St. Petersburg Coordinated Social Services Project

Updates on the status of the Hubs and SSO projects and measuring their impact.

Presented to the Youth & Family Services Committee, St. Petersburg City Council

February 20, 2025

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Purpose Statement

This report provides an overview of the pilot and initial implementation phases of the St. Petersburg Community Support Hubs (Hubs) initiative, which was established to deliver neighborhood-based, trauma-informed, and culturally responsive services to underserved residents. The Hubs offer holistic care management, assertive outreach, and mental health services to meet the diverse needs of individuals and families in the community.

In addition to the Hubs, the Shared Services Organization (SSO) was established to provide capacity-building support to local nonprofits in St. Petersburg. The SSO focuses on enhancing nonprofit sustainability through services like financial management and program development support.

This report outlines the impact made by the Hubs and the SSO so far, on both residents and nonprofits, along with the ongoing evaluation of each initiative's effectiveness. It also details lessons learned and planned future enhancements to ensure the sustainability and expansion of these services for the community.

Background

In response to the national Coronavirus (COVID-19) public health emergency, the American Rescue Plan Act (ARPA) was signed into law. The City of St. Petersburg received federal ARPA funding from the U.S. Department of Treasury and has allocated funds to establish the Coordinated Social Services project, which is comprised of two parts: the Community Support Hubs or "the Hubs," and an Administrative Support/Shared Services Organization (SSO).

Since their establishment, the Hubs and the SSO have provided support to over 300 residents and 35 nonprofits.

Multiple stakeholders have been involved to bring this initiative to life (presented alphabetically):

City of St. Petersburg (City) – The City of St. Petersburg is the primary funder of the Hubs and SSO initiatives, allocating ARPA funds to establish these programs in response to community needs during the COVID-19 pandemic. The City partners closely with Pinellas Community Foundation to ensure the implementation aligns with the intended goals of increasing access to culturally responsive services and improving community well-being.

Gulf Coast Jewish Family and Community Services (Gulf Coast JFCS) – Gulf Coast JFCS is the lead agency for the Hubs initiative, responsible for managing service delivery and operations at the Hub locations. They coordinate with community partners to ensure a seamless provision of trauma-informed counseling, care management, and assertive outreach. Gulf Coast JFCS also leads efforts to expand the provider network, guides strategic decision-making for new Hub locations, and adapts service offerings based on community needs and program evaluation.

The Hypatia Collaborative (Hypatia) – The Hypatia Collaborative serves as the Shared Services Organization (SSO) for the initiative, providing capacity-building and administrative support to local nonprofits. They coordinate services such as grant writing, accounting, legal support, and strategic planning to strengthen the operational capacity of nonprofits serving St. Petersburg residents.

New Visions of the Well (The Well) – New Visions of the Well served as the original lead agency for the Hubs pilot phase, overseeing early program development and initial service delivery.

People Empowering and Restoring Communities (PERC) – PERC is a key partner in delivering assertive outreach, care management, and engagement services for the Hubs. They connect with residents in the community, meeting individuals where they are to reduce barriers to accessing care.

Pinellas Community Foundation (PCF) – Pinellas Community Foundation serves as the administrator and intermediary for the ARPA funds allocated by the City of St. Petersburg. PCF oversees contracts, facilitates partnerships, and ensures compliance with funding requirements. PCF also supports capacity-building efforts for all partners involved, coordinates the development and expansion of the Hub model, and collaborates with all stakeholders to maintain a unified strategy for service delivery and evaluation.

Reed Community Consulting (RCC) – RCC leads the evaluation of both the Hubs and the SSO initiatives using a developmental evaluation approach. They work closely with all stakeholders to gather data, analyze outcomes, and provide real-time feedback that guides program adaptation. RCC is also helping to launch and support the Hubs Community Liaisons, ensuring that community voices are integrated into the ongoing development of the Hubs.

Community Support Hubs

Mental health and substance use are issues of growing concern for communities across the country, with the fragility of the mental health system becoming more apparent during the COVID pandemic. Many individuals struggled to find mental health care due to the demand and providers not having capacity to serve individuals in need.[1] Additionally, underserved and under-resourced communities lack access to healthcare due to being underinsured or residing in health care deserts.[2;3] Complicating issues of access even further is the need for culturally competent and culturally responsive care to meet the distinct mental health needs of underserved and racially and ethnically diverse communities.[4]

Structural barriers present additional challenges for individuals needing mental health care. The 2022 Community Health Needs Assessment revealed that Pinellas residents went with unmet mental health needs due to the inability to schedule an appointment when needed, inconvenient provider hours, transportation challenges, lack of knowledge of how to locate a provider, and not being able to take time off from work.[5]

