



Health & Human  
Services Coordinating  
Council for Pinellas County

*Presentation to*

**PINELLAS BOARD OF COUNTY COMMISSIONERS**

**AUGUST 18, 2009**

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## PRIMARY SPONSORS



JWB Children's Services Council



Pinellas County



United Way of Tampa Bay

## OTHER SPONSORING AGENCIES



Pinellas County Health  
Department



Operation PAR

*The HHSCC gratefully acknowledges the contributions of the numerous individuals and health and human service organizations throughout the community whose hard work is reflected in the accomplishments outlined in this annual report.*



Health & Human  
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Health & Human  
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**VISION**

*The health and human service systems of Pinellas County will work together to provide seamless, high-quality services based on productive use of available resources.*

**MISSION**

*The mission of the Health and Human Services Coordinating Council for Pinellas County is to develop new and more seamless health and human service delivery systems that are characterized by user friendliness, quality and productive use of resources.*



Health & Human  
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## OVERVIEW

May 2007

### History:

The Pinellas County Board of County Commissioners and the Juvenile Welfare Board, being the primary local funders for various health and human service activities in 2004, initiated a project called the Human Services Planning Council. The purpose of this project was to determine if there were ways to better serve the citizens through increased coordination, more systematic approaches and more integrated planning.

### Method:

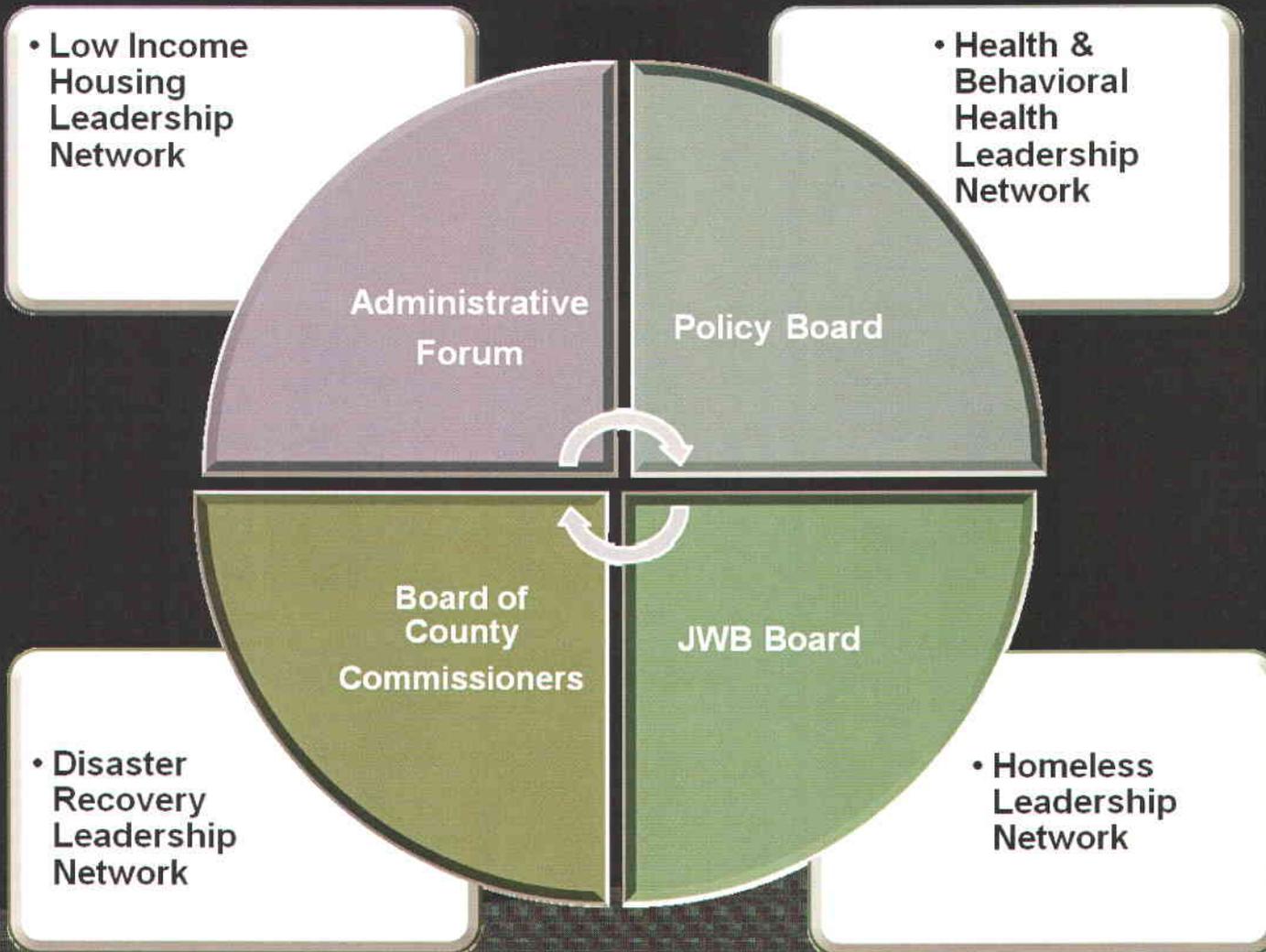
A multi-stakeholder group of professionals engaged in a year-long analysis of various models from around the nation, discussions with local leaders on issues and potential actions that could add value and feasible ways of structuring an approach that would result in meaningful system change and development. The result was a proposal to develop a Health and Human Services Coordinating Council (HHSCC).

### Recommended Model:

*General Purpose:* The primary purpose of the HHSCC is to both improve and change the health and human services system to better and more efficiently meet the needs of the community.

*Structure:* The recommended model consists of **three components**. The Council includes the **Policy Board** which is comprised of three representatives from the Juvenile Welfare board, three County Commissioners, the County Commissioner serving as the Pinellas County Board of County Commissioner representative to the Juvenile Welfare Board, and the Sheriff. The second component is an **Administrative Forum** which consists of the Executive Directors of the major funding agencies of health and human services in Pinellas County. The third component consists of **public management networks** which organize both interested policy makers and operational managers to address specific outcomes such as the reduction of homelessness.

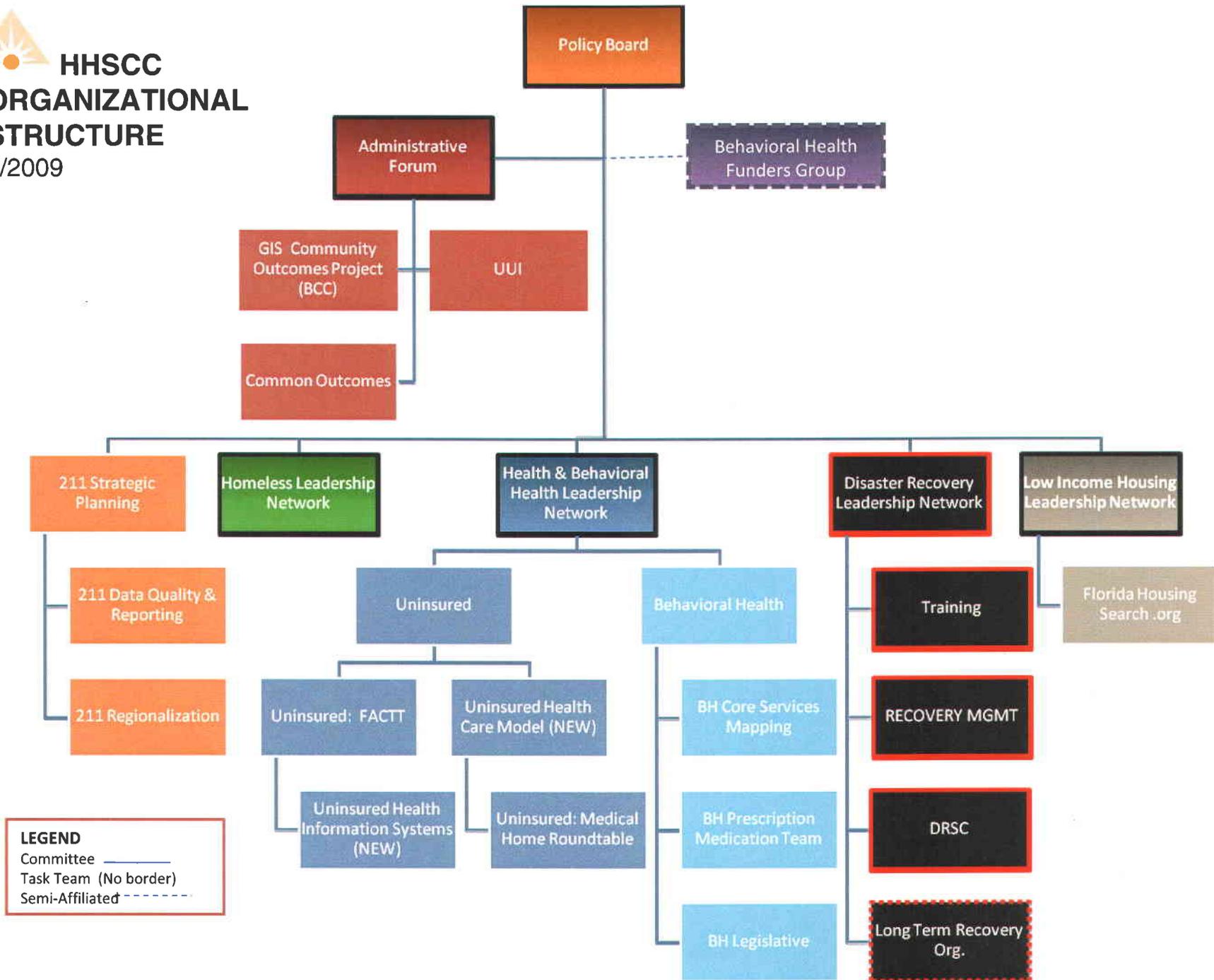
# Health & Human Services Coordinating Council



**Structure and  
Membership**



**HHSCC**  
**ORGANIZATIONAL**  
**STRUCTURE**  
8/2009



**Committees, Mission Statement and County Representative**

HHSCC ENTITY	Mission Statement or Purpose	County Representative
<b>Policy Board</b>	The purpose of the Policy Board is to provide policy direction, support and resources to guide and facilitate the work of the HHSCC; to set policy and determine local discretionary funding in the context of overall community priorities, needs and direction.	Commissioner Neil Brickfield, Commissioner Karen Seel, Commissioner Ken Welch; Commissioner Susan Latvala; Sheriff Jim Coats
●211 Strategic Planning	The purpose of the 211 Strategic Planning Committee is to develop a mutually agreed upon vision for the future development of 2-1-1 TBC and a shared set of expectations and common reporting requirements for 2-1-1 TBC.	Maureen Freaney; Commissioner Ken Welch; Commissioner Karen Seel
●211 Data Quality & Reporting	To develop shared processes for report requests and to review the current use of existing reports.	Maureen Freaney; Commissioner Ken Welch
●211 Regionalization	The purpose of 211 Regionalization Committee is to provide leadership for development of a regional 2-1-1 system.	Commissioner Karen Seel
<hr/>		
● Behavioral Health Funders Group	The purpose of the Behavioral Health Funders Group is to foster communication and collaboration among the major funders of BH services	Maureen Freaney; Jean Vleming
<hr/>		
<b>Administrative Forum</b>	The purpose of the Forum is to provide administrative oversight, input, and support to facilitate the work of HHSCC staff and to ensure coordination of HHSCC efforts with those of its members.	Maureen Freaney
● GIS Community Outcomes Project	Provide easy and timely Web-based access to GIS data (provided by internal and external partners) to help our community place health and human resources where they are needed most.	Clark Scott; County BTS Team
● Universally Unique Identifier	The purpose of the UUI team is to develop the ability to link program records across funders.	Diana Carro; Deb Taylor
● Common Performance Outcomes	The purpose of this task team is to develop a set of common program performance measures across funders using RCS Grace House as a pilot program.	Diana Carro
<hr/>		
<b>Disaster Recovery Leadership Network</b>	The mission of the Health and Human Services Disaster Recovery Leadership Network is to ensure that priority human services are made available to the public at the earliest opportunity should a major disaster occur in Pinellas County.	Paul Roberts; Cliff Smith
● Disaster Recovery Services Coalition	The mission of the Health and Human Services Disaster Recovery Services Coalition is to ensure that health and human service delivery agencies are optimally prepared for a disaster by engaging in planning activities that focus on service delivery issues identified by the Coalition, working in concert and providing recommendations to the Disaster Recovery Leadership Network.	Cliff Smith

