

Application Form

Introduction

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

Project Name*

Lawrence Dimmitt IV Mental Health First Aid Training Initiative

EIN*

59-2092715

DUNS Number*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.

177760899

Mission Statement*

Our mission is to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety, and hope for the future.

Total Operating Expenditure*

What are your total annual operating expenses?

\$17,354,000.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$1,339,385.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Persons employed in high-risk pandemic response jobs
- Residents with language barriers
- Persons with disabilities
- Low-income families

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

Directions for Living's (DFL) organizational culture encourages coordination across multiple levels within the agency and is governed by a feedback loop—the Total Quality Management (TQM) system. TQM is a philosophy of continuous quality improvement in which the only meaningful measure of quality is client satisfaction. DFL actively seeks feedback from the community to better understand the constructs that guide our service delivery. As part of our TQM system, DFL developed the Client Advisory Board (CAB) comprised of clients, peers, and their families, many of which represent our priority populations. The CAB meets regularly to provide community context and feedback that informs administrative decisions, policy-making, and processes of the organization. In addition, DFL employs more than a dozen full-time Peer Mentors with lived experience to assist with early engagement of hard to reach individuals living with mental illness or who are experiencing homelessness.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Since 1982, DFL has delivered behavioral healthcare and homeless services to adults, children, and families. DFL has worked with local law enforcement for 15 years. DFL's IT Department has 18 years of experience implementing technology solutions.

Service Area*

In which areas of the county do you physically provide services?

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

Upsurge in behavioral health issues. Pinellas County already has one of the highest rates of death by suicide, Baker Act committals, and homelessness in the state. Prolonged exposure to stress due to COVID-19, has further amplified this and more adults are now turning to substance use as a coping mechanism for stress and experiencing thoughts of suicide. We must find strategic ways to expand our capacity to serve people who have never needed mental health services before and those whose mental health has worsened due to COVID-19.

Technology infrastructure and limited access for clients. Due to COVID-19, DFL enabled most of its mental health services to be provided via a Telehealth platform. Virtual care strategies allow for life-saving treatments to be delivered when and where clients need them. Due to COVID-19, our client base has grown beyond the capacity of existing technology systems and resources. DFL must upgrade its technology infrastructure to support this growing demand and increase our ability to outfit clients who cannot afford devices (e.g., phones) to participate in this alternative to in-person service delivery.

Workforce shortage and occupational distress. Mental health workers and first responders are at greater risk of occupational distress due to COVID-19. These helping professionals must negotiate caring for our community, while also worrying about their own wellbeing and that of their family. We must find creative ways to provide help for the helpers in an effort to stabilize this emergency workforce. Our employees are working harder than ever before and need added support to remain emotionally healthy in order to continue providing quality care. To help mitigate workforce shortages, we seek to support and care for our staff while creating innovative environments using telehealth mechanisms to work strategically with partners (e.g., law enforcement) to increase capacity and reach to serve the growing needs of the community during the pandemic.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

Directions for Living_Form 990 Public Disclosure Copy.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Directions for Living Board Approved Budget FY21.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

Directions for Living_Financial Statements 2019 - Audited.pdf

DFL submits all necessary fiscal year-end financial documentation to our Certified Public Accountant (CPA) in July following the close of DFL's fiscal year records. DFL's fiscal year runs from July 1 – June 30. Typically, DFL's CPA returns the Audited Financial Statement, inclusive of an Auditor's Report, by December each year. Attached in this application is DFL's most recent Audited Financial Statement, completed and issued on December 26, 2019 for fiscal year June 30, 2019.

Management Letter*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

There were no findings. Please see Independent Auditors Report attached with the Audited Financial packet.

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be

included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

NA

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

DFL will enhance our technology infrastructure to address the demand for virtual care due to COVID-19. These funds will: 1) equip staff with technology to deliver Telehealth services, 2) turn our parking lot into a Wi-Fi hot spot, 3) provide tablets to homeless shelters so clients can access virtual care, and 4) provide phones to clients who lack devices to participate in virtual care. Enhancements will benefit the entire County.