The Hubs are being established to provide access to neighborhood-based, culturally competent, trauma-informed professionals. The Hubs are operated by mental health and social service providers who have a history of providing culturally competent and responsive services in the communities and are trusted by residents. Services at the Hubs are provided by trauma-informed professionals, and include direct counseling, care management, and assertive outreach. Another cornerstone of Hubs services is a focus on mitigating stigma towards mental health diagnoses and treatment. Many individuals, particularly those who are part of racially or ethnically marginalized groups, are reluctant to seek mental health care due to stigma and cultural perceptions about mental health issues in their communities.[6]

The contract for the Hubs initiative was awarded in June 2023, with early service provision beginning shortly thereafter, prior to the official launch in March 2024. This pilot phase allowed

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[1] "Increased Need for Mental Health Care Strains Capacity," American Psychological Association, November 22, 2022, https://www.apa.org/news/press/releases/2022/11/mental-health-care-strains.
[2] "2022 Pinellas County CHNA," All4HealthFL, 2022, https://www.all4healthfl.org/resourcelibrary/index/view?id=277213137612280519.
[3] Kirsten Weir, "There's a New Push to Reach Underserved Communities," *Monitor on Psychology*, January 1, 2021, https://www.apa.org/monitor/2021/01/trends-underserved-communities.
[4] Center for Mental Health Services and National Institute of Mental Health, Mental health: A report of the surgeon general § (1999), https://profiles.nlm.nih.gov/101584932X120.
[5] All4HealthFL, "2022 Pinellas County CHNA," https://www.all4healthfl.org/resourcelibrary/index/view?id=277213137612280519.
[6] Supriya Misra et al., "Systematic Review of Cultural Aspects of Stigma and Mental Illness among Racial and Ethnic Minority Groups in the United States: Implications for Interventions," *American Journal of Community Psychology* 68, no. 3–4 (April 3, 2021): 486–512, https://doi.org/10.1002/ajcp.12516.

the partner organizations to deliver initial services while gaining valuable insights and the flexibility to refine the service model. Lessons learned during this period led to a better understanding of community needs, an expansion of the mental health provider network, and a transition in the lead agency to further strengthen the initiative.

The initial grant award was made to New Visions of The Well (The Well) in partnership with Gulf Coast Jewish Family and Community Services (Gulf Coast JFCS) and People Empowering and Restoring Communities (PERC), who responded jointly to the RFP for the Hub project. The Well led the pilot phase of Hub program development. After the initial pilot phase ended, Gulf Coast JFCS transitioned to become lead for the initiative.

Gulf Coast JFCS continues to work in partnership with PERC to implement the Hubs initiative. These organizations are working closely with Pinellas Community Foundation (PCF) and the City of St. Petersburg to ensure seamless service delivery for residents.

Gulf Coast JFCS is a non-sectarian, community-based, Florida not-for-profit that has been serving Floridians since 1960 when the agency began providing counseling and family support services to the Jewish community in Pinellas County. Its vast array of programs serves diverse populations of all ages, faiths, cultures, and lifestyles, including individuals with behavioral health challenges; unemployed and under-employed individuals; refugees and survivors of torture; elderly and disabled; Jewish families; and children in need. Each individualized service is based on research, evidence-based best practices, and trauma-informed care principles to positively impact the social determinants of health in the communities served.

PERC is a Florida based 501(c)(3) nonprofit organization that provides a range of services, including comprehensive re-entry case management, substance abuse treatment, education classes, housing programs, prevention strategies, the IDEA Exchange Pinellas harm reduction program, and the Hidden Voices project designed to curb gun violence. Their case management includes job development and placement, skill training, transitional housing, substance abuse and mental health referrals, and education partnerships. They also provide batterers' intervention, HIV/AIDS testing, and education programs.

Also included in the design of the Hubs is a Community Advisory Board, now referred to as the Hubs Community Liaisons. They are comprised of St. Petersburg residents who were selected through an application and blind review process to serve as advisors to the Hub partners. Hubs Community Liaisons spend time in their communities listening to residents' needs and experiences with the Hubs, in addition to assisting with participatory evaluation, lending community voice to research questions, methodologies, and interpretation of results. As of December 31, 2024, there were 10 active Liaisons. Additional Liaisons will be recruited as additional Hub locations are opened.

Responding to community feedback is essential to the successful implementation and sustainable management of the Hubs initiative. Input from multiple sources is thoughtfully gathered and considered. To ensure consistency in evaluating this feedback, the terms "resident" and "client" are used intentionally – a "resident" is an individual living in the community, while a "client" is a resident of St. Petersburg who is receiving services at the Hubs.

Shared Services Organization

Nonprofits are often focused on mission and providing direct services to the community. They benefit from administrative support which strengthens their capacity to serve, allowing these organizations to become more sustainable and produce better community outcomes.

The Shared Services Organization (SSO) initiative was established to support the Hub lead agency as well as other nonprofit organizations in St. Petersburg by providing administrative support and capacity-building services.

The Hypatia Collaborative (Hypatia) is the SSO selected to develop and implement this initiative for nonprofits headquartered in or serving primarily City of St. Petersburg residents. Strengthening nonprofit infrastructure will result in greater impacts for the community served by these organizations.