**Committees, Mission Statement and County Representative**

• Training Committee	The mission of the Health and Human Services DRLN Training Committee is to ensure that a wide array of training opportunities, focusing on Continuity of Operations (COOP) and post-disaster communications, are available to health and human service agencies by coordinating with training entities that offer disaster readiness and disaster recovery education.	Paul Roberts
• Recovery Management Center	The purpose of the Recovery Management Center is to receive agency status reports, coordinate community resources to maximize human service availability, and coordinate with the Pinellas County Emergency Management in the event of a disaster.	None
• Long-Term Recovery Organization	The purpose of the Long Term recovery Organization is to lead an organized, effective, long-term recover effort by providing assistance to disaster-impacted individuals and families in Pinellas county who have unmet needs in the aftermath of a disaster.	Lisa Freeman; Paul Roberts
<b>Health &amp; Behavioral Health Leadership Network</b>		
Identify short, intermediate and long term changes that would enhance health and behavioral health care services to the uninsured or underinsured; adopt whatever agreed upon changes that are within the purview of Network members; and make recommendations to appropriate bodies for other changes the Network endorses.		Commissioner Karen Seel; Commissioner Susan Latvala
• Funding Access to Care and Technology Team	Research options for funding the uninsured health care plan	Clark Scott; Mark Woodard
• Medical Home Roundtable	The Medical Home Roundtable was developed with the intent to begin a dialogue with organizations in the county who currently play a central role in our vision for health care for uninsured and under-insured individuals in our community.	Commissioner Karen Seel; Maureen Freaney; Lynn Kiehne; Ellen McCreedy
•Core Service Mapping Team	The purpose of this task team is to review and edit the behavioral health mapping survey. The goal is to articulate a vision for core services that this community believes are essential for a functioning mental health and substance abuse system of care.	Jean Vleming
• Prescription Medication Task Team	The mission of the PMT is to assure that residents of Pinellas County have access to the behavioral health prescription medications needed to survive and thrive in the community.	Jean Vleming
• Legislative Advocacy	The purpose of this committee is to develop collobration between HHSCC, CFBHN and the WIN Group	None
Uninsured Health Care Model Design (NEW)	Possible team to develop a proposal for funding through the Health Department Trust Fund.	Possibly Lynn Kiehne, Maureen Freaney
• Uninsured Health Information System	To be established this fiscal year	TBD
<b>Homeless Leadership Network</b>		
	The mission of the Homeless Leadership Network is to more effectively confront the problem of homelessness on a County wide basis.	Commissioner Ken Welch; Commissioner Susan Latvala
<b>Low Income Housing Leadership Network</b>		
	The mission of the Low Income Housing Leadership Network is to expand the amount of housing that is available to low income service workers or other persons whose income is at or below 80% of the area median income.	Commissioner Neil Brickfield; Maureen Freaney
• Florida Housing Search .org	Development and promotion of the Florida Housing Search website	Cliff Smith

# HHSCC Planning Partners

## *Policy Board*

**Karen Seel, Chair**  
Pinellas County Commissioner

**Kenneth T. Welch**  
Pinellas County Commissioner

**Van Sayler, Vice Chair**  
Juvenile Welfare Board

**Bernie McCabe**, State Attorney  
Juvenile Welfare Board Member

**Neil Brickfield**  
Pinellas County Commissioner

*The Honorable Irene H. Sullivan*  
Circuit Court Judge

**Susan Latvala**  
Pinellas County Commissioner

**Jim Coats**  
Pinellas County Sheriff

## *Administrative Forum*

**Maureen Freaney, Co-Chair**  
Director  
Pinellas County Department of Health  
and Human Services

*The Honorable Pat Gerard*  
Mayor  
City of Largo

**Kerry Marsalek**  
Office of Aging Manager  
City of Clearwater

**D. Gay Lancaster, Co-Chair**  
Executive Director  
Juvenile Welfare Board

**Lt. Vincent Gibney**  
Pinellas County Jail

**Tim Niermann**  
Chief Probation Officer  
Department of Juvenile Justice

**Rhonda Abbott**  
Manager of Social Services Planning  
City of St. Petersburg

**Sally Gronda**  
Executive Director  
Area Agency on Aging of  
Pasco-Pinellas, Inc.

**Carlen Petersen**  
Council Member  
City of Clearwater  
(Chair, Homeless Leadership  
Network)

**Diana Baker**  
Executive Director  
United Way of Tampa Bay

**Gay Inskeep**  
Court Administrator  
Sixth Judicial Circuit

**Peggy Johns**  
Supervisor, PreK-12 Health  
Education  
Pinellas County Health Department

**Nina Bandoni**  
Vice Mayor  
City of Safety Harbor  
(Chair, Low Income Housing  
Leadership Network)

**Lourdes Benedict**  
Regional Operations Manager  
Department of Children & Families

**Steve Lesky**  
Regional Vice President  
Allegany Franciscan Foundation

**Karen Seel**  
Pinellas County Commissioner  
(Chair, Health and Behavioral Health  
Leadership Network)

**Dr. Claude Dharamraj**  
Director  
Pinellas County Health Department

**Carl Littlefield**  
Area Administrator  
Agency for Persons with  
Disabilities

**Browning Spence**  
Deputy Director  
Juvenile Welfare Board  
(Chair, Disaster Recovery Leadership  
Network)

# Health & Behavioral Health Leadership Network

## *Members*

**Karen Seel, Chair**  
Pinellas County Commissioner

**Susan Latvala, Vice-Chair**  
Pinellas County Commissioner

**Michelle Bourrie-Ardabilly**  
Chief Deputy Court Administrator  
Sixth Judicial Circuit

**Sue Brody**  
President and Chief Executive Officer  
Bayfront Medical Center

**Gary Carnes**  
President and Chief Executive Officer  
All Children's Health

**Dr. Claude Dharamraj**  
Director  
Pinellas County Health Department

**Lt. Vincent Gibney**  
Pinellas County Jail

**Nancy Hamilton**  
Chief Executive Officer  
Operation PAR

**Bob Henriquez**  
Circuit Administrator  
Florida Department of Children  
and Families (DCF)

**Wallace Hopkins**  
Director, BayPines VA Healthcare System  
U.S. Department of Veterans Affairs

**Pat Mabe**  
President & Chief Executive Officer  
Community Health Centers of  
Pinellas, Inc.

**Anissa Rayford**  
Executive Director  
Pinellas County Medical Association

**Adam Rudd**  
Vice President, Emergency Services  
HCA Healthcare

**Elizabeth Rugg**  
Executive Director  
Suncoast Health Council, Inc.

**Glenn Waters**  
President  
Morton Plant Mease Health Care

**Tom Wedekind**  
Executive Director  
Personal Enrichment Mental Health  
Services, Inc. (PEMHS)



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# Disaster Recovery Leadership Network

## *Members*

**Browning Spence, Chair**  
Deputy Director  
JWB Childrens Services Council

**Donna Lytwyn, Vice-Chair**  
Operations Program Administrator  
State of Florida Department of Children  
and Families (DCF)

**Rhonda Abbott**  
Manager of Social Services Planning  
City of St. Petersburg

**Pam Bartley**  
Pinellas County Manager of  
Preparedness and Response  
American Red Cross, Tampa Bay Chapter

**Gayle Guidash**  
Public Health Preparedness Officer  
Pinellas County Health Department

**Emery Ivery**  
Vice President, Community and  
Partnership Development  
United Way of Tampa Bay

**Carol Madura**  
Emergency Response Coordinator  
Pinellas County Schools

**Jason Martino**  
Emergency Coordinating Officer  
Area Agency on Aging of Pasco-Pinellas, Inc.

**Paul Roberts**  
Emergency Management Coordinator  
Pinellas County Emergency Management

**Paul Runyon**  
Director of Operations  
Coordinated Child Care

**Cliff Smith**  
Assistant Bureau Director  
Pinellas County Health & Human Services

**Jim Spencer**  
Community Relations Coordinator  
The Salvation Army  
St. Petersburg Area Command

**Micki Thompson**  
Executive Director  
2-1-1 Tampa Bay Cares, Inc.

**Betty Tribble**  
Vice President, Volunteer Services  
United Way of Tampa Bay

**Cheri Wright-Jones**  
Executive Director  
Tampa Bay Healthcare Collaborative



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# Homeless Leadership Network

## *Members*

**Carlen Petersen, Chair**  
City Council Member  
City of St. Clearwater

**James Bennett**  
*Vice-Chair, Elected Officials*  
City Council Chairman  
City of St. Petersburg

**Virginia Rowell**  
*Vice-Chair, Community*  
Community Activist

**Sandra Lyth**  
*Secretary-PCCH Representative*  
Director  
Hispanic Outreach Center

**Catherine Alexander-Ponder**  
VASH Coordinator  
Bay Pines VA Health Care System

**Dr. Teresa Bradley**  
Vice President, Medical Affairs  
St. Anthony's Hospital

**Janet Clark**  
Board Member, District 1  
Pinellas County School Board

**Harriet Crozier**  
Vice Mayor  
City of Largo

**Bob Dillinger**  
Public Defender *and*  
Member, Board of Directors  
Juvenile Welfare Board

**John Doran**  
Council Member  
City of Clearwater

**Ronnie Duncan**  
Founder and President  
The Duncan Companies, Inc.

*The Honorable* **Pat Gerard**  
Mayor  
City of Largo

**Barbara Green**  
Executive Director  
Homeless Emergency Project

**Jackie Griffin-Doherty**  
*PCCH Representative*  
Vice President of Development  
Operation PAR

**Bill Griffiths**  
Community Relations Coordinator  
WorkNet Pinellas

*Captain* **Michael Haworth**  
Uniform Patrol  
Pinellas Park Police Department

**Barbara Inman**  
Executive Director  
Habitat for Humanity

**Emery Ivery**  
Vice President of Community and  
Partnership Development  
United Way of Tampa Bay

**Karen Kirkpatrick**  
*Homeless/Formerly Homeless*  
*Representative*  
Legal Assistant

**Gary MacMath**  
Chief Executive Officer  
Boley Centers, Inc.

**Jerry Mullins**  
Member  
PSTA Board of Directors *and*  
City Council Member  
City of Pinellas Park

**John Patrick**  
Representative  
Clearwater Area Chamber of  
Commerce

**Herb Polson**  
City Council Member  
City of St. Petersburg

**Ross Preville**  
Representative  
St. Petersburg Area Chamber of  
Commerce *and*  
Vice President, Investments  
Raymond James and Associates, Inc.

**Gregory Rolle**  
*Homeless/Formerly Homeless*  
*Representative*  
Community Education Coordinator  
Pinellas County Coalition of the  
Homeless (PCCH)

**Bob Rowan**  
Member, Board of Directors  
Neighborhood Housing Services, Inc.

**Robin Saenger**  
Commissioner, City of Tarpon  
Springs  
Neighborhood Housing Services, Inc

**Ramona Schaefer**  
Program Services Supervisor  
Pinellas County Sheriff's Office

**Kenneth Welch**  
Pinellas County Commissioner

**Carl Brody**  
*Ex-Officio*  
Senior Assistant County Attorney  
Pinellas County Attorney's Office

# Low Income Housing Leadership Network

## *Members*

### **Elected Officials (3 Seats)**

Pinellas County Government (1 Seat)

#### **Neil Brickfield**

Pinellas County Commissioner

Municipal Representatives (2 Seats)

#### **Nina Bandoni, Chair**

Commissioner  
City of Safety Harbor

#### **Rick Butler**

City Council Member  
City of Pinellas Park

### **Independent Housing Developers (6 Seats)**

Non-Profit Representatives (2 Seats)

#### **Jack Humburg**

Director of Housing Development  
and ADA Services  
Boley Centers, Inc.

