Behavioral Health Inc	54	Mt Zion Human Services (Breast Cancer support group)
10	AMIkids-Pinellas	55	Narcotics Anonymous
11	AIDS Service Association of Pinellas (ASAP)	56	Operation PAR Inc.
12	Bay Pines VA Healthcare Systems	57	P. A. NUA-Counseling Services
13	BayCare Life Management Services, Inc.	58	PACE Center for Girls - Pinellas
14	Bayfront Health St. Petersburg	59	Personal Enrichment Through Mental Health Services
15	BAYS (listed as such in Department of Juvenile Justice report)	60	Pinellas County Health Department
16	Benedict Haven, Inc.	61	Pinellas County Human Services
17	Bethel Community Foundation	62	Pinellas County Public Defender Mental Health Unit
18	Boley Centers, Inc.	63	Pinellas County Sheriff's Office
19	Brookwood	64	Pinellas County Schools - Nurse Partnership Program
20	Camelot Community Care Inc	65	Planned Parenthood
21	CARE (Recovery Support Group & other)	66	RCS Grace House
22	Carlton Manor Inc.	67	Recovery, Inc.
23	Center For Hope	68	Religious Community Services (RCS)
24	Center of Hope (May be a duplicate of the prior listing)	69	Salvation Army
25	Central Florida Behavioral Health Network	70	Sanderlin Center - Battery Intervention & other
26	Community Action Stops Violence (CASA)	71	Sequel Care of Florida
27	Community Health Centers of Pinellas	72	Social Security Administration
28	Coordinated Child Care/R'Clubs	73	Solutions Behavioral Healthcare
29	CV Counseling Services	74	St. Petersburg Free Clinic
30	Daniel Memorial-Daniel Academy	75	St. Petersburg Veterans Center
31	Directions Alternatives for Children in Crisis	76	St. Vincent de Paul
32	Directions for Living	77	Suncoast Center Inc.
33	Directions for Mental Health Inc.	78	Suncoast Hospital Center for Behavioral Medicine
34	Di's Imani, Inc.	79	Susan Weston McMillan MS LMHC CAP
35	Edward White Hospital	80	Thaise Educational & Exposure Tours
36	EMPACT Resource Center, Inc.	81	The Children's Home Kinship Services Network of Pinellas
37	Fairwinds Treatment Center (Fairwinds Properties Inc)	82	The Haven of RCS
38	Family Resources	83	Tranquil Shores
39	Family Services Centers of Pinellas, Inc.	84	USF School of Social Work (Prodigy Arts Program - DJJ)
40	Florida Department of Children & Families	85	Vision Quest
41	Florida Department of Corrections	86	Veterans Affairs Medical Center
42	Florida Department of Juvenile Justice	87	WestCare Gulfcoast Florida, Inc.
43	Focus One Inc	88	Windmoor Healthcare
44	Goodwill Industries-Suncoast, Inc.	89	Youth & Family Alternatives - RAP House
45	Gulf Coast Jewish Family Services Inc.	90	Eckerd Community Alternatives

Assessing levels of interagency collaboration & communication

At present, there are no formal processes and measures in place to assess levels of interagency collaboration and communication, though there are several qualitative reporting tools that chronicle specific instances of interagency collaboration and coordination.

Table 4: Examples of quantitative reporting sources

SOURCE OF REPORTING	REPORTING TOOL OR METRIC(S)
JWB of Pinellas County	"FSI ROI Case Study"
Circuit 6 Prevention & Permanency Plan	"2013 Annual Report for Circuit 6"
USF Children & Family Studies	Annual "CFS Impact Report"

The project team recommends that Connect 4 Families prioritize metrics tracking interagency collaborations on **service delivery and funding first and foremost**; and c) that Connect 4 Families use emerging technologies from the foundation world to meet this need. *See next page.*

Table 5: Reporting Metrics for DCF's IPP Initiative as a Building Block for Connect 4 Families

	#	Result Description & Detail
Policy Development		
PD1 - The number of policy changes completed as a result of the grant.		
PD2 - The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental-health related practices that are consistent with the goals of the grant.		
Workforce Development		
WD4 - The number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices/activities.		
Partnership/Collaboration		
PC1 - The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/ MOAs) to improve mental health-related practices/activities that are consistent with the goals of the grant.		
PC2 - The number of organizations collaborating / sharing resources with other organizations as a result of this grant.		
Accountability		
A4 - The number and percentage of work group/advisory group/council members who are consumers/family members.		
A5 - The number of consumers / family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.		
A6 - The number of consumers/family members involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis as a result of the grant.		
Financing		
F1 - The amount of additional funding obtained for specific mental health-related practices/activities that are consistent with the goals of the grant.		
F2 - The number of financing policy changes completed as a result of the grant.		
F3 - The amount of pooled, blended, or braided funding used for mental health-related practices/activities that are consistent with the goals of the grant.		
Awareness		
AW1 - The number of individuals exposed to mental health messages		