As both initiatives continue to evolve, the lessons learned will guide future service expansion and ensure long-term sustainability for St. Petersburg residents.

Community Support Hubs

Services Funded

The Community Support Hubs provide three essential services to support residents: care management, trauma-informed counseling, and assertive outreach. These services work together to ensure individuals receive holistic care by meeting them where they are and creating a straightforward pathway to comprehensive support. Together, these services promote dignity, trust, and care for all residents.

Care Management

The goal of care management is to assist clients with navigation through a complex system of care, addressing their needs holistically rather than in isolated parts. Care management takes an ongoing role in service coordination, looking at the broader picture of an individual's life. Upon intake into the Hub, clients complete a needs assessment that covers multiple life areas, including mental health, substance use, daily living skills, education, vocational needs, housing, transportation, physical health, legal concerns, financial stability, social engagement, and leisure activities.

Any identified needs are addressed with the support of a navigator, who works with clients to find appropriate services and schedule appointments. Care management involves more than a hand-off to other services; care management is direct support, advocacy, and follow-up to ensure that clients get their needs met.

Trauma-Informed Counseling

Trauma-informed counseling is a counseling approach that seeks to build trust and safety with clients that may have had these two elements compromised in the past. Counseling is provided by a network of counselors in St. Petersburg who conduct necessary assessments and provide mental health care (counseling, medication management, etc.) based on the clients' identified

needs. It is important that clients receive therapeutic services that are culturally responsive, attuned to each individual's unique needs and ways of receiving care. To that end, clients' preferences for providers are matched, when requested, based on treatment modalities, gender, race, ethnicity and other factors. Research shows that people of color have better responses to therapy when they receive services from therapists with similar backgrounds and cultural experiences.[7,8,9]

Over time, supplemental services will be provided directly at Hub locations, including legal services, Social Security application support, and vocational rehab services, among others. Additionally, trauma-informed groups tailored to client needs, based on trends seen in assessments, will be made available through the provider network.

Assertive Outreach

Assertive outreach is a critical component of the Hubs model. It involves going beyond office-based care to engage with residents in locations such as their homes, local businesses, houses of worship, community centers, and other community gathering spaces. This proactive approach is designed to connect those experiencing barriers to accessing services by meeting them where they are in the community. Assertive outreach ensures that support reaches those who might otherwise fall through the cracks and provides a mechanism to remain connected with existing clients who have disengaged from services and resolve any barriers to continued care.

The Hubs' assertive outreach model also emphasizes being present during critical moments when the community needs immediate support. Whether responding to neighborhood crises, providing on-the-ground assistance after traumatic events, or simply being a consistent presence in communities at events and in the neighborhood, the outreach team is committed to ensuring that residents have access to the services they need.

Staff are dedicated to building trust and rapport with clients through persistent engagement, respectful communication, and a focus on preserving individual autonomy. By prioritizing the dignity and independence of those they serve, the assertive outreach team empowers residents to make informed choices about their care.

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[7] Lisa Cooper-Patrick et al., "Race, Gender, and Partnership in the Patient-Physician Relationship," *JAMA* 282, no. 6 (August 11, 1999): 583, https://doi.org/10.1001/jama.282.6.583.
[8] Samantha Nazione, Evan K. Perrault, and David M. Keating, "Finding Common Ground: Can Provider-Patient Race Concordance and Self-Disclosure Bolster Patient Trust, Perceptions, and Intentions?," *Journal of Racial and Ethnic Health Disparities* 6, no. 5 (May 22, 2019): 962–72, https://doi.org/10.1007/s40615-019-00597-6.
[9] Megan Johnson Shen et al., "The Effects of Race and Racial Concordance on Patient-Physician Communication: A Systematic Review of the Literature," *Journal of Racial and Ethnic Health Disparities* 5, no. 1 (March 8, 2017): 117–40, https://doi.org/10.1007/s40615-017-0350-4.

Pilot Phase

The first year served as a pilot phase for the Hubs, providing the partners with valuable insights and the flexibility to adapt as needed. This phase allowed for refining processes, adjusting strategies, and tailoring efforts to better meet the needs of the community.

At the beginning of the pilot phase, community listening sessions were conducted to gather valuable input, identify needs, and highlight strengths within the community. These sessions fostered collaboration, built trust, and raised awareness. The insights gained helped inform program development.

During this period, the team gained a deeper understanding of the project's administrative demands, allowing them to fine-tune their approach. As the pilot progressed, the team was able to adjust the project to better align with the needs observed in real time through client care, rather than relying solely on initial projections. This helped optimize budget allocations to meet the community's evolving priorities.

Outlined below are some of the key lessons learned during the pilot phase and the adjustments made in response.