#### **Barbara Inman**

Head Chair  
Habitat for Humanity of Pinellas  
County

For-Profit Representatives (4 Seats)

#### **Roger Broderick**

President/Owner  
Broderick & Associates, Inc.

#### **George Johnson**

Florida First Development  
Corporation

#### **Peter Leach**

Chief Executive Officer  
Southport Financial, Inc.

#### **Jeremy Wharton**

Vision Investment

### **Local Government**

#### **Representatives (4 Seats)**

#### **Terry Buyers**

Housing Grant Specialist  
City of Largo Housing Division

#### **James Donnelly**

Assistant Director  
Economic Development and  
Housing  
City of Clearwater

#### **Anthony Jones**

Director  
Pinellas County Community  
Development

#### **Stephanie Lampe**

Housing Coordinator  
City of St. Petersburg  
Housing and Community  
Development Department

### **Community-Based Housing Organizations (2 Seats)**

#### **Isay Gulley**

Executive Director  
Clearwater Neighborhood Housing  
Services

#### **Robert Rowan**

Board Member  
St. Petersburg Neighborhood  
Housing Services

### **Housing Authorities (4 Seats)**

Pinellas County (2 Seats)

#### **Deborah Johnson**

Executive Director  
Pinellas County Housing  
Authority

#### **Pat Weber**

Executive Director  
Housing Authority of Tarpon  
Springs

Housing Authority Board Members  
(2 Seats)

#### **Tommy Minkoff**

Board Member  
Pinellas County Housing  
Authority

Board Member

(Rotating)

Housing Authority of Tarpon  
Springs

### **Neighborhood Associations (1 Seat)**

#### **Barbara Heck**

President  
Council of Neighborhood  
Associations (CONA)



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**Professional Associations  
(3 Seats)**

**Jeff Rogo**  
Director of Governmental Affairs  
Bay Area Apartment Association

**Brian Shuford**  
Director of Governmental Affairs  
Pinellas Realtor Organization

**Janette Weis**  
Florida Manufactured Housing  
Association (FMHA)

**Banking and Finance  
(1 Seat)**

**Robert L. Williams, III**  
Senior Vice President  
Commercial Lending  
Synovus Bank

**Social Service Funders  
(2 Seats)**

**Maureen ("Moe") Freaney**  
Bureau Director  
Pinellas County Health & Human  
Services

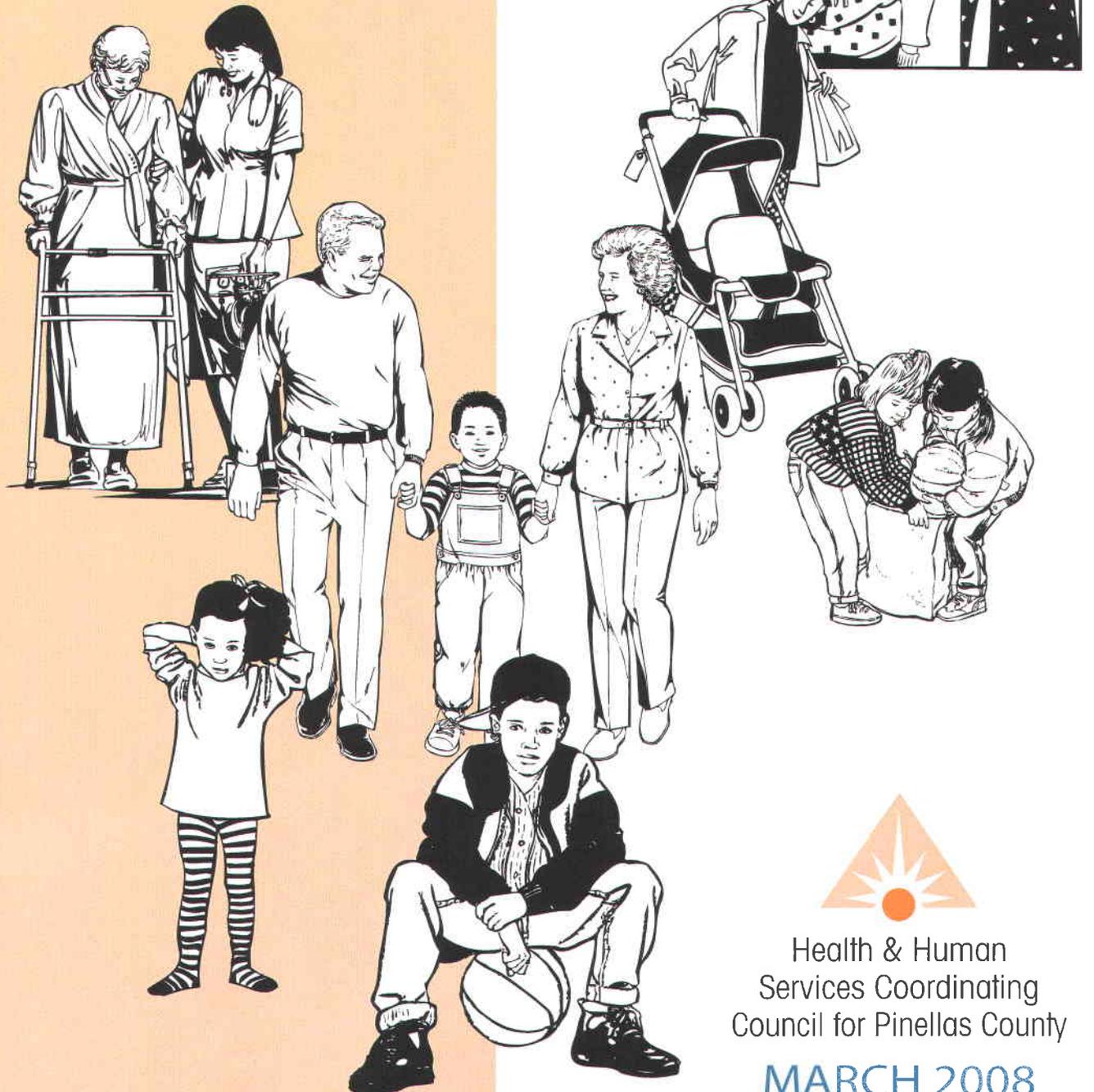
**Yardis Garcia**  
Senior Planner  
JWB Children's Services Council

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**Sample  
Work Products**

*An Analysis of  
Health and  
Human Services Funding  
in Pinellas County*

FY 2005-06



Health & Human  
Services Coordinating  
Council for Pinellas County

MARCH 2008

# Executive Summary

The Health and Human Services Coordinating Council for Pinellas County (HHSCC) works to improve the health and human services system in Pinellas County. In the latter part of 2007, the HHSCC conducted a study to assess the sources of public funding for health and human services in the county and to describe the services and populations supported by that funding. Focusing on FY 2005-06, a retrospective review and analysis of extant data, as well as a survey of local funders and provider agencies, was carried out to explore sources of revenue and federal, state, and local funding mechanisms.

At the federal level, analysis revealed that total federal dollars to Florida and to Pinellas County have increased over the last ten years. The vast majority of those funds, however, came in the form of direct payments to individuals through programs such as social security, Medicare and federal retirement benefits. Increases in the population of Pinellas County, as well as increases in the number of individuals in the county eligible for entitlement programs over that time period, accounted for much of the increase. This becomes apparent when one looks at Florida federal funds per capita and the state's ranking for selected health and human service related programs. In 1996, Florida's per capita ranking for the percentage of federal funds spent on health and human services was 45 out of 50 states. Florida actually saw an 83.6% increase in the percent of federal funds received over the next ten years. Nonetheless, by 2004, Florida's per capita ranking for the percentage of federal funds spent on health and human services remained at 45. Federal funding in 2005 in the form of direct grants to Pinellas County, a significant source of flexible spending, was below the county's per capita proportion, with the county receiving only 2.7% of the federal grants to the state.

At the state level, results showed that the State of Florida provided a significant level of support for health and human services within the county. The state's support came in the form of direct services provided in the community by state employees; direct contracts with service providers with program locations in the county; direct payments to individuals; direct financial support to local government and quasi-governmental bodies; and by acting as "grantee" for federal dollars passing through to individual counties.

The recent economic downturn, combined with increasing costs for health care services, is creating concern at both the federal and state level, with both considering reductions in Medicaid spending. Florida, which must pass a balanced budget, could soon be in a position of structural imbalance where the projected need for revenue outstrips projected revenue receipts. The state's fear is that unrestrained Medicaid funding will force reductions in other equally important public programs.

At the local level, the study identified thirteen funding entities falling under the category of governmental designee/lead agency and eight organizations identified as local government funders. Governmental designee/lead agencies are organizations with regional or lead agency responsibility for the planning and funding of human services for a particular target population. Within this category of funders, there are unique administrative structures that provide the opportunity to assess new organizational models for fiscal and clinical effectiveness.

Total revenue in FY 2005-06 received by non-profit providers in support of health and human services in Pinellas County was \$1,477,394,563, with approximately two-thirds going toward general medical hospital expenses. \$523,945,354 supported human services, which included \$118,525,220 for hospital-based emergency departments and behavioral health services (see Scope, p.45). Funders providing direct services internally accounted for \$90,709,413, with the Pinellas County Health and Human Service Department and the Pinellas County Health Department providing the most services in this category. The remainder of the money, \$314,710,721, was divided across the 91 human service agencies that participated in the study. The majority of revenue was evenly divided across services that can be broadly classified as education, behavioral health, and individual and family life.

Revenue to agencies for health and human services was largely accounted for by the State of Florida, governmental designees/lead agencies and local funding. The State of Florida accounted for 25.5% of revenue, followed by 24% from governmental designees/lead agencies. Direct local funding accounted for 17% of revenue, closely matched by the agency's own program revenue at 16.4%. The remaining 17.1% was made up of a combination of federal dollars, foundation grants, cash, internal fundraising and miscellaneous funding.

Children were the major beneficiaries of human service revenue. The greatest amount of funding for children was provided by governmental designees/lead agencies; the State of Florida accounted for greatest amount of funding to adults. In general, much of the money is restricted by purpose, population, or by both purpose and population, leaving the community with very little flexibility to design services to meet identified needs. As a result, funders with a high degree of flexibility in the use of their funds will play an increasingly important role in funding gaps in service.

Specific recommendations resulting from this study include:

1. Reviewing the fiscal and clinical effectiveness of new and existing administrative structures;
2. Developing processes for collecting financial information in a uniform manner and in a dynamic fashion (i.e., real time);
3. Reviewing recommendations found in the Florida State Supreme Court report, and developing an implementation strategy for Pinellas County; and
4. Working with law enforcement to develop and implement a plan for reducing the number of individuals with behavioral health problems in the correctional system.

The health and human service industry is clearly a significant element of the local economy and provides the basis for the social safety net. This funding is at both short- and long-term risk. Federal and state governments are concerned that Medicaid funding will force reductions in other important public programs unless restricted and are looking to curtail expenditures. This, coupled with the impact of reduced property tax revenue, will put significant strain on the existing human service system in Pinellas County. There are both risks and opportunities inherent in the current fiscal situation. To face this challenge, it is important that our community identify collective goals, create data-driven strategies, and routinely assess our accomplishments in achieving those goals (Freidman, 2005).

## **Disaster Recovery Leadership Network's Communication Plan Concept of Operations**

This is a brief description of the components of the Communications Plan, an explanation of how they each work and how they will interact. Added detail is provided in the sections of the Plan, and additional useful information and forms are included in the Plan's Appendices.

