2-14-2019

Juvenile Welfare Board Meeting: 2019: 02 : 14: Packet

Juvenile Welfare Board of Pinellas County.

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BOARD MEETING
Thursday, February 14, 2019
Directly Following the 9:00 AM
Chief Executive Officer (CEO) Search Committee Meeting

Juvenile Welfare Board
14155 58th Street North
Edmonds Neri Conference Room
Clearwater, FL 33760

REVISED AGENDA

I. CALL TO ORDER

II. CONSENT ITEMS
   A. Approve Board Minutes for January 10, 2019

III. ACTION ITEMS
   A. Approve CEO Search Committee Recommendations from January 10, 2019
   B. Approve JWB Budget Amendment for Administrative Staff
   C. Approve Budget Amendment for Family Services Initiative (FSI) System Navigation
   D. Approve Consulting Agreement for Children’s Mental Health Initiative
   E. Approve Community Council Appointments

IV. PRESENTATIONS
   A. JWB Children’s Summit and FY18 Annual Report Video, Lynda Leedy, Chief Administrative Officer
   B. Update on UNITE Pinellas, Timothy Dutton, Executive Director
   C. Update on North County Community Council, Danielle Hintz, Community Projects Manager, and Eric Clark, Secretary – Revised 02/13/19

V. CHIEF EXECUTIVE OFFICER’S REPORT

VI. INFORMATION ITEMS
   A. Legislative Report
   B. Early Learning Coalition Report
   C. Eckerd Connects Reports
D. Program Monitoring Report Schedule
E. Program and Financial Monitoring Information
F. Non-Competitive Procurements
G. Open and Pending Solicitations
H. Personnel Report
I. Calendar of Events
J. Communications and Media Report

VII. OPEN AGENDA

The Juvenile Welfare Board welcomes input from the public. Public Presentation Procedures are available to assist with addressing the Board. Requests for special funding are not appropriate during the Open Agenda.

VIII. ADJOURN

<table>
<thead>
<tr>
<th>Future Meetings of the Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thursday, March 14, 2019 at 9:00 AM</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Thursday, April 11, 2019 at 9:00 AM</strong></td>
</tr>
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<tr>
<td><strong>Thursday, May 9, 2019 at 5:30 PM</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANNIVERSARIES</th>
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</thead>
<tbody>
<tr>
<td><strong>NOVEMBER</strong></td>
</tr>
<tr>
<td>Priscilla McFadden</td>
</tr>
<tr>
<td><strong>DECEMBER</strong></td>
</tr>
<tr>
<td>Pamela Needham</td>
</tr>
<tr>
<td>Lilia Pletnev</td>
</tr>
<tr>
<td>Byron Barnett</td>
</tr>
<tr>
<td><strong>JANUARY</strong></td>
</tr>
<tr>
<td>Yaridis Garcia</td>
</tr>
<tr>
<td>Karen Woods</td>
</tr>
<tr>
<td>Diana Carro</td>
</tr>
<tr>
<td>Joan Chamo</td>
</tr>
<tr>
<td>Lynda Leedy</td>
</tr>
<tr>
<td>Millicent Battle</td>
</tr>
</tbody>
</table>

Notice: These meetings are subject to audio and video recording at any time.

02/13/19 @ 9:00 AM
BOARD MEETING

THURSDAY, JANUARY 10, 2019
DIRECTLY FOLLOWING THE 9:00 AM
FINANCE COMMITTEE MEETING

JUVENILE WELFARE BOARD
14155 58TH STREET NORTH
CONFERENCE ROOM 191
CLEARWATER, FL 33760

MINUTES

I. CALL TO ORDER

Mr. Brian Aungst, Jr., Board Chair, called the meeting to order at 9:01 AM. He asked Dr. James Sewell to lead the Pledge of Allegiance.

Mr. Aungst announced the dedication of Room 191 in memory of former Board members Mrs. Maria Edmonds and Mr. Raymond Neri would occur after the adjournment of the January regular Board meeting. He also stated staff anniversaries would be acknowledged at the February regular Board meeting.

<table>
<thead>
<tr>
<th>Attendee Name</th>
<th>Title</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Aungst, Jr.</td>
<td>Board Chair</td>
<td>Present</td>
</tr>
<tr>
<td>Susan Rolston</td>
<td>Board Vice Chair</td>
<td>Present</td>
</tr>
<tr>
<td>Rick Butler</td>
<td>Board Secretary</td>
<td>Present</td>
</tr>
<tr>
<td>Bob Dillinger</td>
<td>Public Defender</td>
<td>Absent</td>
</tr>
<tr>
<td>Michael Grego</td>
<td>Superintendent</td>
<td>Absent</td>
</tr>
<tr>
<td>Bernie McCabe</td>
<td>State Attorney</td>
<td>Present</td>
</tr>
<tr>
<td>Michael Mikurak</td>
<td>Board Member</td>
<td>Present</td>
</tr>
<tr>
<td>James Millican</td>
<td>Board Member</td>
<td>Present</td>
</tr>
<tr>
<td>Patrice Moore</td>
<td>Sixth Judicial Court Judge</td>
<td>Present</td>
</tr>
<tr>
<td>Karen Seel</td>
<td>Pinellas County Commissioner</td>
<td>Present</td>
</tr>
<tr>
<td>James Sewell</td>
<td>Board Member</td>
<td>Present</td>
</tr>
</tbody>
</table>

II. CONSENT ITEMS

A. Approve Board Minutes for November 8, 2018
B. Accept Financial Report for November and December 2018
C. Accept Finance Committee Meeting Minutes for December 18, 2018
D. Approve Board Workshop Minutes for November 29, 2018

Mr. Aungst asked for a motion to approve the Consent Items.
ACTION: Dr. Sewell moved to Approve the Consent Items as presented; seconded by Division Chief Jim Millican. No further discussion, all in favor; motion carried.

III. ACTION ITEMS

A. Ratify Finance Committee Meeting Recommendations from December 18, 2018

Mr. Brian Jaruszewski, Chief Financial Officer, explained each item for ratification.

Action 1: Approve Quality Early Learning Initiative Request for Qualifications (RFQ) Recommendation

Mr. Jaruszewski summarized the process leading to make the recommendation to award a two-year contract with an amount of $475,000 annually to the YMCA of Greater St. Petersburg to operate a quality early learning center in Lealman.

There was no discussion.

ACTION: Division Chief Millican moved to Approve the Quality Early Learning Initiative Request for Qualifications (RFQ) Recommendation as presented; seconded by Mrs. Susan Rolston. No further discussion, all in favor; motion carried.

Action 2: Approve New Per Diem Rates for Travel

Mr. Jaruszewski explained the rationale and impact of increasing travel per diem rates to match the Federal travel per diem rates. There was a brief discussion explaining the vote on this matter at the December 18, 2018 Finance Committee Meeting which was not unanimous.

Currently, the Travel & Conference Guidelines contain the rates included in Florida Statutes 112.061(6)(b). The current and proposed rates are:

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>$6.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>$11.00</td>
<td>$17.00</td>
</tr>
<tr>
<td>Dinner</td>
<td>$19.00</td>
<td>$31.00</td>
</tr>
<tr>
<td>Total</td>
<td>$36.00</td>
<td>$64.00</td>
</tr>
</tbody>
</table>

The financial impact of the increase to the rates is less than $5,000 annually.

There were no questions.

ACTION: Mr. Michael Mikurak moved to Approve the New Per Diem Rates for Travel as presented; seconded by Mrs. Rolston. No further discussion, all in favor; motion carried.

The members began to discuss the recommended Board Policy changes. Mr. Aungst asked that that discussion on this matter be held until that section of the agenda.
Action 3: Approve Non-Operating and Capital Projects Funding Recommendations

Mr. Jaruszewski provided an overview of the process to award $1 million to JWB funded nonprofit agencies in Pinellas County for non-operating and capital projects. Mr. Aungst called for a motion.

ACTION: Mr. Bernie McCabe moved to Approve Non-Operating and Capital Projects Funding Recommendations as presented; seconded by Mr. Mikurak. No further discussion, all in favor; motion carried.

Action 4: Approve Removal of Surplus and Obsolete Inventory

Mr. Jaruszewski referenced the list of surplus and obsolete inventory items and noted all had been full depreciated.

Mr. Aungst called for questions from the Board. There were none. He called for a motion.

ACTION: Mr. Mikurak moved to Approve the Removal of Surplus and Obsolete Inventory as presented; seconded by Judge Patrice Moore. No further discussion, all in favor; motion carried.

Action 5: Approve FY19 Funding Recommendations

Mr. Jaruszewski said the FY19 Funding Recommendations were discussed at the November Board Workshop, with subsequent discussion at the December 18, 2018 Finance Committee Meeting. Mr. Jaruszewski referenced the document FY19 Future Programming Funding Recommendations found in the Board packet, and noted that the red highlights reflect updates incorporated subsequent to the November workshop.

Mr. Aungst asked if an amount has been budgeted for the Early Learning Request for Proposal (RFP). Mr. Jaruszewski stated that it was $688,000 annualized. JWB is doubling its current investment in that program for a total investment of $1,376,000.

ACTION: Mr. Mikurak moved to Approve the FY19 Funding Recommendations as presented; seconded by Division Chief Millican. No further discussion, all in favor; motion carried.

B. Approve Board Policy Revisions

Mr. Jaruszewski presented the proposed Board Policy revisions. He noted that this item was discussed at the December 18, 2018 Finance Committee meeting, but no action was taken. A decision was made by the Finance Committee to bring the item to the Board.

Mr. Aungst stated that the Finance Committee discussed the protest procedures outlined on page 18 of the policies.
Mr. McCabe explained that Mr. Bob Dillinger raised concerns about the Board serving as the final arbitrator if a protest is filed during the solicitation process. Mr. Dillinger believed that the final decision should stay with the Chief Executive Officer. Ms. Colleen Flynn, JWB’s legal counsel, noted that this has always been JWB’s protest procedure. Allowing the CEO to be the final arbitrator for a protest would potentially create a conflict with other Board policies. After brief discussion, there was consensus that the protest procedure should remain as it is.

Mr. McCabe also explained the Finance Committee’s discussion about documenting and monitoring funded agency board training. Dr. Marcie Biddleman, Chief Executive Officer, explained the funded agency reporting process to document board training. She stated JWB consultants often provide the training.

Mrs. Rolston said a Board member from one of the Neighborhood Family Centers said he had not had any training.

Mr. Aungst called for questions. There were none.

ACTION: Dr. Sewell moved to Approve the Board Policy Revisions as presented; seconded by Division Chief Millican. No further discussion, all in favor; motion carried.

IV. CHIEF EXECUTIVE OFFICER’S REPORT

Dr. Biddleman provided information on the status of the faith-based literacy program operated by the YMCA of Greater St. Petersburg. She referred to Information Item V.A. Status Update: Literacy for Faith-Based Organization Program, which included responses to questions emailed to her by Mr. Aungst in December. She provided an overview of the literacy program offered by five St. Petersburg churches: Bethel Metropolitan, Southside Tabernacle, St. Petersburg Islamic Center, Christ Gospel, and Faith Memorial. Previously there were eight churches offering literacy services. As of December 2018, the average daily attendance in those five church programs is 53 students with a total of 84 students enrolled. Efforts are in place to expand the program. She explained the program is using the iReady© evidence-based curriculum and the program staff is conducting comprehensive testing to ensure individual student success. Dr. Biddleman explained the program staff enhancements, including a full-time lead teacher.

Mr. Aungst questioned the correlation between average daily attendance for FY17 and FY18 and he asked if the variance was a result of three churches not participating, or if it was a trend.

Dr. Biddleman explained the transition of the program and uncertainty in the community impacted program attendance. She called Mr. David Jezek, President and CEO, YMCA of Greater St. Petersburg to the podium. He then introduced Ms. Felicia Handy, Faith-Based Program Director for the faith-based literacy program. Ms. Handy briefly outlined plans to recruit students in the Bethel Metropolitan Church neighborhood.

Dr. Biddleman continued to report on attendance trends for the school year versus the summer and acknowledged attendance is an issue. She indicated that the Request for Proposal being developed for literacy programing will have an emphasis on attendance.
The discussion continued about the cost per student. Mr. Aungst said the average cost per student is $1,600, not $8,500 as previously stated during the November 2018 regular Board meeting and then reported in the *Tampa Bay Times*. He also requested clarification on the amount of money spent on books.

Dr. Biddleman referred the members to the faith-based literacy program equipment inventory supplied in the Board packet. She said the technology equipment at the three churches that are no longer providing faith-based literacy programs is the property of the YMCA of Greater St. Petersburg and is in the process of being transferred.

The discussion then turned to an email sent to the Board and Ms. Flynn on January 8, 2019 from Ms. Shirin M. Vesely at Trenam Law, attorney for Mrs. Donna Welch.

Dr. Biddleman acknowledged misstatements attributed to JWB concerning the faith-based literacy program. Mr. Aungst explained the *Tampa Bay Times* extrapolated information from the JWB documents they received after filing multiple public records requests.

Dr. Biddleman said staff would correct the inaccuracies and respond to the letter from Mrs. Welch’s attorney.

She reviewed the financial oversight process as outlined in Information Item V.A. Status Update: Literacy for Faith-Based Organization Program.

Mr. Mikurak asked if staff review field trip plans before the trips occur, and how changes to planned field trips would be monitored.

Mr. Jaruszewski said funded agencies have a list of approved field trips modeled after the approved field trip list adopted by Pinellas County Schools. Any trip that is not on the list requires prior approval.

The members agreed it is necessary to clear the air on any mistakes made and any misunderstandings. They emphasized the need to move forward.

Commissioner Karen Seel then referred to an email she sent on January 9, 2019 requesting Dr. Biddleman prepare a response for the *Tampa Bay Times*.

There were no further questions or comments from the Board.

V. INFORMATION ITEMS

Mr. Aungst asked the members if there was a need to discuss any additional Information Items. There was no discussion.

VI. OPEN AGENDA

Mr. Aungst announced no public comment cards were submitted.

Mr. Aungst reminded the audience that the dedication of the Edwards Neri Conference Room was scheduled to begin at 10:00 AM and the CEO Search Committee meeting begins at 10:30 AM.
VII. ADJOURN

Mr. Aungst moved for adjournment at 9:40 AM seconded by Dr. Sewell. No further discussion, all in favor; motion carried.

Minutes Submitted by:

Rick Butler
Board Secretary
02/14/19
RESOLUTION FY 19-05

A RESOLUTION OF THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY, FLORIDA, ADOPTING THE FEDERAL MEAL AND INCIDENTAL EXPENSE RATE (M&E) AUTHORIZED UNDER THE FEDERAL TRAVEL REGULATION IN APPENDIX A, 41 CFR, CHAPTER 301, PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, The Juvenile Welfare Board of Pinellas County elects to adopt the Federal Meal and Incidental Expense Rate (M&E) authorized under the Federal Travel Regulation in Appendix A, 41, CFR, Chapter 301; now, therefore,

BE IT RESOLVED, by the Juvenile Welfare Board of Pinellas County, Florida, that:

1. The Juvenile Welfare Board adopts the Federal Meal and Incidental Expense Rate (M&E); and
2. This resolution shall take effect immediately upon its adoption.

DULY ADOPTED at the Juvenile Welfare Board, Board meeting this 10th Date of January, 2019.

Juvenile Welfare Board of Pinellas County

[Signature]

Brian J. Aungst, Jr., Chair

ATTEST:

[Signature]

The Honorable Rick Butler, Secretary
Board of Directors Meeting

February 14, 2019

Monthly Board Financial and Investment Report

Item II.B.

Recommended Action: Approve the Monthly Financial and Investment Report

Issue: Budget and Investments Accountability

Program: Provider services are presented in aggregate in the report

Budget Impact: FY19 Budget

PRELIMINARY FINANCIAL HIGHLIGHTS - UNAUDITED

January 31, 2019

Prepared by: Lynn De la Torre, Accounting Manager

A summary of the major financial highlights include the following:

- **Total Assets** increased by $3.1M to $72,445,221 from the prior year amount of $69,353,130.
  
  **Cash and Investments** increased from the prior year by $3,909,075. This includes the net amount received from ad valorem tax and interest revenue.
  
  **Due from Agencies** includes receivables from the Neighborhood Family Centers for payment activity during the current month.
  
  **Other receivables** includes the current portion of Note Receivable. The note receivable is due April 1, 2019.
  
  **Note Receivable** represents the remaining portion due to JWB through April 2019 for the purchase of the Pinellas Park Building by St. Petersburg College.
  
  **Capital Assets** decreased $209,060. There was a decrease of $103,085 which is the net effect of additions and deletions of capital assets, as well as a decrease of $105,975 for the amortization of the capital leases for both equipment and St. Petersburg College.
  
  **Deferred Outflow of Resources** in the amount of $1,425,296 represents the dollar value of net assets that will be recognized as consumed or used (paid out) in a future reporting period due to an event that occurred in the current period. Deferred Outflows increased $26K from the prior year amount of $1,399,348. These amounts are attributed to JWB's participation in the Florida Retirement System.

- **Liabilities:**
  
  **Total Liabilities** increased by $193k to $4,306,981 from the prior year amount of $4,113,819.
  
  **Payables** increased by $49K from FY18. At the end of January 2019 there was a higher amount that was due to be paid than at the end of January 2018. Timing of due dates contributes to the difference in the balances.
  
  **Accrued Liabilities** of $326,784 includes the annual accrual for staff vacation and sick leave and long term copier lease amount.
  
  **Net Pension Liability** is the difference between the total pension liability and the assets set aside to pay current employees, retirees, and beneficiaries. Net Pension Liability increased $171,824 to $3,815,010 from the prior year amount of $3,643,186. A portion of the Net Pension Liability is recognized as a current portion - that amount is $34,143.
Deferred Inflow of Resources in the amount of $464,030 represents the dollar value of net assets that will be recognized as received or (paid in) in a future reporting period due to an event that occurred in the current period. Deferred inflows increased $122k from the prior year amount of $342,304. These amounts are attributed to JWB's participation in the Florida Retirement System.

- **Fund Equity:**
  - **Total Fund Equity** increased $2,803,151 to $69,099,506 from the prior year amount of $66,296,355.
  - **Unspendable Note** is the long-term portion of the amount owed to JWB by St. Petersburg College.
  - **Assigned for Spence Award** is an amount designated for the annual H. Browning Spence Educational Award.
  - **Assigned Cash Flow Requirement** The cash flow requirement is in accordance with JWB's Board policy that states "restricted funds shall be targeted at a minimum of two months of operating expenses to manage cash in-flows and out-flows until ad valorem is received."
  - **Unassigned** represents the fund balance carryforward from the prior fiscal year.
  - **Excess Revenue/(Expenses)** is the remainder of revenues over expenditures for the current year. Tax revenues begin to be received in late November and increase the balance. This number reflects the spending pace of the administration and agency payments over the year.