DFL will partner with Clearwater and Largo Police Departments to expand access to services for individuals experiencing a mental health crisis due to COVID-19. First, all officers will receive Mental Health First Aid training (MHFA). Next, officers will receive tablets to use in the field to initiate virtual mental health assessments between individuals and a DFL Clinician. Our existing Mental Health Unit will follow up with individuals to connect them to appropriate care to ease emotional distress, avoiding future use of 911 or law enforcement. These services will be available 24/7 for 13 weeks. DFL will target high risk areas such as 33765, 33755, 33764, 33756, 33770, 33771, & 33773.

911 operators are experiencing greater anxiety due to COVID-19 and requested counseling. DFL will begin by providing MHFA training to regional 911 call center staff and will provide counseling services via Telehealth as needed 24/7 for 13 weeks.

DFL is committed to training as many people in the research supported MHFA. This training is proven to build confidence and alleviate fear of initiating conversations about mental illness and addiction. When more people are able to recognize and respond to signs and symptoms of mental illness or addiction, more people will get the help they need.

DFL staff are working tirelessly to meet the increased demand for our services due to COVID-19. This funding will provide self-care tools to support emotional well-being of staff so they can continue providing high-quality care to our entire community during this pandemic.

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Trauma is a known risk factor to the experience of mental illness, emotional distress, and mental health crisis. COVID-19 is negatively impacting the mental health of thousands of local residents who never needed help before and exacerbated behavioral health issues of those who were already experiencing difficulties pre-COVID-19. Awareness of and access to services is associated with lower prevalence of mental health issues.

DFL is uniquely positioned to raise awareness through our dedicated Marketing Department that uses our website, social media, newsletters, and brochures to inform the public of our resources. DFL also partners with municipalities and nearly every social service agency in the County to ensure the community has information about our services.

We established the COVID-19 Emotional Support Line, a free service available to anyone experiencing feelings of loneliness, fear, depression, and anxiety—we know that people who have never needed access to community mental health services may now need our support due to the pandemic.

These communication channels help ensure more people are able to recognize signs and symptoms of behavioral health issues and where they can go to get help if they need it. Our message also addresses mental health stigma, as this is a huge barrier to utilization for those with mental health issues. DFL's behavioral health communication raises program awareness and reduces fear and uncertainty about mental health issues in our community.

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

DFL_Emergency Continuity of Operations Plan.pdf

Evidence of Insurance Coverage*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

DFL_Certificate of Liability.pdf

NA

Insurance Requirement*

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764

727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

Budget Summary*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.](#)

Please export as a PDF and upload it.

[DFL_CARES-Partnership-Fund-Budget-Summary.pdf](#)

Budget Narrative*

Please download the budget narrative template [HERE](#) and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.](#)

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

Please export as a PDF and upload it.

DFL_PCF CARES Fund Budget Narrative.pdf

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

DFL_Logistical Partner Organizations.pdf

DFL values collaboration and working collectively to address the complex situations and needs of the community and clients we serve. DFL maintains strong partnerships with nearly every social service agency in Pinellas County and works collectively with a variety of organizations to address community concerns on a daily basis. Partnerships are critical to DFL's service delivery and for ensuring strategic use of limited fiscal and human resources. Please see attached for a list of DFL's Logistical Partners specific to this funding.

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

DFL will utilize relationships with Logistical Partner Organizations to advertise and share information about Mental Health First Aid training with as many residents as possible throughout Pinellas County. This evidenced based training is provided to non-mental health professionals and increases their awareness of mental illness, teaches them how to get professional help to those in crisis, and teaches the mental health first aider how to recognize someone experiencing thoughts of suicide. DFL plans to train nearly 2,500 community members who interact with the public on a daily basis. With more people experiencing clinical levels of anxiety and depression and an increase in volume to crisis text lines, deploying a small army of Mental Health First Aiders will help assuage the mental health crisis.

Flyers, postcards, and email newsletters will be shared with our contacts at local Health Departments, colleges/universities, community faith-based groups, churches, and community centers for them to share with their congregations and circles of influence. We anticipate this allowing us to reach thousands more Pinellas County citizens, from all geographic regions within Pinellas.