REFERENCE POINT:

Three essentials for accelerating funder collaboration

Published online March 30, 2012 by Lisa Philip – Philanthropy News | Alliance Magazine

Funder collaboration. Like Mom and apple pie, it's something we can all rally around. But anyone who has worked as a grantmaker knows that it's harder than it sounds. We all work within different contexts and constraints. In a diverse and decentralized field, it's hard to stay on top of who is doing what. We all have our own ideas about what strategies have the most impact and which groups are most worthy. And true collaboration is so much more than convincing others to support your initiatives.

From my former vantage point as a program officer for foundations and donor advisor to ultra-high net worth individuals, I think it all begins with learning networks. Through associations like Philanthropy New York and affinity groups like Grantmakers for Children, Youth & Families, funders come together to build relationships and compare notes.

Dedicated donor advisors scan the field on behalf of clients, connect the dots, and serve as vital bridges between 'emerging' and 'organized' philanthropy. *But if we are to accelerate the pace of funder collaboration, our field needs 'how-to' frameworks, and time-saving technology tools that foster, deepen, and connect these learning networks.*

Frameworks: First, we need to define what we mean by collaboration. Several frameworks have been created to help grantmakers match collaborative approaches with needs. One typology – articulated in *Moving Ideas and Money*, a report from the Funders' Network – includes information exchange, co-learning, strategic alignment, pooled funds and joint ventures. The framework included as part of a recent GrantCraft guide on funder collaboratives is meant to stimulate discussion and suggest possibilities.

Case studies: When I was at JP Morgan Private Bank, we created a pooled fund that raised \$5 million from individual donors and family foundations to leverage innovative models of public education reform supported by the US Department of Education and national and local foundations. A case study on this Education Collaboration Fund (ECF) was recently published by The Foundation Review. Cases like this one illuminate roles that can be played by donor advisors, provide a blueprint for replication, and offer honest assessment of opportunities and challenges.

Technology: Key to the success of the ECF was the creation of an online collaboration tool by the Bill & Melinda Gates Foundation. The Foundation Registry i3 provided a hub for non-profits to post applications and a password-protected area for funders to quickly and easily compare notes on proposals under consideration for matching funds.

In a related development, the Foundation Center increasingly is being asked to mine its data on foundation giving, philanthropy, and foundation-supported research on technologies that advance collaboration. For example, WASHfunders.org, commissioned by the Hilton Foundation on behalf of a group of foundations and corporations that fund water access, sanitation, and hygiene, creates a dashboard for funders with interactive maps of their grants featuring overlays of international aid, outcome tools, and news and social media feeds. Several other custom Web portals across an array of issues and geographies are in the works at the Foundation Center, but what unifies these projects is a desire to leverage technology to understand the state of funding in a field [and] enable more coordination among funders.

Lisa Philip is vice president for strategic philanthropy and director of GrantCraft at the Foundation Center.

Identified Gaps in Services

The Connect 4 Families Strategic Plan focuses only a select few facets of service delivery, such as the need for an increase in residential treatment services. In addition, two Connect 4 Families Executive Committee Members – Juanita Suber, System of Care Coordinator for the Expansion Project and John Mayo, Deputy Executive Director of Success 4 Families & Children – identify the following gaps in provider capacity:

- Both Suber and Mayo point to the need for self-sufficiency services to become a cornerstone of mental & behavioral health services to working age people especially, including older teens. Though Connect 4 Families is focused on children’s mental health (for ages 10 to 16), the system also serves and treats many of their parents whose unstable livelihoods impact the family as a whole. Mayo says “You may have access to mental health services and supports, but if you’re worried about eating and paying the water bill, your mental health is not a priority – for you or your child.”
- The drive to increase peer-led services (i.e., services rendered by former clients and clients of mental & behavioral health services) is stalled in Pinellas and Pasco, as well as other parts of the state, due to the high rate of job applicants for peer service positions available with providers who cannot pass a Level 2 Background Screening. This is important, as it not only slows the pace of progress toward the system of care approach, it also limits a potential employment source for the many clients who are unemployed. One provider who was supported by Success 4 Families in hiring former clients as peer service providers reported that 60% of applicants failed to clear the Level 2 Screening.
- Suber and Mayo agree that the number of clients with prior criminal offenses on their record is a leading reason why so many are unable to secure Level 2 clearance.
- Separately, according to Mayo, providers in Pinellas and Pinellas also have gaps in knowledge about how to deal with HMOs (Health Management Organizations) in the post Affordable Care Act environment.