- **Revenues and Expenses:**
  - **Property tax revenue year-to-date** is $59,562,033. Property tax revenue is $3.7M more than the prior fiscal year.
  - **Interest revenue** year-to-date is $251,968. Interest revenue includes interest from the Note Receivable and interest income from investments. There is $67M currently invested in BB&T, Regions, the Florida Local Government Investment Trust (FLGIT) and Florida Prime. (See chart on the Investments page).
  - **Miscellaneous revenue** includes the rent received from 2-1-1 Tampa Bay Cares, Inc., and Cooperman Bogue revenue, including in-kind contributions for the KidsFirst Awards.
  - **Administration** expenses year-to-date are $2,063,082. Of this total, eighty-three percent is personnel expense. Administration expenses are $20k higher than the previous fiscal year-to-date.
  - **Children and Family Program** reimbursements include payments of $12,441,169 year-to-date. This is $2.2M higher than prior year.
<table>
<thead>
<tr>
<th>Description</th>
<th>Governmental Fund General</th>
<th>PCMS Funds General</th>
<th>TOTALS FY 19</th>
<th>TOTALS FY 18</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cash and Investments</td>
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<td>Due from Other Governments</td>
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<td>-</td>
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<td>Due from Other Agencies</td>
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<td>1,846,740</td>
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<td>Receivables (Other/Short Term Note)</td>
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<td>46,660</td>
<td>168,086</td>
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<td>Prepaids/Deposits</td>
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<td>-</td>
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<td>Capital Assets, net of accumulated depreciation</td>
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<td>-</td>
<td>3,552,192</td>
<td>3,761,251</td>
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<td>Note Receivable - Long Term</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>93,039</td>
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<td><strong>Total Assets</strong></td>
<td>72,326,681</td>
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<td>Deferred Outflows of Resources</td>
<td>1,425,296</td>
<td>-</td>
<td>1,425,296</td>
<td>1,399,348</td>
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<tr>
<td><strong>Total Deferred Outflows of Resources</strong></td>
<td>1,425,296</td>
<td>-</td>
<td>1,425,296</td>
<td>1,399,348</td>
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<td><strong>Total Assets &amp; Deferred Outflow</strong></td>
<td>$ 73,751,976</td>
<td>$ 118,540</td>
<td>$ 73,870,516</td>
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<td><strong>Liabilities</strong></td>
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<td>Vouchers &amp; Accounts Payable</td>
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<td>160,004</td>
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<td>342,304</td>
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<td><strong>Total Deferred Inflows of Resources</strong></td>
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<td>-</td>
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<td>342,304</td>
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<tr>
<td><strong>Fund Equity</strong></td>
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<td>Investment in Fixed Assets</td>
<td>3,545,497</td>
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<td>3,731,595</td>
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<td>Retained Earnings</td>
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<td>Fund Equity Unreserved</td>
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<tr>
<td>Unspendable-Note Receivable</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>93,039</td>
</tr>
<tr>
<td>Assigned-Spence Education Award</td>
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<td>6,318</td>
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<td>Unassigned</td>
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<td>69,099,506</td>
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<tr>
<td><strong>Total Liabilities &amp; Fund Equity</strong></td>
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<td>118,540</td>
<td>73,406,486</td>
<td>70,410,173</td>
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<tr>
<td><strong>Total Liability &amp; Fund Equity &amp; Deferred Inflow</strong></td>
<td>$ 73,751,976</td>
<td>$ 118,540</td>
<td>$ 73,870,516</td>
<td>$ 70,752,478</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Taxes</td>
<td>$69,184,896</td>
<td>$23,061,632</td>
<td>$59,562,033</td>
<td>258%</td>
</tr>
<tr>
<td>Interest - Investments</td>
<td>600,000</td>
<td>200,000</td>
<td>251,968</td>
<td>126%</td>
</tr>
<tr>
<td>Note</td>
<td>-</td>
<td>-</td>
<td>564</td>
<td>(564)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>335,291</td>
<td>111,764</td>
<td>6,202</td>
<td>6%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>70,120,187</td>
<td>23,373,396</td>
<td>36,446,243</td>
<td>256%</td>
</tr>
<tr>
<td>Administration</td>
<td>7,771,067</td>
<td>2,590,356</td>
<td>2,063,082</td>
<td>80%</td>
</tr>
<tr>
<td>Children &amp; Families Programs*</td>
<td>11,180,301</td>
<td>3,726,767</td>
<td>2,885,342</td>
<td>77%</td>
</tr>
<tr>
<td>School Readiness</td>
<td>18,016,808</td>
<td>6,005,603</td>
<td>3,056,401</td>
<td>51%</td>
</tr>
<tr>
<td>School Success</td>
<td>22,215,591</td>
<td>7,405,197</td>
<td>5,023,220</td>
<td>68%</td>
</tr>
<tr>
<td>Prevention of Child Abuse &amp; Neglect</td>
<td>11,098,148</td>
<td>3,699,383</td>
<td>1,476,206</td>
<td>40%</td>
</tr>
<tr>
<td>Strengthening Community</td>
<td>62,510,848</td>
<td>20,836,949</td>
<td>12,441,169</td>
<td>60%</td>
</tr>
<tr>
<td><strong>SUB TOTAL CHILDRENS &amp; FAMILIES PROGRAMS</strong></td>
<td>62,510,848</td>
<td>20,836,949</td>
<td>12,441,169</td>
<td>60%</td>
</tr>
<tr>
<td>Other</td>
<td>7,771,067</td>
<td>2,590,356</td>
<td>2,063,082</td>
<td>80%</td>
</tr>
<tr>
<td>Future Programming</td>
<td>2,750,000</td>
<td>916,667</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>ASO</td>
<td>363,313</td>
<td>121,104</td>
<td>3,805</td>
<td>103%</td>
</tr>
<tr>
<td>Contingency</td>
<td>500,000</td>
<td>166,667</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>SUB TOTAL OTHER</strong></td>
<td>3,613,313</td>
<td>1,204,438</td>
<td>124,909</td>
<td>10%</td>
</tr>
<tr>
<td>Non-Operating:</td>
<td>1,380,554</td>
<td>460,185</td>
<td>1,467,546</td>
<td>319%</td>
</tr>
<tr>
<td>Statutory Fees</td>
<td>757,500</td>
<td>252,500</td>
<td>877</td>
<td>0%</td>
</tr>
<tr>
<td>Technology</td>
<td>72,000</td>
<td>24,000</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>SUB TOTAL - NON-OPERATING</strong></td>
<td>2,210,054</td>
<td>736,685</td>
<td>1,468,423</td>
<td>199%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>76,105,282</td>
<td>25,368,427</td>
<td>16,097,583</td>
<td>63%</td>
</tr>
<tr>
<td><strong>EXCESS (Deficiency) of Revenue over Expenditures</strong></td>
<td>(5,985,095)</td>
<td>(1,995,032)</td>
<td>43,723,184</td>
<td>45,717,088</td>
</tr>
</tbody>
</table>
### Contracts Signed This Month

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/02/19</td>
<td>The Board of Trustees of St Petersburg College - Collaborative Labs</td>
<td>250</td>
<td>Rental space for the children’s mental health initiative steering committee</td>
</tr>
<tr>
<td>01/07/19</td>
<td>Margaret Hogan Enterprises, Inc. dba Build Resilience</td>
<td>49,939</td>
<td>Resiliency training workshop and coaching and mentoring to JWB and select JWB agencies to facilitate enhanced staff self-regulation skills. Amendment in review to extend agreement through 12/31/18 signed 9.28.18</td>
</tr>
<tr>
<td>01/11/19</td>
<td>AVI-SPL</td>
<td>1,674</td>
<td>Agreement for preferred onsite maintenance and support for conference room 191.</td>
</tr>
<tr>
<td>01/11/19</td>
<td>New Horizons</td>
<td>3,370</td>
<td>Four trainings on SharePoint for JWB employee</td>
</tr>
</tbody>
</table>

### Budget Transfers Approved This Month

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/08/19</td>
<td>Gulf Coast Jewish Family and Community Services</td>
<td>37,870</td>
<td>One FTE moved from Personal Enrichment through Mental Health Services - FSI system Navigation to Gulf Coast; annualized adjustment $56,804</td>
</tr>
<tr>
<td>01/10/19</td>
<td>Various JWB Agencies</td>
<td>1,000,000</td>
<td>Dollars awarded from Capital RFA</td>
</tr>
<tr>
<td>01/10/19</td>
<td>The Young Men’s Christian Association of Greater St Petersburg (YMCA)</td>
<td>475,000</td>
<td>Board approved reallocation of QEI to the YMCA for the Lealman YMCA Preschool Academy</td>
</tr>
<tr>
<td>01/25/19</td>
<td>Safety Harbor DBA Mattie Williams NFC</td>
<td>9,449</td>
<td>Allocation increase was approved to cover the cost of the COA (Council on Accreditation)</td>
</tr>
</tbody>
</table>
### INVESTMENT REPORT
For Period Ending January 31, 2019

<table>
<thead>
<tr>
<th>BANK</th>
<th>ACCOUNT</th>
<th>AVERAGE RATE</th>
<th>BALANCE</th>
<th>YIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>BB &amp; T</td>
<td>Concentration Account</td>
<td>*</td>
<td>2,948,171</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Market Investment Account</td>
<td>0.15%</td>
<td>4,129,102</td>
<td>526</td>
</tr>
<tr>
<td>REGIONS</td>
<td>Investment Sweep Trust Account</td>
<td>2.04%</td>
<td>7,839,256</td>
<td>8,565</td>
</tr>
<tr>
<td></td>
<td>Florida Local Government Investment Trust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Florida Local Government Investment Trust (FLGIT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day to Day Fund Account</td>
<td>2.58%</td>
<td>26,031,161</td>
<td>51,381</td>
</tr>
<tr>
<td>FLORIDA PRIME</td>
<td>Investment Pool - FUND A</td>
<td>2.67%</td>
<td>26,348,502</td>
<td>54,662</td>
</tr>
</tbody>
</table>

#### Year To Date

<table>
<thead>
<tr>
<th>ANNUAL BUDGET</th>
<th>BUDGET</th>
<th>Year To Date</th>
<th>Comparison of YTD Budget to Actual ((%))</th>
<th>YTD Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>600,000</td>
<td>200,000</td>
<td>251,387</td>
<td>126%</td>
<td>$ 51,387</td>
</tr>
</tbody>
</table>

* This is the main operating account. The account has an earnings credit of .75% applied to the average collected balance in the account and used to offset services charges. There is no interest paid in this account.

(\(^{(3)}\)) Includes interest adjustments for the month not reflected in the interim statements.

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**Investments by Institution**

- Regions: 11.6%
- BB&T: 39.2%
- FL Prime (SBA): 10.5%
- FLGIT: 38.7%

**Investments by Category**

- Savings, Demand Deposits, Certificates of Deposits MAX=100%
- Investment Pool MAX=75%

**YTD Investment Yield Amount Comparison**

- FY 18: Average Rate - 1.03%
- FY 19: Average Rate - 1.85%
# Board of Directors Meeting

**February 14, 2019**

**Approve CEO Search Committee Recommendations from January 10, 2019**

## Item III.A.

<table>
<thead>
<tr>
<th>Recommended Action:</th>
<th>Approve CEO Search Committee Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Plan Alignment:</strong></td>
<td>Administration</td>
</tr>
</tbody>
</table>

The CEO Search Committee is recommending a nationwide search (see attached posting sites) with a posting period from February 15 - April 15, 2019. The attached position description will be available to potential applicants through the posting sites and the JWB website.

**Staff Resource:** Dr. Mary Grace Duffy, JWB Consultant  
Mrs. Susan Rolston, CEO Search Committee Chair
PREFERRED POSTING SITES

NEWSPAPERS
- Tampa Bay Times
- Tampa Bay Business Journals
- Miami Herald
- Orlando Sentinel
- Tallahassee Democrat
- Weekly Challenger
- La Gaceta
- Wall Street Journal
- New York Times

JWB
- Website
- Facebook
- Twitter
- Constant Contact

ASSOCIATIONS--GOVERNMENT
- Florida Association of Special Districts
- National League of Cities ($250 for 30 days)
- Florida League of Cities (no charge)
- Florida Association of Counties ($100 for 60 days)

ASSOCIATIONS—SCHOOL ADMINISTRATORS
- Florida Association of School Administrators ($250 for 30 days)
- American Association of School Superintendents

GENERAL WEB-BASED POSTING BOARDS
- Indeed.com

JOB BOARDS—MISSION BASED ORGANIZATIONS ONLY
- Nonprofit Leadership Center of Tampa Bay ($50 for 30 days, $85 for 60 days)
- ExecSearches.com ($99 for 30 days; $125 for 60 days)
Juvenile Welfare Board of Pinellas County
Chief Executive Officer

The Juvenile Welfare Board (JWB) is seeking an innovative, experienced Chief Executive Officer (CEO) who is strongly committed to advocating for and providing services to children and families to lead the organization.

About JWB
Established by statute in 1945 and approved overwhelmingly by voters in 1946, JWB is an independent special taxing district in Florida’s Pinellas County with offices in Clearwater, FL. Governed by an 11-member Board of Directors and nationally accredited through the Council on Accreditation, JWB’s annual program budget of $57 million strengthened the lives of 66,000 children and families in 2018. JWB invests in 88 programs with 49 nonprofit agencies and works collectively with partners to address the needs of children and families in Pinellas County. JWB’s investments and work are focused in four strategic areas: School Readiness, School Success, the Prevention of Child Abuse and Neglect, and Strengthening Community.

For more detailed information about JWB including its FY18 Annual Report Video, FY18 Facts At-A-Glance Booklet, and 70 Years of Putting Children First Historical Booklet, visit jwbpinellas.org.

Position Overview
Under the direction of the JWB Board, the CEO is responsible for ensuring the successful implementation of the JWB mission. The CEO serves as the nexus between the JWB Board and day-to-day operations at JWB and also leads in coordinating and partnering with public entities, major funders of services, service providers and community leaders. The CEO provides leadership to the Executive Team and other direct reports and establishes accountability systems and measurements to assure effective use of the community’s investment. S/he is the principle liaison to the Chair of the Board and other Board members ensuring they receive regular and timely information.

The CEO performs the functions and duties specified in the Bylaws of the Juvenile Welfare Board, and performs such other legally permissible and proper
duties and functions as the Board shall from time to time assign. The Board created the following powers and duties: (as identified in the Board Bylaws 2011)

- To allocate funds in accordance with the intent of the Special Act governing JWB and all other applicable laws
- To provide, maintain, manage, and allocate funds to provide services in Pinellas County which are operated for the benefit of children and families as determined or directed by the Board in accordance with the strategic plan, annual budget, and other Board policy
- To collect information and statistical data which will be helpful to the Board in analyzing and determining the needs of children and families in the county and to consult with other agencies dedicated to the well-being of youth to prevent the overlapping of services
- To lease or buy such real estate, equipment, and personal property, and to construct such buildings as are needed, to execute the foregoing powers and duties, provided that no such purchases shall be made or building done except for cash with funds on hand
- To maintain books of account that shall be kept by the Board, or staff, and the fiscal affairs of such Board shall be audited annually by certified public accountants selected by the Board for such purpose
- To determine and adopt such policies that provide for the efficient operations of necessary administrative functions for the general improvement of conditions for children and families in Pinellas County.
- To employ and pay personnel needed to execute the foregoing powers and duties

**Candidate Profile**

JWB seeks to find an innovative and strategic leader who can build and maintain relationships with community partners and residents of Pinellas County to improve the lives of children and their families. Candidates should have a commitment to data driven decision-making and experience with developing and using impact measures and metrics. The CEO should be able to articulate and implement JWB’s value proposition for all constituents.

The CEO should be able to provide evidence of the following skills and attributes and have successfully demonstrated the ability to:

- Foster, manage and leverage change to meet strategic priorities
- Understand and appreciate an array of children’s services
- Be a spokesperson and advocate for children’s needs
- Work effectively with agencies funded by JWB
• Partner with other organizations serving children and families
• Lead, motivate and develop staff
• Establish, maintain and report quarterly budget expenditures and relationship to strategic plan
• Use interpersonal and communication skills
• Develop and successfully execute a strategic plan with measureable outcomes
• Report on measureable outcomes to the Board
• Interact effectively with the public and media
• Use technology to drive and demonstrate results

QUALIFICATIONS
• Bachelor’s degree is required. An advanced degree in Human Services, Business Administration, Education, Public Administration or related field is highly preferred
• At least 5 years of responsible leadership and managerial experience in a mission-driven environment, preferably one related to families and children
• Demonstrated significant experience as the leader of a complex organization
• Proven success with the provision and administration of social services is highly desirable
• Demonstrated success in using business and management principles involved in strategic planning, resource allocation and human resources
• Strong evidence of the ability to effectively communicate the vision of JWB to staff, service providers and the community at large
• Ability to lead, motivate and develop staff
• Ability to communicate effectively with the public and the media

HOW TO APPLY
Interested candidates should submit a cover letter, resume, and salary range by 5:00 p.m. Monday, April 15, 2019. All materials must be submitted electronically in a Word or PDF format. Submit materials to:

cceosearch@jwbpinellas.org

The Juvenile Welfare Board is an equal opportunity employer. The Juvenile Welfare Board is an E-Verify Employer.

Certain service members and veterans, and the spouses and family members of the service members and veterans, receive preference and priority in employment by the state and are encouraged to apply for the positions being filled.

Applicants interested in claiming Veterans’ Preference please access forms at: XXXXX

All applicants are advised that applications in Florida become a matter of public record upon receipt.
Approve JWB Budget Amendment for Administrative Staff

Item III.B.

Recommended Action: Approve Budget Amendment for Administrative Staff

Strategic Plan Alignment: Administration

Over the past five years, JWB’s program budget has increased from $75,777,098 (FY15) to $94,285,994 (FY19), or 24.4%. During that same time, JWB’s administrative budget has increased from $6,963,759 (FY15) to $7,771,067 (FY19), or 11.6%. Also during that same timeframe, JWB staff has increased from 57 full-time positions to 58 full-time positions, and the administrative rate has decreased from 9.16% to 8.24%.

Because of the significant increase in program funding, and the corresponding level of effort required to provide the necessary and appropriate operational and financial oversight for these programs, JWB seeks approval for the addition of three (3) new positions. The three (3) positions being requested are: Senior Program Consultant, Senior Program Evaluator, and Senior Program Financial Analyst.

Each of these positions provide direct program monitoring and support, and are necessary to maintain the current level and depth of programmatic oversight.

The estimated financial impact for the addition of these three (3) positions for FY19 is $105,000 for salaries and $45,665 for associated fringe benefits, totaling $150,665. The estimated annualized financial impact is $301,331.

The impact to the JWB administrative rate will be an increase from 8.24% (current budget) to 8.51% (proposed amended budget).

The chart below shows the five-year trend of program expenditure compared to administrative expenditures.

Staff Resource: Brian Jaruszewski
Judith Warren
Lynda Leedy
Program Spending Vs JWB Administration

FY15: $55,000,000
FY16: $55,000,000
FY17: $55,000,000
FY18: $55,000,000
FY19: $65,000,000

Administration Rate:
FY15: 7.6%
FY16: 7.8%
FY17: 8.0%
FY18: 8.2%
FY19: 7.8%
Board Meeting

February 14, 2019

Approve Budget Amendment for Family Services Initiative (FSI) System Navigation

Item III.C.

Recommended Action: Recommend Approval of FY19 Budget Amendment to Reallocate Funds from Personal Enrichment through Mental Health Services (PEMHS) to Gulf Coast Jewish and Family Community Services for FSI System Navigation Staff.

Strategic Plan Alignment: Administration

The Family Services Initiative (FSI) is a collaboration of the Juvenile Welfare Board (JWB), 2-1-1 Tampa Bay Cares (211), Central Florida Behavioral Health Network (CFBHN), Personal Enrichment through Mental Health Services (PEMHS), and Gulf Coast Jewish and Family Community Services (Gulf Coast). This collaboration has been in place since 2012.

Currently, there are twelve (12) FSI System Navigation positions, distributed as follows: PEMHS – 9; Gulf Coast – 3. This budget amendment will shift funding for three additional positions for Gulf Coast, with a corresponding reduction for PEMHS. This will be accomplished through natural attrition (i.e. as positional vacancies occur at PEMHS). This operational shift will continue to ensure the maximized utilization of all System Navigator positions. Both PEMHS and Gulf Coast have been consulted about this planned shift.

Recommendation: Funding of a budget-neutral shift of positions from PEMHS to Gulf Coast to allow for a more balanced staffing pattern for the FSI System.

The funding re-allocation for FY19 will be:

<table>
<thead>
<tr>
<th></th>
<th>Current Allocation</th>
<th>Increase / Decrease (up to Amt)</th>
<th>New Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEMHS</td>
<td>$1,398,270</td>
<td>($104,982)</td>
<td>$1,293,288</td>
</tr>
<tr>
<td>Gulf Coast</td>
<td>$ 235,938</td>
<td>$104,982</td>
<td>$ 340,920</td>
</tr>
</tbody>
</table>

The annualized funding impact will be:

<table>
<thead>
<tr>
<th></th>
<th>Increase / Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEMHS</td>
<td>($164,189)</td>
</tr>
<tr>
<td>Gulf Coast</td>
<td>$182,292</td>
</tr>
</tbody>
</table>

Note that the PEMHS budget includes additional Navigator positions that are not part of the FSI collaborative, but support the Transformational Zone Schools.