### **Pre-Disaster**

Prior to a disaster, health and human service agencies should be preparing for what might happen. Agencies should participate in the activities of the Disaster Recovery Leadership Network (DRLN), which is charged by the Health and Human Services Coordinating Council with disaster planning responsibilities.

The DRLN collects information through the Service Matrix, which includes agency contacts, services, and an estimate of post disaster capability. The DRLN also facilitates training to help agencies develop Continuity of Operations Plans (COOP) plans, and conducts disaster planning and drills. The DRLN encourages agencies to work cooperatively and communicate frequently, establishing agreements to work together for mutual benefit should a disaster occur. The Disaster Recovery Services Coalition is the primary vehicle for agencies to be involved in these activities.

The DRLN is prepared to assist health and human service agencies in a disaster and support the efforts of Pinellas County Emergency Management. The Plan defines specific pre- and post-disaster activities that the DRLN will coordinate to assist agencies in preparing for and responding to disasters.

A notification system has been established to ensure that the DRLN is aware of disasters that are developing, or have occurred. The DRLN is kept abreast of any action or impending actions by Pinellas County Emergency Management and is prepared to communicate this to health and human service agencies.

### **Declared Disaster and Post-Disaster**

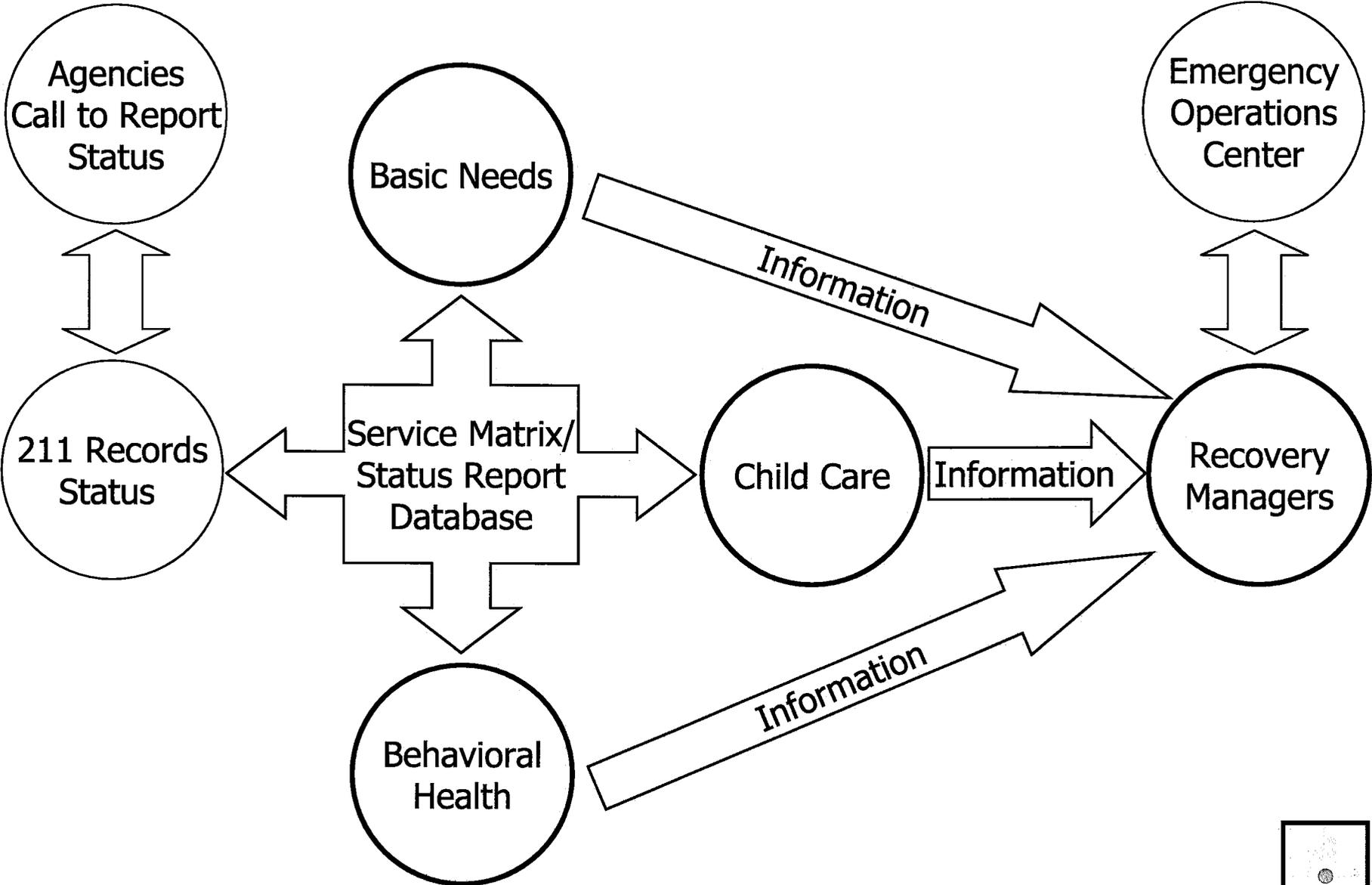
The DRLN has appointed a group of key leaders to serve as Recovery Managers. In the event of a disaster, the Recovery Managers will work closely with 2-1-1 Tampa Bay Cares (TBC) to facilitate communications and assist in restoring services in the immediate post disaster period.

The Recovery Managers will establish a Recovery Management Center (RMC). Based on the specific threat, the RMC will be housed at either (a) the 2-1-1 TBC facility, or (b) at the Pinellas County Health Department. In either case, 2-1-1 TBC will maintain the ability to receive calls from the public and from Communications Plan participating agencies.

Agencies are asked to dial 2-1-1 as soon as possible after a disaster; status reports are routed to the RMC. RMC staff will ask specific questions about agency status, including facility condition, staffing, service demand, utilities available, etc. and complete the Agency Status Report. The Recovery Managers will use this information to communicate to the Emergency Operations Center through the Health and Medical Emergency Support Function 8 (ESF 8) and prioritize assistance to agencies

*The mission of the Health and Human Services Disaster Recovery Leadership Network is to ensure that priority human services are made available to the public at the earliest opportunity should a major disaster occur in Pinellas County.*

# RMC Communications Flow



## **Independent analysis of Pinellas County information and referral services and ancillary services delivered by 2-1-1**

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### **Background**

At the June, 2008 JWB Board meeting, the Board voted to discontinue funding for 211 Tampa Bay Cares, Inc., the agency providing health and human services information and referral services for Pinellas County (211 TBC) beyond fiscal year 2008-09. JWB funds accounted for a projected \$290,665 of 211 Tampa Bay Cares, Inc.'s \$1,081,723 fiscal year 2007-08 budget. This reduction in funding precipitated a need to review 211 Tampa Bay Cares, Inc.'s operations against community need.

The Policy Board of the HHSCC agreed to assume responsibility for an independent analysis of the community need for an information and referral system for social services, as well as for the ancillary services offered by 211 Tampa Bay Cares, Inc. in order to ensure that Pinellas County residents retained access to needed services. JWB and Pinellas County agreed to jointly fund an independent analysis of services provided by 211 Tampa Bay Cares, Inc. in order to identify opportunities for improved efficiency and continued delivery of services. Following an Invitation to Bid process and review, Civil Society Consulting Group, LLC (CSCG) was chosen to conduct the analysis.

On April 17, 2009, CSCG presented its final report entitled, *Independent analysis of Pinellas County information and referral services and ancillary services delivered by 2-1-1* to the Policy board of the Health and Human Services Coordinating Council for Pinellas County. The Policy Board agreed to accept the report and to form several work teams identified in the report's recommendations: Those teams include:

- A 2-1-1 TBC Strategic Planning Team: To develop a common vision, shared expectations, and a joint response to the report's recommendations;
- A Regionalization Team: To explore opportunities for partnerships with other counties;
- A Data Quality and Reporting Team: To develop a shared process for report requests and to review the current use of existing reports; and a
- Common Performance Measures Team: To develop common performance measures for the agency across funders.

# 2-1-1 TBC STRATEGIC PLANNING TEAM

Commissioner Seel - Commissioner Welch - Elise Minkoff - Diana Baker - Grant Petersen-Gay Lancaster - Maureen Freaney - Micki Thompson - Denise Groesbeck - Eddie Burch



Common Vision  
Shared Expectations  
Joint Response to Recommendations

Regionalization Team

Commissioner Seel  
(L)

1. Explore Opportunities for Partnerships with Other Counties.
2. Explore Opportunities to Share Resources with Hillsborough County.

Data Quality and Reporting

Gay Lancaster  
& Maureen Freaney  
(L)

1. Develop Process for Report Requests (1x)
2. Weekly review of Ad Hoc Reporting Requests
3. Review of Existing Routine Reports

Common Performance Measures Team

Diana Baker  
(L)

1. Develop Common Performance Measures Across Funders

**FY 2008-09  
Administrative Forum Funding Matrix**

Funding Domains		Physical Health							Behavioral Health					Basic Needs										
		Prevention	Primary Care	Disease Management	Specialty	Hospital	Ancillary	Health Supportive	Dental	Emergency - Acute	Non-emergent Residential	Treatment	Support - Recovery	Prevention - Diversion	Medical	Food (Food Banks)	Food (Soup Kitchens)	Housing Shelter Emergency	Housing/Shelter: Transitional	Housing/Shelter: Outreach	Housing/Shelter: Permanent Supportive	Material Goods	Transportation	Financial Assistance
Funding Agencies																								
AFF	Allegany Franciscan Foundation	■	■	■		■	■	■																
APD	Agency for Persons with Disabilities						■																	
AAAPP	Area Agency on Aging						■						■											
CLW	City of Clearwater																■							
LGO	City of Largo																■				■			
STP	City of St. Petersburg		■						■	■	■	■	■			■	■	■	■			■	■	■
CFBHN	Central Florida Behavioral Health Network																							
CFTB	Community Foundation of Tampa Bay	■																						
DCF	Department of Children and Families									■														
DJJ	Department of Juvenile Justice		■							■	■		■											
ECA	Eckerd Community Alternatives																							
HC	Homeless Coalition														■	■								
HLN	Homeless Leadership Network									■														
JCS	Justice and Consumer Services									■														
JWB	Juvenile Welfare Board		■							■					■		■	■					■	■
PCHD	Pinellas County Health Department	■	■	■	■		■	■																
PCHHS	Pinellas County Health & Human Services		■		■	■		■	■	■	■		■	■	■	■	■	■	■	■	■	■	■	■
PCS	Pinellas County Schools	■		■												■								
PCSO	Pinellas County Sheriff's Office																							
SJC	Sixth Judicial Circuit																							
UWTB	United Way of Tampa Bay						■			■					■	■	■		■		■	■	■	■

Excerpt from Behavioral Health Asset Map (Non-Emergency Residential Services)

