

Pinellas County Behavioral Health Receiving System Plan

In accordance with

Florida Statute 394, Florida Mental Health Act

Florida Statute 397, Hal S. Marchman Alcohol and Other Drug Services Act

2026-2029

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I. Background/ Purpose

In accordance with Florida Statute 394 (Florida Mental Health Act, commonly referred to as the “Baker Act”), and Florida Statute 397 (commonly referred to as the Marchman Act), Pinellas County in partnership with Central Florida Behavioral Health Network (the Managing Entity) have completed this Behavioral Health Receiving System Plan. Implementation of this plan assures the coordinated provision of emergency services for people in need of help for behavioral health disorders and supports a comprehensive behavioral system of care.

This Behavioral Health Receiving System Plan describes how the community shall ensure the provision of the “No Wrong Door Model” defined in FS 394.4573. This description includes the organization of the Behavioral Health Receiving System and how it responds to individual needs and integrates services among various providers.

The Behavioral Health Receiving System may be organized in any manner which functions as a no-wrong-door model. Such models include, but are not limited to:

A **central receiving system** is identified as a system that consists of a designated central receiving facility that serves as a single-entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment for stabilization of persons with mental health or substance use conditions, or co-occurring conditions.

A **coordinated receiving system** is identified as a system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for psychiatric treatment or stabilization services following an initial assessment and / or evaluation.

A **tiered receiving system** consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

OR

The Behavioral Health Receiving System may be organized in **any manner that functions as a No-Wrong-Door Model that responds to individual needs and integrates the services of various providers**. The overarching expectation is that acute care behavioral health services should operate as a “no wrong door” for individuals and that providers of crisis services need to be capable of

receiving, evaluating and triaging persons with substance abuse, mental health, or co-occurring disorders.

The County and the Managing Entity shall review and update, as necessary, the Behavioral Health Receiving System at least once every 3 years. An accurate inventory of the participating service providers shall be maintained and made available at all times to all first responders in the service area.

II. Children's Mental Health - House Bill 945 (HB945) Florida Statute 394.493

House Bill 945 formalized in Florida Statute 394.493 requires the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to identify children, adolescents, and young adults age 25 and under who are the highest users of crisis stabilization services. The statute also requires DCF to collaboratively take action to meet the behavioral health needs of such children. The bill directs these agencies to jointly submit a quarterly report to the Legislature during Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better serve these individuals.

The statute requires the behavioral health managing entities (MEs) to create plans that promote the development and implementation of a coordinated system of care for children, adolescents, and young adults to integrate behavioral health services provided through state-funded child serving systems and to facilitate access to mental health and substance abuse treatment and services. The statute requires DCF to contract with the MEs for crisis response services provided through mobile response teams (MRTs) to provide immediate, onsite behavioral health services 24 hours per day, seven days per week within available resources.

When contracting for an MRT, MEs must collaborate with local sheriff's offices and public schools in the selection process. The statute also requires that the MRT establish response protocols with local law enforcement agencies, community-based care lead agencies, the child welfare system, and the Department of Juvenile Justice, and requires that the MRT provide access to psychiatrists or psychiatric nurse practitioners. The statute requires MRTs to refer children, adolescents, or young adults and their families to an array of crisis response services that address their individual needs.

The statute requires MEs to promote the use of available crisis intervention services. The statute requires contracted providers to give parents and caregivers of children who receive behavioral health services information on how to contact an MRT.

The statute outlines foster parent preservice training requirements to include local MRT contact information and requires community-based care lead agencies to provide MRT contact information to all individuals that provide care for dependent children.

The County and the Managing Entity shall review and update the HB945 Plan at least once every three years to ensure its continued relevance and effectiveness in serving children's mental health needs.

III. Pinellas County's BHRS Planning Process & Stakeholders

The Pinellas County Acute Care Committee is a community-wide planning group established to address issues that arise within the acute behavioral health system of care on an ongoing basis. The Pinellas County Acute Care committee has been meeting since 2002 when it developed and implemented the first Pinellas County Transportation Plan. Subsequently, the Pinellas County Acute Care Committee established working groups to analyze and describe the Behavioral Health Receiving System. These groups began the process of improving the system by ensuring that the no-wrong-door model is established and maintained.

The development and implementation of the Pinellas County Behavioral Health Receiving System Plan has strengthened the collaborative working relationships that have existed in this county for decades. The providers examined each agency's processes as well as shared or overlapping processes in order to improve access to services for persons served and families. In order to ensure that the No Wrong Door Model is operationally maintained, the Administrative Directors and/or designees of each of these organizations have established open lines of communication and strengthened working relationships in order to share information and maintain the collaborative process within the community. Providers examined the process by which individuals enter the BHRS, receive services, are referred on to other services, and exit the BHRS. As a result, these providers have developed and are implementing systems that continuously optimize access to care, regardless of the entry point into the system.

The Acute Care Committee accepted the first version of this plan in September 2017, and subsequent revisions have been made to keep the plan updated. The Acute Care Committee conducts a comprehensive review every three years. The Acute Care Committee will continue to act as the group responsible for problem-solving issues as they arise within the Behavioral Health Receiving System.

The following organizations are participants in the Acute Care Committee. Those indicated participated in workgroups to develop this plan.

- Florida Department of Children and Families (DCF) SunCoast Region Substance Abuse and Mental Health Program Office
- Central Florida Behavioral Health Network <
- Pinellas County Human Services Department <
- State Attorney's Office
- Office of the Public Defender
- Pinellas County Department of Safety and Emergency Services<
- Sunstar Paramedics<

- Pinellas County Sheriff's Office <
- St. Petersburg Police Department
- Largo Police Department
- Clearwater Police Department
- Belleair Police Department
- Gulfport Police Department
- Indian Shores Police Department
- Kenneth City Police Department
- Pinellas County School Police
- Pinellas Park Police Department
- Tarpon Springs Police Department
- Treasure Island Police Department
- Florida Highway Patrol
- National Alliance on Mental Illness –Pinellas (NAMI) <
- North Tampa Behavioral Health
- Eleos, formerly known as Personal Enrichment through Mental Health Services (PEMHS)*< ¹
- Directions for Living, Inc. <
- Operation PAR <
- Suncoast Centers, Inc. <
- BayCare Behavioral Health <
 - Morton Plant Hospital*
 - Mease Dunedin Hospital*
 - St. Anthony's Hospital*
- HCA Largo West * <
- Windmoor Healthcare of Clearwater* <
- Bay Pines VA Health System (for eligible veterans)
- Agency for Community Treatment Services (ACTS)
- WestCare <
- Juvenile Welfare Board of Pinellas County
- First Contact previously known as 211 Tampa Bay Cares²

*Public and Private Baker Act Receiving Facilities

< Participants in the work groups that developed and implemented this plan

(DCF Checklist #1)

¹ Eleos, formerly known as Personal Enrichment through Mental Health Services (PEMHS)

² First Contact previously known as 211 Tampa Bay Cares

IV. Pinellas County's Behavioral Health Receiving System

Pinellas County's Acute Behavioral Health Receiving System is a **central receiving system** as described in Section I. Pinellas County's BHRS is unique in that its public receiving facility is a "stand-alone" Crisis Stabilization Unit that depends upon the support and collaboration of community partners in order to provide referrals and linkages to behavioral health and other supportive services within the Pinellas County Behavioral Health System of Care. It is vital that providers work together in order to provide persons served the services that they need within the community after crisis stabilization.