Staff Resource: Brian Jaruszewski
                Judith Warren
Board of Directors Meeting
February 14, 2019

Approve Consulting Agreement for Children’s Mental Health Initiative

Item III.D.

**Recommended Action:** Approve Consulting Agreement for Children’s Mental Health Initiative

**Strategic Plan Alignment:** Administration

As part of the Children’s Behavioral/Mental Health Initiative, JWB seeks to expand the scope of work and funding amount for the Health Care Consultant to allow for the additional efforts required as part of this initiative.

From January to June of 2018, the efforts for the Children’s Mental Health Initiative were primarily outreach, research, and planning. From July 2018 through January 2019 the efforts became substantially more intensive to create momentum and develop plans quickly. In preparation for the workload, JWB contracted with Dr. Revonda Cornell to help manage the project. She is extremely qualified with both clinical and executive experience, and possesses a doctorate in Educational Leadership.

To date, Dr. Cornell has learned the Alignment model and served as the lead facilitator for the five Children’s Mental Health Initiative Design Teams. As lead facilitator, she speaks regularly with the ten team co-chairs, assists in monthly planning sessions, facilitates the meetings, and documents the decisions that have been made. She has facilitated over 30 meetings and coached the teams through strategic development.

The next phase will be finalization of tactics and corresponding resources, and identifying funding needs. If approved, she will work with each of the five design teams as they begin implementation.

Dr. Cornell’s contract expires June 30, 2019, and is limited to $50,000. In order to maintain continuity of service, we are requesting an additional $37,500 be approved through the remainder of this contract period (February – June 30, 2019). Funds for this contract are already allocated from the $1.8M budgeted for the Children’s Mental Health Initiative. This request is to utilize funds from that allocation, making this budget-neutral.

**Attachments:** Dr. Revonda Cornell curriculum vitae

**Staff Resource:** Brian Jaruszewski
Lynda Leedy
REVONDA L. CORNELL, RN, BSN, MS, Ed. D, FACHE

CAREER SUMMARY
I have served in roles of CEO/COO within the following healthcare systems: Cleveland Clinic Health system- Lakewood Hospital; Franciscan Sisters of Allegheny- St. Anthony’s and St. Joseph’s Hospitals; and St. Luke’s Hospital. While completing my doctoral studies, I served in varying roles as an independent healthcare consultant. These roles ranged from interim COO/CNO and Director level positions. After completing my Ed.D., I served as a healthcare consultant within the Geisinger Healthcare Consulting Group (now xG) which provided me a breadth and depth of knowledge and experience in population health management requirements for value-based clinically integrated systems. During this period, I worked closely with the physician, administrative, and health plan executives to project manage their international consulting services for their ‘Advanced Patient-Centered Medical Home’ readiness assessment and implementation initiatives. I have served in the past three years as a consultant to public health and social services organizations to better understand the linkages between all entities across the continuum of care.

I have continued to blend my knowledge gained in doctoral studies of adult learning theories and transformational change ‘processes’ required for this type of change to occur.

EDUCATION
2009 Ed.D; University of South Florida, Tampa, FL
1987 MS; James Madison University, Harrisonburg, VA
1978 BSN; University of North Carolina Greensboro, NC

PROFESSIONAL, EXPERIENCE, ACHIEVEMENTS
01/2015-Present Revonda Cornell Healthcare Consulting, LLC U.S.

Providing executive clinical assistance to Juvenile Welfare Board to facilitate public health and social services linkages with healthcare and organizational collaborative initiatives to build population health management systems of care. Some examples include the following: 1) Enhancing relationship with the Federally Qualified Health Care Centers in Pinellas County to build population health management based initiatives between continuum of care systems (Type 2 Diabetes in the Youth) and mental health services; 2) implementing operational processes to better link community social service agencies with acute care, ambulatory services and providers; 3) facilitating wellness oriented workshops for providers within community agencies; and 4) serving as secondary lead to facilitate the activities of five ‘county-wide’ work teams to develop strategic plans for Children’s Mental Health System of Care.

Served as an executive and clinical consultant to a California public health system board to assess organizational opportunities to improve CMS Conditions of Participation issues.

Served as a clinical consultant for the development of clinically integrated networks using Population Health Management (PHM) processes/systems of care tools. Examples of initiatives: Creation of the roadmap to prioritize the ‘system-ness’ opportunities, maximize use of limited resources and position these entities in the marketplace to ‘take on risk’. Categorization of the metrics in preparation of ‘data analytics’ infrastructure for next steps in the development of
patient registries, system redesign, performance improvement and data analytics for on-going monitoring of select quality indicators.

05/06/2013 - 08/5/2015  Lee Memorial Health System  Lee County, FL
Facilitated the integration of a 300+ physician group to develop its role in a clinically integrated network by:

- Creating and implementing a geriatric (SNFist) services business/operational plan focused upon a primary care physician and ARNP’s on-site. Monthly and quarterly quality and financial metrics tracked and reported resulting in the addition of four long-term facilities within a 12-month period.
- Facilitating the educational curriculum for practice-based care management within the PCMH homes and linkages to acute care and post-acute care services
- Implementing the NCQA Level 3 standards to form Patient-Centered Medical Homes oversight and implementation of these standards across 17 Primary Care Physician Practices resulting in NCQA Level 3 in one year.
- Designing and facilitating an interdisciplinary team in the development of an infrastructure to implement Evidence-Based Guidelines (EBG) within the EPIC EHR throughout 17 Primary Care Physician Practices. The first chronic disease selected was a Diabetes bundle of 9 indicators. The baseline metrics (7-9 indicators not met = 38%; 4-6 met = 44.5%; and 0-3 = 16.9%). Process improvement systems identified and implemented resulting in improvement within 60 days and continued. Additional diseases continued to be developed and implemented throughout the system using the process.
- Facilitating a team-based value stream workflow redesign within the three Community Health practices to enhance access to care for the uninsured and underinsured; tracked and monitored referrals to specialist; established standards of care of acute care and ED discharges to be seen by provider and monitoring/feedback to staff/providers. Involved in the successful approval of two Federally Qualified Look-A-Like practices.
- Developing a “proof of concept” for executive team to demonstrate how LMHS can integrate population health management concepts through its Workplace Wellness service line. Some of the components include streamlining the wellness/preventive care and chronic disease management services by diseases; linking to the PCMH, aligning key shared performance indicators (HEDIS, etc.)

03/07/2011-08/26/2013  Geisinger Health System (03/11 – 01/31/13) & xG (02/01/13 – 08/26/13) Consulting Group  Danville, PA
Senior Clinical Consultant
Geisinger Health System is a physician led integrated health services organization widely recognized for its innovative use of the electronic health record and the development of innovative care delivery models such as ProvenHealth Navigator® and ProvenCare®. Geisinger serves more than 3 million residents throughout 45 counties Pennsylvania. The system is comprised of approximately 30,000 employees, including nearly 1,600 employed physicians, 12 hospital campuses, two research centers and a 510,000-member health plan, all of which leverage an estimated $8.9 billion positive impact on the Pennsylvania economy.

Reporting to the Senior VP served as the senior project manager for up to three major clients at a select period, conducting ACO/IDS and PCMH Readiness Assessments with the senior level physician and health plan executives for healthcare systems nationally and internationally. These assessments included criteria to measure the level of readiness for ACO and bundled payment methodologies inclusive of physician leadership, cultural and change management, quality and
performance improvement, program, workflow redesign, team-based infrastructure and processes of care, practice redesign, population-based case management and transitions of care processes, etc.

- Co-created an automated clinical readiness survey tool used as part of the Geisinger-Brandeis CMS Bundled Payments for Care Improvement (BPCI) initiative Model 2. Participated in the assessment of ten health systems to determine their ‘readiness’.
- Created structure and process tools for the Geisinger physician leaders and Geisinger Health Plan to capture their knowledge, criteria of assessment into a recommended roadmap for clients.
- Developed tools to guide the leaders within these systems to accelerate their action plans (asthma management within the Primary Care Practice and coordination with pulmonologists; co-created an automated IDS survey tool, etc.)
- Facilitated the development of the Geisinger Health Plan curriculum for the 4-week RN embedded Case Manager program working closely with the ‘content experts’ to integrate adult learning theoretical frameworks for a comprehensive didactic, observational experience and capstone day.
- Facilitated the implementation of the COPD Geisinger ProvenHealthNavigator® Model in Singapore.

1999 - 2011 Revonda Cornell Consulting St. Petersburg, FL
Healthcare consulting firm offering executive and clinical services to healthcare organizations
Served in interim Executive positions (COO/CNE, Director Level) reporting directly to the CEO/COO.

1998-1999 Cleveland Clinic Health System Cleveland, OH
CEO/COO
Merged Lakewood Hospital, a 421-bed acute care hospital of $150 Million in gross revenues, with Cleveland Clinic Health System. Reported to Board of Trustees and Cleveland Clinic administration. Developed strategic merger plan, defined and communicated expectations, and consulted with change leaders and organizational subgroups. Increased profit margin and enhanced quality of care.

1991-1997 Franciscan Sisters of Allegheny NY, Tampa / St. Petersburg, FL
CEO/COO, St. Anthony’s Hospital (1994-1997)

800-bed tertiary care acute care center. Directed operations across a matrix organization.

Vice-President, Chief Nurse Executive
238 acute care bed community hospital including cancer center, cardiac surgical services, NICU, SNF and Case Management

1976-1987 Various Nursing Positions
Chief Nurse Executive, Director of Nursing/Assistant Administrator, Nursing Assistant and RN staff nurse for Med/Surg, Labor & Delivery, ICU and Staff Development Educator
CERTIFICATIONS
Fellow, American College of Healthcare Executives
Fellow, Wharton School of Business Chief Nurse Executive program

PROFESSIONAL AFFILIATIONS, HONORS, PUBLICATIONS
Dissertation: “Transformational Change within Three Schools of Nursing Employing Healthcare Informatics”
USF – Tampa Physician Leadership
Leland Kaiser Institute of Intuitive Leadership
PINELLAS COUNTY
CHILDREN'S MENTAL
HEALTH INITIATIVE

JANUARY 2018 -
JWB’s mission is to invest in partnerships, innovation and advocacy to strengthen Pinellas County children and families. We recognize that some issues, such as children’s mental health, are so complex that solutions need to be built that are larger than single organizations.

In January 2018, in an effort to better align resources and improve outcomes for youth, JWB Executive Staff conducted interviews and gathered information from CEOs and other senior staff of health and human service agencies who serve Pinellas County children and families. The interviews formed the basis for a thematic analysis that provided the foundation for the JWB Board to commit to a $1.8 million annual funding allocation for three years. This funding is dedicated to systemic change that will improve the linkages for children and families needing mental health services in Pinellas County.

We knew that a critical component for a successful system would be participation by organizations referring children and families for mental health services as well as those actually delivering the services. So JWB hosted a facilitated Consensus Workshop in May 2018 and invited leaders from nearly 50 organizations. The group agreed to devise and implement a children’s mental health system of care for Pinellas County that would enhance public awareness, and provide for an accessible, family-oriented, coordinated, comprehensive, high quality system supported by an engaged and skilled workforce. And with that, the Pinellas County Children’s Mental Health Initiative was formed.

JWB serves as the backbone organization to the Pinellas County Children’s Mental Health Initiative to provide staff support, meeting space, office supplies, technology support, research, and other reasonable expenses. Partners are making a significant contribution of time to develop an implementation plan. To date, a Strategic Plan has been created, guiding and working principals have been adopted, and five design teams are meeting to develop strategies and tactics.

The overall goal is to build and implement a plan for a scalable mental health system of care that will improve the quality and scope of service to children in Pinellas County — and that will ultimately improve outcomes for children and strengthen our community.

On behalf of the Juvenile Welfare Board, thank you for supporting this Initiative for Pinellas County’s children and families.

Dr. Marcie A. Biddleman
Chief Executive Officer
STEERING COMMITTEE
Juvenile Welfare Board
Investing in children. Strengthening our community.

CHILDREN’S MENTAL HEALTH INITIATIVE
STEERING COMMITTEE
FEBRUARY 8, 2019
# AGENDA

<table>
<thead>
<tr>
<th>TOPIC</th>
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<th>Time</th>
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<tr>
<td>Introductions</td>
<td>Chairpersons</td>
<td>Dr. Marcie Biddleman</td>
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<td>Overview</td>
<td>System Redesign Overview</td>
<td>Lynda Leedy</td>
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<td>Introduction of Design Team presentations</td>
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<td>Presentations</td>
<td>Continuum of Care Across the Continuum</td>
<td>Dr. Nichelle Threadgill &amp; Sonya Bufe</td>
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<td>Public Awareness &amp; Family Engagement</td>
<td>Beth Piecoria &amp; Vicki Koller</td>
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<td>Workforce</td>
<td>Dr. Jennifer Katzenstein &amp; Jonathan Miller</td>
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<td>Outcomes</td>
<td>Dr. Zachary Pruitt &amp; Larry Allen</td>
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<td>System Finance</td>
<td>Doug Leonardo &amp; Jerry Wennland</td>
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<td>Focused Conversations</td>
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<td>Sydney Rogers</td>
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<td>Next Steps</td>
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<td>Lynda Leedy</td>
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How did we get here?
Five Themes

1. Care Coordination Across the Continuum
2. Public Awareness and Family Engagement
3. Workforce
4. Outcomes
5. System Finance
Guiding Principles

- FAMILY AND CHILD-CENTERED, MISSION-DRIVEN
- OPEN-MINDED TO CREATE CHANGE BY SHIFTING CURRENT WAYS OF WORK
- COLLABORATIVE AND INCLUSIVE
- RESPECTFUL OF THE KNOWLEDGE AND TIME OF PEOPLE IN THE ROOM
- HONEST - DON’T AGREE IN THE ROOM, LEAVE, AND START TALKING NEGATIVELY, TRYING TO UNWIND THE DECISIONS THAT WERE MADE
- COMMITTED AND ACCOUNTABLE
- OPTIMISTIC - ASSUME GOOD INTENT
- RESPOND AND BEHAVE AS IF EVERYONE IN THE ROOM HAS GOOD INTENT
# Design Teams

## PUBLIC AWARENESS & FAMILY ENGAGEMENT

<table>
<thead>
<tr>
<th>Team 2</th>
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<tbody>
<tr>
<td>Beth</td>
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<td>Vicki</td>
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## SYSTEM FINANCE

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<tbody>
<tr>
<td>Doug</td>
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## WORKFORCE

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<tbody>
<tr>
<td>Dr. Jennifer</td>
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<td>Jonathan</td>
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<td>LaDonna</td>
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<td>Millie</td>
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<td>Rich</td>
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## OUTCOMES

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<tr>
<td>Larry</td>
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### ACCOMPLISHMENTS

#### PHASE 1
ESTABLISHMENT OF WORKING STRUCTURE

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#### PHASE 2
DEVELOPMENT OF PLANS 6 MONTHS

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#### Design Teams

<table>
<thead>
<tr>
<th>Design Teams</th>
<th># of Meetings</th>
<th>Future State</th>
<th>Current State</th>
<th>Gaps</th>
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INTEGRATED MENTAL HEALTH AND PRIMARY CARE

Enrollment system to track child/families in the care coordination continuum

Automated communications
Universal Screening
Integrated care paths/protocols – referrals and closing the loop

Targeted populations/conditions/ages, behavioral Health Specialty, etc.

Community Outreach
'boots on the ground'
Parent/family engagement
Wholistic Approach to Prevention

Phase One

Future

Big Picture

Prevention

Early Intervention

Intervention

Intensive Interventions

Residential/Inpatient
At the end of each meeting, the team members rated their meeting on a scale from 1 – 5.
Design Team Presentations

- Focus Areas ID by Consensus Group
- Future State
- Strategies
- Tactics - Targeted Audience
- Outputs, Outcomes
CARE COORDINATION ACROSS THE CONTINUUM

KEY FOCUS AREAS

1. Create a comprehensive continuum of Mental Health Services for children
2. Provide access to local quality services (ACCESS)
3. Develop high quality clinical care coordination
   ✓ Automation of communication and tools
CARE COORDINATION ACROSS THE CONTINUUM

Future State

Pinellas County provides a quality, fluid, comprehensive and uninterrupted system for children’s mental health without service gaps where the system can meet children/families where they are, providing the right care at the right time from beginning to end. The system targets children and families and incorporates the village (community).
STRATEGY

Behavioral health providers working in full collaboration with primary care providers in same clinic space (integration)

CARE COORDINATION ACROSS THE CONTINUUM
CARE COORDINATION ACROSS THE CONTINUUM

TACTIC 1

Integrated tools and workflow redesign:

A. Select/modify behavioral health screens
B. Create Evidence-Based Practice (EBP) care paths/protocols for mental health referrals, care and services
C. Redesign workflows based on continuous quality improvement (CQI) methods that involve frontline staff (Primary Care Physician & Behavioral Health providers)

ADDITIONAL PARTNERS /ROLE WHO CAN HELP WITH IMPLEMENTATION

1. Front-line staff from all organizations involved in redesign
2. Workflow redesign expert
CARE COORDINATION ACROSS THE CONTINUUM

TACTIC 2

To automate:

A. Enrollment system to track child/families in the care coordination continuum

B. Communications interface Ped/PCP E.H.R. and Behavioral Health providers

C. Services by levels of care/service (i.e. prevention; early intervention; intervention; intensive; residential)

ADDITIONAL PARTNERS /ROLE WHO CAN HELP WITH IMPLEMENTATION

1. IT representatives/programmers
   ✓ InterGY (CHC)
   ✓ AVATAR (Behavioral Health Providers)

2. Legal expertise regarding children's consent from parents/adults
TARGET AUDIENCE

Federally Qualified Health Centers (Community Health Centers)
  - Pinellas Park, Johnnie Ruth Clark, Clearwater and Tarpon Springs
Child/Adolescent Behavioral Health providers
Community Services/Agencies
Schools - (TBD – phase 2)

CARE COORDINATION ACROSS THE CONTINUUM
Tarpon Springs
247 S. Huey Ave. 34689

Clearwater
707 Druid Rd. 33756

Pinellas Park
7550 43rd St. 33781

Johnnie Ruth Clark
1344 22nd St. S. St. Petersburg, 33712
**Care Coordination Across the Continuum**

**INTERMEDIATE OUTCOME**
1. BH referrals (# referrals accessed within 30 days / screening results)
2. Integrated behavioral health screenings and protocols result in a rapidly responsive navigation system that prevent service gaps

**SHORT-TERM OUTCOME**
1. Screening tool selected by team will be completed at X % (TBD)
2. Screening (# children/adolescent screenings completed/# children or adolescent patients seen)

**OUTPUT(s)**
4 FQHC's (i.e. Community Health Center's) Pediatric/PCP sites, Suncoast, PEMHS & other behavioral health providers work in full collaboration in same clinic space within 12 months of steering committee endorsement.

**ASSESSMENT METHOD**
1. Calculation of # screened/# referred
2. # referred/# meeting threshold for referral
3. # meeting threshold for referred/# engaged with referral
4. # engaged with referral/# service/care loop closed

**DATA REQUIREMENTS**
1. # screened
2. # referred;
3. # meeting threshold for referral;
4. # engaged with referral;
5. # service/care loop closed

**ASSESSMENT METHOD**
1. CHC E.H.R. collection of the screening tool utilization
2. Centralized coordinated system monitoring (KIDS TO BH SERVICES) is operational

**DATA REQUIREMENTS**
1. E.H.R. data report of screening tool selected

**ASSESSMENT METHOD**
4 CHC sites with Pediatric services have piloted (Pinellas Park, Johnnie Ruth Clark, Clearwater and Tarpon Springs) the agreed upon screening tool and interdisciplinary protocols

**DATA REQUIREMENTS**
Design team reports

**TACTICS**

**STRATEGY**
PUBLIC AWARENESS AND FAMILY ENGAGEMENT

KEY FOCUS AREAS

1. Develop active and effective community and family engagement
2. Promote enhanced public awareness
PUBLIC AWARENESS & FAMILY ENGAGEMENT

Future State

The general public has a new perspective of children's mental health and wellness free of stigma. Family voices create an easily navigated system of care in Pinellas County where caregivers and providers are partners.
STRATEGY

Public awareness campaign based on the voices of the families in their individual communities

Family engagement is promoted through community outreach that intentionally provides connections, relevant and responsive services in an easily navigated system of care

PUBLIC AWARENESS AND FAMILY ENGAGEMENT
PUBLIC AWARENESS & FAMILY ENGAGEMENT

TACTIC 1

Conduct research to establish targeted population within the specific geographical region and inform region providers, design teams and community outreach partners on the findings.