The project team recommends that Connect 4 Families work with providers who are able to hire peer service leaders to increase the number hired through the following measures:

Connecting applicants with criminal backgrounds to organizations that may be able to help them expunge criminal records, such as the Pinellas County Urban League

Creating peer service jobs that do not require Level 2 Background Screening clearance, such as clerical, administrative, and outreach positions that do not require peer workers to work with youth or clients. Agencies that nevertheless require Level 2 clearances for all staffers can be asked to enact an exception for job types such as the ones above.

Opportunities for Families & Youth to be Full Partners

A prominent priority of the Connect 4 Families strategic plan priority is for families and youth to be full partners in both **program development** and **service delivery**.

Their full partnership in **program development** would entail their representative presence and voice in workgroups, advisory groups, treatment planning, creative design of marketing

materials, and other work forums that influence the design and delivery of programming and resources.

Their full partnership in **service delivery** would entail significant alterations – in substance, staffing, format and funding - to the array of services now being offered.

A March 2013 report – Analysis of the System of Care Expansion Planning Grant Program by SAMHSA - provided analysis and descriptions of expansion plans developed by the first cohort of grantees in 2011 to receive funding under the System of Care (SOC) Expansion Planning Grant Program that provides funds and technical assistance to jurisdictions to develop comprehensive strategic plans for expansion of the SOC approach. The first cohort of grantees receiving these one-year planning grants included 24 jurisdictions, and the report notes that:

“...nearly all grantees (91%) included specific goals and strategies in their plans to improve family and youth involvement and to ensure that both their SOCs and services are family driven and youth guided. Washington’s plan incorporated multiple strategies for family and youth involvement and leadership for each of the goals. Massachusetts, which focused on transition-age youth, similarly included youth-driven strategies for each goal. Other grantees included specific goals in their plans for family and youth involvement, **such as in Florida where the first goal of the plan is “consistent family and youth voice at all levels.”**

Several of the largest agencies involved in service delivery have developed and/or launched pilot programming and initiatives to increase the engagement of families and youth in service development and delivery. But the results of three local initiatives to hire peer service leaders (i.e., clients and former clients of services who help deliver services to others), these efforts have had limited results. See prior section for recommendation actions.

Resource Guide

There are a number of resource guides available to practitioners, families and youth in Pasco and Pinellas counties, yet the consensus of the project team is that none of them meet the strategic plan priority of making educational and informational materials accessible, culturally competent and engaging among parents and youth.

The recent *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide* (also referred to as the *Strengthening Families Resource Guide*) does a thorough job of equipping practitioners with the latest insights and tools for improving the behavioral and social-emotional outcomes for children who have experienced maltreatment, trauma and violence.

This same caliber of resource guide is needed for parents and youth.

The project team reviewed several resource guides and directories available in Pasco and Pinellas counties, and identified the following strengths and weaknesses relative to the priority of making information accessible, culturally competent and engaging to parents and youth.

Table 6: Resource Guides Strengths & Weaknesses Relative to Strategic Plan Objectives