This plan primarily identifies and focuses on the providers who are crucial to sustaining the Pinellas County behavioral health safety net for those with serious mental illness (SMI) or serious and persistent mental illnesses (SPMI). This includes those providers who are legally accountable to provide emergency services, those contracted and funded through state and local resources, and those participating as vendors in government operated health care plans. However, it is clear that Pinellas County needs, respects and values the many specialty and private providers who are vital to the behavioral health of persons served and families in Pinellas County.

This plan reflects the Pinellas County Behavioral Health Receiving System's processes for Acute Care including Screening/Triage/Evaluation/Referral; Non-Acute Care; and Linkages and Referrals. These categories represent the various levels of interventions that are necessary in this community to ensure a comprehensive "array of services". When operating effectively as a coordinated system of care, persons served should have the opportunity to move seamlessly across categories and from program to program based on individual strengths and needs as well as the restrictiveness level they require to address and support their recovery needs at any given time. This plan intends to optimize how to access care, regardless of the entry point into the system.

A Behavioral Health Receiving Facility, which is part of the Behavioral Health Receiving System, is defined as a public or private facility or hospital licensed by the Agency for Health Care Administration and designed by the Department of Children and Families to receive, hold for treatment, release, or refer, as appropriate, patients under mental health or substance use emergency conditions. Their emergency services include screening, evaluation, and short-term stabilizing treatment or to facilitate transportation to the appropriate service provider. The term does not include a county jail.

(DCF Checklist #11)

A. Acute Care Psychiatric Facilities & Processes:

1. Pinellas County has six designated receiving facilities for acute psychiatric crisis care:
 - a. **Eleos** is the publicly funded designated centralized receiving facility (CRF) consisting of 45 adult beds and 16 children's beds designed to help those experiencing acute emotional and psychiatric crisis. And 1 bed to function as a Juvenile Addictions Receiving Facility for substance use screening, assessment, and follow-up referral services for youth under age 18. The facility operates a 24-hour suicide/crisis hotline, provides emergency screening, crisis intervention and inpatient crisis stabilization services. Under the supervision of a psychiatrist,

the interdisciplinary team of registered nurses, licensed practical nurses, discharge planners, master's level therapists and mental health technicians' partner with patients to develop a recovery focused treatment plan and provide services tailored to fit individual needs. Services provided are detailed in Attachment A.

b. **Windmoor Healthcare of Clearwater** is a private, free-standing 144 bed behavioral health receiving facility for adults. Persons served with either voluntary or involuntary status receive inpatient treatment for psychiatric, or substance use disorders that is focused on individual needs in four specialized treatment programs: Dual Diagnosis, Older Adult, General Psychiatric, and Military/Veterans.

c. **Mease Dunedin Hospital (BayCare)** is a private receiving facility consisting of 32 beds for adults experiencing behavioral health crisis, including a unit designed for adults experiencing behavioral health crisis with medical complexities.

d. **Morton Plant Hospital (BayCare)** is a private receiving facility consisting of 24 beds for adults experiencing behavioral health crisis.

e. **St. Anthony's Hospital (BayCare)** is a private receiving facility that consists of 50 beds designed for adults experiencing behavioral health crisis.

f. **HCA Florida Largo West** Indian Rocks Road campus is a private 71 bed behavioral health receiving facility. The department is designed to treat adults experiencing a behavioral health crisis. Additionally, HCA Florida Largo West offers a Senior Care Unit, a six-bed med psych unit, an Intensive Outpatient Program, a Partial Hospitalization Program and both inpatient and outpatient electroconvulsive therapy (ECT). The Intensive Outpatient Program and the Partial Hospitalization Program are located at the Indian Rocks Road Campus HCA Largo Hospital offers the 24/7 private entry no ER wait, private room unit for first responders and their family members.

2. Non-Designated Behavioral Health Facilities

a. **Bay Pines VA Healthcare System** provides primary and specialty health care services to Veterans living in 10 counties in central southwest Florida. They include Charlotte, Collier, Desoto, Hardee, Highlands, Hillsborough, Lee, Manatee, Pinellas, and Sarasota counties. Bay Pines VA operates a comprehensive behavioral health program, is a regional center of excellence for Veteran-focused mental health care and offers same-day help at all of our sites of care. VA healthcare facilities are not designated by the State of Florida as receiving facilities and therefore cannot be used for Baker Act involuntary examinations.

2. Acute Care Processes

a. Triage

Each receiving facility triages persons served immediately upon arrival to ensure care in the least restrictive setting based on the individual's needs. While each of the receiving facilities has its own unique procedures, all of the receiving facilities' processes include similar elements. All facilities agreed that the average drop-off time for law enforcement or medical transport is less than ten minutes when the BA-52 is completed accurately and completely. Collateral information from the law enforcement officer or medical transportation provider regarding the circumstances of their involvement is obtained.

Upon arrival, the individual is assessed to determine their immediate risk including risk for violence, elopement and suicide/violence risk. Their immediate safety status is assessed, including possession of contraband, weapons or drugs. Medical assessments are completed regarding physical condition, allergies, vital signs, and withdrawal symptoms. The individual and any collateral contacts are asked to describe the presenting problem and are asked to provide demographic information and information regarding legal status and guardianship. Based on information gathered, the staff determines if the individual's needs can be met safely at this particular facility and if the individual meets the medical clearance criteria as described in the Transportation Plan.

Facility staff provide a brief orientation including a description of the assessment and screening process, legal process, confidentiality, consumer rights and responsibilities.