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

Parents/families in the community using peer to peer approach identifying leaders within the community to engage others. (Faith based; Healthy Start; PTA's, HIPPY, NAMI, NFC, The Well, Health Department, schools, CHC, PCP, CSU, Housing Authority)
PUBLIC AWARENESS & FAMILY ENGAGEMENT

TACTIC 2

Create and implement comprehensive campaign to respond to individual needs of each specific geographical region

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

To be determined after research completed in each location
PUBLIC AWARENESS & FAMILY ENGAGEMENT

TACTIC 3

Coordinate community outreach services that are relevant, responsive and easily navigated and designed to build family trust & engagement

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

To be determined after research completed in each region
PUBLIC AWARENESS & FAMILY ENGAGEMENT

TACTIC 4

Create a Continuous Quality Improvement (CQI) feedback loop between providers, families and community outreach partners

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

To Be Determined
TARGET AUDIENCE

Children, families, fathers, grandparents, & other caregivers in JWB lower income zones & corresponding CHC locations

Developmental age groups:
newborns – 3 years; VPK - elementary; middle/high school 12 & above)
Public Awareness and Family Engagement

INTERMEDIATE OUTCOME
1. Needed services in the area have been developed based on the feedback of the focused group research
2. Collateral materials have been developed based on the focused group research
3. Community outreach services are redesigned based on family input to result in family trust and engagement.

SHORT-TERM OUTCOME
1. Research completed within all geographical locations
2. Strategy for campaigns based on specific geographical regions

OUTPUT
Public awareness campaign designed based on the 'voices of the families' in their individual communities

ASSESSMENT METHOD
1. Collateral materials completed & distributed
2. Providers utilizing materials
3. Families engaging within the system

DATA REQUIREMENTS
1. CQI team data analysis
2. Positive feedback
3. # of materials distributed
4. Include # in family engagement within the system (i.e. surveys, etc.)

ASSESSMENT METHOD
Research completed within 12 months

DATA REQUIREMENTS
Focus group results

ASSESSMENT METHOD
Hold focus groups in each geographical region

DATA REQUIREMENTS
Research rubric of needs

STRATEGY
Tactics
WORKFORCE

KEY FOCUS AREAS

1. COMPETENCIES – Training
   - Cultural and socioeconomic competency
   - Integration of best practices and utilization of subject matter experts
   - Evidence-based practices
   - Quality Assurance
   - Trauma informed systems

2. Greater supports for MH clinicians:
   - Wage, reimbursement, support for burnout
WORKFORCE

Future State

Pinellas County children’s mental health services receive increased state, federal and insurance dollars for fair and appropriate provider compensation.

Mental Health treatment and preventative services are enhanced by a scalable interprofessional model of evidence-based, culturally-aware care.

Provision of the full-continuum of evidence-based mental health services via fairly compensated providers.
STRATEGY

Enhance the infrastructure available to support and coordinate workforce development efforts for the Pediatric and Behavioral Health integrated health workforce approach

WORKFORCE
WORKFORCE

TACTIC 1

Integrated behavioral health and primary care provider model:

A. Conduct review of the literature for best practice models

B. Develop a comprehensive education & training based on the above using the Kirkpatrick model (theoretical model for analyzing & evaluating results of training and education programs) for behavioral health and medical providers and all staff involved.

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

Research Evidence-Based Practices - resource to conduct & write-up in a simplified approach for course development
WORKFORCE

TACTIC 2

Deliver comprehensive education & training to the following:

➢ Mental health, medical and community outreach service providers, and
➢ Staff involved in care/service to families/children

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

Corporate training resource to create the courses; on-going updates; teach and coordinate the courses, etc.
WORKFORCE

TACTIC 3

Create a strategic plan to build the infrastructure needed to expand the workforce pool

ADDITIONAL PARTNERS /ROLE WHO CAN HELP WITH IMPLEMENTATION

Human Resource experts to assist with the strategic plan within the individual organizations
TARGET AUDIENCE

Mental health, medical and community outreach service providers, and staff involved in care/service to families/children

WORKFORCE
Workforce

INTERMEDIATE OUTCOME
Strategic plan to build the infrastructure to expand the workforce pool is operational

SHORT-TERM OUTCOME
Workforce & providers demonstrate knowledge of working within an integrated health system

OUTPUT(s)
Integrated health educational course created.

ASSESSMENT METHOD
Training providers will assess the growth of worker competency at conclusion of training via verbal or written test or portfolio.

DATA REQUIREMENTS
Test results for the workforce & providers after the training

ASSESSMENT METHOD
Core competency skill checklist
Observation of peers and managers
Assessment via observation or survey of workers and administrators
Comprehensive training evaluation reflecting the 5 levels of the Kirkpatrick model.

DATA REQUIREMENTS
1. Training satisfaction
2. Knowledge acquisition
3. Competency assessment
4. Transfer of learning client outcomes
5. System change

ASSESSMENT METHOD
Course created within 6 months
Training delivered to pilot sites.

DATA REQUIREMENTS
Approval of the Workforce design team in the minutes.

TACTICS

STRATEGY
OUTCOMES

KEY FOCUS AREA

SHARED DATA FOR MEANINGFUL OUTCOMES
OUTCOMES

1. High Level Collection of Potential Measures
   - System Level
   - Design Teams

2. Support Design Teams
   - Outputs/Short-term and Intermediate Outcomes
   - Assessment Methods – Data Requirements
Data/Outcome Challenges

Various Data Sources
- Different populations served by various funding (Schools, Managing Entity (ME), Medicaid, Baker Act Data, medical, etc.)

Inconsistent data sets
- Different collection tools and data fields
- Baker Act data, Medicaid and ME data
- Different outcomes prescribed by funders

Solutions
- Align data
- Determine countywide measures
- Access, improvement in functioning, and system of care measures
- Collection and reporting
- Understand what information the data provides and does not

Data differences are driven by funder requirements
SYSTEM FINANCE

KEY FOCUS AREAS

1. Create a rich, flexible funding stream
2. Braiding & blending of funding to enhance service continuity
3. Adequate unrestricted funding
4. Timely payments from funders
5. Reduction of siloed services
SYSTEM FINANCE

1. Medicaid Managed Care
   ✔ Magellan
   ✔ WellCare

2. Braiding/Blending of Funding

3. Support Design Teams
FOCUSED CONVERSATIONS
Team (4)
OUTCOMES
Data Collection, monitoring of outcomes and process metrics; analysis and feedback to design teams

Team (1)
Care Coordination Across the Continuum of Care

Team (2)
Public Awareness & Family Engagement

Team (3)
Workforce

Outputs/Outcomes
4 Pediatric Practices (Community Health Centers, Pinellas) and Behavioral Health Providers Working in full collaboration in same space
Workflow Redesign
Automation – Centralized Coordination System
Integrated Screening & Follow-up Protocols

SYSTEM REDESIGN

Outputs/Outcomes
Comprehensive integrated health education and training for all front-line staff, medical providers, behavioral health providers and leadership
Create a Human Resources strategic plan

Team (5)
SYSTEM FINANCE
NEXT STEPS
<table>
<thead>
<tr>
<th>Tactical Plans Resources Identified</th>
<th>Phase 2: Development of Plans (Continued) Implementation Teams</th>
<th>Phase 3: Pilot Testing AND Assessment of Plans 12-18 Months</th>
<th>Phase 4: (3-6 months) Refine and improve pilot implementation</th>
<th>Phase 5: (12-36 months) Scale and Assess Outcomes</th>
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TEAM MEMBERS
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<td>Chair/Co-Chair</td>
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<td>Community Health Centers of Pinellas</td>
<td><a href="mailto:ththreadgill@chcNetwork.org">ththreadgill@chcNetwork.org</a></td>
<td>727-692-8884</td>
<td>Crystal</td>
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<td>Gulf Coast Jewish Family Services</td>
<td><a href="mailto:nguinch@jewishservice.org">nguinch@jewishservice.org</a></td>
<td>727-582-3904</td>
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<td>813-379-9259</td>
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<td>Tara</td>
<td>Scalise</td>
<td>Directions for Living</td>
<td><a href="mailto:tscalise@directionsforkids.org">tscalise@directionsforkids.org</a></td>
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<td>Piccoria</td>
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<td><a href="mailto:cepiccoria@cfbnh.org">cepiccoria@cfbnh.org</a></td>
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<td>Celeste</td>
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<td><a href="mailto:celeste.fernandez@myflfamilies.com">celeste.fernandez@myflfamilies.com</a></td>
<td>727-452-5872</td>
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<td>O’Club</td>
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<td>Vicki</td>
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<td>727-588-0340</td>
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# YOUTH MENTAL HEALTH CONSENSUS WORKGROUP
## SIGN-IN SHEET
### TEAM 1 - CONTINUUM

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<tr>
<th>Team</th>
<th>Title</th>
<th>First Name</th>
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## ASSISTANTS
# YOUTH MENTAL HEALTH CONSENSUS WORKGROUP

**SIGN-IN SHEET**

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<td>Shannon</td>
<td>Albert</td>
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<tr>
<td>Mary</td>
<td>Wynhoff</td>
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<td>Furean-Sullivan</td>
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DESIGN TEAM 1
CONTINUUM OF CARE
CARE COORDINATION ACROSS THE CONTINUUM

Future State

Pinellas County provides a quality, fluid, comprehensive and uninterrupted system for Children’s Mental Health without service gaps where the system can meet children/families where they are, providing the right care at the right time from beginning to end. The system targets children and families and incorporates the village (community).
**TACTIC 1**
Streamline Workflows for Screenings & Evidence-Based Protocols
1. To identify the current processes relating to children’s behavioral health screenings and Evidence-Based Protocols linked to referrals to providers & community agencies.
2. Involve front-line staff (PCP & BH).
3. Redesign based on lessons learned and on-going continuous quality improvement methods.

**TACTIC 2**
Automation
2. Tracking of children/youth and their families in the care coordination continuum.
3. Services by ‘level of care’ easily accessible to providers and staff (i.e. prevention; early intervention; intervention; intensive; residential).

**Care Coordination Across the Continuum**

1. System redesign based on EBPs standards for primary care and mental health services (screenings and protocols).
2. O&T to change process into a uniform efficient and effective system.
3. Consistency of information.
4. Replicate successful workflow/interventions.
5. All providers are using a common language; levels of care are clear; and available services are listed.

1. Replication of successful redesign of sites.
2. Relationship building at front-line staff level.
3. Redesign of the PCP & BH integration model is a continuous process. As additional sites are included, O&Ts can be shared and implemented.

**Target Audience**
FQHC (CHC locations: Pinellas Park, Johnnie Ruth Clark, Clearwater and Tarpon Springs) Child/Adolescent Behavioral Health providers; and community agencies; schools (TBD)

**ADDITIONAL PARTNERS /ROLE WHO CAN HELP WITH IMPLEMENTATION**

**Tactic 1**
1. Front-line staff from organizations involved in redesign.
2. Workflow redesign expert.

**Tactic 2**
1. AVATAR IT programming representative.
2. InterGY system used at CHC.
3. Direct secure messaging with Suncoast already in place.
4. E.H.R. IT programming representative.
5. Legal expertise regarding children’s consent from parents/adults.

**STRATEGY**
Behavioral health providers working in full collaboration with PCP in same clinic space (integration)
INTERMEDIATE OUTCOME

1. BH referrals (# referrals accessed within 30 days / screening results)
2. Integrated behavioral health screenings and protocols result in a rapidly responsive navigation system preventing service gaps

SHORT-TERM OUTCOME

1. Screening tool selected by team will be completed at X % (TBD)
2. Screening (# children/adolescent screenings completed/# children or adolescent patients seen)

OUTPUT(s)

At least 2 of the 4 FQHC’s (i.e. Community Health Center’s) Pediatric/PCP sites, Suncoast, PEMHS & other behavioral health providers working in full collaboration in same clinic space within 12 months of steering committee approval.

TACTICS

1. Streamline workflows for screenings & Evidence-based protocols
2. Automation

STRATEGY

Behavioral health providers working in full collaboration with PCP in same clinic space (integration)

ASSESSMENT METHOD

1. Calculation of # screened/# referred
2. # referred/# meeting threshold for referral
3. # meeting threshold for referred/# engaged with referral
4. # engaged with referral/# service/care loop closed

DATA REQUIREMENTS

1. # screened
2. # referred;
3. # meeting threshold for referral;
4. # engaged with referral;
5. # service/care loop closed

ASSESSMENT METHOD

1. CHC E.H.R. collection of the screening tool utilization
2. Centralized coordinated system monitoring (KIDS TO BH SERVICES) is operational

DATA REQUIREMENTS

1. E.H.R. data report of screening tool selected

ASSESSMENT METHOD

At least 2 of the 4 CHC sites with Pediatric services have piloted (Pinellas Park, Johnnie Ruth Clark, Clearwater and Tarpon Springs) the agreed upon screening tool and interdisciplinary protocols

DATA REQUIREMENTS

Design team reports
**Outcome**

A centralized coordinated system monitoring 'KIDS TO BH SERVICES' with integrated behavioral health screenings and protocols resulting in a rapidly responsive navigation system preventing service gaps within the 4 CHC Pediatric practices.

**Tarpon Springs**
247 S. Huey Ave. 34689

**Clearwater**
707 Druid Rd. 33756

**Pinellas Park**
7550 43rd St. 33781

**Johnnie Ruth Clark**
1344 22nd St. S. St. Petersburg, 33712
DESIGN TEAM 2
PUBLIC AWARENESS
AND FAMILY
ENGAGEMENT
PUBLIC AWARENESS & FAMILY ENGAGEMENT

Future State
The general public has a new perspective of Children’s Mental Health and wellness free of stigma. Family voices create an easily navigated system of care in Pinellas County where caregivers and providers are partners.
TACTIC # 1
Conduct research to establish targeted population within the specific geographical region and inform region providers and design teams on the findings.

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

1. Knowledge to develop PA utilizing family voice and target audience needs.
2. Information about the 'real issues' builds relationships and enhances support through awareness.
3. Give answers to questions, such as:
4. Why some families engage & others do not.

Public Awareness and Family Engagement

How does this tactic achieve sustainable systemic change over time?

1. Builds cultural awareness.
2. Creates system that the families ask for and engage in using.

1. Families engage with the system.
2. Family voice & choice is integrated throughout the system.
3. CQI feedback process is established.

TARGET AUDIENCE
Children, families, fathers, grandparents, & other caregivers in JWB lower income zones & corresponding HCCH geographical locations)
Developmental age groups (newborns – 3 years; VPK through elementary; middle/high school 12 & above)

TACTIC # 2
Create and implement comprehensive campaign to respond to individual needs of each specific geographical region.

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

Create a comprehensive campaign based on research to reach diverse target audience of fathers, mothers, grandparents and other caregivers.

1. How does this tactic achieve sustainable systemic change over time?

1. Families engage with the system.
2. Family voice & choice is integrated throughout the system.
3. CQI feedback process is established.

TACTIC # 3
Create a Continuous Quality Improvement (CQI) feedback loop between providers and families.

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

Integrate family voice & choice within the system.

How does this tactic achieve sustainable systemic change over time?

Standardized and communication feedback process needs to be utilized within all agencies.

STRATEGY
Public awareness campaign based on the voices of the families in their individual communities.

ADDITIONAL PARTNERS / ROLE WHO CAN HELP WITH IMPLEMENTATION

Tactic 1
HCCH, Pinellas
Allies in the community using peer to peer approach identifying leaders within the community to engage others. (Faith based; Healthy Start; PTA's, HIPPY, NAMI, NFC, The Well, Health Department, schools, PCP, CSU, Housing Authority)

Tactic 2
To be determined after research completed in each region.

Tactic 3
To be determined.
INTERMEDIATE OUTCOME
1. Give feedback to community providers and families to develop services needed in the region
2. Develop collateral materials to inform community and families

SHORT-TERM OUTCOME
1. Research completed within all geographical
2. Strategy for campaigns based on specific geographical regions

OUTPUT
Public awareness campaign designed based on the 'voices of the families' in their individual communities

ASSESSMENT METHOD
1. Collateral materials completed & distributed
2. Providers utilizing materials
3. Families engaging within the system

DATA REQUIREMENTS
1. CQI team data analysis
2. Positive feedback
3. # of materials distributed
4. Include # in family engagement within the system (i.e. surveys, etc.)

ASSESSMENT METHOD
Research completed within 12 months

DATA REQUIREMENTS
Focus group results

ASSESSMENT METHOD
Hold focus groups in each geographical region

DATA REQUIREMENTS
Research rubric of needs

STRATEGY
Public awareness campaign based on the voices of the families in their individual communities

Tactics
1. Conduct research
2. Comprehensive campaign
3. Create a Continuous Quality Improvement (CQI) feedback
DESIGN TEAM 3

WORKFORCE
WORKFORCE

Future State

Pinellas County Children’s Mental Health services receive increased state, federal and insurance dollars for fair and appropriate provider compensation.

Mental Health treatment and preventative services are enhanced by a scalable interprofessional model of evidence-based, culturally-aware care.

Provision of the full-continuum of evidence-based mental health services via fairly compensated providers.
TACTIC # 1
Conduct review of the literature of best practices for care coordination models and competencies required for integration of behavioral health within a Pediatric practice for children and youth

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

Evidence-based practices serve to establish a comprehensive approach to education of the workforce at the level of prevention and early intervention

How does this tactic achieve sustainable systemic change over time?

Establishes a strong baseline of proven practices in the redesign of the system for the workforce

TARGET AUDIENCE (POP)
FQHC (CHC locations: Pinellas Park, Johnnie Ruth Clark, Clearwater and Tarpon Springs) Child/Adolescent Behavioral Health providers; and community agencies; schools (TBD)

ADDITIONAL PARTNERS /ROLE WHO CAN HELP WITH IMPLEMENTATION
Tactic 1
Research of EBP – resource to conduct & write-up in a simplified approach for course development

Tactic 2
Resource to create the course and/or courses; on-going updates; educator to coordinate the courses, etc.

Tactic 3
Human Resource experts to assist with the strategic plan within the individual organizations

TACTIC # 2
Develop and deliver a comprehensive education & training for value-based core competencies to align with the integrated health workforce system of care approach using technology (initial, annual, etc.)

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

Increases the probability of staff & clinicians possessing the competencies to work within systems of care

How does this tactic achieve sustainable systemic change over time?

Continuity of services provided to children and youth by the workforce and clinicians diminishing gaps in service/care with increased focus on prevention and early intervention.

TACTIC # 3
Create a strategic plan to build the infrastructure needed to expand the workforce pool

How does the tactic integrate with the overall outcomes of the Children's MH Initiative?

Shortages still exist for certain target workforce populations and this model will likely not address needs for more significant mental health concerns

How does this tactic achieve sustainable systemic change over time?

Recruitment and retention of more qualified, competent and satisfied employees increases quality of services to children and youth.

STRATEGY
Enhance the infrastructure available to support and coordinate workforce development efforts for the Pediatric and Behavioral Health integrated health workforce approach.
INTERMEDIATE OUTCOME
Strategic plan to build the infrastructure to expand the workforce pool is operational

SHORT-TERM OUTCOME
Workforce & providers demonstrate knowledge of working within an integrated health system

OUTPUT(s)
Integrated health educational course created.

ASSESSMENT METHOD
Training providers will assess the growth of worker competency at conclusion of training via verbal or written test or portfolio.