Resource Guides & Directories

Strengths & Weaknesses Rel. to Strategic Plan Objectives

<u><i>Strengthening Families Resource Guide</i></u>	Comprehensive, visually attractive and easy to absorb; designed for practitioners and providers.
2-1-1 Tampa Bay “Suicide Prevention” Listing	Focuses on crisis resources primarily; mental health resources may be difficult to locate on the site for parents and youth with lower educational attainment levels and other barriers
<i>Pinellas County Children’s Residential Mental Health Resource Guide</i> . Central Florida Behavioral Health Network 2009	Focuses on residential programs primarily; its descriptions of various programs may be difficult to absorb by parents and youth with lower educational attainment levels and other barriers
<i>A Power Broker Resource Guide: Free & Low Cost Health Resources</i> . Power Broker Magazine, 2012	Visually attractive and culturally accessible to minority groups, but circulated only once, and not available on-going
Area Agency on Aging of Pasco-Pinellas - Aging & Disability Resource Center, Webpage 2014	A valuable resource, especially for seniors; would be ideal to merge into a global online resource directory
Early Childhood Community of Practice Listing <i>.Sharing the Care: Partnering to Promote Well-Being</i> . University of South Florida, St. Petersburg 2014.	A valuable resource, especially for the early childhood community; would be ideal to merge into a global online resource directory
"Mental Health Services." <i>Mental Health Services</i> . Gulf Coast Jewish Family & Community Services, Web page 2014	A valuable resource; would be ideal to merge into a global online resource directory
U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator (Directories for Pinellas and Pasco counties)	This source is likely the most current source of information available on the organizations offering services (though it does not list out the specific services available); its data export function makes it difficult to navigate service types, and its format may not appear user-friendly to some.

Mitigating the Major Challenges of Maintaining Resource Guides

A recurring challenge to the publication of resource guides is the ever-changing landscape of services and service providers. Soon after a current list of services is published, the landscape is sure to change. New services or providers emerge. Some services are discontinued or relocated.

The project team recommends that Connect 4 Families work toward a global agreement, across all funders of behavioral and mental health services and all organizations who publish resource guides, to support a global on-line directory to maintain a real-time inventory of services being offered and utilized, and their impact on the people they serve.

To avoid the administrative juggernaut that often prevents providers from maintaining current listings in directories such as 2-1-1, the project team recommends that Connect 4 Families prioritize the engagement of funders, seeking their commitment to upload into the online solution, each cycle of funded programs across the various agencies they fund.

It will also be imperative to hire at least a half time (50% full-time equivalent) professional whose job it is to maintain data as current, interfacing with providers and funders to elicit additional data, and capturing data that does not feed from funders or other sources (such as programs that agencies sustain beyond the funded period, some using private resources).

Finally, the online solution should be robust enough to enable referral sources to make referrals efficiently (by viewing programs with available slots), and to enable system stakeholders to quantify shortages (wait lists or waiting times) or surpluses (under-utilization of services).

About the Strengthening Families Resource Guide

[Letter from the Commissioner, 2013 RESOURCE GUIDE, Preventing Child Maltreatment and Promoting Well-Being: A Network for Action]

Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2013 Resource Guide embodies a partnership that exists among national organizations, Federal agencies, local communities, and parents who are committed to preventing child maltreatment and promoting well-being within families and communities. It is the product of a collaboration among the U.S. Department of Health and Human Services, Children’s Bureau, Office on Child Abuse and Neglect, its Child Welfare Information Gateway, the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, and the Center for the Study of Social Policy—Strengthening Families.

This year’s Resource Guide continues to reflect the theme of the Office on Child Abuse and Neglect’s Preventing Child Maltreatment and Promoting Well-Being: Network for Action meeting that was held in June 2011. At that meeting, national and Federal prevention partners came together to develop a shared vision, engage in shared action, and strengthen networks and partnerships. Since then, the Administration on Children, Youth and Families (ACYF) has focused its attention on promoting the social and emotional well-being of children and youth and encouraging child welfare agencies to work toward improved behavioral and social-emotional outcomes for children who have experienced maltreatment, trauma, or violence.

Problems that may result from maltreatment can have negative impacts that ripple across a child’s lifespan, limiting his or her chances to succeed in school, work, and relationships. ACYF and the Children’s Bureau are organizing many of their activities around the promotion of meaningful and measurable changes in children’s social and emotional well-being.

The 2013 Resource Guide plays an important role in these efforts—offering support to service providers as they work with parents, caregivers, and their children to prevent child maltreatment and promote social and emotional well-being.

To do so, the Resource Guide focuses on six protective factors that build family strengths and promote optimal child and youth development. Information about these protective factors is augmented with tools and strategies that help providers integrate the factors into community programs and systems. Agencies, policymakers, advocates, service providers, and parents alike will find resources in this book to help them promote these six important factors in communities and families.

It has been proven that effective early prevention efforts are less costly to our nation and to individuals than trying to fix the adverse effects of child maltreatment. This Resource Guide provides many strategies to help communities “get it right” when it comes to preventing child abuse and promoting well-being. We thank you for participating in this important effort and for the work you do each day to build promising futures for our nation’s children.

Bryan Samuels, Commissioner

Administration on Children, Youth and Families
Administration for Children and Families
U.S. Department of Health and Human Services

Expansion of Family Team Conference/Wraparound Approach

The Connect 4 Families strategic plan aims for the expansion of providers' use of the Family Team Conference/Wraparound approach.