As described in the Pinellas County Transportation Plan, transportation to and from facilities may be required due to several factors, including medical/behavioral health necessity, inpatient acute care capacity or consumer choice. When necessary, Sunstar, the county contracted transportation provider, shall be notified to transport the consumer to the appropriate medical or acute care facility.

b. Screening

During the screening process, the individual participates in a more detailed assessment process in order to determine if the individual meets criteria for BA-52 and if not, what level of treatment is needed. Consumer choice of provider is considered and respected throughout the process. Facility staff asks about the consumer's experience with the behavioral health system. When the consumer requests services elsewhere or has benefits coverage elsewhere, all efforts are made to accommodate the consumer's request.

The screening process includes a formal risk assessment and medical assessment as well as an assessment of historical information including suicide history, substance use history, and previous behavioral health treatment history. If it is determined that the individual is currently receiving behavioral health treatment services, a concerted effort shall be documented by the receiving facility to contact the treating agency as part of the detailed assessment process so

that they may consult on the determination of a BA-52. Additionally, medical testing including drug testing and pregnancy testing are completed. In all of the private receiving facilities, these assessments are completed by a professionally licensed or licensed supervised staff including Registered Nurse, licensed or licensed eligible mental health clinician, Emergency Room Physician, Psychiatrist, or Psychologist.

c. Evaluation

The Evaluation process is completed by a physician as required by Florida Statute. All previously collected information is considered in conjunction with the physician's evaluation. The outcome of the evaluation includes determinations regarding medical status and level of care.

The evaluation process includes consideration of least restrictive level of care based upon client need. Can this individual's needs be best met in the community? If the individual has been receiving services within the community (FACT Team, Case Manager, Therapist, Peer Support Specialist) can they return? What additional/different services can be put in place to improve functioning? When appropriate, the individual is referred back to community services. If, at any time during the initial screening and/or evaluation process, it is determined that the individual does not meet criteria for the program, provider placement for alternate level of care is initiated.

(DCF Checklist # 6)

d. Referrals and Diversion from Acute Care

Through the screening and triage process, persons served may be determined not to meet criteria for the Baker Act or Marchman Act, or a less restrictive level of care may be more appropriate. If an individual has a pre-existing relationship with a therapist or psychiatrist and wishes to continue care, every effort is made to refer the individual back to that provider. During triage, additional or alternative services may be identified to support the individual, and discharge planners collaborate with community providers to connect the person to those services.

In support of the No Wrong Door model, Eleos, Suncoast Center, Inc., Directions for Living, and Operation PAR use the CareConnect electronic medical record system to facilitate efficient referrals and timely sharing of client information with appropriate releases. Other agencies using CareConnect include Boley Centers and Gulf Coast Jewish Family and Community Services. Currently, private receiving facilities maintain their own electronic medical record systems, which are shared within their corporate hospital networks. HCA and BayCare have expressed interest in adopting CareConnect to improve coordination across the broader system of care.

Telehealth is also utilized to enhance access to psychiatric consultations in Emergency Departments. This approach provides the psychiatric expertise needed to make timely determinations regarding Baker Act placement or other acute psychiatric services, streamlining care and ensuring appropriate interventions. Eleos similarly uses telehealth in its intake department to facilitate efficient evaluation and placement decisions. (DCF Checklist # 7)

e. Referrals & Linkages after Acute Care

i. Overflow

As described in Pinellas County's Transportation Plan, in the event that Eleos is in Overflow Status, Eleos will notify all receiving facilities that there is an individual who needs placement as a result of Eleos being in Overflow Status. Each receiving facility is responsible to respond to Eleos with their availability to accommodate this individual immediately upon receipt of this notification. Eleos will arrange for transportation of the individual to the appropriate receiving facility that has availability. Hospitals who are at capacity or capability in their Emergency Departments will divert patients to other receiving facilities/hospitals by initiating the Interfacility Transfer, or by notifying other Emergency/Admission Departments and community service providers of their status.

ii. Referrals to Community Services

Discharge planners lead the coordination between the Crisis Stabilization Unit and community service providers. For persons served referred from Eleos to Suncoast Center, Inc., a Suncoast case manager conducts a screening contact prior to discharge to help remove barriers to follow-through.

In support of the No Wrong Door model, Eleos, Suncoast Center, Inc., Directions for Living, and Operation PAR use the CareConnect electronic medical record system. This shared platform allows these agencies to make referrals more efficiently, exchange comprehensive client information with proper releases, and expedite the referral process. Other agencies using CareConnect include Boley Centers and Gulf Coast Jewish Family and Community Services. Referrals between participating agencies are fully documented and sent electronically, ensuring that clients can complete enrollment, intake assessments, treatment planning, and, when necessary, receive same-day medical appointments to maintain their medication regimen.

Individuals identified as High Need/High Utilizers (HN/HU) are flagged in CareConnect. This flag follows the client to the receiving community program and informs staff of the individual's frequent use of the Crisis Stabilization Unit. HN/HU clients are automatically referred to the Eleos Impact Team for follow-up coordination for up to 30 days.

Suncoast Center and Operation PAR intake appointments are scheduled as Open Access intakes. Discharges from private facilities to Suncoast Center follow the same

process, except that an embedded Suncoast case manager may not be available to assist with appointment barriers.

Persons served leaving Eleos who do not participate in discharge planning or refuse follow-up services engage in an Extended Stay Staffing with Eleos clinical staff to better understand their needs, preferences, and barriers. If the client continues not to engage, the administrative team conducts additional staffing to ensure that their needs are addressed. (DCF Checklist #7)

C. Crisis Intervention Services

A variety of crisis services exist to rapidly link individuals to crisis care including Suicide Hotline, Mobile Response, and Law Enforcement Responses Teams:

1. 988 Suicide Hotline

First Contact is the 988 primary provider for Pinellas County. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline) and is now active across the United States. When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen with empathy, assess for immediate and future safety, provide support, and connect them to resources if necessary. The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline's network of over 200 crisis centers has been in operation since 2005 and has been proven to be effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

2. Mobile Crisis Response Teams – Eleos

Mobile Crisis Response Teams (MRTs) provide 24/7, on-site behavioral health crisis intervention for individuals of all ages in settings such as homes, schools, community locations, and emergency departments. In Pinellas County, this team is operated by Eleos and designed to reduce trauma, prevent unnecessary psychiatric hospitalizations including crisis stabilization units, divert individuals from the criminal justice system when clinically appropriate, and ensure timely access to services through direct connection and follow-up support. Services can be provided in person or via telehealth based on the individual's preference. MRTs are committed to meeting individuals where they are, both physically and emotionally, to ensure a compassionate, accessible response.