Lessons Learned

Project Start-up

Establishing a program like the Hubs is a significant undertaking for any organization. It requires a comprehensive process that includes recruiting and training staff, developing policies and procedures, establishing data systems, securing real estate, procuring equipment and supplies, and ensuring compliance with accounting standards and federal guidelines for grant management functions. While the City's original RFP intentionally overlooked considerations of infrastructure and capacity in order to provide opportunities to more grassroots organizations, this led to unforeseen challenges during the start-up phase.

A key role of the SSO was to support the lead agency in implementing the project, as organizational capacity and infrastructure were not requirements. However, given the urgency of providing critical services to the community, all partners agreed to prioritize launching the Hubs pilot phase without waiting for the SSO to be fully operational.

The SSO contract was ultimately awarded in November 2023, five months after the Hubs contract was awarded. While The Well may have benefitted from the earlier establishment of the SSO, PCF worked closely with The Well in the interim, providing assistance with accounting systems, federal requirements, and operational setup. Despite these efforts, challenges related to communication and capacity hindered progress. To further support The Well, PCF retained a third-party contractor to assist with partner relations, policy development, and process implementation. Once the SSO became operational, their staff also offered assistance.

A lesson learned is that the SSO could have provided beneficial services had it been implemented first or earlier in the process. This may have reduced the need for additional outside assistance; however, the level of support provided by two agencies was not enough to overcome the needs.

These insights from the pilot phase and evolving project needs prompted a change in the lead agency. Gulf Coast JFCS brings a breadth of experience and infrastructure to continue this project by providing increased administrative capacity and an existing infrastructure to operationalize the Hubs. This change has resolved many of the administrative and partnership challenges experienced during the pilot phase.

Service Needs

Another key lesson learned is that residents typically seek assistance at the Hubs for immediate needs, such as housing, utilities, or food, rather than mental health support. Additionally, research shows that Black, Indigenous, and People of Color (BIPOC) populations often have higher unmet mental health needs, compounded by stigma that deters individuals from seeking help. While many residents show signs of unmet mental health needs, stigma often prevents them from requesting these services.[10]

In response, the intake process was revised to assess all needs holistically. A new policy now requires residents to meet with a care manager before receiving financial assistance, ensuring that mental health needs are identified and addressed alongside other services, while also addressing the immediate crisis needs.

Provider Network

Prior to the Hubs' opening, community conversations provided valuable insights that ultimately shaped the creation of the provider network. Residents expressed that the Hubs should represent safety, care, unity, and hope, and emphasized the importance of flexibility in the approach and responsiveness to their needs.

This feedback guided the pilot and implementation phases, and allowed modifications to how care is provided. As the population of St. Petersburg is diverse, the provider network needs to be demographically representative to provide culturally responsive care in the ways that residents have articulated. The Hubs provide a personalized approach, matching residents to clinicians based on preferences.

During the transition from pilot to implementation phase, Gulf Coast JFCS diligently sought to recruit local clinicians for the Hubs' provider network. However, few clinicians responded early on, which prompted a review of reimbursement rates and discussions with providers about their expectations. Gulf Coast JFCS created a new reimbursement schedule with increased rates, in accordance with local industry standards. This change ensures providers are fairly and equitably compensated for assessments and treatments provided.

As part of ongoing provider recruitment efforts, Gulf Coast JFCS offers workshops to interested providers to share the processes for joining the network, as well as the philosophy behind collecting demographic and modality data about each individual providing services to Hub clients. Once a provider decides to join the network, they attend a comprehensive orientation

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[10] Stephanie Reed and Keesha Benson, rep., *Pinellas County BIPOC Mental Health Landscape Scan*, 2023, https://healthystpete.foundation/wp-content/uploads/2023/05/FHSP-BIPOCMentalHealthScanReport-v2-1-compressed.pdf.

designed to clearly communicate the Hubs' expectations about the level of care provided to Hubs clients.

As a result of adapting the recruitment strategy and reimbursement rates based on local provider feedback, interest from St. Petersburg clinicians has increased significantly. As of December 31, 2024, a total of 32 licensed or appropriately supervised providers have been added to the network, with capacity to serve 104 clients. Provider demographic characteristics and specializations are included in Tables 1 and 2.

The Hubs will continue to examine whether the network is meeting clients' needs effectively and make changes as indicated by data and client feedback.

Table 1. Provider Demographics, Mental Health Provider Network, St. Petersburg Social Support Hubs.

Demographic	***Number***	***Percent***
Total Providers in Network	32	100%
Age		
20-29	2	6.3%
30-39	14	43.8%
40-49	4	12.5%
50-59	1	3.1%
Did not respond	11	34.4%
Race		
Black	9	28.1%
Mixed Race	1	3.1%
White	6	18.8%
Did not respond	16	50.0%
Ethnicity		
Caribbean	1	3.1%
Hispanic	5	15.6%
Indian	1	3.1%
Non-Hispanic	4	12.5%
Did not respond	21	65.6%
Languages Spoken*		
English	30	-
Spanish	3	-
Caribbean	1	-
Gender		
Female	28	87.5%
Male	2	6.3%
Nonbinary	1	3.1%
Did not respond	1	3.1%
Sexual Orientation		
Heterosexual/Straight	5	15.6%
Lesbian	1	3.1%
Gay	0	0
Bisexual	2	6.3%
Did not respond	24	75.0%
Religious Affiliation		
None	3	9.4%
Christian	14	43.8%
Agnostic/Spiritual	2	6.3%
Did not respond	13	40.6%

Table 2. Specialties and Client Focus of Hubs Mental Health Provider Network.