**FUNDING FOR BEHAVIORAL HEALTH PROGRAMS FOR FY 2008-09**

Agency	Boley Centers, Inc.	Camelot Community Care	Carlton Manor, Inc.	Family Resources, Inc.
<b>Program Name</b>	Wild Acres	Charles Britt Halfway House	Therapeutic Group Home (St. Petersburg)	Transitional Living - Clearwater
<b>Program Budget</b>	\$424,290		\$180 per child per day	\$450,000
<b>AAA</b>				
<b>City of St. Pete</b>				
<b>DCF</b>	\$424,290			
<b>DJJ</b>		\$149,695		
<b>HLN</b>				
<b>JCS</b>				
<b>JWB</b>			\$134,227	
<b>CFBHN</b>				
<b>PCHHS</b>				
<b>PCSO</b>				
<b>UWTB</b>				
<b>Comment</b>				
<b>Service Domain</b>	Non-Emergency Residential	Provides MH & SA tx for youth committed by circuit court to program	Non-Emergency Residential	Non-Emergency Residential
<b>Program Street</b>	12809 Wild Acres Rd.	Treatment	35 Westwood Ter N	1622 Turner Street
<b>Program City</b>	Largo		St. Pete	Clearwater
<b>Program ZIP</b>	33773		33710	33756
<b>Program Description</b>	Regular. Structured, supervised, group home setting with skills teaching, rehabilitation and treatment services.		Community based non-secure residential program	Residential program for youth aging out of the foster care system. Provides counseling, life skills, assistance with job and housing search, budgeting, educational support.
<b>Primary Outcome</b>	Promote recovery for people who have a mental illness and co-occurring substance abuse disorders		Keep families unified and/or reunified	Attainment of life skills necessary for independent living
<b>Secondary Outcome</b>				Emotional adjustment, substance free lifestyle
<b>MH/SA/CO</b>	MH		MH	C/O
<b>Service Type</b>	Residential, Level I (MH)		Residential, Level I (MH)	Transitional Living (SA)
<b>Location</b>	On-Site		On-Site	In-Home
<b>Availability</b>	7 Days a Week		24 Hours	24 Hours
<b>Target Population</b>	SPMI, c/o SA, some bed for forensic		Males between 5 -16 with MH diagnosis & current acting out behavioral problems	Youth 16-17 aging out of foster care
<b>Capacity</b>	13		9	12
<b>Birth - 5</b>				
<b>Ages 6 - 12</b>			YES	
<b>Ages 13 - 17</b>			YES	YES
<b>Ages 18 - 64</b>	YES			
<b>Ages 65+</b>				

## **Community Indicator System for Pinellas County Geographic Information System Component**

The existing community indicators website ([www.pinellasindicators.org](http://www.pinellasindicators.org)) was created in late 2004 to provide information on community conditions in the county through graphs, charts, maps, and supplemental reports. The website was designed to leverage the use of existing data in Pinellas County's Geographical Information System and to allow for the monitoring of community trends, strengths, and opportunities for improvement. Its overarching goal though was to provide resources to facilitate joint planning and inform public policy decisions, a goal that was purposefully congruent with the strategic plan of the Health & Human Services Coordinating Council for Pinellas County (HHSCC).

The manifest purpose of the existing community indicator system, however, was not realized. Limited community and stakeholder involvement and few policies and procedures regarding data sharing and site maintenance have contributed to the lack of utility in the current system.

In February of 2008, the leadership of the HHSCC, Juvenile Welfare Board Children's Services Council of Pinellas County (JWB), Pinellas County Health and Human Services, and Pinellas County Justice and Consumer Services began to discuss the state of the human service information systems in Pinellas County. In July 2008, they requested that members of their staff form a committee to create a demonstration project for the community indicators website and to put forth recommendations for future development.

In February, 2009, HHSCC staff began working with Pinellas County Business and Technology (BTS) services to revise the Geographic Information System (GIS) component of [www.pinellasindicators.org](http://www.pinellasindicators.org). Specific requirements communicated to BTS included:

- Providing easy and timely Web-based access to GIS data (provided by internal and external partners) to help our community place health and human resources where they are needed most
- Providing secure, Web-based, basic GIS data entry for point, shape, and line-based GIS data
- Leverage BTS technologies to:
  - Eliminate the need for additional GIS resources for most mapping tasks
  - Reduce research-related data acquisition, and compilation
  - Avoid duplication of services
  - Achieve greater impact.

The GIS system is designed to be self-sustaining with respect to data collection. Partners will be able to enter data directly into the GIS system. In addition, responsibility for the accuracy of data will be shared through memoranda of understanding.

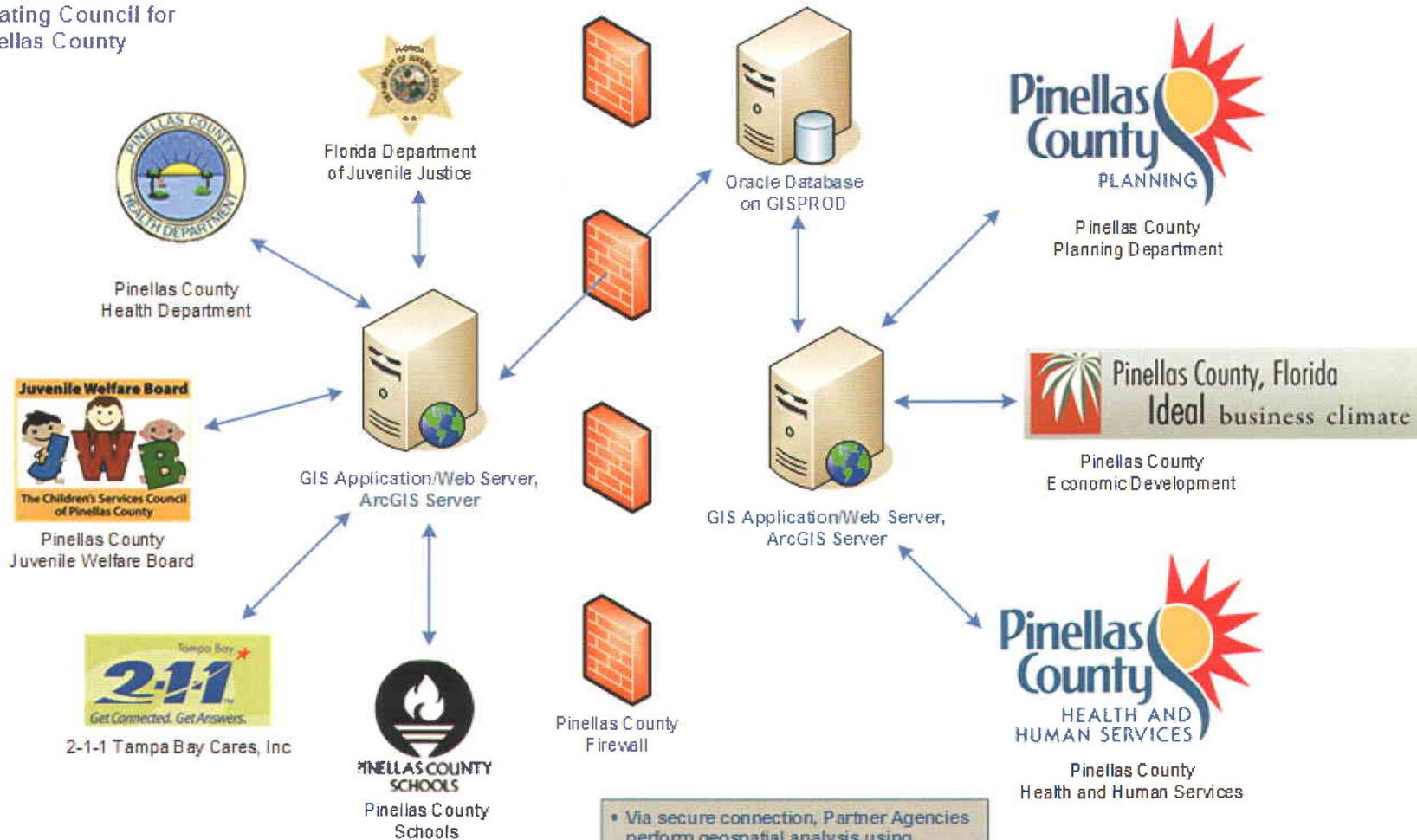
The GIS component of the community indicators will serve as a results-based accountability tool for Pinellas County.



# Community Indicators Application Context Diagram



Health and Human Services  
Coordinating Council for  
Pinellas County

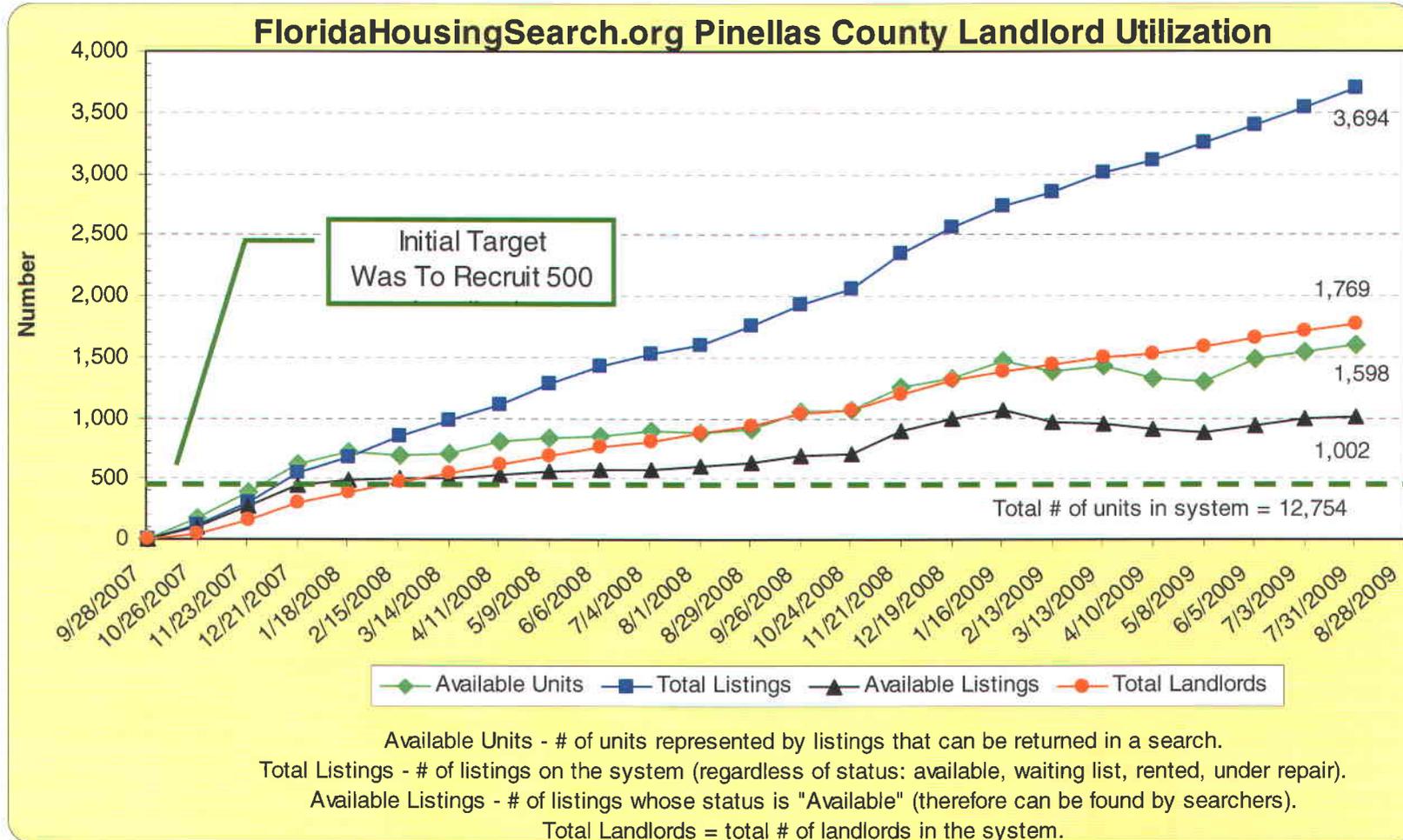


- Via secure connection, Partner Agencies upload:
  - Frequency and/or numerical data by ZIP Code
  - Frequency and/or numerical data by Census Tract
  - Point data coordinates and/or addresses for service provision sites
  - Line data (mainly for routes e.g. from PSTA)

- Via secure connection, Partner Agencies perform geospatial analysis using sensitive data / subscription-based data such as:
  - Claritas
  - ESRI demographic data
  - Housing data
  - Economic data

Version: 0.3  
Date: 03/17/2009

## Low Income Housing Leadership Network Monitoring Report



# Florida Housing Expands Online Affordable Rental Housing Locator

## Service Offers Real-Time Rental Information, Allowing Property Owners to List Available Housing for Free

by Cecka Rose Green

The Florida Housing Finance Corporation recently announced its newly expanded, free Web-based rental housing locator service – [www.FloridaHousingSearch.org](http://www.FloridaHousingSearch.org). This Web site links people with affordable and available rental housing throughout Florida.