MRT is composed of licensed clinicians, master's-level staff, bachelor's-level staff, and peer support specialists trained in crisis response. When an individual is experiencing a behavioral

health crisis that interferes with their ability to function or poses a risk of harm to themselves or others, MRTs conduct an on-site/telehealth assessment, provide immediate stabilization, and work to safely resolve the crisis in the least restrictive setting. The teams can coordinate with law enforcement to support safety when needed and play a critical role in connecting individuals and families to appropriate ongoing services, including follow-up care and community-based supports. As part of the intervention process, MRT works with persons served to develop personalized safety plans, teach coping skills, and create Wellness Recovery Action Plans (WRAP), a structured, evidence-based tool that helps persons served identify triggers, early warning signs, and strategies to maintain wellness and prevent future crises. MRT also reinforces a “no wrong door” approach, ensuring that every person served in crisis is met with an appropriate and compassionate response, and is connected to the services they need, regardless of how they enter the system.

The Acute Care Committee will support the optimization of diversionary strategies systemwide. Early intervention and streamlined access to treatment are key to preventing escalation of behavioral health needs into full crisis episodes. This can be accomplished through pre-crisis coordination models such as the Coordinated Access Model (CAM), effective deployment of MRTs to divert from Baker and Marchman Acts when appropriate, and improved care coordination between Crisis Stabilization Units (CSUs) and community-based treatment providers. This coordination ensures that persons served receive wraparound services and stabilization in the community, reducing the risk of preventable hospital admissions and readmissions. When appropriate, the use of least-restrictive alternatives such as the Recovery Room at Eleos can be utilized, which provides a safe environment for less than 24 hours for those needing further evaluation and support as an alternative for admission, which is available at any time of the day.

3. Law Enforcement Response Teams:

- a. The Mental Health Unit (MHU) of the Pinellas County Sheriff's Office operates a co-responder unit of Crisis Response Specialist to connect people in crisis to services rather than the criminal justice system and reduce unnecessary Baker Acts.
- b. The Community Assistance and Life Liaison (CALL Team), operated by Gulf Coast Jewish Family and Community Services (GC-JFCS) is a social worker response team throughout the City of St. Petersburg Police jurisdiction to address mental health crisis, suicide intervention, truancy, homeless complaints, and homeless disputes rather than involvement with the criminal justice system and to reduce unnecessary Baker Acts.

C. Non-Acute Services (Respite Services & Outpatient Treatment)

The non-acute care service providers in Pinellas County are part of the behavioral health public safety-net. Service descriptions are provided in Attachment A.

1. Respite:

Recovery Epicenter Foundation's "Catcher's Mitt" which provides peer-operated short-term respite housing for persons served with substance use conditions to receive safe and supportive supports before and after admission into long-term residential treatment, housing programs, or community integration.

2. Outpatient Treatment:

a. Access: Persons served can access care following a coordinated warm hand-off, documented referrals (cold hand-offs), or through Open Access. Walk-in appointments can be received in Open Access without an appointment and are available on a first-come, first-served basis to complete enrollment, full clinical assessment, and treatment planning, which can last between 1 to 2 hours. Cold hand-off referrals are submitted through central intake processes and after three unsuccessful contact attempts, cases are provided to program managers for further follow-up based on the provided referral information.

b. Referrals: Smooth transitions to community partners through warm-hand offs are the preferred methods of coordinating care, especially for post-acute referrals when conducted prior to discharge to optimize care coordination, treatment follow-up within 7 days, and address any eligibility concerns. Acute Care Providers and non-acute community service providers are recommended to have up-to-date contact information for admission/intake staff at community-based organizations for care coordination of referrals. Although not the preferred method, cold hand-off referrals can be submitted to community service organizations to Open Access via e-fax, fax, CareConnect, federal mail, phone calls, Move-It SharePoint, or self-referral (walk-in). Passive, cold-hand off referrals will go through an agency's central intake processes and after three unsuccessful contact attempts, cases are provided to program managers for further follow-up based on the provided referral information.

c. Community-based Service Providers (non-acute)

i. **Directions for Living** is a comprehensive community-based provider of mental health, substance misuse, homelessness, and child safety services located in Pinellas County. The organization offers a wide range of outpatient behavioral health programs, support for individuals experiencing homelessness or housing instability, and provides specialized services for high-risk families.

ii. **Boley Centers** is a provider organization serving individuals with mental health disabilities, individuals and families experiencing homelessness, and veterans and youth. Services include employment support, mental health treatment, and permanent supportive housing.

iii. **Evara (Federally Qualified Health Center)** provides behavioral health treatment, medication assisted treatment for substance use disorders, therapy, case management, psychiatry, and other specialty health programs for adults and kids.

iv. **Gulf Coast Jewish Family and Community Services (GC-JFCS)** is a nonprofit organization that delivers a comprehensive range of human services to diverse populations across Florida. Its programs are designed to support individuals and families facing challenges related to mental health, aging, disability, resettlement, and social connection. GC-JFCS provides services in the following key areas: behavioral health, employment support, refugee and survivor assistance, services for the elderly and disabled, intensive support for children and families, and Jewish community services.

v. **HCA LARGO WEST** offers an array of behavioral health services in addition to acute care. Service programs include Intensive Outpatient, Partial Hospitalization, and electroconvulsive treatments for medication-resistant symptom management.

vi. **Operation PAR** provides treatment services for individuals and families affected by substance use and co-occurring mental health conditions at multiple locations throughout Pinellas County. Operation PAR's treatment philosophy includes providing individualized care with a person centered, evidence based, trauma informed approach. Operation PAR provides inpatient withdrawal management services. Inpatient residential services provide 24-hour medically monitored withdrawal management and stabilization for individuals dependent on drugs and alcohol, with stays varying from 72 hours to 21 days, depending on the required protocol. Residential services are designed for pregnant or parenting women seeking recovery who wish to have their children reside with them during treatment. Outpatient services under the Medication Assisted Patient Services (MAPS) provides a variety of medications to treat opioid use disorders.

vii. **Suncoast Center, Inc.** has been providing mental health, substance use disorder, and social support services within Pinellas County for over 71 years.

viii. **WestCare**

The Mustard Seed Inn provides 67 transitional living beds with 24/7 treatment and recovery services for adults with substance use and co-occurring disorders. Accredited by FARR and licensed by Florida DCF, it offers case management, job support, and recovery-focused programming to help residents transition to permanent housing, with stays of up to 24 months. Persons served by the Pinellas County Drug Court are provided outpatient programs that deliver 12 weeks of group counseling, drug screening, and specialized offender counseling, coordinated through a multidisciplinary treatment team including the court, probation, and legal staff.