* Total numbers may differ from the total count of providers as providers may specify multiple options, or none. Percentages may not total 100% and are, therefore, excluded from some specialty areas where appropriate.

Specialties and Expertise*	**Number**	**Percent**
Addictions/Co-occurring disorders	6	
ADHD	3	
Anger Management	0	
Anxiety	8	
Autism	1	
Chronic Stress	2	
Depression	7	
Grief/Loss	3	
Life Adjustments/Transitions	5	
Mood Disorders	1	
OCD	1	
Parenting	1	
PTSD	2	
Racial Trauma	2	
Relationships	3	
Self-Esteem	4	
Severe, Persistent Mental Illness	4	
Suicide	2	
Trauma	6	
Women's Issues	2	
Service Delivery*		
In-person only	0	0
Hybrid (Both)	27	84.4%
Virtual (Telehealth) only	4	12.5%
Other	1	3.1%
Certifications*		
ADHD	1	
Grief	1	
Qualified Supervisor	1	
Trauma Certified	1	
EMDR	4	
Trauma-Focused Cognitive Behavioral Therapy	1	
Client Focus*		
Adults	18	
Young Adults	14	
Children	5	
Teens	11	
LGBTQ	3	
BIPOC	3	
Families	2	
Couples	3	
Seniors	12	
Persons with disabilities	1	
Military/Veterans	5	
All	1	

Availability*

Weekdays	19	
Weekends	8	
Evenings	11	

Data Tracking

Year one highlighted challenges in tracking client data effectively. The initial data system lacked the flexibility to adapt to the Hubs' evolving needs and capture essential metrics for measuring impact. With the transition to a new lead agency, existing data systems are being customized to better support Hubs services. For instance, Gulf Coast JFCS now uses its electronic health record for case management and data tracking, which allows for more robust data collection and reporting.

Assertive outreach, which often requires multiple engagements to connect residents to care, is also being tracked more effectively. PERC is utilizing geolocation software to document outreach encounters, helping to assess coverage and identify the most effective methods for engaging residents.

Location

The initial Hub location faced challenges in meeting the original goal of co-locating all services and staff, including trauma-informed counseling, care management, and groups. Space limitations made it difficult to house all service providers effectively while also ensuring client privacy. Despite these limitations, Gulf Coast JFCS attempted to remain in the original location to maintain continuity for residents under care.

While the lead agency transition was in progress, Hub services were continued at PERC's site at 1601 16th Street South in St. Petersburg. Beyond considerations of staying in the first Hub location, the partners searched for other locations, keeping in mind cost effectiveness to ensure that more funding went to services. When these efforts proved unsuccessful, the Hub was permanently relocated to PERC's 1601 site. The new location offers improved space to meet needs, allowing partners to create a warm and welcoming environment for residents.

Partnerships

In the pilot phase of this significant initiative, the partners learned the importance of establishing trust early and acknowledging the unique needs and expertise of each partner. The initiative required more ramp-up time than anticipated, emphasizing the need for clear frameworks, roles, and communication. With multiple partners involved, the need for over-communication, positive reinforcement, and a balanced approach to leadership were key learnings. Additional lessons learned include the need to address group and personal dynamics directly, maintain curiosity and bravery, and establish clear decision-making structures. The need for more purposeful work around collaboration, compromise, and consistent information sharing were identified as improvement areas that should be considered in this and other future multi-partner initiatives.

This is an important and comprehensive initiative with many moving parts to operationalize. The Hub partners are learning with each process they create for provider recruitment, assertive outreach, and a host of other processes. The model will continue to be informed by resident needs and feedback, to ensure residents receive the services they need in the manner they need them.

Hubs Community Liaisons

The Community Advisory Board is now known as the Hubs Community Liaisons. These Liaisons, all St. Petersburg residents, were selected through an application and blind review process to serve as advisors to the Hub partners. Their primary role is to serve as an on-going feedback loop and to ensure that the Hubs remain responsive to the specific needs of the community. Liaisons spend time in their neighborhoods listening to residents' experiences with the Hubs and gathering feedback on what services are needed. They also help spread the word about available services, both informally and formally.

As of December 31, 2024, there were 10 active Liaisons. Two (2) have since resigned their service due to personal reasons (family responsibilities and moving out of state). As more Hub locations open, additional Liaisons will be recruited to ensure diverse representation across St. Petersburg. Through this engagement, they help the Hub partners better understand community needs and make recommendations for service improvements.