The project team recommends that Connect 4 Families leverage existing efforts to expand the use of the family team conference and wrap around approaches. In Pinellas, those include the JWB's Family Services Initiative, which has helped providers to integrate their services into a wraparound approach in meeting the needs of high-risk families, as well as the 2020 Plan's development of a strategy to cost-effectively scale the use of family team conference/wrap around approaches (coupled with employment training and placement) as a cornerstone of a five-year plan to reduce poverty by 30% by the 2020 Census.

Family Services Initiative ROI Case Study (Excerpts edited for space)

A family recently served through the Family Services Initiative (FSI) felt they had nowhere to turn. A grandmother and her 2 teen grandchildren were being kicked out of the home they shared with their uncle [with] a real threat that they would be on the streets. At that point, a Child Protective Investigator became involved and contacted 2-1-1 Tampa Bay Cares for help.

With support from FSI funds, the family was immediately placed in a motel close the children's school - one that had been vetted through FSI and assigned to a PEHMS Navigator. The Navigator used funds through FSI and Central Florida Behavioral Health Network to cover the rental fee for the 5 weeks they stayed in the motel, while collaborating with a local real estate agent to secure permanent affordable housing.

The family was registered to obtain "Relative Caregiver Funds" through the Florida Department of Children and Families to activate benefits through the Supplemental Nutrition Assistance Program. Until benefits kicked in, the Navigator provided funds for food.

Once affordable housing was located, the Navigator covered the apartment rental deposit, and connected the family with Hands Across the Bay to assist with utility deposits. In addition, the Navigator [worked with the realtor] to ensure that the family was placed in an apartment next to a grandmother raising grandchildren, thus strengthening both families' support systems. Finally, the family was connected to Kinship Care to provide long-term support.

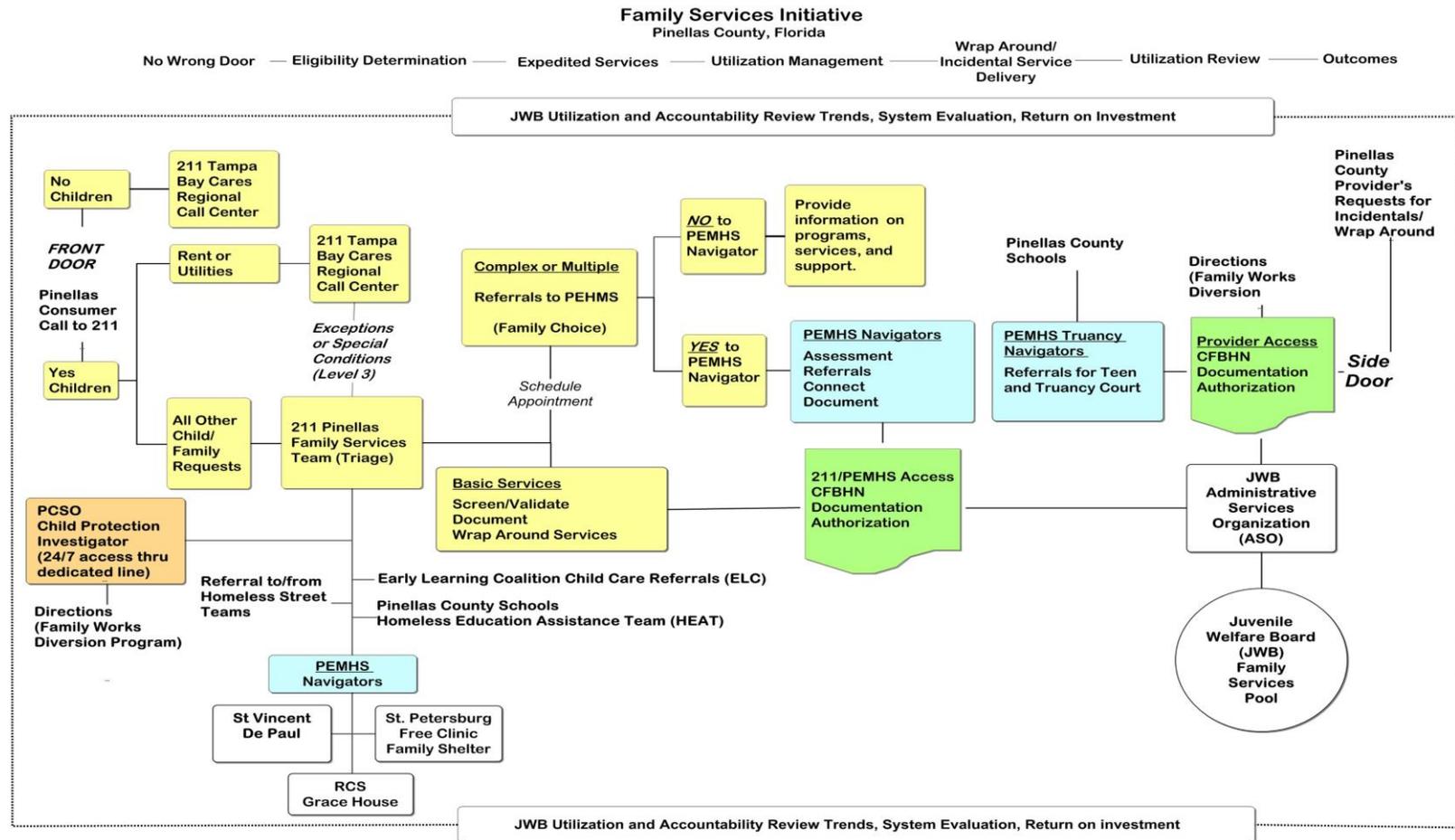
A little over \$2,700 of FSI funds were accessed to support this family through their transition from the brink of homelessness to a stable, affordable environment. Had they not been given this hand up, the children, given their age, would likely have been placed in group foster homes, [resulting] in an estimated \$50,000 in [public] costs, not to mention the long-term trauma inflicted on the family.