DATA REQUIREMENTS
Test results for the workforce & providers after the training

ASSESSMENT METHOD
Core competency skill checklist
Observation of peers and managers
Assessment via observation or survey of workers and administrators
Comprehensive training evaluation reflecting the 5 levels of the Kirkpatrick model.

DATA REQUIREMENTS
1. Training satisfaction
2. Knowledge acquisition
3. Competency assessment
4. Transfer of learning client outcomes
5. System change

ASSESSMENT METHOD
Course created within 6 months
Training delivered to pilot sites.

DATA REQUIREMENTS
Approval of the Workforce design team in the minutes.

TACTICS
Best practices review for care coordination models & competencies conducted
Comprehensive education & training developed and delivered
Strategic plan to build the infrastructure needed to expand the workforce pool created

STRATEGY
Enhance the infrastructure available to support and coordinate workforce development efforts for the Pediatric and Behavioral Health integrated health workforce approach.
DESIGN TEAM 4
OUTCOMES
OUTCOMES

1. High Level Collection of Potential Measures:
   - System Level
   - Design Teams

2. Support Design Teams
   - Outputs/Short-term and Intermediate Outcomes
   - Assessment Methods – Data Requirements
SYSTEM FINANCE

1. Medicaid Managed Care
   - Magellan
   - WellCare

2. Braiding/Blending of Funding

3. Support Design Teams
Juvenile Welfare Board
Investing in children. Strengthening our community.

CHILDREN’S MENTAL HEALTH INITIATIVE

ORIENTATION DOCUMENTS

SEPTEMBER 20 OR 26, 2018
# Table of Contents

Children’s Mental Health Consensus Workshop Strategic Plan, May 7, 2018 .......................................................... 2

- Current State .................................................................................................................................................. 2
- Future State ................................................................................................................................................. 3
- What is keeping us from getting there? ............................................................................................................ 5
- Committee Responsibilities ............................................................................................................................ 6
- Steering Committee .................................................................................................................................. 6
- Team Chairs and Co-chairs Responsibilities .................................................................................................. 7
- Team Member Responsibilities ....................................................................................................................... 8
- TEAM CHARTERS ...................................................................................................................................... 9
  - All 5 Teams ............................................................................................................................................... 9
  - Design Team One: Continuum ....................................................................................................................... 10
  - Design Team Two: Community and Family Engagement ............................................................................ 11
  - Design Team Three: Workforce ................................................................................................................. 12
  - Design Team Four: Outcomes – Data ........................................................................................................ 13
  - Design Team Five: System Financing – Funding ....................................................................................... 14
- Sample Development Timeline and Suggested Team Meeting Agendas and Expected Outcomes 2018-2019 .................................................................................................................. 15
- Planning Template ..................................................................................................................................... 19
- Glossary of Terms ...................................................................................................................................... 20
- ADDENDUM .............................................................................................................................................. 21
  - Addendum 1: Collaborative Rules/Principles (Excerpt 7/16/18 Inaugural Meeting) ................................ 21
  - Addendum 2: Example of Children’s Current Mental Health System - Harris County, Texas .............. 22
  - Addendum 3: Example of Ideal Child & Family Mental Health System- Harris County, Texas ............ 23
Children's Mental Health Consensus Workshop Strategic Plan, May 7, 2018

Current State

What is the current state of children's mental health in Pinellas County?

| ✓ Under funded | ✓ Lack of early intervention |
| ✓ Disconnected | ✓ Confusing |
| ✓ Barriers to Access | ✓ Lack best practices |
| ✓ Cumbersome | ✓ Desire to do more |
| ✓ Fragmented | ✓ Increasing awareness |
| ✓ Frustrating | ✓ Lack of broader scope of services |
| ✓ Parent apathy | ✓ Inadequate screening |
| ✓ Lacking equity | ✓ Managed care |
| ✓ Individual vs. community approach | ✓ Stigma |
| ✓ Lack of systemic approach | ✓ Broker of Baker Act system |
| ✓ Dealing with social media | ✓ Misdiagnosis – lack of experience |
| ✓ Slow to respond | ✓ Not using informal services and connection to community |
| ✓ Lack of appropriate information | ✓ Lack of collaboration with substance abuse and mental health providers |
| ✓ Need to leverage technology | ✓ Categorical funding |
| ✓ Lack of data sharing | ✓ Siloing of services |
| ✓ Lack of local services for intensive needs | ✓ Lack of family involvement |
| ✓ Workforce readiness | ✓ Cultural insensitivity – implicit bias |
| ✓ Lack of trauma informed systems | |

2
### Future State

**What do we want to see in a children’s mental health system in Pinellas County in 3-5 years?**

<table>
<thead>
<tr>
<th>Enhanced Public Awareness</th>
<th>Comprehensive continuum of mental health services</th>
<th>Active and effective community and family engagement</th>
<th>Access to local quality service</th>
<th>High quality clinical care coordination</th>
<th>High quality workforce</th>
<th>Rich flexible funding</th>
<th>Shared data for meaningful outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community calendar of available supports – i.e.: groups, etc.</td>
<td>Ensuring every family has what they need (housing, food, treatment, etc.) to be thriving</td>
<td>Community-based crisis support (accessibility)</td>
<td>Expand accessible services</td>
<td>Clearinghouse, shared data and connections with providers (patient-specific data)</td>
<td>All: Parents Community Doctors Officials with: Experience and ongoing education</td>
<td>Braiding and blending of funding to enhance service continuity</td>
<td></td>
</tr>
<tr>
<td>Normative discussion of mental health anti stigma</td>
<td>Rights, services, right time, right people, right depth of service</td>
<td>Increased use of wraparound case management model</td>
<td>Access to services that are: Timely Consistent Informed Culturally responsive</td>
<td>Identify a model to communicate (collaborate)</td>
<td>Greater supports for MH clinicians: Wage concerns Reimbursement concerns Training concerns</td>
<td>Adequate unrestricted funding</td>
<td></td>
</tr>
<tr>
<td>Public awareness campaign</td>
<td>A system that focuses on health and wellness Strengths</td>
<td>Inclusiveness to include wrap around approach using informal services</td>
<td>Better coordination of services with emphasis on high-risk populations</td>
<td>Cultural and socio-economic competency</td>
<td></td>
<td>Timely payments from funders</td>
<td></td>
</tr>
<tr>
<td>Youth suicide is an emergency because we have addressed all forms of trauma</td>
<td>Trauma-sensitive community with training screening</td>
<td>Wholistic (sic) approaches</td>
<td>Available, local equitable access to deep-end services</td>
<td>Integration of best practices and utilization of subject matter experts</td>
<td></td>
<td>Reduction of siloed services</td>
<td></td>
</tr>
</tbody>
</table>

**Continuum = (Comprehensive Continuum + Access to Local Quality Service + High Quality Clinical Care Coordination)**
<table>
<thead>
<tr>
<th>Enhanced Public Awareness</th>
<th>Comprehensive continuum of mental health services</th>
<th>Active and effective community and family engagement</th>
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<th>High quality workforce</th>
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<th>Shared data for meaningful outcomes</th>
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</thead>
<tbody>
<tr>
<td>Youth suicide is an anomaly because we have addressed all terms of trauma</td>
<td>Trauma sensitive community with routine screening</td>
<td>Wholistic (sic) approaches</td>
<td>Available, local, equitable access to deep end services</td>
<td>Integration of best practices and utilization of subject matter experts</td>
<td></td>
<td>Reduction of siloed services</td>
<td></td>
</tr>
<tr>
<td>Responsive and appropriate services</td>
<td>Needs of (MHL) dependent children</td>
<td>Use of peer supports (Consumer/provider partnership model)</td>
<td>More local, higher level of care placements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More infant mental health</td>
<td>Create a “youth at risk” type staffing process</td>
<td>Parental engagement</td>
<td>Psychiatric services plus depth to clinical interventions</td>
<td></td>
<td></td>
<td>Trauma informed systems</td>
<td></td>
</tr>
<tr>
<td>Early identification of needs for wellbeing</td>
<td>Leveraging neighborhood centers to assist with screenings and services</td>
<td>Meeting families when and where they are available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enhance parental/guardian engagement</td>
<td>Expansion of consumer advisory boards to drive services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support youth-based and school initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Continuum** = (Comprehensive Continuum + Access to Local Quality Service + High Quality Clinical Care Coordination)
What is keeping us from getting there?

What is first?
Consensus between funders and providers
  Competition for resources
  Non-collaborative
Lack of shared goals and objectives
Don't have collective priorities (where is investment?)
How do you get there?
Deeper levels of conversation – open and honest
Need structure and process for deep, open and honest conversations
Need realignment of resources
Committee Responsibilities
Steering Committee

During the one-year planning grant and with support of JWB staff:

- Participate in all scheduled steering committee meetings in person or when necessary, by phone. Participation in 50% of scheduled meetings is a minimum expectation.

- Communicate with JWB staff as needed.

- Evaluate tactical/actions plans and pilot implementation results based on long-term outcomes. Provide feedback to work-team chairs and co-chairs as needed.

- Vote to approve or revise tactical plans as they are presented to steering committee.

- Ensure active participation of team members from steering committee member’s organization and solicit recommendations for new team members as needed to maintain the work-flow of the team.

- Work with JWB staff as needed to create an integrated plan based on the plans of the five work teams.

- Adhere to the overall timeline for completion of the project.
Team Chairs and Co-chairs Responsibilities

During the one-year planning grant and with support of JWB staff:

- Lead the work of a team comprised of representatives from multiple sectors of the community such as mental health providers, non-profits, funding organizations, public schools, early childhood educators and others.

- Establish meeting schedule and meeting agendas based on the process framework provided.

- Lead team meetings according to the team principles.

- Communicate with team members as needed.

- Lead development of tactical/actions plans, and pilot implementation based on the agreed upon strategic direction.

- Lead the team’s efforts to recruit additional partners as identified during the planning process.

- Ensure active participation of team members and solicit recommendations for new team members as needed to maintain the work flow of the team.

- Coordinate with the Funding Team and Outcomes team leaders as needed.

- Participate in the Steering Committee to provide oversight for the overall process; attend meetings, present team plans to Steering Committee for approval, provide feedback for other team plans as needed and appropriate.

- Respond to JWB staff as needed in creation of reports and other documentation.
Team Member Responsibilities

*During the one-year planning grant:*

- Attend scheduled team meetings.

- Communicate with team chair and co-chair as needed.

- Observe team principles.

- Contribute to development of team tactical/action plan and implementation of plan.

- Assist in the recruitment of additional partners as identified during the planning process.
<table>
<thead>
<tr>
<th>TEAM CHARTERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All 5 Teams</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL – PARTNERSHIPS, INNOVATION, ADVOCACY</th>
<th>Core Document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formation of Collaborative Initiative</strong></td>
<td></td>
</tr>
<tr>
<td>The Pinellas County Children’s Mental Health Initiative was formed by JWB to enhance public awareness of children’s mental health issues and to develop a recommended plan for an accessible, family-oriented, coordinated, comprehensive, and high-quality system of care for children and families in Pinellas County supported by an engaged and skilled workforce.</td>
<td></td>
</tr>
<tr>
<td><strong>Initiative Overall Purpose</strong></td>
<td></td>
</tr>
<tr>
<td>JWB and community partners to work collaboratively within the context of the Pinellas County Children’s Mental Health Initiative to devise and approve an overall recommended Implementation Plan consistent with the Strategic Plan approved on May 2, 2018 (may be modified by future action of the Pinellas County Children’s Mental Health Initiative Steering Committee). This plan should be:</td>
<td></td>
</tr>
<tr>
<td>1. Designed for a scalable mental health system of care that will improve the quality and scope of service to children in Pinellas County that will ultimately improve outcomes for children; and</td>
<td></td>
</tr>
<tr>
<td>2. Focus on prevention and early intervention.</td>
<td></td>
</tr>
<tr>
<td><strong>Authority and Responsibility</strong></td>
<td>Timeline; team meeting agendas and expected outcomes 2018-2019</td>
</tr>
<tr>
<td>Design team will develop plans to be approved by the steering committee and to be integrated into the overall collaborative plan.</td>
<td></td>
</tr>
<tr>
<td>Team will seek input from a variety of community perspectives to include: service providers, service recipients, funders, community members, and government agencies.</td>
<td></td>
</tr>
<tr>
<td>Team members agree to follow the established collaborative principles.</td>
<td></td>
</tr>
<tr>
<td><strong>Collaborative Rules/Principles</strong></td>
<td>7/16/18 Inaugural meeting</td>
</tr>
<tr>
<td>Remember this effort is family &amp; child-centered, mission driven</td>
<td></td>
</tr>
<tr>
<td>Be open-minded to create change by shifting current ways of work</td>
<td></td>
</tr>
<tr>
<td>Be collaborative and inclusive</td>
<td></td>
</tr>
<tr>
<td>Respect the knowledge and time of people in the room</td>
<td></td>
</tr>
<tr>
<td>Be Honest – Don’t agree in the room, leave, and start talking negatively, trying to unwind the decisions that were made.</td>
<td></td>
</tr>
<tr>
<td>Be committed and accountable</td>
<td></td>
</tr>
<tr>
<td>Be Optimistic – Assume good intent. Respond and behavior as if everyone in the room has good intent</td>
<td></td>
</tr>
<tr>
<td><strong>Time Frame</strong></td>
<td>October 1, 2018 to June 30, 2019</td>
</tr>
</tbody>
</table>


**Design Team One: Continuum**

<table>
<thead>
<tr>
<th>Design Team Purpose:</th>
<th>To develop actionable and measurable plans and then implement the plans to achieve the vision defined by the steering committee.</th>
<th>Strategic plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members:</td>
<td>List of members and organizations</td>
<td>Tab 2 &amp; Drop box</td>
</tr>
</tbody>
</table>
| *Goals and Objectives:* | *Create a comprehensive continuum of mental health services*  
*Provide access to local quality services*  
*Develop high quality clinical care coordination* | Strategic plan  
Future State |
| Authority and Responsibility: | Design team will develop plans to be approved by the steering committee and to be integrated into the overall collaborative plan.  
Team will seek input from a variety of community perspectives to include: service providers, service recipients, funders, community members, and government agencies.  
Team members agree to follow the established collaborative principles. | Sample Development Timeline  
Suggested team meeting agendas and expected outcomes 2018-2019 |
| Process:            | Team will follow the established process approved by the steering committee.                                           | Planning template |
| Duties of all members: | • Attend scheduled team meetings  
• Communicate with team chair and co-chair as needed  
• Observe team principles  
• Contribute to the development of team tactical/action plan and implementation  
• Assist in the recruitment of additional partners as needed | Responsibilities: chairs and team members |
| Meetings:           | • Schedule to be determined by the team                                                                                   |               |
| Staffing:           | • Staffing provided by JWB staff                                                                                          |               |

3-5 years?
Design Team Two: Community and Family Engagement

<table>
<thead>
<tr>
<th>DESIGN TEAM: Community and Family Engagement</th>
<th>Core Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Team Purpose:</td>
<td>Strategic plan</td>
</tr>
<tr>
<td>To develop actionable and measurable plans and then implement the plans to achieve the vision defined by the steering committee (consensus workshop)</td>
<td></td>
</tr>
<tr>
<td>Members:</td>
<td>Tab 2 &amp; Drop box</td>
</tr>
<tr>
<td>List of members and organizations</td>
<td></td>
</tr>
<tr>
<td>*Goals and Objectives:</td>
<td>Strategic plan</td>
</tr>
<tr>
<td>Develop active and effective community and family engagement</td>
<td>Future State</td>
</tr>
<tr>
<td>Promote enhanced public awareness</td>
<td></td>
</tr>
<tr>
<td>Process:</td>
<td>Planning template</td>
</tr>
<tr>
<td>Team will follow the established process approved by the steering committee.</td>
<td></td>
</tr>
<tr>
<td>Duties of all members:</td>
<td>Responsibilities: chairs and team members</td>
</tr>
<tr>
<td>• Attend scheduled team meetings</td>
<td></td>
</tr>
<tr>
<td>• Communicate with team chair and co-chair as needed</td>
<td></td>
</tr>
<tr>
<td>• Observe team principles</td>
<td></td>
</tr>
<tr>
<td>• Contribute to the development of team tactical/action plan and implementation</td>
<td></td>
</tr>
<tr>
<td>• Assist in the recruitment of additional partners as needed</td>
<td></td>
</tr>
<tr>
<td>Meetings:</td>
<td></td>
</tr>
<tr>
<td>• Schedule to be determined by the team</td>
<td></td>
</tr>
<tr>
<td>Staffing:</td>
<td></td>
</tr>
<tr>
<td>• Staffing provided by JWB staff</td>
<td></td>
</tr>
</tbody>
</table>

### DESIGN TEAM: Workforce

<table>
<thead>
<tr>
<th><strong>Design Team Purpose:</strong></th>
<th>To develop actionable and measurable plans and then implement the plans to achieve the vision defined by the steering committee</th>
<th>Strategic plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members:</strong></td>
<td>List of members and organizations</td>
<td>Tab 2 &amp; Drop box</td>
</tr>
<tr>
<td><strong>Goals and Objectives:</strong></td>
<td>Develop a high-quality workforce</td>
<td>Strategic plan</td>
</tr>
<tr>
<td></td>
<td>What do we want to see in a children’s mental health system in Pinellas County in 3-5 years?</td>
<td>Tab 2 &amp; Drop box</td>
</tr>
<tr>
<td><strong>Process:</strong></td>
<td>Team will follow the established process approved by the steering committee.</td>
<td>Planning template</td>
</tr>
</tbody>
</table>
| **Duties of all members:**| - Attend scheduled team meetings  
- Communicate with team chair and co-chair as needed  
- Observe team principles  
- Contribute to the development of team tactical/action plan and implementation  
- Assist in the recruitment of additional partners as needed | Responsibilities: chairs and team members |
| **Meetings:**            | - Schedule to be determined by the team                                                                                  | Responsibilities: chairs and team members |
| **Staffing:**            | - Staffing provided by JWB staff                                                                                         | Responsibilities: chairs and team members |

## DESIGN TEAM: Outcomes – Data

<table>
<thead>
<tr>
<th>Design Team Purpose:</th>
<th>To develop actionable and measurable plans and then implement the plans to achieve the vision defined by the steering committee</th>
<th>Strategic plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members:</td>
<td>List of members and organizations</td>
<td>Tab 2 &amp; Drop box</td>
</tr>
<tr>
<td><em>Goals and Objectives:</em></td>
<td>Collect shared data for meaningful outcomes</td>
<td>Strategic plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Future state</td>
</tr>
<tr>
<td>Process:</td>
<td>Team will follow the established process approved by the steering committee.</td>
<td>Planning template</td>
</tr>
</tbody>
</table>
| Duties of all members: | • Attend scheduled team meetings  
  • Communicate with team chair and co-chair as needed  
  • Observe team principles  
  • Contribute to the development of team tactical/action plan and implementation  
  • Assist in the recruitment of additional partners as needed | Responsibilities: chairs and team members |
| Meetings:            | • Schedule to be determined by the team                                                                                       |                |
| Staffing:            | • Staffing provided by JWB staff                                                                                              |                |

Design Team Five: System Financing – Funding

<table>
<thead>
<tr>
<th>DESIGN TEAM: System Financing – Funding</th>
<th>Core Document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Design Team Purpose:</strong></td>
<td>To develop actionable and measurable plans and then implement the plans to achieve the vision defined by the steering committee</td>
</tr>
<tr>
<td><strong>Members:</strong></td>
<td>List of members and organizations</td>
</tr>
<tr>
<td><strong>Goals and Objectives:</strong></td>
<td>Create a rich flexible funding stream</td>
</tr>
<tr>
<td><strong>Process:</strong></td>
<td>Team will follow the established process approved by the steering committee.</td>
</tr>
</tbody>
</table>
| **Duties of all members:** | Attend scheduled team meetings  
Communicate with team chair and co-chair as needed  
Observe team principles  
Contribute to the development of team tactical/action plan and implementation  
Assist in the recruitment of additional partners as needed |
| **Meetings:** | Schedule to be determined by the team |
| **Staffing:** | Staffing provided by JWB staff |


Strategic plan  
Tab 2 & Drop box  
Strategic plan  
Future state  
Planning template  
Responsibilities: chairs and team members
Sample Development Timeline and Suggested Team Meeting Agendas and Expected Outcomes 2018-2019

Design team chairs and co-chairs along with JWB staff should use this timeline as a guide to build meeting agendas.