Hubs Evaluation

Developmental Evaluation

The Hub model is being evaluated using Development Evaluation, which is "an approach of continuous adaptation of interventions through the use of evaluative thinking and feedback."[11] This framework examines the implementation process and seeks to inform services as they are being implemented. It is designed to be iterative, allowing for real-time adjustments to optimize outcomes. It is especially well-suited for programs like the Hub, which have untested or evolving theories of change and must remain responsive to community needs.

The Developmental Evaluation will be co-created and executed by Reed Community Consulting (RCC) in close collaboration with the Hub lead agency, the Hubs Community Liaisons, the City of St. Petersburg, and community partners. Data will be collected through conversations and stakeholder interviews. The evaluator will document key processes, impacts, and challenges, providing ongoing feedback to support reflection and adaptations as needed.

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[11] Implementing Developmental Evaluation: A Practical Guide for Evaluators and Administrators (U.S. Agency for International Development, 2019), https://usaidlearninglab.org/system/files/resource/files/ImplementingDE_Admin_FINAL.pdf.

This flexible evaluation approach allows the Hub partners to learn and adjust throughout the initiative. Qualitative information will guide service adaptations, and feedback will be gathered from providers, staff, community members (Liaisons and residents), stakeholders (partner organizations, referral sources), and the funder to ensure continuous improvement.

Outcomes Evaluation

Although the Developmental Evaluation may lead to changes in the design and implementation of the project, the overall project goals are to reduce stigma, increase utilization of services, and improve mental health outcomes for residents in St. Petersburg. The evaluation will examine outcomes at the community level, providing an aggregated examination of the impact of the Hub model. Key metrics to be examined include percent changes in stigma to accessing mental health care, utilization of Hub services, including mental health and other social services. A case control study will be conducted to examine differences in these outcomes for Hub service recipients compared to residents who do not access the Hub. Client intake data and survey data will be collected on treatment seeking, stigma, demographics, access to treatment/perceived access, utilization, and insurance coverage/blue card. Risk factors and protective factors (supportive relationships, community safety, high self-esteem, etc.) will be examined.

Baseline Population Data

Several sources of data are being analyzed and collected to measure the Hubs' impact in St. Petersburg. Baseline population data for 2023 from the Pinellas County Health Program (PCHP) are being used to understand how residents access or receive services before and after the Hubs open. Survey data will be collected from both Hub clients and St. Pete residents not engaged in Hub services.

Hub services will help residents navigate to PCHP services and other services. Therefore, it is expected that metrics will improve over the next two years.

PCHP data

The Pinellas County Health Program (PCHP) provides physical and mental health care services to residents throughout Pinellas County. Data for St. Petersburg residents enrolled in PCHP who received mental health care are being analyzed to understand how residents access services and improvements over time. These data will be compared to Hub client data to determine whether the Hub services have an impact on residents' ability to enroll and engage in services over time.

Research Questions

Below is the current set of research questions to be answered through evaluation:

1. What challenges do grantees face?
2. How are they addressing those challenges?
3. What are the impacts on communities?
4. What unanticipated impacts have there been?

5. What lessons are being learned about mental health, navigation services, and community impacts?
6. What partnerships have been formed (outside of Hub/SSO partnership)? What are the nature, benefits, and the results of those partnerships?
7. What common principles, if any, undergird and inform the work of Hub partners? Of the funder, Hub lead, SSO and partners?
8. How are societal, political, economic, and community trends affecting current and future provision of Hub services and community impacts?

The evaluation is intentionally flexible. Although evaluation questions are included above, the evaluation will allow for new learning questions as the project develops. Additional questions may also be determined by partners and Hubs Community Liaisons.

Reporting & Expected Outcomes

On a monthly basis, Gulf Coast JFCS will report the following metrics:

- New and existing clients served, including needs presented at intake and services provided
  - Referral source (self, family, community member, partner organization, etc.)
  - Ineligible referrals and outcome of contact
  - Details about any resolved needs
  - If any clients are on a waitlist and why
  - Client incidental fund usage – amount and purpose, outcome for each instance
- General demographic information
  - Age, race, gender, etc.
  - Zip codes
  - Housing status (housed or unhoused)
- Counseling data
  - Number of clients enrolled in clinical services with the provider network
  - Number of assessments and treatment plans delivered by provider network
- Assertive outreach data
  - Doors knocked, in which neighborhoods
  - Events attended and event details (purpose, audience, engagement)
  - Number of existing Hub clients that receive/require follow-up and reasons (when possible)
  - Response to community events (violence, trauma, natural disaster, etc.)

The following are expected outcomes that will be measured to understand the Hubs' impact in the community:

- Reduced stigma around mental health and care seeking
- Increased perceived access to care
- Increased service utilization
- Improved social determinants of health

- Improved mental health outcomes
- Increased support and assistance for crisis situations
- Improved access to financial and therapeutic services

Care Data

Between August 31, 2023, through May 30, 2024, 177 clients received services from the Hub. Services included financial assistance, assistance with finding housing, employment, therapy, support groups, applications for social services, health insurance, and a host of other services.