WestCare – Gulfcoast operates a residential program for court-ordered men and women with substance use or co-occurring disorders, aiming to deliver comprehensive, innovative treatment for justice-involved individuals.

ix. **Windmoor** – in addition to hospital-based services, Windmoor also offers Partial Hospitalization (PHP) and Intensive Outpatient (IOP) Programs at two sites located in Pinellas and Hillsborough. Windmoor offers both inpatient and outpatient electroconvulsive therapy (ECT).

x. **Area Agency on Aging Pasco-Pinellas** – provides a Mental Health Counseling Program for Adults, Age 60 and older, Resident of Pasco or Pinellas County, no insurance required, no diagnosis required, Telehealth and in-person options.

D. Other Services

1. Hospital-based Deflection Program: Pinellas Matters is a partnership between Pinellas County Human Services and area hospitals to optimize identification of patients within emergency departments who may be experiencing a substance use concern. The program provides peer support and engagement services which may include initiation of medication for opioid, alcohol, and/or stimulant use, along with strengthened connections to follow-up treatment to support ongoing care including bridge prescriptions to promote treatment follow-up.

2. A coordinated access model (CAM), known as Care About Me, provides early, non-crisis symptom screening, level of care determination, and scheduling assistance to match residents who are unfamiliar with navigating the behavioral health system of care, to the appropriate service provider. The CAM also provides connections to bridge prescription services to prevent lapses in medication access which may result in preventable use of acute care. The assistance of CAM with use of call, text and chat features provides low-barrier access to standardized clinical screening tools and scheduling assistance that reduces delays in seeking the right

clinical service and helps to avoid impending crisis events. This assistance is accomplished through a network of local and virtual outpatient treatment providers.

3. Evidence Informed Practice

Clinical treatment is accomplished through a variety of programs that provide behavioral therapies and psychopharmacological interventions with the goal of addressing the behavioral health conditions that impede individual functioning. Evidence Informed Practice is the use of interventions that are based on the best available research evidence integrated with the practitioner's skill and experience. Evidence informed interventions and programs utilized within the Acute Care receiving facilities includes Wellness Recovery Action Planning (WRAP), Electroconvulsive Therapy (ECT), NAMI Connection Support group, Suicide Survivor Support Group using NAMI's Family Support model), trauma-informed and trauma specific interventions.

Pinellas County's Acute and Non-Acute System of Care offers a variety of treatment options that incorporate a wide breadth of evidence-based and evidence-informed practices to improve outcomes for individuals experiencing behavioral health crisis and outside of crisis including individual and group therapy, family therapy, medication therapy, activity therapy, specialized programs for older adults, care coordination, peer support services, social work and discharge planning services.

4. 211 (Information and Resource Referral)

First Contact is the 211 primary provider for Pinellas and Hernando counties. 211 is a free, confidential, 24/7 helpline that connects individuals and families to essential health and human services in their community. It serves as a critical access point for people seeking help with food, housing, utility assistance, mental health services, healthcare, transportation, and more. When people call, text, or chat 211, they are connected with trained 211 specialists who assess their needs, listen without judgment, and connect them to trusted community and faith providers that can help. These specialists provide information, referrals, and, when needed, provide advocacy for additional assistance.

211 is part of a nationwide network that has been helping people across the United States for over 20 years. Numerous studies and client feedback have shown that individuals feel more informed, supported, and empowered after speaking with a 211 specialist, often leading to improved stability and well-being for themselves and their families.

(DCF Checklist #9)

E: Other BH Resources:

1. Recovery Oriented and Peer Involved Approaches

In April 2016, Florida formally recognized (by implementing SB 12) recovery oriented principles, requiring systems of care to connect individuals with both clinical and non-clinical supports that promote sustained recovery and community re-integration.

Pinellas County's Behavioral Health Receiving System reflects this approach by integrating peer support specialists, Recovery Capital assessments, and connections to community resources from the point of admission. Partnerships with NAMI Pinellas, ELEOS, Windmoor Healthcare, and Vincent House are examples that provide access to these services including support groups, educational programs, employment opportunities, and family supports.

Providers embed peer services across settings, ranging from inpatient to outpatient and community-based programs. Peer Specialists, with use of their lived expertise, guide individuals through goal setting, recovery navigation, and connection to self-help groups such as AA and Celebrate Recovery. Agencies like Operation PAR also employ peers. NAMI Pinellas supports expansion of peer certification efforts and Youth MOVE Pinellas engages young adults (14-29) in advocacy and purposeful activities.

Across agencies, recovery and resilience are promoted through person-centered, strengths-based practices. This includes peer supported treatment planning, the use of recovery-oriented language, staff training, and staff supervision practices that reinforce a focus on wellness, resiliency, and meaningful community connections.

(DCF Checklist #8)

2. Consumer and Family Choice

The Pinellas County Acute System of Care recognizes the rights of individuals and their families to participate in planning, decision-making, and evaluating the system's responsiveness of care. Both public and private receiving facilities provide person-centered, individualized services that are sensitive to gender, race, and age. Patient rights are respected and adhered to as codified in Florida Statutes.

Individual and family choice is a value that is held in high regard across Pinellas County's Acute System of Care. Providers respect and consider individual and family choice throughout the process of providing care. Individual and family preference is a core tenant of this Plan. All individuals will be provided an opportunity to voice their preference in where to receive mental health evaluation services. If an individual presents to a facility or to law enforcement and a specific hospital within the county is preferred, the person may be transported directly to that facility under this Plan and have their existing advance directives honored (65E-5.2301 FAC).

If the individual's preference for examination is outside of the county, arrangements for transfer may be coordinated between the facilities however the County reserves no responsibilities with the transfer or transport for services provided outside of the county.

Eleos has information available in the CSU describing other receiving facilities. When an individual requests to be in another facility, Eleos facilitates that process given the receiving facility has capacity and the individual has means to pay for services at the other facility. Hospitals initiate an Interfacility-Transfer process when patients or guardians request hospitalization in other facilities. Contact is made with the other hospital to review clinical and medical information to ensure they are capable and willing to accept the individual's request for transfer.

(DCF Checklist #12)

3. Engagement of Non-Traditional Providers

Individuals' natural supports within their communities are identified by providers through the completion of a biopsychosocial assessment. Receiving facility discharge planners actively engage these supports and, when possible, complete collateral contact with these supports prior to discharge. This encourages individuals to engage/re-engage with outpatient treatment, employment, vocational, financial, faith-based support, housing and recreational services within the community.