<table>
<thead>
<tr>
<th>Team meeting</th>
<th>Meeting outcome</th>
<th>Task</th>
<th>Questions Prompts to drive meeting agenda</th>
<th>Status (date complete, continuing, pending)</th>
<th>Notes</th>
</tr>
</thead>
</table>
| September    | Orientation and training  
Get to know members | 1. Review process and expectations for the work  
2. Review results of consensus workshop | Why are you participating in this process?  
What questions do you have about the process going forward?  
What is our team’s role in achieving the overall vision from the consensus workshop? | | |
| October      | Definition of desired outcome of team’s work including vision and measurable outcome | 1. Discuss possible outcomes and how this team’s outcomes contribute to the overall vision from the consensus workshop  
2. Craft a vision statement for our team | What will be different as a result of our work?  
What are possible outcomes of our work that are measurable?  
What is the vision for our team? What is the desired future state? | | |
<table>
<thead>
<tr>
<th>Team meeting</th>
<th>Meeting outcome</th>
<th>Task</th>
<th>Questions Prompts to drive meeting agenda</th>
<th>Status (date complete, continuing, pending)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>Environmental scan and gap analysis for this team</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possible strategic directions defined</td>
<td>1. Define the current state based on the desired outcome for this team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Define the gaps to reaching our outcomes</td>
<td>What is the current state? What does the data tell us? What is keeping us from reaching our outcomes? What could be done to achieve the outcomes? What are some possible strategies (a strategy is an approach or method to achieve desired results)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>Target of work identified</td>
<td>1. Discuss target of the work (i.e. parents and caregivers, mental health providers, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A single strategy is identified from the previous list of possible strategies</td>
<td>2. Discuss, refine and select a specific strategy from the list of possibilities</td>
<td>What is the target of our work? What is the best single strategy that will have the most impact as a starting strategy? Discuss possible tactics (actions) that could achieve the strategy and therefore the outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>Intermediate benchmarks identified</td>
<td>1. Discuss what short-term outcomes could</td>
<td>What are some benchmarks that will tell us we are making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team meeting outcomes</td>
<td>Meeting outcome</td>
<td>Task</td>
<td>Questions Prompts to drive meeting agenda</td>
<td>Status (date complete, continuing, pending)</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------</td>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td>Tactics and action steps</td>
<td>Additional potential partners that should be recruited to help with implementation of this plan are identified</td>
<td>be indicators that we are on track to achieving the outcome 2. Brainstorm a list of possible actions and tactics that will get us to our outcomes to be successful 3. Brainstorm a list of potential partners who could help with implementation of this plan</td>
<td>progress toward our outcomes? What are some of the actions and tactics we could take to get us to our outcome? How will we know when we get there? What is our measure and our assessment plan? Who has the authority and data to measure our plan? Who else in Pinellas County needs to be involved? Are there other partners that we can recruit to help?</td>
<td></td>
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</tr>
<tr>
<td>December/ January</td>
<td>Draft of plan presented to steering committee for input</td>
<td>1. Presentation with Q and A at steering committee</td>
<td>What can be done to improve this plan? How can this plan connect with the plans of the other teams?</td>
<td></td>
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</tr>
<tr>
<td>January/ February</td>
<td>Additional partners commit to project</td>
<td>1. Team members recruit others to participate 2. Partners attend an orientation meeting</td>
<td>How can additional people and organizations help with our work?</td>
<td></td>
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</tr>
</tbody>
</table>

17
<table>
<thead>
<tr>
<th>Team meeting outcome</th>
<th>Meeting outcome</th>
<th>Task</th>
<th>Questions Prompts to drive meeting agenda</th>
<th>Status (date complete, continuing, pending)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>convened by the team.</td>
<td>What do additional partners need to know to be a part of the solution?</td>
<td></td>
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</tr>
<tr>
<td>February</td>
<td>First tactic/action plan finalized based on input from steering committee</td>
<td>1. Team finalizes pilot outcomes, strategy, and tactic</td>
<td>What is the single strategy and tactic we will pursue to start our work?</td>
<td></td>
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<tr>
<td></td>
<td>Calendar for pilot implementation</td>
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<tr>
<td></td>
<td>Launch of implementation of tactic</td>
<td></td>
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<tr>
<td>March through June</td>
<td>Monitor implementation</td>
<td>1. Team implements and monitors progress</td>
<td>Are we moving the needle on our work? Steering committee develops integrated plan from all the design team plans</td>
<td></td>
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</tbody>
</table>
## Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Assessment Method</th>
<th>Data Requirements</th>
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</thead>
<tbody>
<tr>
<td>Long-term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term</td>
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</tbody>
</table>

## STRATEGIES/TACTICS

<table>
<thead>
<tr>
<th>Strategy (Approach) Selected</th>
<th>Target Audience</th>
<th>Tactics (Actions) to Achieve Strategy</th>
<th>Additional Partners Needed</th>
<th>Role of Each Partner</th>
<th>How does the tactic integrate with the overall outcomes of the Children’s MH Initiative?</th>
<th>How does this tactic achieve sustainable systemic change over time?</th>
</tr>
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Glossary of Terms
For Children’s Mental Health Initiative

**Outcome:** A change in behavior that is the result of specific strategies and tactics. Should be measurable.

**Outputs:** A measure of something that has occurred but does not indicate the targeted behavioral change. Example: Public Awareness Team: “A community calendar with 230 entries has been developed and is available”.

**Long-Term outcome:** The end result that is desired and can be measured for the entire collaborative effort. For the children’s mental health collaborative, you have established this as “create a system that will improve mental health outcomes for children”. All of the design teams will aim to achieve their part of this outcome.

**Intermediate outcome:** Outcomes that are typically expected to occur beyond a one-year time frame. These outcomes should be developed with some evidence that when they are achieved, the result will contribute to the overall long-term outcome. Example: Public Awareness Team: “10,000 Pinellas County residents have accessed the community calendar of available supports”. When this outcome is reached, it will contribute to the overall long-term outcome of “A comprehensive system that will improve mental health outcomes for children”.

**Short-term outcome:** Outcomes that are typically achieved in a 1-year timeframe. Example: Public Awareness Team: 150 Pinellas County residents have accessed the community calendar during the pilot phase”.

**Strategy:** An approach to getting the work done. Example: Public Awareness Team: “Provide a community calendar of available supports.”

**Tactic:** A specific action taken to achieve a strategy. There may be several tactics needed to achieve a single strategy. Each tactic should define the outputs it will produce. Example: Public Awareness Team: “Tactic 1: Conduct outreach to all service providers to obtain dates and supports for the community calendar”, “Tactic 2: Develop a website to host the community calendar”, “Tactic 3: Create a printed calendar”, “Tactic 4: Distribute the calendars”.

**Environmental Scan:** Definition of the current state of affairs.

**Gap analysis:** Definition of the gaps that should be filled in order to achieve the long-term outcome.
ADDENDUM

Addendum 1: Collaborative Rules/Principles (Excerpt 7/16/18 Inaugural Meeting)

Children’s Mental Health Initiative Steering Committee Inaugural Meeting, 7/16/18

The group next developed Guidelines and Working Principles for the Steering Committee.

These guidelines will serve as the “ground rules” for the Steering Committee’s work going forward.

- Remember this effort is family and child-centered, mission-driven
- Be open-minded to create change by shifting current ways of work
- Be collaborative and inclusive
- Respect the knowledge and time of people in the room
- Be Honest - Don’t agree in the room, leave, and start talking negatively, trying to unwind the decisions that were made
- Be committed and accountable
- Be Optimistic - Assume good intent. Respond and behave as if everyone in the room has good intent
Addendum 2: Example of Children’s Current Mental Health System - Harris County, Texas
Addendum 3: Example of Ideal Child & Family Mental Health System - Harris County, Texas

**Ideal Harris County Child & Family MH System**

- Integrated Primary Care (IPC)
  - Screening ↔ Integrated BH Care

- BH Specialty Care

- Rehabilitation Continuum
  - Skill-building & therapy in home/community for individuals, families, & systems
  - Time-limited intensive EBPs (Intensive Medicaid Base + Add-On Priority EBPs)

- Crisis Continuum
  - Mobile Urgent Treatment
    - 24/7 Respite Array
    - Short-Term Beds

- Inpatient Care
  - Residential Treatment

- Expand Integrated Primary Care Providers
  - Legacy, Memorial Hermann, TCH, VCM, Others

- Expand / Integrate Liaison Models
  - Communities in Schools, Community Youth Services, Pasadena PBIS, ProUnitas, multiple other models

- Rehabilitation Providers
  - DePelchin, Harris Center, Pathways, YAP

- Clinic and Community-Based Rehabilitation
  - Expand Intensive Capacity
    - Add-on EBPs (MST, MDFT, etc.)

- "Game-Changers" toward an Ideal System
  1. Expand on-site integrated primary care capacity, particularly school-based
  2. Reframe concept of BH specialty care as secondary to IPC (e.g., 25% of care)
  3. Strengthen school liaison functions with aligned schools (e.g., CIS, CYS, PBIS)
  4. Leverage SB 74 and HHSC Rider 172 funds to expand intensive Medicaid services for foster care
  5. Develop local initiative to drive evidence-based practices (EBP) expansion
  6. Establish First Episode Psychosis (FEP) as part of child/youth/family array
  7. Better align child welfare (CW) / juvenile justice (JJ) / MH crisis teams, expand crisis respite array
  8. Integrate acute inpatient with broader health systems
  9. Deemphasize residential
CONSENSUS
WORKSHOP
Recommendations for Next Steps
Children’s Mental Health System of Care Development

Background
Agencies, funders, service providers, and community members in Pinellas County desire to build a scalable mental health system of care that will improve the quality, scope and scale of service to children in Pinellas County and ultimately improve outcomes for children. To begin the process, the Juvenile Welfare Board has convened a group of leaders who developed a set of strategic focus directions through a consensus-building workshop.

Next, the group should develop comprehensive tactical plans that will provide a roadmap to achieve the vision developed through the strategic focus followed by implementation of the tactics over the next 3-5 years. When all of these strategies are achieved as an integrated and collaborative effort, the result will be a comprehensive system of mental health care for children in Pinellas County.

Strategic directions identified through the workshop are:

- Enhance public awareness
- Create a comprehensive continuum of mental health services
- Develop active and effective community and family engagement
- Provide access to local quality services for all who need it
- Develop high quality clinical care coordination
- Develop a high quality workforce
- Implement rich and flexible funding
- Share needle moving data to track meaningful outcomes

To achieve the strategies, a clear structure and process should be established and supported through funding and staffing.

The work should occur in the following phases over 3-5 years (timeframes below may overlap):

**Phase 1:** Establish a working structure, 2-3 months; Steering Committee to populate the teams
**Phase 2:** Development of Plans, 3-6 months; Work Teams to develop plans and seek approval from the Steering Committee
**Phase 3:** Pilot testing and assessment of plans, 12-18 months; Work Teams to pilot and implement plans as approved by the Steering Committee
**Phase 4:** Refine and improve pilot implementation based on assessment, 3-6 months; Work Teams to refine and assess pilot implementation
**Phase 5:** Scale and assess outcomes, 12-36 months

June 2018
Steering Committee: The Steering Committee should be comprised of those who attended the consensus workshop and are interested in serving in that role, along with the Chairs and Co-Chairs of the Work Teams. Chairs and Co-Chairs should be those who hold authority to make decisions on behalf of their organization. These people may be the CEO of the organization or may be a designee of the CEO.

This group’s function should be:

- **Oversight.** Provides general oversight for the entire system development and implementation, including the appointment of Work Team Chairs, Co-Chairs, and team members.
- **Cross pollination** to ensure connection as a complete system. This function connects the work of all the teams at the Steering Committee level. This helps eliminate duplication and integrates the work of all the teams into one system. Teams seek feedback from the other team leads.
• Peer accountability. All of the plans of all of the Work Teams should be approved by the Steering Committee in order to create ownership of all of the work.

Once the teams are established, the Steering Committee should meet monthly to review the tactical plans of each group and to ensure that the teams are accomplishing their strategic outcomes.

**Work Teams:** Members of the Work Teams should be appointed by the Steering Committee and should consist of people from a *cross-sector of organizations* and those who can bring multiple perspectives to the solutions the team will design. The function of the Work Teams is to *develop a tactical plan* that will, when fully implemented, achieve the strategies identified in the consensus workshop.

Below is a suggested Work Team configuration based on the identified strategies from the consensus workshop. As shown, Teams 1, 2, and 3 focus on one or more of those strategies. Teams 4 and 5 function as support teams, and therefore, have representation on all the other teams. Team 4, the Outcomes Team, will help identify data needs and assist with formulation and monitoring of outcomes. Team 5, the System Financing Team, will help to identify sustainable funding methodologies for the children's system of care.

<table>
<thead>
<tr>
<th>Team 1:</th>
<th>Team 2:</th>
<th>Team 3:</th>
</tr>
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<tbody>
<tr>
<td>• Continuum of mental health services</td>
<td>• Public awareness</td>
<td>• Workforce</td>
</tr>
<tr>
<td>• Access to local services</td>
<td>• Community and family engagement</td>
<td></td>
</tr>
<tr>
<td>• Clinical care coordination</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Team 4:</th>
<th>Team 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcomes</td>
<td>System Financing</td>
</tr>
</tbody>
</table>

The Steering Committee may choose to establish a different configuration.

**Expectations**

The Work Teams should meet regularly and often during the initial planning period (weekly or bi-weekly) and the Steering Committee should meet periodically (monthly after teams are up and running) in order to cross-pollinate the work.

As all the teams complete tactical plans, the implementation phase will begin. The Steering Committee should monitor the outcomes of the teams as they progress.
Establish a productive culture among the collaborative

The Steering Committee should develop "guiding norms" or "principles" to guide the work of the collaborative. The teams should also develop working norms to ensure a trusting and collaborative working culture. An outside facilitator should guide this work.

Establish a defined process for the Work Teams

Each team should develop tactical plans using the same defined planning process in order to facilitate integration of the work of all the teams into a "system". To facilitate this, tactical planning should follow the same planning format. A planning template and training for the Work Teams can be provided once the teams are established.

As the "phases" description (p. 1) suggests, the Work Teams should create plans with tactics that will achieve the desired outcomes and thus accomplish the strategies the consensus workshop identified. This process should include development of measurable outcomes for long-term, mid-term, and short-term time frames. Each of these outcomes should build upon the previous outcomes.

Once the plans are finished, the tactics should be piloted in the community and assessed to determine what works and what could work better. After the pilot phase, the team should recruit additional partners (if appropriate to the particular strategy) and scale the work across the entire county.

Support the work

To ensure success, all phases of this work needs to be staffed. A staff person should be assigned to schedule and communicate meetings, keep records of the work, help develop agendas, and generally facilitate the work as needed to ensure timely completion and to keep the work moving.

The Work Teams and the Steering Committee should be provided with staff support and training. Technical assistance can be provided to the leadership and teams.
Tab 4: Recommendations for Next Steps, 7/16/18
Children's Mental Health Initiative Steering Committee Inaugural Meeting

1. Welcome and Introductions – Lynda Leedy, CAO, JWB
   - Review of May 2, 2018 Consensus Workshop led by Sydney Rogers, formerly Executive Director of Alignment Nashville.
   - JWB has allocated funds in the budget for planning and funding of system work
   - Introductions of attendees
   - Introduction of Sydney Rogers

2. Recommendations/Discussion/Suggestions

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Discussion</th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handouts distributed – The May 8, 2018 Mental Health Consensus Workshop results and Recommendations for Next Steps Children's Mental Health System of Care Development</td>
<td>Discussed phases and timeframes – relationship building, working differently for system change- development of plans-pilot testing- assess and refine- defining both outputs (# of people receiving info) and outcomes (what changed about behavior) – continue to scale, assess and refine</td>
<td>Combine Workforce and System Financing teams. Workforce is more than just money – includes: certifications, skills, and identifying where the staff are. Decision made to keep separate at this time Need to create a culture for this group to work together</td>
</tr>
<tr>
<td>Work Teams – are also design teams - how do we bring in the rest of the community to be part of this system? (design teams are more effective if 10-15 people)</td>
<td>Steering Committee- provides oversight of Work Teams and cross-pollinates ideas across teams</td>
<td></td>
</tr>
<tr>
<td>Work Teams will need to meet regularly - every two/three week initially to develop tactical plans and get to pilot implementation- Steering</td>
<td></td>
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</tr>
<tr>
<td>Recommendations</td>
<td>Discussion</td>
<td>Suggestions</td>
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<tr>
<td>Committee will monitor progress to insure no duplication across teams and plans will achieve the goals</td>
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<tr>
<td>Work team ideas presented (total 5 teams) –</td>
<td></td>
<td></td>
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<tr>
<td>Team 1 – Continuum of mental health services</td>
<td></td>
<td></td>
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<tr>
<td>Team 2 – Community and Family Engagement</td>
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<tr>
<td>Team 3 – Workforce</td>
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<tr>
<td>Team 4 – Outcomes</td>
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<tr>
<td>Team 5 – System Financing</td>
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</table>

A. What do you like about the recommendations as well as any concerns

<table>
<thead>
<tr>
<th>Likes/Questions</th>
<th>Concerns</th>
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</thead>
<tbody>
<tr>
<td>Regarding working collaboratively – inequality in funding, relationships, etc. – how do you accomplish working collaboratively?</td>
<td>It is important for every person and organization to have a role for this to work</td>
</tr>
<tr>
<td>How will the work teams be supported?</td>
<td>Agencies will select a rep from their organization and Chairs and Co-Chairs will be selected; JWB staff will be assigned to each team for tasks such as minutes, scheduling, etc.</td>
</tr>
<tr>
<td>What authority does the rep on the committee have?</td>
<td>Ideally the Chair and Co-Chair on the teams will be able to make decisions for their organizations; the team members do not necessarily need that level of authority</td>
</tr>
<tr>
<td>Comments: good model with important components, people dropping out, are there other opportunities to include additional people to ensure diverse opinions?</td>
<td>Leadership is key but need structure and support – people will drop out, but the group needs to continue, and the work needs to continue. The group could add people to the Steering Committee, but they need to be strategic about who they are adding. The Committee could possibly have a nominations process and committee to do that work. There are not enough people to populate the Work Teams here today, so there will be a need to bring in others.</td>
</tr>
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</table>
### B. Structure and Work Teams

<table>
<thead>
<tr>
<th>Comments</th>
<th>Response</th>
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<tbody>
<tr>
<td>Team 1 is a huge scope of work – how does a group pull this off? Does having teams create silos?</td>
<td>The work is divided to ensure things get done and cross-pollination is part of the Steering Committee process.</td>
</tr>
<tr>
<td>Commitment of time with a number of other meetings that occur in the community.</td>
<td>The group has to make this different. Is part of the plan looking at how this fits into the community, examples: Youth Mental Health Group, the Community Alliance, etc.</td>
</tr>
<tr>
<td>All teams need to use the same process for planning. If the Work Teams are not working, changes could be made.</td>
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<tr>
<td>JWB is committed to providing planning grants and will help to provide the data and research needed for the teams. Group approved structure of teams and names of teams.</td>
<td></td>
</tr>
<tr>
<td>Are there more opportunities for inclusion of the community in the work?</td>
<td>As stated earlier, the Steering Committee may want a nomination committee. They may need to ask who is missing that needs to be part of this initiative. People also need to be added to the Work Teams</td>
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</table>
3. Collaborative Rules/Principles

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These guidelines will serve as the "ground rules" for the Steering Committee's work going forward.

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4. Next Steps

Sign up for work team; chair or co-chair

Participants were asked to sign up for a particular Work Team.