Between June 1 and December 31, 2024, 126 residents have become clients of the Hubs. Residents are connecting with the Hub on their own, via referrals from family members and partnering organizations, and through assertive outreach. Clients have received prompt interventions for crisis situations, benefitted from financial assistance for things like rent, utilities, and car repairs, and received services such as trauma-informed counseling and assistance obtaining health insurance.

Between June 1 and December 31, 2024, 51 clients were enrolled in and received clinical services through the provider network.

Additional assessments and data specifications were introduced in August and September 2024 – the data collected with these new assessments are telling a robust story of clients seen and the impact of services. Hub partners are actively engaged in ensuring that the reporting mechanisms accurately reflect the data needed to make informed policy and service delivery decisions. Updates are made to electronic record keeping systems as needed to ensure data integrity.

Hub staff respond to all inquiries, including from individuals who may not be eligible for Hubs services (those who live outside the City of St. Pete). Between June 1 and December 31, 2024, at least 30 individuals have received warm hand-offs to other services available in the area.

Success Stories

As a testament to the efforts of the partners and the reach of this initiative, below are two stories of how clients have benefitted from the Hubs:

> "Ashley" and her adolescent child were victims of a horrific crime that occurred in their home, resulting in the death of a family member. With proactive engagement, Hub staff were able to contact Ashley to find temporary housing to ensure their immediate safety. Food and hygiene products were provided, as well as care management services to locate long-term housing. With ARPA funds, the Hub was able to provide the first month's rent, as well as a security deposit for the family to move into their new home. Both Ashley and her child have been enrolled in outpatient therapy to aid in grief and life transitions.

"Joe" contacted the Hubs for financial assistance due to recently having been hospitalized, resulting in accumulation of late bills and rent. Joe feared he and his family would be homeless. With the help of Hub staff and collaboration with CALL (Community Assistance and Life Liaison), Joe was connected with various agencies to provide supplies for his family and ARPA funding to aid in utility and rental assistance. The Hub Navigator continues to support Joe as he recovers from hospitalization with ongoing guidance and life-skills coaching.

Upcoming Enhancements

The Hub partners are diligently working to create and improve processes as resident needs are identified. The partners are actively engaged with the Hub Community Liaisons to better understand and respond to identified needs and improve services to meet client expectations. Additionally, the space at 1601 16th Street South has been outfitted to serve clients as a welcoming and inclusive space, and conversations are occurring regarding the needs and services of future Hub locations. Gulf Coast JFCS has developed a policy to guide decisions on when to establish additional Hub locations, using defined data sources and a systematic process to determine where new sites would have the most impact.

In parallel, Gulf Coast JFCS is expanding the provider network to offer additional clinical support (e.g., medication management and specialized assessments), as well as non-clinical services (e.g., legal assistance and childcare) to meet a broader array of community needs. For example, substance use counseling services will soon be delivered through PERC.

Due to the significant community impact from Hurricanes Helene and Milton, a disaster case manager has been added to the Hub team. This new role will provide clients with direct support in identifying available resources and navigating applications for assistance. The disaster case manager will also have access to the breadth of Hub resources to meet needs and help residents become stable.

Stakeholders are also adapting the assertive outreach model based on data collected, determining which types of outreach are most effective and adjusting frequency to optimize engagement. By continuously refining service delivery and expanding the range of support offered, the Hubs will be better equipped to serve residents and address evolving community needs.

Sustainability

Sustainability planning has already begun to ensure that the services offered by the Hubs continue beyond the 2026 ARPA spending deadline. For example, Gulf Coast JFCS applied for a 3-year, $1.5 million grant from the Bureau of Justice Assistance under the program "Reimagining Justice through Community Support Hubs." The proposal aimed to develop and test new, innovative approaches to improving community safety and trust, offering alternatives to traditional enforcement mechanisms in neighborhoods experiencing high rates of low-level and

less serious criminal offenses. While not awarded for this specific program, the team continues to seek out additional funding opportunities to build long-term sustainability.

Gulf Coast JFCS, a 60-year-old organization, continuously adapts to meet the needs of its clients and community, despite shifting or disappearing funding sources. In FY 2023 (July 1, 2022 – June 30, 2023), the agency received more than $1,668,315 in individual, corporate, and other monetary donations, much of which was unrestricted, along with $1,189,966 in grant funding. Additionally, 191 volunteers donated 11,296 hours, valued at $359,213, and the agency received in-kind donations of clothes, food, and other household items. Gulf Coast JFCS also has the flexibility to absorb specific grant-funded activities into other programs as funding expires.