Individuals who are homeless participate in an assessment process that includes the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) while they are at Eleos. Depending upon their score, the individual becomes available for a variety of homeless services to include permanent supportive housing and rapid re-housing, consistent with current Pinellas County homeless service practices. The individual will be referred to Boley Centers or another of the variety of homeless service providers. Pinellas has a coordinated entry system for homeless services.

(DCF Checklist # 10)

(DCF Checklist #8)

4. Consumer and Family Choice

The individual and family's input is essential throughout provision of services so that they direct the recovery process and guide how, when, and where services happen. Individual differences are valued by creating treatment plans and providing services that are unique to each person and family. Consumer choice of provider is considered and respected throughout the process. When the consumer requests services elsewhere or has benefits coverage elsewhere, all efforts are made to accommodate the consumer's request.

Providers within the Behavioral Health Receiving System offer an array of services that encourage a holistic approach to recovery with treatment that incorporates medical, psychological, social and recovery models. Providers use client-centered approaches that incorporate the individual and family's ongoing feedback. This allows the providers to

maximize existing strengths and empowers individuals and families to be an active part of their recovery.

(DCF Checklist #12)

(DCF Checklist #9)

5. Engagement of Non-Traditional Providers

The providers welcome and support individuals in their social connectedness within their communities and their beliefs. They assist in referrals; coordinate care with providers and connecting with support groups within the community.

(DCF Checklist #10)

V. Behavioral Health Receiving System Agreements

Providers within the Behavioral Health Receiving System report and share data between each other and with a number of community stakeholders. Most providers do not currently have formal data agreements.

As described in above sections, Eleos, Suncoast Center, Inc. Directions for Living, Operation PAR, Boley Centers, and Gulf Coast Jewish Family and Community Services utilize the Care Connect Electronic Medical Records system. This enables these agencies to make referrals to each other more efficiently, share more complete information regarding clients (with proper releases of information) and expedite the referral process.

NAMI Pinellas has written agreements with Eleos and Directions for Living to provide provisionally Certified Peer Support Specialists to offer peer led services to ensure increased access to recovery supports.

(DCF Checklist #13)

VI. Continuous Quality Improvement Process

The Acute Care Committee that includes representatives from all law enforcement agencies, Sunstar Paramedics the Pinellas County-funded transportation provider, the receiving facilities, hospitals, community mental health service providers, community substance use providers, the VA, and funders meets monthly to monitor and analyze data that will help to ensure the efficiency and effectiveness of the acute behavioral health system of care. Additionally, it evaluates the Transportation Plan to determine whether there has been an improvement in the acute care system since the implementation and to address issues as they arise.

A. Review Effectiveness of BHRS Plan

Because we recognize that individuals obtain services from both public and private receiving facilities and through both public and private funding sources, the Behavioral Health Receiving System agrees that it is important to include the entire system in its review of the effectiveness of the BHRS Plan. The following are relevant measures of the effectiveness of the behavioral health receiving system. We agree to focus our attention on data related to individuals who are high utilizers of the BHRS. The providers have agreed to work towards improvement in these areas. The following are the criteria established for assessing the effectiveness of the Behavioral Health Receiving System Plan:

- **Annually fewer than 25 percent of all individuals served will be re-admitted to a Baker Act Receiving Facility or Inpatient Detoxification Unit within the Central Receiving System.**
- **Increase participant access to community-based behavioral health services after referral.**

Because Pinellas County's system is unique in that the public receiving system is a free-standing program that depends upon the collaboration of community partners in order to be effective, community-based providers share in the accountability for the effectiveness of this plan. In order to accomplish these goals, the Behavioral Health Receiving System proposes the following:

- Increased communication between receiving facilities (public & private)
- Increased communication between receiving facilities and stakeholders including reporting of data regarding CSU admissions, re-admissions, and referrals to community services.
- Because individuals receive services from both public and private facilities, the private facilities are interested in accessing data from and providing data to the public system regarding these individuals.
- Shared responsibility for high re-admissions between Eleos /Hospitals & Community Based Treatment providers.
- Community Based Treatment Providers develop and implement consistent aggressive steps to engage people who have difficulty with engagement in referrals.

By utilizing a "customer satisfaction survey" (in addition to the DCF survey) designed to assess each agency's expected experiences, we can systematically gather input from persons and families served. Additionally, "external customers" (Law Enforcement, service providers, and other stakeholders, ALF's, Sunstar) can be interviewed in order to gain information regarding their experience of the Behavioral Health Receiving System. The group believes that meeting with external customers in person (including first responders) to hear their feedback regarding issues within the system will be a more effective method than utilizing surveys. This information will be reviewed by a subcommittee of the Acute Care Committee and reported to the Acute Care Committee on a quarterly basis.

(DCF Checklist #16)

B. Analysis of Access to Services (No Wrong Door)

Deficiencies identified within the process described above will be addressed from a “process focused” perspective using evidence informed methodologies (NIATx) and key performance indicators (Optimal Data Set & Certified Community Behavioral Health Clinic measures). The sub-committee will define each deficiency using measurable, solution-focused, and time-limited problem statements. Opportunities for improvement will be determined based upon performance indicators incorporating service, outcome, and/or cost.

As a starting point, agencies who are a part of the Behavioral Health Receiving System will begin a review of their policies and admissions criteria in accordance with the principles of No-Wrong-Door. Each agency will assess access to their agency and track issues and successes at each step from initial call through engagement and admission. Each agency will take actions to improve the process within each agency as a result of the analysis and report back to the sub-committee.

(DCF Checklist #16)

C. Enhancement of Access to Services beyond current limitations & Method to Address Deficiencies

Some of the proposed improvements as a result of participation in the workgroups established to write this plan include the following:

- The implementation of common screening tools at each of the receiving facilities in order to streamline the assessment and referral process between receiving facilities.
- The establishment of a triage center at Eleos to more quickly and effectively evaluate the needs of incoming individuals in order to ensure that they receive the appropriate level of care.
- The implementation of care coordination between Eleos and the community mental health and substance use providers (Suncoast Center, Directions for Living, and Operation PAR) in order to streamline the referral process for those coming out of the acute care system and to ensure successful linkage with community providers.
- The use of a multiagency release of confidential health information in order to ensure that providers may share data and information to provide the appropriate level of services, coordinate care and meet the individuals' needs, particularly during acute care episodes including involuntary emergency psychiatric assessments/evaluations (Baker Act).
- Training to improve medicolegal competencies to facilitate the lawful exchange of confidential health information during acute care episodes and also following acute care to ensure follow-up to care.
- Private receiving facilities utilize CareConnect.
- Directions for Living, Suncoast, and Operation PAR utilize telehealth intake appointment by receiving therapist at Eleos.
- Operation PAR to provide admission criteria to all receiving facilities.
- Operation PAR to streamline and formalize referral process from CSU/Private Receiving Facilities.