Individuals interested in being a Chair or Co-Chair of a Work Team or the Steering Committee were asked to email Lynda (llandv@twbpinellas.org) no later than Friday, August 3rd.
Children's Mental Health
Steering Committee Inaugural Meeting
July 16, 2018

Welcome and Introductions – Lynda Leedy, CAO, JWB

- Review of May 2, 2018 Consensus Workshop led by Sydney Rogers, formerly Executive Director of Alignment Nashville.
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Overview of recommendations – Sydney Rogers, Sydney Rogers Consulting

- Handouts distributed – The May 8, 2018 Mental Health Consensus Workshop results and Recommendations for Next Steps Children's Mental Health System of Care Development
- Reviewed:
  - Discussed phases and timeframes – relationship building, working differently for system change- development of plans-pilot testing- assess and refine- defining both outputs (# of people receiving info) and outcomes (what changed about behavior) – continue to scale, assess and refine
  - Steering Committee- provides oversight of Work Teams and cross-pollinates ideas across teams
  - Work Teams – are also design teams - how do we bring in the rest of the community to be part of this system? (design teams are more effective if 10-15 people)
  - Work Teams will need to meet regularly - every two/three weeks initially to develop tactical plans and get to pilot implementation- Steering Committee will monitor progress to insure no duplication across teams and plans will achieve the goals
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Suggestion to combine Workforce and System Financing teams. But discussion that Workforce is more than just money – includes certifications, skills, and identifying where the staff are. Decision made to keep separate at this time

Need to create a culture for this group to work together

Q & A Steering Committee – All

S.Rogers asked the group to share what they liked about the recommendations as well as their concerns

- Regarding working collaboratively – inequality in funding, relationships, etc. – how do you accomplish working collaboratively?
  - It is important for every person and organization to have a role for this to work

- How will the Work Teams be supported?
  - Agencies will select a rep from their organization and Chairs and Co-Chairs will be selected; JWB staff will be assigned to each team for tasks such as minutes, scheduling, etc.

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  - Leadership is key but need structure and support – people will drop out but the group needs to continue and the work needs to continue. The group could add people to the Steering Committee, but they need to be strategic about who they are adding. The Committee could possibly have a nominations process and committee to do that work.

- There are not enough people to populate the Work Teams here today, so there will be a need to bring in others.

S.Rogers then asked, if this is implemented as outlined, how do you see this changing the outcomes for children in Pinellas County?

- Pooling resources together may expand opportunities for services, improve outcomes by increasing # of children and families who are currently falling through the cracks, provide for non-duplication of services.

Structure and Work Teams - All

Comments:

- Team 1 is a huge scope of work – how does a group pull this off? Does having teams create silos?
The work is divided to ensure things get done and cross-pollination is part of the Steering Committee process.

- Commitment of time with a number of other meetings that occur in the community.
  - The group has to make this different. Is part of the plan looking at how this fits into the community, examples: Youth Mental Health Group, the Community Alliance, etc.
- All teams need to use the same process for planning. If the Work Teams are not working, changes could be made.
- JWB is committed to providing planning grants and will help to provide the data and research needed for the teams.
- Group approved structure of teams and names of teams.
- Are there more opportunities for inclusion of the community in the work?
  - Response: As stated earlier, the Steering Committee may want a nomination committee. They may need to ask who is missing that needs to be part of this initiative.
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Wrap-up and team meetings

Participants were asked to sign up for particular Work Team. Individuals interested in being a Chair or Co-Chair of a Work Team or the Steering Committee were asked to email Lynda (leedy@jwbpinellas.org) no later than Friday, August 3rd.
RESOURCES
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**Environmental Scan:** Definition of the current state of affairs.

**Gap analysis:** Definition of the gaps that should be filled in order to achieve the long-term outcome.
Board of Directors Meeting

February 14, 2019

Approve Community Council Appointments

Item III.E.

Recommended Action: Approve Community Councils Appointments

Strategic Plan Alignment: Strengthening Community

Background:
In October 2005, the Board approved a new set of guidelines that governed the operation of the Community Councils. Included in the operating guidelines is the provision that the appointment of all Community Council members must be approved by the Board. The Board approved the categories from which the recruits would be selected to include the following: Community Representative, Government, Business, Education, Civic Organization, Health, and Youth/Young Adults.

There are three applicants recommended to serve on the JWB Community Councils.

Nominee:
Regional Area: Mid-County

1. Regina Knight

Ms. Knight works as a System Navigator at Personal Enrichment through Mental Health Services (PEMHS). She provides Notary Service at the Palm Way Campus for the Family Services Initiative (FSI) program. Ms. Knight is a ten year, volunteer Florida Master Guardian ad Litem (GAL) for Pinellas County 6th Court System. She also has 25 years of social work and education experience working in New York State and the State of Florida. Ms. Knight is a Certified National Organization of Victims Advocate (NOVA), 2018 and Red Cross trained Emergency Responder Volunteer Social Worker, 2015. She is a 2009 graduate of Eckerd College Program for Experienced Learners (PEL) program with a BA in Human Development. Ms. Knight also served on the Eckerd College PEL Program Alumni focus group since 2015. In her spare time, she enjoys Toast Masters meetings, fishing and being a Florida tourist on the weekends.

Category: Community

2. Deputy Alex Siem

Deputy Siem is currently a Community Policing Deputy for the Pinellas County Sheriff’s Office. Deputy Siem has been in Law Enforcement for almost 12 years. He started his career in Gainesville in October 2007. Deputy Siem was born in Caracas, Venezuela in 1982. He moved with his family to Gainesville in August of 1998, when he was 16 years old. He graduated from Buchholz High School and subsequently attended Santa Fe College. In May of 2007, after having worked for an insurance company for five years, he decided to attend the Kirkpatrick Criminal Justice Center (Police Academy) through Santa Fe College. He was sponsored by the Alachua County Sheriff’s Office while completing the last month of the academy.
At the Pinellas County Sheriff’s Office, he was assigned to patrol midnight and dayshift. He was part of the Major Accident Investigation Team for three years, and was a Field Training Officer (FTO) for two years.

He was transferred from patrol to Community Policing in December 2017. Working as a Community Policing Deputy during this past year has taught him an aspect of Law Enforcement that regular uniform patrol officers do not usually experience. One of the most fulfilling parts of being a Community Policing Deputy is having the ability to be a part of wonderful events such as:

- Reading to the children through the Officer Friendly Program
- Taking the children to see the Toronto Blue Jays during their spring training games through partnership with the YMCA
- Movie Nights in the community for the purpose of bringing the neighborhood children together for a night of fun
- Kicking’ with the COPS through Fast Five Soccer, where officers were challenged by children from local neighborhoods, as well as children from Naples, Florida, to friendly soccer matches
- Community Outreach Efforts with different local churches, to walk around the neighborhoods looking to assist citizens and families in need.

Category: Government
Regional Area: South County
3. Ms. Jah’tia Haynes

Jah’tia Haynes is a marketing and outreach specialist at the James B. Sanderlin Neighborhood Family Center that enriches and empowers families and children of South St. Petersburg and beyond. In her previous experience, Jah’tia has mentored and consulted local startups, small businesses and nonprofits in areas such as business strategy, brand development, and digital marketing. Graduating from the University of Florida with a bachelor of science in public relations and an outside concentration in event management, she dedicates her time, skill, and efforts to help the community members reach their fullest potential through innovation, communication, and collaboration.

Category: Community

**Current Membership:**

Upon Board approval of these appointments, there will be 37 Community Council members: 10-North County; 18-Mid-County; and 9-South County.

Staff Resource: Judith Warren
Board of Directors Meeting

February 14, 2019

2018 JWB Children’s Summit and Annual Report Video

Item IV.A.

Recommended Action: Information Only

Strategic Plan Alignment: Strengthening Community

JWB Chief Administrative Officer Lynda Leedy will recap the Children’s Summit and present the Annual Report video.

With a theme of Leading the Way, the 2018 JWB Children’s Summit attracted about 200 of Pinellas County’s most influential leaders and community partners with a focus on the many ways that JWB leads through influence, convening, collaboration, and example. Held on December 14, 2018 and now in its fifth year, the annual event was co-hosted by St. Petersburg College’s Institute for Strategic Policy Solutions in Seminole.

Mrs. Susan Rolston, JWB Board Vice Chair, welcomed attendees, then introduced St. Petersburg College President Dr. Tonjua Williams who gave the host welcome. After acknowledging the dignitaries in attendance, Mrs. Rolston introduced Dr. Marcie Biddleman for opening remarks, and the introduction of the FY18 Annual Report Video: Leading the Way.

Dr. Biddleman then introduced the program portion of the event which featured updates by Board Members on our three collective initiatives:

- **Preventable Child Deaths**: Board Member and Division Chief Jim Millican of Lealman Fire District and Rescue Chief Ian Womack of St. Petersburg Fire Rescue
- **Grade-Level Reading**: Associate Superintendent Lori Matway of Pinellas County Schools and President/CEO Freddie Williams of Boys and Girls Club of the Suncoast
- **Childhood Hunger**: Board Member Michael Mikurak and Executive Director Beth Houghton of St. Petersburg Free Clinic

A special *Childhood Hunger Champion* award was presented to the Honorable Bob Dillinger, Board Member and Public Defender of the Sixth Judicial Circuit, for his passionate life’s work to nourish hungry children and end childhood hunger.

Dr. Jim Sewell, Board Immediate Past Chair, closed the event with an acknowledgement that to lead one needs a leader, and on behalf of the Board publically thanked Dr. Biddleman for moving JWB beyond the role of simply a funder to one of convener, problem-solver, thought leader, and role model.

Staff Resource: Lynda Leedy, April Putzulu, Zebrina Edgerton-Maloy, and Gayle Christensen
Board of Directors Meeting

February 14, 2019

Update on UNITE Pinellas

Item IV.B.

Recommended Action: Information Only

Strategic Plan Alignment: Strengthening Community

Mr. Tim Dutton, Executive Director, UNITE Pinellas will provide an update of the group’s recent work. He will highlight the National Equity Atlas, a data and policy tool for the community leaders and policymakers who are working to build a new economy that is equitable, resilient, and prosperous.

**UNITE Pinellas**

*Working for systemic change that generates income and racial fairness and equity*

UNITE Pinellas focuses on the systemic causes that, if they are changed, can answer the question, “What will it really take to achieve the desired long-term change where race is not consistently and predictably associated with disadvantage.” (Aspen Institute). UNITE Pinellas works to mobilize resources to impact equity and fairness at their origins – Public Policy, Institutional Practices, and Changing the Narrative. By increasing the knowledge of the local dynamics and conditions, exposing the root causes that underlie the disparities, UNITE Pinellas will facilitate the capacity to influence these three areas.

Staff Resource: Lynda Leedy
Update on North County Community Council

Item IV.C.

**Recommended Action:** Information Only

**Strategic Plan Alignment:** Strengthening Community

The North County Community Council will provide an update on their plan. A PowerPoint will be presented.

Staff Resource: Judith Warren
Danielle Hintz
NORTH COUNTY COMMUNITY COUNCIL

BOARD MEETING
THURSDAY, FEBRUARY 14, 2019
Mr. Eric Clark, NCCC Secretary
North County Community Council Updates

• 10 members (3 to 24 years service)
• 70+ Connections – Influence Map
• 75 Friends of the NCCC
• Work Plan Focus: Advocacy & Community Awareness
• ALICE- The Struggle of Working Families in North Pinellas County
NCCC ALICE EDUCATIONAL BREAKFAST

- Purpose of Educational Session
- Community Leaders
- Attendees - 26 guests, 42 total
Keynote: Suzanne McCormick, United Way Suncoast

41% of Working Hard, Barely Making it

North County, higher % of ALICE families (up to 44%)

Even with government assistance, income gap
- Population Changes - Migration & Aging Population
- Jobs – Technology & Future Prospects
- Education & Income Gaps
Wishes for ALICE Families led by the NCCC

Affordable Housing, Educational Opportunities, Financial Literacy, Grassroots Advocacy, Early Childhood Education, Transportation

Junior League Clearwater-Dunedin Presentation/Partnership

Next Steps
JWB North County Community Council: Advocacy & Moving Forward

**AFFORDABLE HOUSING**
- Collaboration with Habitat for Humanity
- Advocate for the protection of renters
- Promote home ownership and affordable, safe housing opportunities

Help families find affordable, safe homes

**EDUCATIONAL OPPORTUNITIES**
- Help employers to promote sign-wage employment opportunities
- Educational opportunities for economic mobility
- Technical skill development opportunities

Upward financial mobility

**FINANCIAL LITERACY**
- Engage banks and credit unions to offer education
- Work with the school system to create high school requirements to include financial literacy

Understanding the impact of ALICE

---

**Our Wishes for ALICE Families**

**GRASSROOTS ADVOCACY**
- Support the need for systematic flexibility with programs that assist ALICE families
- Listen to ALICE families for what they need from social and community services

Help families through collaboration

**EARLY CHILDHOOD EDUCATION**
- Promote zero cost to ALICE families for childcare services
- Increase early childhood education interventions
- Encourage livable wages for early education teachers

Accessible and affordable childcare

**TRANSPORTATION**
- Advocate for funding to expand hours of public transportation
- Support the increase of funding for additional transportation resources
- Explore opportunities to offer free transportation to/ out of school time programs

Identify transportation solutions
NCCC MOVING FORWARD

- ALICE Advocacy & Actions
- Member Recruitment
- Advocate for all areas of North County
- Connections
- Any Questions?

THANK YOU!
Board of Directors Meeting

February 14, 2019

Chief Executive Officer’s Report

Item V.

Recommended Action: Information Only

Strategic Plan Alignment: Administration

Dr. Marcie Biddleman will present the Chief Executive Officer’s Report.

Staff Resource: Dr. Marcie Biddleman
State

**Governor DeSantis Releases FY 2019-2020 Proposed Budget**

Governor Ron DeSantis’ proposal is a starting point for lawmakers, who will negotiate a 2019-2020 budget during the legislative session that begins March 5, 2019. The $91.3 billion spending plan would increase school funding, reduce Medicaid expenses, and cut taxes. The proposal would be an increase from the current year’s $89.3 billion budget, and the largest in state history.

Under his spending plan, the projected additional $1 billion in general-revenue taxes will be a key source of money for schools, health programs, and prisons. Also, the proposed budget is larger because it includes federal and state money for responding to recent disasters such as Hurricane Michael and Hurricane Irma.

Hurricane Michael forced 375,000 to evacuate and resulted in 137,000 property insurance claims totaling almost $5 billion in damages. More than 102,000 people have registered for assistance and 16 counties have qualified for federal aid in the wake of the near-Category 5 storm. Economic damages include the destruction of 2.8 million acres of agricultural and forest land. The most significant losses will be felt in the region’s lumber industry, which lost an estimated $1.3 billion in destroyed timber with more than 350,000 acres experiencing catastrophic damage.

With an estimated loss of $1.49 billion in crops, the following agriculture losses include: peanuts, $23 million; nurseries/Floriculture, $16.11 million; poultry, eggs, $10.02 million; vegetables, $8.61 million; aquaculture, $5 million; fruits, $4.35 million; and $1.96 million in apiary losses.

House and Senate appropriation committees will meet during the first three weeks of February to receive presentations on DeSantis’ proposal.
The budget proposal includes:

--- $21.7 billion for the main public school funding formula, known as the Florida Education Finance Program, with an increase of $224 in per-student funding

--- No tuition or fee increases for students at state universities and state colleges and $582.8 million for the Bright Futures scholarship program

--- $625 million for Everglades restoration and water-quality efforts to address issues such as red tide and toxic algae

--- $50 million for beach-restoration projects and $100 million for the Florida Forever land-conservation program

--- $85 million to continue the Florida Job Growth Grant Fund, an economic development program, and $76 million for the Visit Florida tourism-marketing agency

--- Making permanent a $98 million cut in the Medicaid program through eliminating a longstanding policy about paying healthcare bills that accumulate while people prepare to apply for coverage --- a concept known as retroactivity. This will be achieved by reducing the retroactivity of pre-Medicaid coverage from 90 days to 30 days.

--- Elimination of the Agency for State Technology, with its responsibilities shifted to the Department of Management Services.


Below are the highlights of the commission’s report recommendations:

School districts

Recommendation: Student mental health and counseling records should be part of each student’s school records, and follow them from school to school.

Status: Requires legislative action or rule-making by Florida Department of Health.

Recommendation: School-based arrest diversion programs, such as Broward’s Promise program, should limit the number of referrals a student can receive, report all information to the Department of Juvenile Justice, and provide law enforcement with the discretion to make an arrest.

Status: The district has made changes to keep students from going back to the program, due to a state law passed last year that requires law enforcement to be involved once a student commits a second offense.

Recommendation: All Florida public schools should immediately provide law enforcement with live and real-time access to all school camera systems. The school districts should provide law enforcement with adequate training to access and operate the cameras.
Status: Broward has not provided outside law enforcement agencies with access to its systems, however the school cameras do operate in real-time. The tape delay that confused law enforcement officers during the Parkland shooting was caused by human error; the system could have been switched to real time.

**Schools**

**Recommendation:** Classrooms should have established safety measures, such as hard corners which are marked areas not visible from doorways, or other safe areas for students to hide. Also, teachers should be able to cover door windows quickly.

Status: Varies statewide, like many school security measures. The commission has chastised school districts of moving too slowly on safety improvements after the shooting. The Broward school district has not addressed this yet, but Broward School Superintendent Robert Runcie said the district will begin implementing changes after winter break for classrooms that have not already created marked areas.

**Recommendation:** Every school should have a clear policy for declaring an emergency lockdown, known as a Code Red. All personnel should be empowered to call for a Code Red.

Status: Broward County Schools still does not have a policy, but the school board is considering one that would allow anyone to call a Code Red, if student safety is at risk.

**Recommendation:** All campus gates must remain locked, unless staffed, to prevent unauthorized access.

Status: Broward policy calls for perimeter gates to be locked when class is in session. It calls for one gate, to be left open for parent or visitor access, to be monitored at all times “to the extent possible”.

**Recommendation:** Schools must accurately report crime and safety incidents. A *South Florida Sun Sentinel* investigation found that school personnel at Stoneman Douglas High School failed to alert the state of numerous incidents, and that school districts throughout the state had not reported incidents such as rape, kidnapping, arson, and murder.

Status: Broward’s superintendent pledged to conduct audits of the district’s reporting practices and discipline administrators who under report incidents. It would be up to the state Legislature to authorize sanctions on school districts that fail to accurately report campus crime.

**Federal**

**Final Report of The Federal Commission on School Safety**

The work of the Commission falls into three broad categories:

1) Prevent
2) Protect and Mitigate
3) Respond and Recover

Details on these categories can be found in the report’s Executive Summary beginning on page 13.
Federal Budget

The recent government shutdown means that the budget will not be released in the first week of February as required. When it is released, it will include a budget baseline for 2019 for the Defense Department and Health and Human Services (HHS). However other departments will have 2018 budget baseline numbers to include Homeland Security, Justice Department, and Department of Agriculture.

Congressional budget committees in both houses begin hearings with budget resolution, setting overall spending authority, and allocating spending among the 12 appropriations bills in March. A final Joint Budget Resolution, which does not require a President’s signature, is to be agreed to and adopted by April 15 of a given year.

If these deadlines are missed, appropriators are likely to begin their appropriations process in spring 2019, and House leaders are likely to address the Labor-HHS-Education bills early and may make it their first bill. That would be significant change from the House under Speakers John Boehner and Paul Ryan. In those congresses, Labor-HHS-Education bills were last and sometimes not released for publication until the overall appropriations were agreed to and passed. This is due to Labor-HHS-Education funding that was targeted for freezes, or budget cuts that House leadership used to fund other spending and priorities.

Federal Shutdown Impact

While furloughed federal employees returned to work and are eligible for back pay, federal contractors are not eligible to receive back pay due to fixed price outsourced contracts. The contractors include some of the lowest wage workers, such as janitors and security guards. Some contractors were required to wait for approval from federal agencies to resume their work, while others had to reapply for funding. It may still be days before some get paid, with federal contract officers buried under a backlog of invoices.

In a report published Monday, the Congressional Budget Office (CBO) concluded that private businesses faced some of the "largest and most direct negative effects" of the shutdown. In addition to contractors, CBO identified that other businesses suffered from not being able to obtain federal permits and loans. In addition, CBO noted that federal workers who took out loans "will see an increase in expenses as they pay interest on that debt."