[FloridaHousingSearch.org](http://FloridaHousingSearch.org) allows landlords, including providers of critically needed supportive and special-needs housing, to advertise their properties free of charge, while helping renters to easily find property that fits their needs. Through a partnership with the Florida Department of Elder Affairs, the Web site also includes a separate search engine for locating assisted-living facilities and adult family-care homes.

When the site first launched in 2006, it featured only properties funded by the Florida Housing Finance Corporation or those located in Hillsborough and Miami-Dade counties. Now, [FloridaHousingSearch.org](http://FloridaHousingSearch.org) features affordable rental units at properties located throughout the state. Currently, more than 7,000 landlords are participating and registered on the site.

This expanded housing locator service will allow landlords of all private and publicly funded properties statewide to list rental units that are affordable for households that earn up to 120 percent of their area's average median income. Currently, the site has more than 100,000 affordable rental units registered, of which approximately 10,000 units are listed as available.

"Through this expanded locator Web site, information on Florida's rental units can now be kept in one place, with searchable criteria to make finding available and affordable rental housing easier than ever before," said Steve Auger, executive director of the Florida Housing Finance Corporation. "With the support of state agencies, local governments and community stakeholders, we have a goal of registering at least another 100,000 units by this time next year."

Each month, nearly 90,000 searches are conducted through [FloridaHousingSearch.org](http://FloridaHousingSearch.org) and more than 5,000 calls are handled by the locator's toll-free call center.

Florida Housing Search.org  
A Free Place to List & Find Affordable Housing in Florida

Home About Us Find Housing Tenant Tools & Links Resources

Login | English | Español

**FOR TENANTS**

- Find Housing
- Find Assisted Living Facilities
- Find Adult Family Care Homes
- What can you afford to rent?
- Frequently Asked Questions
- How to Use This Site

**PARA INQUILINOS**

- Busque Propiedades de Alquiler

**FOR PROPERTY PROVIDERS**

- Register to List Rental Properties
- Log In to Your Existing Account
- Frequently Asked Questions
- How to Use This Site

"We want the locator to serve as an invaluable tool for families, elderly persons or households with special needs that are searching for affordable rental housing in their communities," Auger said. "The expansion of this service is particularly important during these tough economic times, but also in planning ahead to serve displaced persons during other crises, such as natural disasters. We encourage all property owners to input their affordable rental units to help make this site as useful as possible."

The public can search [FloridaHousingSearch.org](http://FloridaHousingSearch.org) (in English or Spanish) for available properties and rental units 24 hours a day, seven days a week, or by calling the toll-free, bilingual search-support call center at 1-(877) 428-8844, Monday through Friday, from 9:00 a.m. to 8:00 p.m. EST.

Search and result features include the following:

- ▶ City, county, street address and/or zip code;
- ▶ Number of bedrooms;
- ▶ Telephone number for leasing agent;
- ▶ Rent amount;
- ▶ Section 8 acceptance;
- ▶ Proximity to public transit;
- ▶ Utilities included;
- ▶ Target populations, such as the elderly and persons with disabilities;
- ▶ Specific accessibility features; and
- ▶ Map links and pictures.

The Web site was developed and is managed by Socialserv.com. For more information, visit [FloridaHousingSearch.org](http://FloridaHousingSearch.org); call 1-(877) 428-8844; or send an e-mail to [info@socialserve.com](mailto:info@socialserve.com).

*Cecka Rose Green is communications director for the Florida Housing Finance Corporation.*



Sample Best Practice Model  
From Another Community



# Primary Care Access Network: A Public-Private Collaboration for the Uninsured

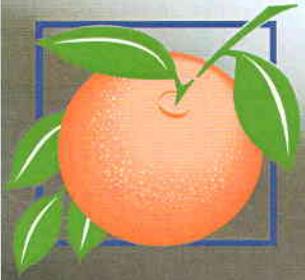
Maureen Kersmarki

PCAN Chair &  
Regional Director of Govt. & Public Affairs,  
Florida Hospital

6th Annual Medicaid  
Research & Policy Conference

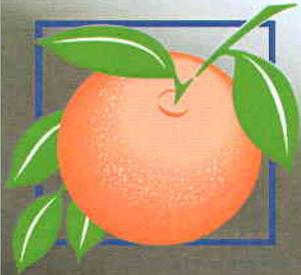
*June 28, 2007*

# PCAN Services

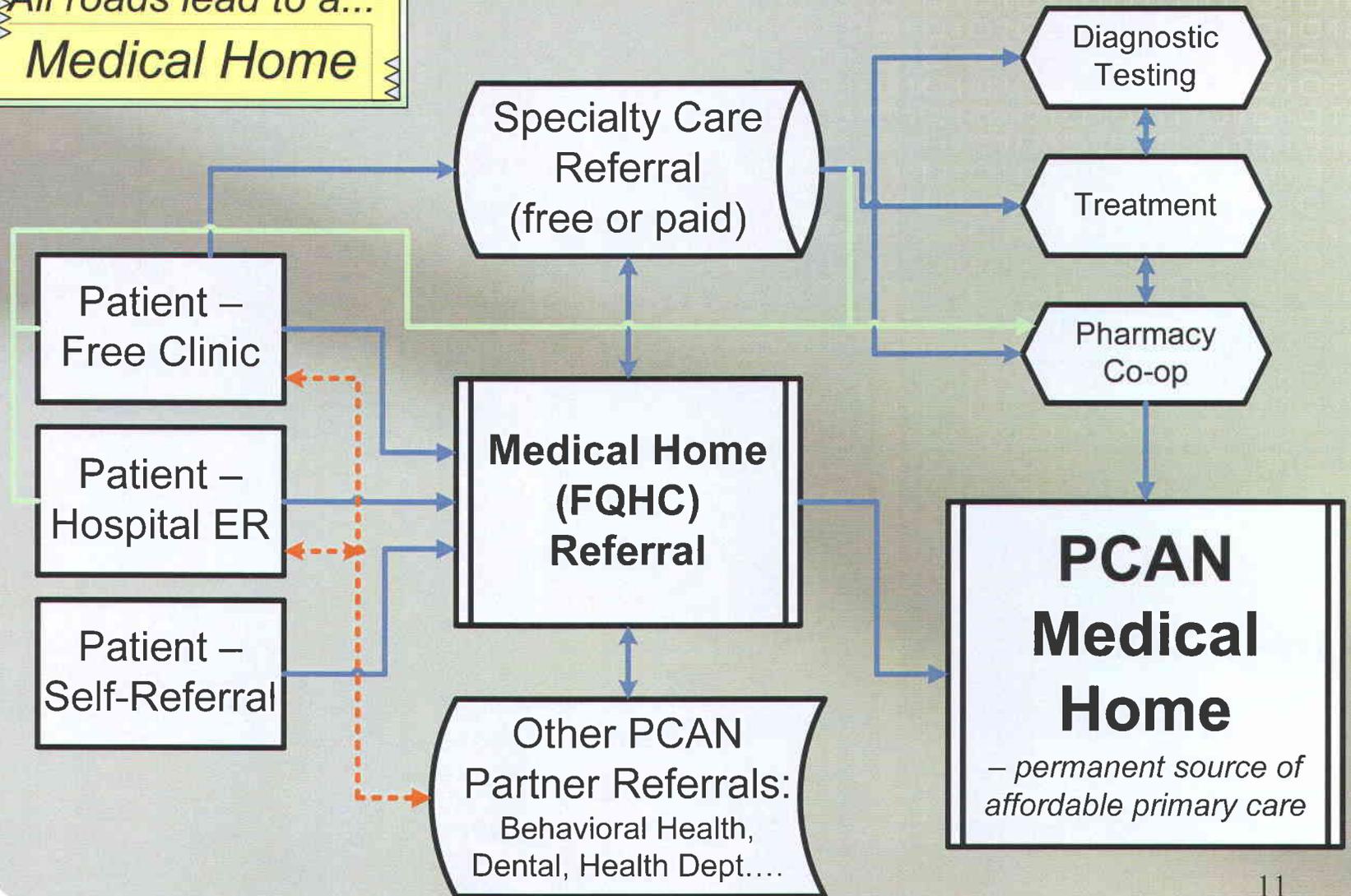


- Primary Care
- Specialty Care
- Acute Care
- Behavioral Health
- Dental Care
- Pharmacy
- Pharmacy Co-op
- Radiology
- Laboratory
- Health Education
- Nutrition Counseling
- Disease Prevention
- Cancer Screening
- Immunizations
- Annual Exams
- CHF Clinic
- Referral Services
- Social Services

# How Does PCAN Work?



All roads lead to a...  
**Medical Home**



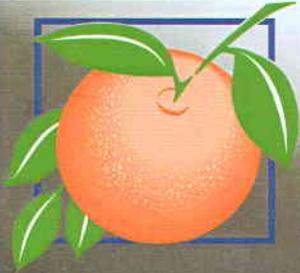
# PCAN Enrollment

## FY 2000

- 2 clinics
- 5,000 patients served
- \$120,000 in donated services
- 79 volunteer physicians

## 2007

- 11 clinics
- 80,000 patients served
- \$4.3 m in donated services
- 1,200 volunteer physicians





Proposed  
Health & Behavioral Health Leadership Network  
Uninsured Health Care Plan

# Definition - *Uninsured Health Care*



Access to benefits provided by the Pinellas Health Care Plan shall be open to low-income uninsured and under-insured residents of Pinellas County.

The term **uninsured** shall be defined to include residents that lack access to health insurance coverage.

The term **under-insured** shall be defined to include insured residents that lack access to coverage for specific benefits included in the Pinellas Health Care Plan.





## Definition - *Uninsured*

Qualified uninsured residents have full access to plan benefits provided by the Pinellas Health Care Plan.

Qualified under-insured residents shall be eligible for those services for which access is denied through their private health insurance.

Uninsured and under-insured residents must meet all established income and eligibility criteria to gain full and/or limited access to HealthCare Plan benefits.

### EXAMPLE

A low-income spouse of a Veteran who is covered by Veteran's insurance but ineligible for mental health benefits under the Veteran's insurance shall be eligible for mental health benefits through the Pinellas Health Care Plan.

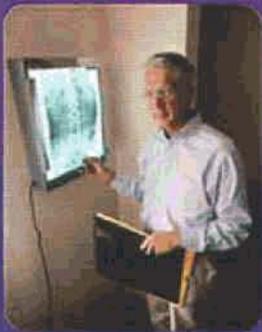


# Network Plan

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- Medical Home Model
- Core of System: Federally Qualified Health Centers, Free Clinics, Health Department Clinics, and Primary Care Medical offices.



- Access to a full continuum of needed services including diagnostics, specialty care, hospital care, and ancillary services.
- At a minimum, the Pinellas County System of Care should also include the following features:



# Administrative Services

Central system for:

- Enrollment
- Eligibility
- Appointment scheduling



A mechanism for monitoring health outcomes (cost and quality) for enrollees.



# Features

After hours and walk-in medical care, to meet emergent needs and as a conduit for moving individuals into medical homes

Pharmacy

Behavioral health

Dental (*Limited*)

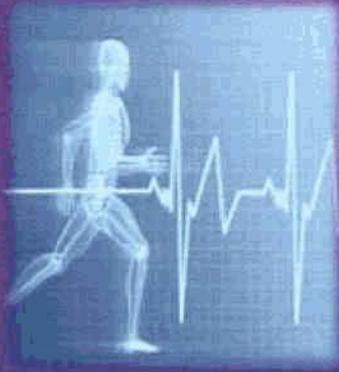
Care coordination

Disease management

Mobile van (homeless)

Long-term care and after-care (*to be defined*)

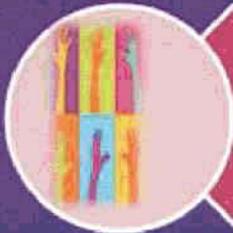
Transportation (*to be defined*)



# Improve



Access to  
specialty care



Volunteer system  
of care



Care for  
specialized  
populations

# Define Coverage

Hospital care

New technologies (E-  
Medicine)



## COMPREHENSIVE LIST OF FUNDING STRATEGIES FOR UNINSURED HEALTH CARE IN PINELLAS COUNTY

Each of the funding strategies discussed below were developed using *Pinellas County Community Health Planning Project Summary, January 23, 2003*.