- Suncoast and Operation PAR partner to provide psychiatric consultation for Operation PAR in order to meet the needs of individuals with substance use disorders and co-occurring serious mental illness.
- Develop a customer satisfaction survey to utilize system-wide and/or review measures collected from the DCF-developed consumer satisfaction survey.
- Enhance involvement of private receiving facilities in the process of system improvement in order to underscore their integral participation in system improvement. (Importance of relationship between public and private facilities in system development/improvement).
- Utilize a multi-agency and multi-funder staffing process in order to identify individuals who are high-utilizers of the BHRS in order to determine successes and opportunities for improvement of individualized treatment needs and systems-level performance.

The Acute Care Committee will establish a subcommittee to prioritize these improvements and develop plan to address deficiencies in BHRS plan.

(DCF Checklist #16)

D. Review of Waitlist

1. State Hospital
2. Residential
3. CSU/Detox
4. Medication Assisted Treatment for Substance Use Disorders (i.e. Methadone)
5. Outpatient Services
6. Acute Care Coordination

Effective implementation of the BHRS Plan will improve access to services and efficient use of available services. As assessments become utilized in a consistent manner across providers and providers become more aware of program criteria, referrals can be made more effectively. As communication increases between providers and the use of a universal release and electronic medical records becomes more consistent, individuals will become involved in services without the need for multiple assessments and screenings repeated across providers. The development of effective diversion from inpatient care for those who can benefit from lower intensity treatment and recovery oriented community based services will help to ensure that higher level treatment is available for those who truly need it.

In order to monitor, Central Florida Behavioral Health Network will bring information about waitlist specific to 1-5 for Pinellas County to Acute Care Committee for review.

Waitlist reportable services include:

Substance Abuse Waitlist:

Residential 1-4, Outpatient, Detox, Day/night, Methadone or MAT, and Intervention.

Mental Health Waitlist:

CSU, Residential 1-4 and SRT, Outpatient Services and State Hospital

An up-to date waitlist data will be provided at each meeting by all CFBHN/County contracted agencies that provide the above listed reportable and reviewed on a quarterly basis at the Pinellas County Acute Care Committee. Discussion will focus on persons waiting for state hospital and possible diversion, interim services, persons waiting for substance use services, i.e. residential, MAT or Methadone.

The Acute Care Committee could recommend that the BHRS Subcommittee review processes, availability of services, access to services, admission/eligibility criteria to a program, etc. and make recommendations to address deficiencies.

Attachment A: DCF Checklist 3&4

While all agencies do not utilize a singular data sharing program. All agencies do work in accordance with the allowances of Federal HIPPA regulations, Florida statutes and Florida Administrative Codes for care coordination of individuals served in our community.

Agency Demographics	Voluntary Assessment and Evaluation	Involuntary Assessment and Evaluation	Triage Services for Mental Health	Triage Services for Substance Use Disorders	Involuntary Services for Mental Health	Involuntary Services for Substance Use Disorders	Voluntary Services for Mental Health	Voluntary Services for Substance Use Disorders	24-Hour Crisis Response Services
Eleos	☒	☒	☒	☒	☒	☒	☒	☐	☒
Windmoor Healthcare	☒	☒	☒	☒	☒	☐	☒	☒	☐
BayCare: Mease Dunedin Hospital	☒	☒	☒	☐	☒	☐	☒	☒	☐
BayCare: Morton Plant Hospital	☒	☒	☒	☐	☒	☐	☒	☒	☐
BayCare: St. Anthony's Hospital	☒	☒	☒	☐	☒	☐	☒	☒	☐
HCA: Largo West Hospital	☒	☒	☒	☐	☒	☐	☒	☐	☐
Agency for Community Treatment Services (ACTS)	☒	☒	☐	☐	☐	☐	☐	☒	☐
Directions for Living	☐	☐	☐	☐	☐	☐	☒	☒	☐
Gulfcoast Jewish Family & Community Services	☐	☐	☐	☐	☐	☐	☒	☐	☐
Suncoast Center Inc.	☒	☒	☒	☒	☐	☐	☒	☒	☐
Operation PAR	☒	☒	☐	☒	☐	☒	☐	☒	☐
WestCare: Davis Bradley Community Involvement Center	☐	☐	☐	☐	☐	☐	☐	☐	☐
WestCare: Mustard Seed Men and Women's Residential	☐	☐	☐	☐	☐	☐	☐	☐	☐
WestCare: A Turning Point	☐	☐	☐	☐	☐	☐	☐	☐	☐

Agency Demographics	Eleos Access Center/Crisis Stabilization Unit	
Contact Information	11254 58th St. N. Pinellas Park, FL 33782	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Triage for Mental Health Services</i>	24/7 Triage - vitals and medical screening by RN Contraband search Demographics Breathalyzer Pregnancy Test Financial Screening 23 Hour Observation/Recovery Room No outpatient urgent care services referral availability for mental health or substance abuse services. Free Standing Crisis Stabilization	Care Connect – Enables client records to be forwarded to Suncoast/Directions for referral purposes. Also, able to send and accept referrals from 211, Gulfcoast Jewish Family Services and Boley.
<i>Involuntary Services for Mental Health</i> <i>Voluntary Services for Mental Health</i>	Free Standing Crisis Stabilization Unit Adult Capacity: 59 Children's Capacity: 14 Children's JARF: 1 24/7 Suicide Hotline/Crisis Line 24/7 Emergency Screening and evaluation Medication Management Risk Assessment 24/7 Nursing Often unable to transfer patients to other facilities when in overflow resulting in over capacity Limited medical capability	
<i>Involuntary Services for Substance Use Disorders</i>	Children's JARF: 1 bed Can refuse JARF admission if at capacity Free Standing co-occurring crisis stabilization unit.	
<i>24-Hour Crisis Response Services</i>	Crisis Response 24/7 (ELEOS Mobile Crisis Response Team)	

Agency Demographics	Windmoor Healthcare	
Contact Information	11300 U.S. 19 North Clearwater, FL 33764 727-541-2646	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Freestanding Hospital 24/7 Intake/Triage – Emergency Screening and Assessments -- vitals and medical screening by RN, contraband search, demographics, breathalyzer, pregnancy test, Suicide Risk Assessment, etc. 24/7 Nursing Adults 18+ 144 Beds Total: Older Adult = 10 Substance Abuse = 22 Co-occurring = 44 General Psych = 68 Partial Hospitalization and Intensive Outpatient Programs at 3 locations in Pinellas County and 1 Hillsborough County site. Inpatient and outpatient ECT services.	No current agreements

Agency Demographics	HCA: Largo West Hospital	
Contact Information	2025 Indian Rocks Rd. Largo, FL 33774 727-587-7667	ARC Contact: Ph: 866-423-4283 Fax: 866-646-7779
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i>	Adults 18 + 71 Beds Total Senior 24 Beds Adult 47 Beds Will accept from both public and private crisis units ECT services	Able to electronically coordinate care using client level data through direct secure messaging with partners who have these capabilities.