By accessing FSI approved vendors, there was also a realized cost-savings of over \$4,500 - the amount it would've cost the family for temporary housing, food, transportation and more, as they traveled from agency to agency completing paperwork for services. And by connecting the family with existing, longer term supports, such as Kinship Care, an additional \$5,000 was saved.

This was a family on the brink of crisis and splitting up. But they are together and they are stronger because of the Family Services Initiative. And there are many more like them.

1FSI funds spent to stabilize the family. 2Out-of-Home Foster Care for 2 children for approximately 10 months (based on a typical case) = \$50,000.

Process Flow of Pinellas County's Family Services Initiative



The JWB Family Services Initiative (FSI) is strengthening the continuum of services that helps families become stable and resilient. As the FSI continues its work, it may become the backbone of an on-line service referral, assignment and tracking solution that eliminates the need for management level staff to attend meetings where they jointly assign services to families on a case-by-case basis.

Cost, Efficiency & Performance Measures

Costs

Based upon the system scan conducted by the project team, mental & behavioral health services appear to be the second most expensive poverty-related costs to the public, at least in Pinellas County, which accounts for nearly two-thirds (63%) of the population ages 10 to 19 in DCF's Circuit 6 territory (Pasco and Pinellas counties).

Table 7: Shares of Bi-County Population

	Pinellas	Pasco	Total	% in Pinellas	% in Pasco
Total Population	917,389	465,276	1,382,665	66.3%	33.6%
Population 10 to 19 years old	95,739	56,171	151,910	63.0%	36.9%

Two recent analyses identified mental & behavioral health services as the costliest or the second costliest service category reviewed by researchers.

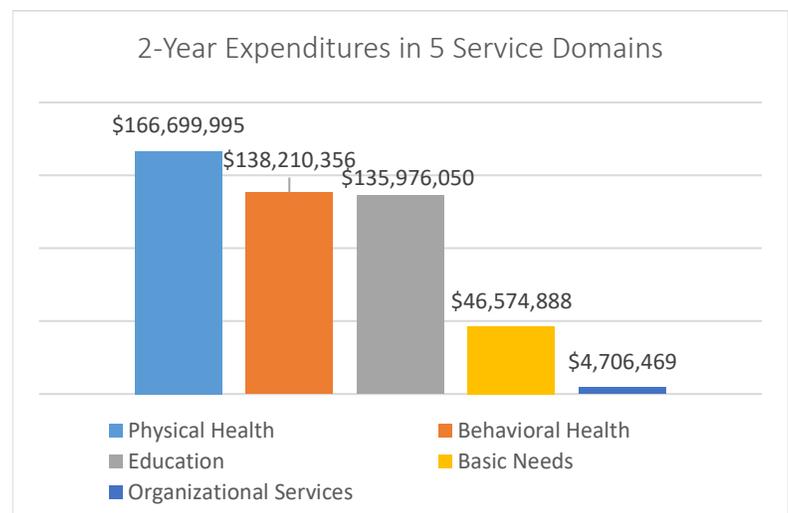
Linking Funding to Desired Results: Mental & behavioral services accounted for well over one-quarter all funding tallied in the 2012 Linking Funding to Desired Results report by the Health and Human Services Coordinating Council for Pinellas County, which quantified funding being used by members of the Council's Administrative Forum toward the attainment of four desired results:

1. Every person has the Opportunity to Learn and Succeed
2. Every person is Physically and Mentally Healthy
3. Every person lives in a Safe and Sustainable Community
4. Every person has Stable and Affordable Housing

The report also provided a breakdown of funding across six categories of service funded with the intention of impacting a desired result:

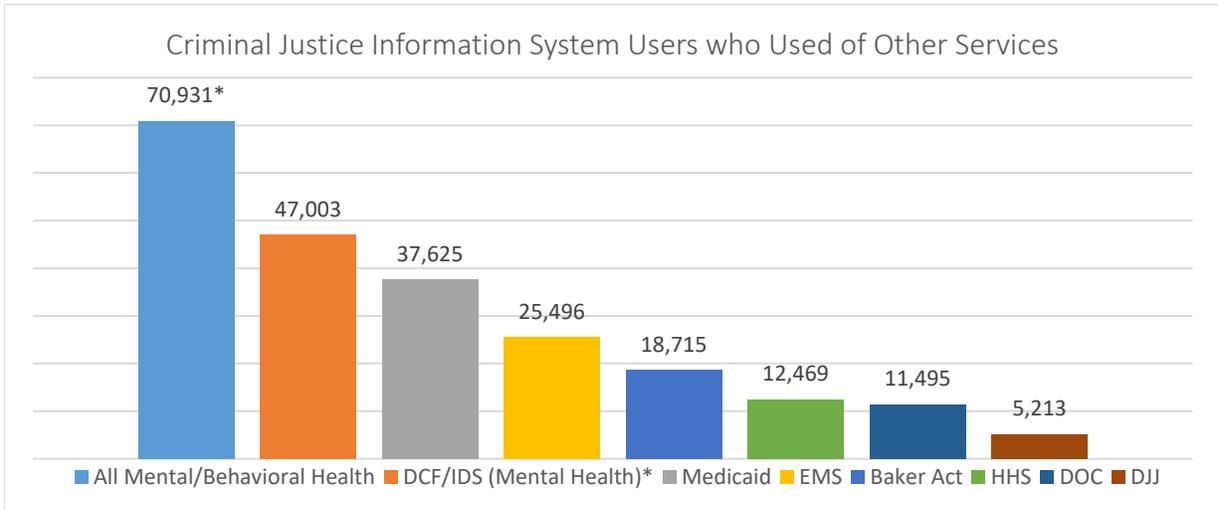
1. Physical Health
2. Basic Needs
3. Behavioral Health
4. Individual and Family Life
5. Education
6. Organizational Services

Across the six categories, the cost of behavioral health services ranked second only to physical health.



Criminal Justice Information System (CJIS) User Analysis – An April 2010 report by The Policy Services and Research Data Center at the Florida Mental Health Institute of the

University of South Florida compared CJIS users' use of seven service types, and found mental health services to be the most heavily used service type.⁴ Over the 10 year period studied (1998 to 2007), the number of CJIS users who used mental health services far exceeded the number who used the other services analyzed in the report.



*Of the 47,003 people who had DCF/IDS services 82% received substance abuse services and nearly 100% mental health services. Also in the 70,931 are 18,715 clients who had Baker Act Exams Initiated, and 5,213 served by the Department of Juvenile Justice whose services are classed as "behavioral health" by some Pinellas County officials.

Efficiency & Performance Data

Although there is no central repository or dashboard that captures and tracks data on efficiency & performance across the spectrum of mental & behavioral health services, the following data sources and tools can serve as foundation blocks in the creation of a centralized solution.