Strategy	Status	Comments
<b>COUNTY GOVERNMENT</b>		
Raise existing county ad valorem tax: <ul style="list-style-type: none"> <li>• EMS Millage</li> </ul>	NO	Pinellas County Code Chapter 54 stipulates that funds be utilized to provide services that "...shall include but not be limited to the operation of emergency rescue vehicles, communications, and trained paramedics necessary for a complete emergency rescue capability throughout the entire county..." Pinellas County Code could be rewritten; however, this has been reviewed previously by county government and considered to be unlikely to succeed. (See memo from FACTT meeting of January 23, 2009.)
Raise existing county ad valorem tax: <ul style="list-style-type: none"> <li>• County Health Department Trust Fund Millage</li> </ul>	POSSIBLE	In order to increase the millage rate for ad valorem levy to the maximum allowable rate, a unanimous vote of the Board of County Commissioners (BCC) or a voter referendum would be required. Increased millage rates, possible with a majority vote or two-thirds vote, do not generate sufficient revenue to fund an uninsured health care plan. (See memo from FACTT meeting of January 23, 2009)
Local option sales tax <ul style="list-style-type: none"> <li>• Penny for Pinellas</li> </ul>	DIFFICULT	Each county is allowed to impose a "one-cent" sales tax. In Pinellas County, this option is used for the Penny for Pinellas. (See minutes of H&BHLN of April 4, 2008.)
	DIFFICULT	It is possible to redirect a portion of the Penny for Pinellas to health care. <ul style="list-style-type: none"> <li>• It would take a public referendum and sign-off by all 24 municipalities. (See minutes of H&amp;BHLN of April 4, 2008.)</li> </ul>
	DIFFICULT	It is possible to use a portion of the Penny for Pinellas to support the infrastructure for an electronic record for a county-wide health care plan for the uninsured. It would require the same authorizations as noted above and would be subject to additional use restrictions.

Strategy	Status	Comments
Medicaid Buy-Back Provisions	UNLIKELY	The payments under this provision are contingent on the state share being provided through grants and donations from state, county or other governmental funds. These funds are matched with federal funds to provide for the above provisions. Only Bayfront and All Children's Hospital would be eligible under the current legislation. It was the opinion of the FACTT members that this funding only shifts the responsibility for the Medicaid match from the state to local sources. <i>(See memo from FACTT meeting of January 23, 2009.)</i>
Occupational license with possible surcharge for not offering insurance	UNLIKELY	Historically, the county has been reluctant to assess surcharges to occupational licenses.
"Sin Taxes" such as tax on food, alcohol, and cigarettes	UNLIKELY	This would require a referendum from the state legislature.
<b>TAXING AUTHORITIES</b>		
Juvenile Welfare Board (JWB) - children's health access	IN DISCUSSION	Historically, the agency has been reluctant to fund direct health and education services.
School District - school health and family health.	N/A	This was discussed in the 2003 report primarily for school health.
Transportation - transportation for the sick and needy and maybe even funding of mobile programs. Use of vehicles for other purposes (may also apply to school buses and school special transport vehicles.)	N/A	This was discussed in the 2003 report to address specific needs for transportation to medical appointments.
<b>NEW Independent</b> County Health and Mental Health Special Taxing District. (FSS 154.311)	POSSIBLE	Maximum levy is 5 mills. It would take a public referendum. Requires an independent governing body of not less than 5 members (2 appointed by the Governor.) It is not part of the county's 10 mil cap. <i>(See M. Woodard presentation, minutes of April 4, 2008 H&amp;BH Leadership Network meeting.)</i>
<b>NEW</b> County Health and Mental Health <b>Dependent</b> Special Taxing District. (FSS 154.311)	POSSIBLE	Maximum levy of 5 mills. Operates under the purview of the BCC. It is part of the county-wide 10 mill cap. <i>(See M. Woodard presentation, minutes of April 4, 2008 H &amp; BH Leadership Network meeting; and presentation by Carl Brody, County Attorney, FACTT meeting of March 24, 2009.)</i>

LEVERAGE OF FUNDS		
Maximize enrollment in state subsidized programs	YES	<ul style="list-style-type: none"> <li>▪ The county has reorganized its programs to focus on a medical home model of care. As part of this program, the county is taking a more assertive stance acting to enroll plan participants in other subsidized programs that they may be eligible for.</li> <li>▪ JWB, through its Family Service System of Care, found that approximately 55% of the populations served through this arrangement were eligible for another subsidized program. This increased the availability of ad valorem dollars for other services.</li> </ul>
FEDERAL		
Federally Qualified Health Center expansion and grants	NO	The current CHC <u>cannot expand</u> due to the scope of territory identified in its initial application. Research needs to be done to see if this situation can be remedied.
<i>NEW</i> Federally Qualified Health Center	YES	The current CHC can request expansion grants for services and new clinics can be developed using federal stimulus dollars through the Health Resources and Service Administration (HRSA) and Substance Abuse & Mental Health Services Administration (SAMHSA).
Community Access Program (CAP) grant	NO	According to Dr. Dharamraj, this is not a current option.
SHARING OF SERVICE COST		
Co-pays/sliding scale (as much a behavioral incentive as revenue source.)	N/A	
<i>Pay or Play</i> requirements similar to Hillsborough County health care plan provisions.	N/A	Hillsborough County has not yet implemented these provisions.
Fees to defray administrative costs of other services, allowing transfer of budget.	N/A	
REDISTRIBUTION AND "REINVESTMENT STRATEGIES"		
Emphasize specific part of coordinated health model.	N/A	
Reduce expenses and use reinvestment to focus elsewhere.	N/A	

**Health Department Trust Fund (FSS: Chapter 154.02)**

**Structure:** Health Department Trust Funds are a Special Revenue Fund managed by Pinellas County HHS budget. They are managed through a contract with the local Health Department. The Health Department sub-contacts with other providers as specified for particular services. The budget is proposed by the PCHD and approved by the BCC.

**Maximum Revenue: \$30.5 million**

**Earliest Date of Revenue: July 2011**

HEALTH DEPARTMENT TRUST FUND	Millage Rate	Taxable Value of 1 Mill	Health Department Revenue @ FY09 Budgeted Ad Valorum	Additional Revenue Generated Over and Above Current Health Department Revenue	95%
<i>Current Millage</i>	0.0622	73,357,190	\$4,562,817		
<b>Est. Millage FY 10</b>		<b>63,454,000</b>	\$3,946,839		
Majority Vote	0.0668		\$4,238,727	\$337,443	\$320,571
Two-Thirds Vote	0.0792		\$5,025,557	\$1,247,072	\$1,184,719
Unanimous Vote or Voter Referendum	Up to .5000		\$31,727,000	\$32,115,778	\$30,509,989

**Area of Concern:** State commitment to maintenance of effort regarding services it currently funds. Monthly or quarterly payments to the Trust Fund might mitigate this concern.

**Benefits:**

- No need for voter referendum
- Budget would be increased as part of the annual county budget cycle so revenue is available sooner under this option.

**Contingencies:**

- This millage is part of the 10 mill cap imposed upon the county by the Florida Legislature.
- It is subject to the growth limitations of the county budget under Amendment 1.
- Requires resources for data analysis and a public awareness campaign.

**Process:**

1. The budget would be increased as part of the annual county budget cycle.

**Independent Taxing District (FSS: Chapter 154.331)**

**Maximum Revenue:** \$ 286,330,000 (FY10)

**Earliest Date of Revenue:** *December 2013*

**Structure:** Governing Board: Not less than five members. Two appointed by the Governor and not less than three members appointed by the governing body of the county.

**Millage:** Not to exceed 5 mills or the amount approved by the electorate when the district was created, whichever is less.

**Benefits:**

- This millage is outside the 10 mill cap imposed upon the county by the Florida legislature.
- Allows the Independent Tax District to “assume funding for the county’s share or state or federal indigent health or mental health care programs which require financial participation by the county.”
- Once approved by the electorate, the special district shall not be required to seek approval of the electorate in future years to levy the previously approved millage.

**Contingencies:**

- BCC must grant authority to advertise and must approve the ordinance.
- County must go to voter referendum.
- Requires resources for data analysis and a public awareness campaign.
- It is subject to Amendment 1 as an independent taxing authority, so growth is limited.

**Process:**

1. The request would come through the County Administrator’s office.
2. Internal reviews needed by:
  - OMB
  - Health & Human Services
  - County Administrator
  - County Attorney’s Office
  - Pinellas Planning Department
3. Other possible internal reviews needed by:
  - Clerk of the Court
  - Tax Collector
4. BCC grants authority to advertise  
*(Public Notice of the Language to be on the ballot--must be noticed for 10 days prior to approval)*  
BCC Approval of Ordinance for Ballot Language (At least two weeks after the authority to advertise and 90 days before the election)
5. ELECTION: Voter Referendum
6. Revenue received

**Anticipated Deadlines**

July 15, 2012  
August, 2012  
November, 2012  
December of 2013

**Sales Tax (Penny for Pinellas)**

**Maximum Revenue:**        ¼ cent = \$47,500,000\*  
                                     ½ cent = \$95,000,000\*

**Earliest Date of Revenue:** 2021

“On March 13, 2007, voters will be asked to vote on the renewal for the Penny for Pinellas (2010-2020) projected to collect an estimated \$1.9 billion”.  
<http://www.pinellascounty.org/Penny/renewal.htm>.

**Structure:** There is no structure currently required for this revenue stream. Metropolitan Planning Organization and the Pinellas Planning Council are continuously working on Penny.

- Pinellas Planning Council:        <http://www.pinellasplanningcouncil.org/>  
   <http://www.co.pinellas.fl.us/ppc/cgi-bin/ppcmembers.cgi>.
- Metropolitan Planning Council    <http://www.pinellascounty.org/MPO/default.htm#aboutMPO>  
   <http://www.pinellascounty.org/MPO/MPOCommit.htm#Board>

**Benefits:**

- No growth limitations.

**Contingencies:**

- All 24 municipalities must approve the measure prior to its being placed on the ballot.
- Must go to voter referendum.
- Is renewed in 10 year increments.
- It would limit the number of future capital projects.

Process:	Anticipated Deadlines
<p>On March 13, 2007, Pinellas County voters decided to extend the Penny for Pinellas for a third decade, 2010 – 2020. All 24 municipalities must approve the measure prior to its being placed on the ballot.</p> <ol style="list-style-type: none"><li>1. Draft ordinance language must be approved by all 24 municipalities.</li><li>2. BCC grants authority to advertise <i>(Public Notice of the language to be on the ballot-must be noticed for 10 days prior to approval)</i> BCC approval of ordinance for ballot language (At least two weeks after the authority to advertise and 90 days before the election)</li><li>3. ELECTION: Voter referendum</li><li>4. Revenue begins to flow</li></ol>	<p>July 15, 2017 -19</p> <p>August, 2017 - 19</p> <p>November, 2017-19</p> <p>2021</p>



# Behavioral Health Summit

## Summary Report and Recommendations



Health and Behavioral  
Health Leadership Network

December 5, 2008

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## EXECUTIVE SUMMARY

Last year, the various Networks of the Health and Human Services Coordinating Council developed plans for FY 2007-08 that identified priorities, gaps, and overlaps in services and resource requirements. When the Administrative Forum of the Council reviewed the plans, the lack of behavioral health services was identified as an area of significant concern. As a result, the Administrative Forum suggested that a Summit be held to re-envision behavioral health services within the county, particularly in the light of reduced state and local revenue to support services.