BayCare *3 separate facilities that provide different services/capacities at each location. Information for each facility outlined below		
Agency Demographics	BayCare: Mease Dunedin Hospital	
Contact Information	601 Main St. Dunedin, FL 34689 727-734-6032	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Adults 22 beds Adults Psych Med 10 beds Will accept from both public and private crisis units	No current agreements outside of BayCare at this time
Agency Demographics	BayCare: St. Anthony's Hospital	
Contact Information	1200 7th Ave. N. St. Petersburg, FL 33705 727-825-1546	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i> <i>Involuntary Assessment and Evaluation</i> <i>Involuntary Services for Mental Health Disorders</i> <i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	Adults 24 beds Will accept from both public and private crisis units	No current agreements outside of BayCare at this time
Agency Demographics	BayCare: Morton Plant Hospital	
Contact Information	300 Pinellas St. Clearwater, FL 33765 727-462-3911	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing

<i>Voluntary Assessment and Evaluation</i>	Adults 50 beds	No current agreements outside of BayCare at this time
<i>Involuntary Assessment and Evaluation</i>		
<i>Involuntary Services for Mental Health Disorders</i>		
<i>Voluntary Services for Mental Health Disorders</i>		
<i>Voluntary Services for Substance Use Disorders</i>		

Agency Demographics	Agency for Community Treatment Services (ACTS)	
Contact Information	Keystone Residential Treatment Program 3575 Old Keystone Rd. Tarpon Springs, FL 34688 727-942-4181	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Assessment and Evaluation</i>	Co-occurring adult level II, non-secure residential program for individuals, male, and female, chronically debilitated from alcoholism or drug abuse and mental health issues, who have not responded to traditional treatment services. Adults: 75 beds.	No current agreements
<i>Involuntary Assessment and Evaluation</i>	Keystone serves as an alternative to incarceration for both the Pinellas, Hillsborough, Pasco, and Polk County jails.	
<i>Triage for Substance Use Disorders</i>	Telephone screenings and referral	No current agreements
<i>Voluntary Services for Substance Use Disorders</i>	Co-occurring adult level II, non-secure residential program for individuals, male, and female	No current agreements

Agency Demographics	Suncoast Center Inc	
Contact Information	4024 Central Ave. St. Petersburg, FL 33711 727-327-7656	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Mental Health Disorders</i>	Outpatient Mental health and psychiatric services (adult and children) including specific trauma services Outpatient Substance Use Disorder counseling (adult and children) Family therapy and support services Outpatient Sexual assault services that consist of 24-hour helpline, crisis counseling and intervention, court advocacy and accompaniment, information and referrals, support groups Sexual Assault Victims Examinations Financial counseling and education	No current agreements
<i>Voluntary Services for Substance Use Disorders</i>		

	Medication Management Case Management Forensic services for adults involved in the judicial system Parenting aid and mentoring Empowerment Team	
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Agency Demographics	Directions for Living	
Contact Information	1437 South Belcher Rd. Clearwater, FL 33764 727-524-4464	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Mental Health Disorders</i> <i>Voluntary Services for Substance Use Disorders</i>	A full list of Directions for Living programs and services is below: • Adult and Children's Therapy • Group Therapy • Adult and Children's Psychiatry • Adult Case Management • Psychological Testing • Certified Recovery Peer Specialist Services • Pharmacy Services • Treatment Works • Mental Health Court • Telehealth Remote Access to Crisis Evaluation (TRACE) • First Five • Early Childhood Consultation (ECC) • Together We Rise • Children's Action Team for children under 5 (BabyCAT) • Family Intensive Treatment Team (FITT) • Homeless Outreach Mobile Engagement (HOME) • Behavioral Health Homeless Prevention • SSI/SSDI Outreach, Access, and Recovery (SOAR) • Family Works • Targeted Prevention Services • Intensive Case Management to high risk families • Street Medicine to individuals living homeless or housing unstable • Acute Crisis Response/Critical Incident Response to college campuses Evidence-Informed Practices: Directions for Living uses the following evidence based modalities: High Fidelity Wraparound, Nurturing Parenting, Seeking Safety, Motivational Interviewing, Trauma Informed Care, Trauma Focused Cognitive Behavioral Therapy, and Adoption Competency.	No current agreements

Agency Demographics	Operation PAR	
Contact Information	6655 66th St. North Pinellas Park, FL 33781 727-545-7564	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Detoxification Medical Assisted Patient Services (MAT) Women and Men's Residential Treatment Services Adolescent Residential Treatment Services Outpatient Treatment Services Open to referrals from anywhere *Provides 24 hour crisis services for detox only.	No data-sharing agreements

WestCare Florida		
Agency Demographics	Davis Bradley Community Involvement Center	
Contact Information	1735 Martin Luther King Jr. St. South St. Petersburg, FL 33705 727-502-0188	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	GulfCoast Executive Offices Men's Residential Women's Residential	No data-sharing agreements
Agency Demographics	A Turning Point	
Contact Information	1801 5th Ave. North St. Petersburg, FL 33713 727-823-7811	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Shelter Inebriated Homeless	No data-sharing agreements
Agency Demographics	Mustard Seed Inn Veterans Community Living Center	
Contact Information	2510 Central Ave St. Petersburg, FL 33712 727-490-6769	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Substance Use Disorders</i>	Transitional Housing Independent Living	No data-sharing agreements

Agency Demographics	Gulf Coast Jewish Family & Community Services	
Contact Information	14041 Icot Blvd Clearwater, FL 33760 727-479-1800	
Services Provided	Capabilities/Limitations	Coordination of Care & Data Sharing
<i>Voluntary Services for Mental Health Disorders</i>	Adults 18+. Referrals accepted from various sources, but certain services may need funder approval. Adult Residential Treatment Facilities Alternative Family Program Supported Housing Community Support Hub (St. Petersburg residents only), therapeutic and navigation services.	Care Connect Agreement until 2026.