Shared Services Organization

The Hypatia Collaborative (Hypatia) is the shared services organization (SSO) selected to increase the capacity of nonprofits in St. Petersburg. By providing administrative support and capacity-building services, the SSO aims to help organizations become more sustainable. Services provided by the SSO include:

- Grant Writing and Administration
- Accounting and Financial Management
- Legal and Human Resources Support[12]
- Fundraising and Development Strategy
- Strategic Planning and Capacity Building
- Professional Development and Training

The SSO operates on a cohort model, where new nonprofit organizations are selected in batches to receive services. Each cohort consists of nonprofits that have completed the Nonprofit Needs Assessment, allowing the SSO to identify specific capacity-building needs. This staggered intake approach also fosters peer learning and collaboration among cohort members. Like the Hubs model, the SSO is designed to be community-responsive, allowing Hypatia to procure additional vendors as needed, should nonprofit cohorts present other service needs.

Hypatia has assembled an Ethics and Selection Committee (ESC) that oversees the vetting and selection process for nonprofits entering each cohort. The ESC is also responsible for approving new vendors who will provide services as part of the SSO. This process ensures that the selection is equitable, free of conflicts of interest, and prioritizes nonprofits that can benefit most from the services offered.

[12] SSO vendors providing legal support will not act as the legal representatives for a nonprofit, its leaders, or its agents at any time. Instead, the legal support offered focuses on areas such as nonprofit governance and ensuring that the organization's policies and procedures are sound and aligned with best practices for nonprofits.

SSO Evaluation

The evaluation of the Shared Services Organization (SSO) initiative managed by Hypatia aims to assess its effectiveness in enhancing the operational capacity and sustainability of nonprofits primarily led by historically excluded populations in the St. Petersburg area. Through a comprehensive mixed-methods approach, they will evaluate the SSO's impact on client organizations, focusing on capacity building, program efficacy, and professional development opportunities.

In addition to its role in cohort and vendor selection, the ESC also assists in participatory evaluation. The ESC will assess Hypatia's impact on clients, ensuring alignment with community priorities and equity. The goal of the SSO is to empower nonprofits, encourage cooperation, and foster positive change in St. Petersburg.

Key components of the evaluation include measuring participating nonprofits' satisfaction and experience through surveys and interviews, analyzing quantitative data such as financial performance metrics and organizational benchmarks, and gathering qualitative insights from various stakeholders within the community. Working in collaboration with the ESC, the SSO will ensure that the evaluation process centers on community voices, nonprofit concerns, and equity considerations. The evaluation outcomes will inform ongoing improvements, guide future decision-making, and contribute to the overall success and sustainability of the SSO initiative.

The following outcomes will be measured for the SSO initiative:

- Increased administrative, operational, and programmatic capacity for nonprofits
- Improved client-vendor relationships
- Enhanced organizational sustainability
- Informed decision-making based on evaluation results
- Strengthened nonprofit ecosystem in St. Petersburg
- Improved effectiveness and efficiency of nonprofit services
- Increased community benefit and social impact

On a monthly basis, the SSO is reporting:

- Names of active organization cohort members
- Number of organizations enrolled in a cohort
- Number of organizations applying to be in a cohort
- Spending per service category
- Spending per organization

SSO Nonprofit Data

As of December 31, 2024, 57 nonprofits have completed the Nonprofit Needs Assessment which helps identify the specific needs of each nonprofit. Thirty-five (35) nonprofits have or are

currently receiving services from the vendor network since the SSO launched in July 2024. The Hypatia Collaborative projects it will serve at least 60 nonprofits by the end of the ARPA grant cycle in 2026. Each cohort is diverse, with most nonprofits focused on education and youth development. There is also representation from civic engagement, faith-based, and arts and culture sectors. Additional nonprofits will be selected for future cohorts as they are processed through the Ethics and Selection Committee.

Conclusion

The pilot and initial implementation phases of the St. Petersburg Community Support Hubs and Shared Services Organization initiatives have laid a strong foundation for expanding resident access to vital resources and building the capacity of local nonprofits. Through the Hubs, over 300 residents have received trauma-informed, neighborhood-based services. The SSO's cohort model, guided by the Ethics and Selection Committee, has ensured that 35 nonprofits most in need of support are receiving tailored services that enhance their sustainability and impact, strengthening the entire nonprofit ecosystem.

The learnings from the Hubs' initial phases have informed key adjustments, including expanding the provider network, refining care management strategies, and enhancing service delivery. The ongoing developmental evaluation will continue to provide insights, allowing all partners to adapt and respond to community needs as they evolve. As the Hubs and SSO initiatives move forward, the focus will remain on scaling these models, improving service outcomes, and ensuring long-term sustainability for residents and nonprofits alike.

The collaboration among the City of St. Petersburg, Pinellas Community Foundation, Gulf Coast JFCS, People Empowering and Restoring Communities, The Hypatia Collaborative, Reed Community Consulting, and community members has demonstrated the power of partnership in addressing complex social needs. As both initiatives evolve, the commitment to equity, responsiveness, and community engagement will guide future expansion and solidify the role of the Hubs and SSO in fostering positive change in St. Petersburg.