Staff Resource: Debra A. Prewitt
Sources: Lobbytools.com, Politico.com, and The News Service of Florida
Early Learning Coalition Report

**Recommended Action:** Information Only

**Strategic Plan Alignment:** School Readiness

The Early Learning Coalition memo is attached.

Staff Resource: Judith Warren
Date: January 29, 2019
To: JWB
From: Lindsay Carson, CEO
Subject: ELC Enrollment & Utilization

Enrollment & Utilization
As previously reported, the Office of Early Learning released a new statewide data system in July 2018. The “EFS Mod” includes client eligibility & enrollments, provider contracts & reimbursement, and Child Care Resource & Referral. Since launching, the system has not functioned properly, and continues to impede our ability to pay providers accurately, redetermine eligibility and enroll children from the waitlist.

Providers have been paid based on estimates since July 2018. The School Readiness reimbursement function is expected to be released in early February 2019. Once the system is fully functional, it will take months to reconcile and complete data cleanup.

Unfortunately, we don’t have the ability to pull the data for reporting purposes that we normally provide. We are working closely with the Office of Early Learning as they correct the issues. We will provide updated reports once the reporting capabilities are restored. Thank you again for your patience.
Board of Directors Meeting

February 14, 2019

Eckerd Connects Reports

Item VI.C.

**Recommended Action:** Information Only

**Strategic Plan Alignment:** Prevention of Child Abuse and Neglect

The Eckerd Connects Report is attached.

Staff Resource: Judith Warren
Eckerd Connects Community Alternatives- C6 Lead Agency Performance Overview

As of December 31, 2018, ECA had a total of 3,161 children and young adults receiving child welfare services (1,151 in Pinellas County and 2,010 in Pasco County). This total represents a net decrease of 27 clients, since December 31, 2017. Eckerd Community Alternatives is the 2nd largest CBC Lead Agency in the State of Florida, based on the number of children and young adults served.

<table>
<thead>
<tr>
<th>Child Population</th>
<th>Pasco</th>
<th>Pinellas</th>
<th>C6 Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 2018</td>
<td>1151</td>
<td>2010</td>
<td>3161</td>
</tr>
<tr>
<td>December 31, 2017</td>
<td>1202</td>
<td>1986</td>
<td>3188</td>
</tr>
<tr>
<td>Difference</td>
<td>-51</td>
<td>+24</td>
<td>-27</td>
</tr>
</tbody>
</table>

So far, as of the end of December 2018 the rate of children entering the child welfare system has decreased when compared to last fiscal year (new fiscal year began on July 1, 2018). The overall monthly average for Pinellas last fiscal year was 81 entries from July 1, 2017 through June 30, 2018. In Pasco County, the monthly average from July 1, 2017 through June 30, 2018 was 50 entries.

<table>
<thead>
<tr>
<th>New Intakes / Entries – Monthly Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
</tr>
<tr>
<td>FY17-18</td>
</tr>
<tr>
<td>FY16-17</td>
</tr>
<tr>
<td>FY15-16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Intakes / Entries Actuals For The Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
</tr>
<tr>
<td>December 2018</td>
</tr>
<tr>
<td>November 2018</td>
</tr>
<tr>
<td>October 2018</td>
</tr>
</tbody>
</table>
On the back end of our system, the average number of children being discharged from Out of Home Care increased in the month of December 2018 when compared to last fiscal year.

<table>
<thead>
<tr>
<th>Exits from Foster Care – Monthly Average</th>
<th>Pasco</th>
<th>Pinellas</th>
<th>C6 Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17-18</td>
<td>44</td>
<td>63</td>
<td>107</td>
</tr>
<tr>
<td>FY16-17</td>
<td>43</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>FY15-16</td>
<td>42</td>
<td>68</td>
<td>110</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exits from Foster Care Actuals for The Last 3 Months</th>
<th>Pasco</th>
<th>Pinellas</th>
<th>C6 Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2018</td>
<td>84</td>
<td>61</td>
<td>145</td>
</tr>
<tr>
<td>November 2018</td>
<td>31</td>
<td>87</td>
<td>118</td>
</tr>
<tr>
<td>October 2018</td>
<td>33</td>
<td>48</td>
<td>81</td>
</tr>
</tbody>
</table>

1) **Placement Stability** is measured by children’s placement moves per one thousand (1000) days in foster care. The federal standard is 4.12% (lower is better) and, in our community, we are currently performing above the federal target at **5.31% for the month of December 2018. The statewide average is 4.40%**. In an effort to continue to improve this performance, we are requesting that community stakeholders join efforts with Eckerd Community Alternatives in helping to recruit more foster families that have the ability to care for large sibling groups; teenagers; assist in the recruitment of minority foster families; and to assist in our efforts to identify mentors for children placed in foster care. In addition, Eckerd Connects Community Alternative is working with our Residential Group Care Providers (who have the highest placement disruption rate) to provide more wraparound supports to better address the needs of our children with the most challenging behaviors.

2) **Permanency**

a. **Timeliness of Reunification**: According to the Child and Family Service Review (CFSR), the Federal Children’s Bureau measures timeliness of reunification by the percentage of children who enter out of home care and are reunified within 12 months. The national standard is **40.5%** (higher is better). In Judicial Circuit 6, for **December 2018** our performance was **33.4%** compared to the State average of **37.5%**.
b. **Adoption Finalization:** Eckerd Connects Community Alternative adoption goal this year is to ensure 389 children are linked to their forever families. As of **January 25, 2019**, Eckerd Connects Community Alternatives and its sub contracted providers (Directions for Living, Lutheran Services of Florida and Youth and Family Alternatives) has finalized **249 adoptions**, which is the most in the state of Florida at this time.

3) **Retention/Turnover:**

<table>
<thead>
<tr>
<th>CMO Agency</th>
<th>Budgeted CM Positions*</th>
<th>Filled with Case Carrying Staff</th>
<th>% Budgeted Case Carrying</th>
<th>Case Workers In Training</th>
<th>Case Workers Awaiting Training</th>
<th>Case Workers on FMLA</th>
<th>Total Filled</th>
<th>% Total Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFL</td>
<td>46</td>
<td>36</td>
<td>78%</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>43</td>
<td>93%</td>
</tr>
<tr>
<td>LSF</td>
<td>50</td>
<td>40</td>
<td>80%</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>52</td>
<td>104%</td>
</tr>
<tr>
<td>YFA</td>
<td>57.5</td>
<td>43.5</td>
<td>76%</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>55.5</td>
<td>97%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>153.5</strong></td>
<td><strong>133.5</strong></td>
<td><strong>78%</strong></td>
<td><strong>14</strong></td>
<td><strong>15</strong></td>
<td><strong>2</strong></td>
<td><strong>150.5</strong></td>
<td><strong>98%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CMO Agency</th>
<th>CM Resignations Pending</th>
<th>Supervisor Resignations Pending</th>
<th>Supervisor Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFL</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>LSF</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>YFA</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Self-Reported by PD CMO-Workers with protected caseloads are included

*Budgeted CM Positions reported by each CMO

<table>
<thead>
<tr>
<th>Children In-Home and Out of Home</th>
<th>Average Case carrying</th>
</tr>
</thead>
<tbody>
<tr>
<td>2775</td>
<td>22</td>
</tr>
</tbody>
</table>
**Case Load and Turnover**

<table>
<thead>
<tr>
<th>CMO</th>
<th>Average # of Children per Worker</th>
<th>Case Load</th>
<th>Case Manager Turnover Rate Last 12 months</th>
<th>Case Manager Supervisor Turnover Rate Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFL</td>
<td>21.3</td>
<td>12.7</td>
<td>80%</td>
<td>63%</td>
</tr>
<tr>
<td>LSF</td>
<td>23.5</td>
<td>14.0</td>
<td>96%</td>
<td>63%</td>
</tr>
<tr>
<td>YFA</td>
<td>21.8</td>
<td>13.0</td>
<td>73%</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>22.2</td>
<td>13.3</td>
<td>83%</td>
<td>58%</td>
</tr>
</tbody>
</table>
STATUS OF FUNDED AGENCY WRITTEN PLANS

<table>
<thead>
<tr>
<th>Agency/Program</th>
<th>Type of Plan</th>
<th>Subject of Plan</th>
<th>Beginning Date</th>
<th>Estimated Completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROGRAM MONITORING REPORTS SUMMARIES

Program monitoring is a means to evaluate performance, monitor program delivery, and recommend improvements, as necessary. Program deficiencies may result in a written plan of action being issued which is developed in collaboration with agency staff with specific steps and timelines to address identified items. Program monitoring activities are progressive, uniquely-tailored, and responsive to the program’s service challenges, strengths, and opportunities. These activities are conducted on an ongoing basis.

The following Program Monitoring Report Schedule for FY19 is attached.

The schedule follows the timeline of when the data becomes available and will be submitted to the JWB Board accordingly.

Previous Program Monitoring detailed reports are accessible via Dropbox. Board members are invited to participate in program monitoring. For information, please contact Karen Woods at 727-453-5682 or kwoods@jwbpinellas.org.

FINANCIAL MONITORING REPORTS

- None at this time.

Staff Resource:  Karen Woods
         Lori Lewis
         Alisha Wilbeck
Program Monitoring Report Delivery Schedule FY19

Reports include program monitoring activities and data for
October 1, 2017 – September 30, 2018

February 15, 2019

Data analysis complete for FY18 programs

March 14, 2019

- CASA - Domestic Violence
- CASA - Peacemakers
- Gulfcoast Legal Services
- Preserve Vision - Seeing Our Bright Future
- RCS - Grace House
- RCS - The Haven
- Sanderlin - NFC
- Lealman - NFC
- Artz 4 Life - COST
- Boys and Girls Club Suncoast - COST
- R’Club - Exceptional
- R’Club - Special Services
- Sanderlin - Youth Development Foundation

April 11, 2019

- Citizen’s Alliance for Progress - NFC
- City of Clearwater - COST
- City of St. Petersburg - TASCO
- FSI End of Year Report
- Greater Ridgecrest Area Youth Development Initiative - NFC
- High Point - NFC
- YMCA of Greater St. Petersburg - Y Reads!
- Pinellas County Health Department - Pinellas County Licensing Board
- Family Resources - SafePlace2B
- SJCC - Behavioral Evaluation
- SJCC - Early Childhood Court
• Promise Time (all Providers)
• Pinellas County Health Department - Dental Sealant
• Children’s Home Network - Pinellas School Support Team

May 9, 2019

• Boley –Youth Employment Program
• Sanderlin/YMCA of Greater St. Petersburg - Faith-Based Literacy
• PACE Center for Girls
• Pinellas County Dept. of Health- School Based Health Clinics
• Children’s Home Network - Kinship Program
• PARC - Respite
• Cops n Kids - COST
• Police Athletic League - COST
• Early Learning Coalition - Subsidized Child Care and Child Care Executive Pool
• Early Learning Coalition - Pre K All Day
• InterCultural Advocacy Institute
• R’Club - HIPPY

June 13, 2019

• Operation PAR- COSA
• Operation PAR - Motivating New Moms
• PARC- Family Focus
• PARC - Discovery Learning Center
• UMCM - QELI
• UMCM - Children of the World
• R’Club - Lew Williams
• R’Club - HELP
• Pinellas County Department of Health - Healthy Families
• Pinellas County Department of Health - Nurse-Family Partnership
• Clearwater - NFC

July 11, 2019

• Directions - Early Childhood Consultation
• Directions - Children’s Outpatient
• Suncoast - Family Services
• USF - Infant Mental Health
• Operation PAR - I Can Problem Solve
• Family Resources - Youth Enrichment Program
• R’Club - Middle School Academy
• Mattie Williams - NFC
• Youth Development Initiative
• Family Center on Deafness

September 12, 2019

• Girls Scouts
• Bethel - TIPS
• Big Brothers Big Sisters - Comprehensive Mentoring
• Family Resources - Truancy Navigation
• Gulfcoast Jewish Family and Community Services - Violence Prevention
• Seniors in Service - Foster Grandparent Program
• USF - Prep for Middle School Success
• Worknet - Youth Innovators Program
Board of Directors Meeting
February 14, 2019
Program and Financial Monitoring Information

Item VI.E.

**STATUS OF FUNDED AGENCY WRITTEN PLANS**

<table>
<thead>
<tr>
<th>Agency/Program</th>
<th>Type of Plan</th>
<th>Subject of Plan</th>
<th>Beginning Date</th>
<th>Estimated Completion Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>None</td>
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<td></td>
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</tbody>
</table>

**PROGRAM MONITORING REPORTS SUMMARIES**

Program monitoring is a means to evaluate performance, monitor program delivery, and recommend improvements, as necessary. Program deficiencies may result in a written plan of action being issued which is developed in collaboration with agency staff with specific steps and timelines to address identified items. Program monitoring activities are progressive, uniquely-tailored, and responsive to the program’s service challenges, strengths, and opportunities. These activities are conducted on an ongoing basis.

The following Program Monitoring Summary Reports are attached:

- None at this time.

Previous Program Monitoring detailed reports are accessible via Dropbox. Board members are invited to participate in program monitoring. For information, please contact Karen Woods at 727-453-5682 or kwoods@jwbpinellas.org.

**FINANCIAL MONITORING REPORTS**

- None at this time.

Staff Resource: Karen Woods  
Lori Lewis  
Alisha Wilbeck
Recommended Action: Information Only

Strategic Plan Alignment: Administration

SOLE SOURCE

None at this time.

PURCHASING WAIVER

None at this time.

Staff Resource: Brian Jaruszewski
               Diana Carro
               Lorrayne Hayes
Board of Directors Meeting

February 14, 2019

Open and Pending Solicitations

Item VI.G.

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**Recommended Action:** Information Only

**Strategic Plan Alignment:** Administration

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**OPEN SOLICITATIONS**

None at this time

**PENDING SOLICITATIONS**

**Children’s Literacy Request for Proposals (RFP)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-Dec, 2018</td>
<td>Needs Assessment/Requirements Gathering</td>
</tr>
<tr>
<td>January, 2019</td>
<td>Market Research</td>
</tr>
<tr>
<td>Feb-Mar, 2019</td>
<td>Draft RFP</td>
</tr>
<tr>
<td>03/21/2019</td>
<td>Finance Committee Approve Release of RFP at 1:00 PM, JWB, Edmonds Neri Conference Room</td>
</tr>
<tr>
<td>04/11/2019</td>
<td>Board Approve Release of RFP at 9:00 AM, JWB, Edmonds Neri Conference Room</td>
</tr>
<tr>
<td>04/15/2019</td>
<td>RFP Released</td>
</tr>
<tr>
<td>05/08/2019</td>
<td>Pre-Proposal Conference at 10:00 AM, JWB, Edmonds Neri Conference Room</td>
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<tr>
<td>06/14/2019</td>
<td>Proposals Due by 12:00 PM</td>
</tr>
<tr>
<td>07/30/2019</td>
<td>Evaluation Committee Meeting at 9:00 AM, JWB, Edmonds Neri Conference Room</td>
</tr>
<tr>
<td>08/07/2019-</td>
<td>Interview Top Proposers, JWB, Conference Room 105</td>
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<td>08/09/2019</td>
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<td>08/14/2019</td>
<td>Evaluation Committee Meeting at 9:00 AM, JWB, Edmonds Neri Conference Room</td>
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<tr>
<td>08/19/2019</td>
<td>Present Recommendations to the JWB Executive Team at 1:00 PM, JWB, Edmonds Neri Conference Room</td>
</tr>
<tr>
<td>August, 2019 (TBD)</td>
<td>Present Recommendations to the JWB Finance Committee, JWB</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td>September, 2019 (TBD)</td>
<td>Board Action to Award at 9:00 AM, JWB, Edmonds Neri Conference Room</td>
</tr>
<tr>
<td>September, 2019 (TBD)</td>
<td>Announce Intent to Award</td>
</tr>
<tr>
<td>10/01/2019</td>
<td>Execute Agreement</td>
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</tbody>
</table>

Staff Resource:  
Brian Jaruszewski  
Diana Carro  
Lorrayne Hayes
Board of Directors Meeting

February 14, 2019

Personnel Report

Item VI.H.

Recommended Action: Information Only

January

New Hires: Mary Daddio Administrative Specialist
Braxton Everett Program Finance Associate

Retirement: None

Separations: None

Promotions: Lori Lewis Program Finance Manager

Anniversaries: Millicent C. Battle Three Years
Lynda Leedy Four Years
Diana D. Carro Seven Years
Joan Chamo Seven Years
Karen M. Woods Eight Years
Yaridis L. Garcia Twelve Years

Staff Resource: Nicholas Benedetto
Board of Directors Meeting

February 14, 2019

Calendar of Events

Item VI.I.

Recommended Action: Information Only

Strategic Plan Alignment: Administration

February 20, 2019 2:00 PM  Health and Human Services Leadership Board Meeting
Edmonds Neri Conference Room
14155 58th Street North
Clearwater, FL

February 21, 2019 8:00 AM to 12:30 PM  FOCUS Community Connection
The Opioid Crisis and the Faith Community
Anona United Methodist Church
13233 Indian Rocks Road
Largo, FL

March 2, 2019 9:00 AM to 3:00 PM  2nd Annual Youth Are the Leaders of Today Conference
Public Works Building
6250 82nd Avenue North
Pinellas Park, FL

March 7, 2019 3:30 PM to 5:00 PM  JWB South County Community Council Meeting
Gulfport Neighborhood Center
1617 49th Street South
Gulfport, FL

March 7, 2019 5:30 PM to 7:00 PM  JWB North County Community Council Meeting
Clearwater Neighborhood Family Center
900 North Dr. Martin Luther King Jr. Avenue
Clearwater, FL

March 7, 2019 6:00 PM to 7:30 PM  JWB Mid-County Community Council Meeting
Pinellas Park Public Works Building
6250 82nd Avenue North
Pinellas Park, FL

Staff Resource: April Putzulu
Recommended Action: Information Only

Strategic Plan Alignment: Administration


- Article on 01/15/19 by Florida Business Daily about St. Petersburg Area Chamber of Commerce and the Thrive By Five Pinellas initiative. JWB was mentioned as one of the key players in the TBFP Steering Committee.

JWB Facebook

- Total Page Likes: 1,664
- Total Average Impressions: 13,840
- Total Number of Reactions/Comments/Shares: 497
- Top Performing Facebook Post (Total Reach): 792
JWB Twitter

- Total Followers: 1,797
- Total Impressions: 16.6K
- Total Retweets/Replies/Likes: 48
- Top Performing Tweet (Impressions): 2,453

JWB Instagram

- Total Followers: 154
- Top Performing Instagram Post (Impressions): 151

JWB Website:

- Total number of page views: 3,631
- Total number of unique page views: 2,949
- Total number of sessions per user: 1.28
- Total number of unique visitors/users: 1,079
- Total number of new visitors/users: 900
- Average pages viewed during a visit/session: 2.62
- Average time spent on the site per visit/session [in minutes]: 01:48
- Top page views per page: Home (862); Board Meetings (236); Careers (212); Team Members (207); Providers (126); About (105); and Board Members (103)
12/22/18: Adopt-A-Block Holiday Event
Community Planning Manager Yaridis Garcia represented JWB at this annual event to provide information about JWB to families of the Lealman Community; about 400 individuals attended the event.

1/11/19: Lealman YMCA Pre-School Academy Dedication
Chief Administrative Officer Lynda Leedy and Chief Financial Officer Brian Jaruszewski attended the ribbon cutting ceremony to open the new Quality Early Learning Center to serve families in the Lealman Community. Funding was awarded to the YMCA of Greater St. Petersburg for site operations.

1/14/19: Junior League of Clearwater-Dunedin Presentation
Community Projects Manager Danielle Hintz presented to approximately 100 League members on the ALICE report, JWB, and North County Community Council.

1/15/19: Pinellas County Schools ESOL Community Resource Fair
Community Planning Manager Yaridis Garcia represented JWB at this annual event, in partnership with Pinellas County Schools, to provide information about JWB to Latino families.

Staff Resource:  
April Putzulu  
Gayle Christensen  
Zebrina Edgerton-Maloy