Table 8: Data sources that can contribute to a comprehensive dashboard

Florida Department of Health Division of Public Health Statistics & Performance Management Florida Charts
Florida Department of Juvenile Justice Comprehensive Accountability Reports
Florida Department of Juvenile Justice Juvenile Justice Information System (JJIS) – offenses, arrests, citations, etc.
Florida Prison Recidivism Report: Releases from 2004 to 2011 (<i>published May 2013, April 2012 and May 2010</i>)
Juvenile Welfare Board of Pinellas County "Our Outcomes" reports
Florida Department of Children & Families Tools:
<ul style="list-style-type: none"> • CPI Scorecard measures the standards of child protective investigations, including allegations of abuse, neglect and abandonment, offering 9 important measures to ensure a quick response time and successful outcomes. • Mental Health Treatment Facilities Scorecard for the 7 Florida facilities that serve adults with mental illnesses who've been admitted for intensive inpatient treatment. Measures selected promote competency restoration, personal recovery and the safety of the individuals served in civil and forensic settings. • Adult Protective Services Scorecard was developed to indicate the performance of the APS Program. The Scorecard will be updated monthly with the most current data available for each measure. • Regional Managing Directors Scorecard is used to assess and improve the functioning of the department's 6 regions in four areas: operational effectiveness, customer focus, learning/growth and financial efficiency.

⁴ The study from which these data are derived focused on eight service types; the text and graphic above focus on seven service types; it excludes Florida Department of Law Enforcement services.

Special Data Resources for Connect 4 Families

The Florida Department of Children & Families Performance Dashboard Application shows data on state and federal measures for all department program areas. The project team recommends that Connect 4 Families select data on metrics that are important to the strategic plan, and request of officials that these data be made available on a County level as well as by zip code or census tract.

Children's Mental Health Services

MH011	Avg annual days seriously emotionally disturbed children (excluding those in JJ facilities) spend in the community
MH012	Percent of school days seriously emotionally disturbed (SED) children attended.
MH019	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing
MH020	Percent of intellectually disabled children restored to competency, recommended to proceed with a judicial hearing
MH030	Number of children served who are incompetent to proceed
MH031	Number of ED and SED children to be served
MH377	Percent of children with emotional disturbances who improve their level of functioning
MH378	Percent of children with serious emotional disturbances who improve their level of functioning.
MH406	Average annual days emotionally disturbed children (excluding those in JJ facilities) spend in the community
MH638	Average days to admit juveniles committed pursuant to F.S. 985.223 as incompetent to proceed.
MH681	Number of children discharged pursuant to F.S. 985.19 as incompetent to proceed.
MH705	Percent of children with serious emotional disturbance with an arrest history prior to admission that do not have one after
MH710	Percent of children with a serious emotional disturbance receiving Therapeutic Foster Care
MH778	Percent of children with emotional disturbance (ED) who live in a stable housing environment
MH779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment
MH780	Percent of children at risk of emotional disturbance who live in a stable housing environment

Adult Community Mental Health Services

MH001	Average annual days spent in the community for adults with severe and persistent mental illness.
MH003	Average annual days worked for pay for adults with severe and persistent mental illness
MH009	Percent of adults with forensic involvement who violate conditional release and are recommitted.
MH010	Average annual days spent in the community for adults with forensic involvement.
MH016	Number of adults with a serious and persistent mental illness in the community served
MH017	Number of adults in mental health crisis served
MH5301	Number of adults with episodes of serious and acute mental illness served.
MH5302	Number of adults with mental health problems served.
MH703	Percent of adults with serious mental illness who are competitively employed.
MH704	Percent of adults with serious mental illness with arrest history prior to admission that do not have one after
MH706	Percent of adults with serious mental illness who are homeless or living in shelters
MH711	Percent of adults with serious mental illness receiving assertive community treatment
MH712	Percent of adults with serious mental illness receiving supported employment services
MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.
MH743	Percent of adults in forensic involvement who live in stable housing environment.
MH744	Percent of adults in mental health crisis who live in stable housing environment.

Adult Mental Health Treatment Facilities

MH015	Average number of days to restore competency for adults in forensic commitment.
MH037	Annual number of harmful events per 100 residents in civil commitment in each mental health institution
MH039	Annual number of harmful events per 100 residents in forensic commitment in each mental health institution
MH361	Number of people on forensic admission waiting list over 15 days.
MH372	Number of people in civil commitment, per Ch. 394, F.S., served
MH373	Number of adults in forensic commitment, per Ch. 916, F.S., served
MH5050	Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level.
MH5051	Percent of adults in forensic commitment Not Guilty by Reason of Insanity who show improvement in functional level.
MH708	Percent of adults with serious mental illness readmitted to a civil state hospital within 30 days of discharge
MH709	Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge
MH777	Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge

Appendices

- [References & Citations](#)

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