The Summit was held on October 21, 2008. It was attended by 48 individuals representing four stakeholder groups: providers of behavioral health services; funders of behavioral health services; community members, such as consumers, politicians, neighborhood groups; and the safety net system (organizations that become involved when the behavioral health system doesn't operate effectively, such as EMS, hospital emergency rooms, law enforcement). Attendance was limited to one representative from each participating organization. Several individual community representatives also attended.

Summit discussions resulted in a series of identified outcomes and action steps in six pre-defined topic areas.

- Access To Medications,
- Funding Back-End Services,
- Access To Community Treatment Services,
- Access To Housing/Beds,
- Education And Awareness, and
- Care Across Service Sectors.

A special break-out group to develop youth-specific actions for these outcome areas was held in the afternoon.

HHSCC staff have reviewed and synthesized the Summit discussions into a series of recommendations for the Health and Behavioral Health Leadership Network. Recommendations identify actions to be taken over the next three years. Actions tend to fall into the following types of activities: advocacy, analysis, policy, and funding. Staff recommendations also identify actions that require further study before being brought to the Network.

## ACKNOWLEDGMENTS

### Summit Planning Committee Members

Dave Blasewitz	Pinellas County Succession Management Leadership Team
Laura Berkowitz	Pinellas County Succession Management Leadership Team
Linda McKinnon	Central Florida Behavioral Health Network
Marcia Monroe	Central Florida Behavioral Health Network
Gary Cernan/Rod Cyr	Juvenile Welfare Board
Denise Reynolds-Bryant	Juveniles Welfare Board
Martha Lenderman	Independent Consultant
Janet Golden	Pinellas County Succession Management Leadership Team
Suzanne Mucklow	Pinellas County Succession Management Leadership Team
Tom Riggs	Directions for Mental Health, Inc.

### Summit Facilitators

Clark Scott	Pinellas County Succession Management Leadership Team
Russ Bowman	Pinellas County Succession Management Leadership Team
Norman Loy	Pinellas County Succession Management Leadership Team
Cheryl Collier-Reed	Pinellas County Succession Management Leadership Team
Jan Magdziasz	Pinellas County Succession Management Leadership Team
Pat Robinson Ph.D.	Florida Mental Health Institute
Marcia Monroe	Central Florida Behavioral Health Network

*Special thanks to Arthur Jefferson and Joan Read, coordinators of the Pinellas County Human Resources Succession Management Leadership Team.*

#### HHSCC Staff

Denise Groesbeck, Executive Director  
Joe Baldwin, Senior Planner  
Karen Harris, Administrative Manager  
Ellen McCreedy, Intern

# BEHAVIORAL HEALTH SUMMIT

THE BEHAVIORAL HEALTH SYSTEM IN CRISIS:  
STANDING TOGETHER TO FIND SOLUTIONS

October 21, 2008

## ISSUE PAPER



Health & Human  
Services Coordinating  
Council for Pinellas County



Health & Human  
Services Coordinating  
Council for Pinellas County

## THE HEALTH & HUMAN SERVICES COORDINATING COUNCIL BEHAVIORAL HEALTH SUMMIT

OCTOBER 21, 2008

### **Introduction to HHSCC**

The Health and Human Services Coordinating Council for Pinellas County (HHSCC) was established in June of 2006 through an inter-local agreement between the Pinellas County Board of County Commissioners (BCC) and the Juvenile Welfare Board Children's Services of Pinellas County (JWB). The mission of the HHSCC is to work with funders and providers across the community to develop a human service system for citizens that provides seamless, high-quality care based on the best use of available resources.

### **Did you know?**

It costs about \$125,000 annually to treat someone with a severe mental illness in a state forensic treatment facility.<sup>1</sup> It costs nearly \$40,000 to house the same person in the county jail for a year, excluding treatment costs.<sup>2</sup> For \$18,000 a year we can provide someone in the community with housing, treatment, long-term placement, case management support, and medication management.<sup>1</sup>

### **Community Identifies Issues**

As part of a community planning process, the four Leadership Networks (Homeless, Health and Behavioral Health, Low-Income Housing and Disaster Recovery) were asked to prepare a 2007-08 Network Plan identifying network priorities, gaps and overlaps in services, and resource requirements. The lack of behavioral health services was cited by two of the four networks as an issue of grave concern. As a result of these discussions, the HHSCC Administrative Forum suggested that a summit be held to re-envision behavioral health services within the county, particularly in the light of reduced state and local revenue to support services.

### **The Numbers**

**32,160**

The number of Individuals utilizing services for mental health and/or substance abuse in Pinellas County<sup>3</sup>

**48<sup>th</sup>**

The national ranking of Florida's per capita mental health spending.<sup>4</sup>

**2,440**

The number of persons calling 2-1-1 seeking mental health care and counseling during the last fiscal year.<sup>5</sup>

### **Youth**

**80**

The percent of children who need mental health services but do not receive them.<sup>6</sup>

**1,000**

The number of students in Pinellas County schools requiring psychiatric services. This figure has doubled in the last three years.<sup>7</sup>

### **Homelessness**

**855**

On any given day, the number of 'street homeless' with mental health and/or substance abuse problems (approximately 70% of all homeless).<sup>8</sup>

### **Law Enforcement**

**37**

The percentage of the arrestees in Pinellas County utilizing mental health and/or substance abuse services.<sup>3</sup>

### **Hospitals**

**25**

The percentage of adult public hospital stays involving mental illness and/or substance use disorders.<sup>9</sup>



## **Putting the Pieces Together:** *Overview of Major Issues Identified by the Pre-Summit*

*“When I became a judge, I had no idea I would become the gatekeeper to the largest psychiatric facility in the State of Florida: the Miami-Dade County Jail.”*

Judge Steven Leifman,  
Special Advisor on Criminal  
Justice and Mental Health,  
Supreme Court of Florida

### **Access Isn't Equal**

- Directions for Mental Health, Inc. has 300 uninsured adults on its waiting list, even after providing \$300K per year in psychiatric charity care.<sup>10</sup>
- Suncoast Center for Community Mental Health was forced to turn away 1,682 uninsured adults during the last fiscal year due lack of funds.<sup>11</sup>
- A Medicaid prepaid plan has been in place in Pinellas for about four years. Block funding has improved access for Medicaid recipients at the expense of access for the general population, which has deteriorated.<sup>12</sup>
- Access to medications for Medicaid recipients has deteriorated with pre-authorization requirements and administrative cost has increased for pre-authorization.<sup>12</sup>

### **Impact of Block Funding on Outpatient Wait Times**

#### **Medicaid Clients and Children:**

Assessed Within 5-7 days

#### **Hospital and CSU discharges:**

Assessed Within 7-10 days

#### **Jail discharges:**

Assessed Within 5 days (Suncoast)  
Assessed Within 30 days (Directions)

#### **Uninsured Adults:**

4-6 months wait

### **Lack of Care across Service Sectors**

- Due to lack of community resources and inadequate pre- and post-release services planning and coordination, many individuals with mental illnesses who are released from prisons are unable to access basic supports needed for successful community reentry, such as housing and medications.<sup>9</sup>

### **Funding Expensive ‘Deep-End’ Services**

- 55% of all behavioral health dollars in Pinellas County go to inpatient and residential treatment services.<sup>13</sup>
- Pinellas County Jail maintains more than 100 beds for psychiatric patients; 350 inmates per month receive psychiatric medications; staffing including doctors, nurses, psychiatric nurses and licensed clinical social workers costs hundreds of thousands of dollars annually.<sup>1</sup>

### **Lack of Education and Awareness**

- The Commission on Fairness of the Supreme Court of Florida found that the Baker Act had sometimes been used maliciously, often against elders in nursing homes. Some of the people detained under the Baker Act did not understand their liberty was at stake.<sup>9</sup>
- Florida's suicide rate ranks 13<sup>th</sup> in the nation, and is the 9<sup>th</sup> leading cause of death in the state among the general population and the 3<sup>rd</sup> leading cause of death among individuals aged 15 to 24.<sup>9</sup>



Health & Human  
Services Coordinating  
Council for Pinellas County

## THE HEALTH & HUMAN SERVICES COORDINATING COUNCIL BEHAVIORAL HEALTH SUMMIT

OCTOBER 21, 2008



HISTORICAL MOMENTS IN PINELLAS COUNTY BEHAVIORAL HEALTH	
1980's	De-institutionalization begins.
1980's	Substance Abuse domiciliary created with special legislative appropriation and County funding.
1999	Significant increase of individuals with mental health issues in the criminal justice system causes Pinellas County to commission a report from Martha Lenderman, <i>Status of Mental Health Care and Funding in Pinellas County</i> .
1999	PEMHS Family Emergency Treatment Center is funded.
2002	G. Pierce Wood Memorial Hospital closes after years of bed reductions, leaving Pinellas and other counties with reduced access to state-hospital beds.
2002	Transportation Exception Plan for Children implemented, requiring law enforcement to take minors on involuntary status under the Baker Act to the nearest facility serving minors -- PEMHS or Morton Plant.
2004	Medicaid pre-paid plan improves access for Medicaid recipients, but at the expense of access to the general population.
2005	Management of the Juvenile Addiction Receiving Facility (JARF) was transferred from Operation PAR to PEMHS to enhance services for youth.
2006	Transportation Exception Plan for Adults implemented making PEMHS the central receiving facility for persons age 18 – 65.
2007	Transportation Exception Plan for Children reapproved through 2012.
2007	Inpatient Detox beds reduced at Operation Par to provide for more Outpatient Detox services for the community.
2007	Supreme Court's report (the Leifman Report) makes a case for community-based treatment instead of funding only forensic beds: Not funded due to State budget cuts.
2008	Due to the impact of Amendment One, homeless outreach teams de-funded by local funders.
2008	Due to state tax reductions, PEMHS forced to close Short-Term Residential beds.
2005-2009	State Medicaid enrollment has increased 2.12%; Medicaid costs have increased 9.6%. State general revenue currently experiencing a shortfall.

## References

- <sup>1</sup> Pinellas County Baker Act Committee and The Mental Health and Substance Abuse Coalition of Pinellas County. (September, 2008). *A Community in Crisis*. Position Paper.
- <sup>2</sup> Based on the 06-07 Actual Non Approved Rate of \$105.58 per day provided by Susan Dunn of the Sheriff's Office
- <sup>3</sup> "The Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center at the University of South Florida: <http://www.floridatac.org/>."
- <sup>4</sup> "NAMI: Focusing on Moving Policy." Presentation for the Policy Summit on Emerging Trends in Mental Health, July 8, 2008, St. Petersburg, Florida.
- <sup>5</sup> 2-1-1 Pinellas Snapshot: For the period from October 1, 2007 to September 30, 2008.
- <sup>6</sup> "School Mental Health Services, Legislator Policy Brief." The Council of the State Governments' (CSG), August 2007.
- <sup>7</sup> Pinellas County School Health Services Presentation to the HHSCC Health & Behavioral Health Network, January 28, 2008.
- <sup>8</sup> *Homelessness in Pinellas: Mental And Medical Health Concerns*. Presentation to the HHSCC Health & Behavioral Health Leadership Network, June 6, 2008
- <sup>9</sup> Supreme Court for the State of Florida. (2007). *Mental Health: Transforming Florida's Mental Health System*. Tallahassee, FL.
- <sup>10</sup> T. Riggs, personal communication, October 14, 2008
- <sup>11</sup> B. Daire, personal communication, October 13, 2008
- <sup>12</sup> Riggs, Tom. (August, 2008). *Summary Update on the Pinellas County Behavioral Health System Since 1999*. Draft prepared for discussion.
- <sup>13</sup> Baldwin, J; Groesbeck, D; Harris, K.; Marlowe, H.;(March, 2008). *An Analysis of Health and Human Services Funding in Pinellas County: FY 2005-06*. Health & Human Services Coordinating Council, Pinellas County, FL.