Behavioral Health

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

Measurement - Behavioral Health*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

DFL will use the Mental Health First Aid (MHFA) 10 question pre-posttest to measure individuals improved competency in recognizing signs and symptoms of mental illness and addiction. Each learner must answer 6 out of 10 questions correctly to achieve a passing score. Peer-reviewed studies show that MHFA training increases: 1) knowledge of signs, symptoms, and risk factors associated with mental illnesses and addictions, 2) knowledge of resources and where to go for help, 3) confidence in students' willingness to provide support to a person in distress, and 4) their own mental health. Instructors will administer the pretest at the beginning of each course to determine the level of understanding of mental illness and addictions. A posttest will be administered after the course to identify what students have learned. DFL anticipates that after MHFA training, students will demonstrate increased knowledge as evidenced by their improved understanding of mental illnesses and addictions.

Methodology*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

Mental Health First Aid participants are defined as those community members including agency staff, law enforcement officers, and other first responders who attend one of the Mental Health First Aid trainings delivered by a trained Mental Health First Aid Instructor hosted by DFL. Pre-posttest data will be aggregated to provide a monthly summary. Documentation will be done in DFL's tracking logs and is formerly recorded with the National Council on Behavioral Health Mental Health First Aid division. DFL will provide Mental Health First Aid training to 3,000 unduplicated participants between October 1, 2020 and December 30, 2020. DFL has the capacity to track participants by zip code. Each newly trained Mental Health First Aider will demonstrate increased knowledge as evidenced by their posttest scores. DFL's monthly projected progress rate is 100 percent.

Number of Clients Served During Grant Period - Behavioral Health*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

3000

Estimated Percentage of Progress - Grant Period*

Please estimate % of progress on the proposed measure during the grant period.

100

September Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

0

September Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

October Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

1000

October Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

100

November Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

1000

November Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

100

December Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

1000

December Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

100

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

Funding from a Pinellas County Municipality
 Juvenile Welfare Board of Pinellas County
 Pinellas Community Foundation
 Pinellas County Government
 Tampa Bay Resiliency Fund

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

DFL submitted applications and received funding in response to COVID-19 from the following partners: 1) Pinellas County – DFL will receive funding to provide Rapid-rehousing, daily living kits for persons experiencing homelessness, street outreach and Targeted Case Management services, 2) City of St. Pete – DFL will receive funding to provide St. Pete residents with Rapid-rehousing for those experiencing homelessness and housing instability and case management, 3) Homeless Leadership Alliance – DFL received funding for Rapid-rehousing and Targeted Case Management services, 4) Juvenile Welfare Board – at the onset of COVID-19, DFL received funding for laptops to help with the transition to Telehealth services and Zoom Business Licenses, 5) Department of Health – DFL will receive funding to provide crisis counseling services to the street homeless, and 6) Tampa Bay Resiliency Fund – DFL received funding to purchase laptops.

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Lisa Alchin, 9/17/2020

File Attachment Summary

Applicant File Uploads

- Directions for Living_Form 990 Public Disclosure Copy.pdf
- Directions for Living Board Approved Budget FY21.pdf
- Directions for Living_Financial Statements 2019 - Audited.pdf
- DFL_Emergency Continuity of Operations Plan.pdf
- DFL_Certificate of Liability.pdf
- DFL_CARES-Partnership-Fund-Budget-Summary.pdf
- DFL_PCF CARES Fund Budget Narrative.pdf
- DFL_Logistical Partner Organizations.pdf

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING Doing business as DIRECTIONS FOR LIVING Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1437 SOUTH BELCHER ROAD City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33764 F Name and address of principal officer: APRIL LOTT SAME AS C ABOVE	D Employer identification number 59-2092715 E Telephone number (727) 524-4464 G Gross receipts \$ 24,231,670. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DIRECTIONSFORLIVING.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1981		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO BE A WELCOMING AND COMPASSIONATE PROVIDER, ADVOCATE AND PARTNER TO CHILDREN, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 554 6 Total number of volunteers (estimate if necessary) 7 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 38 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 15,738,647. 9 Program service revenue (Part VIII, line 2g) 2,028,536. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 224. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 172,979. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,940,386.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,670,742. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,920. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,666,508. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,337,250. 19 Revenue less expenses. Subtract line 18 from line 12 -396,864.	0.	0.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 3,589,981. 21 Total liabilities (Part X, line 26) 2,185,813. 22 Net assets or fund balances. Subtract line 21 from line 20 1,404,168.	Beginning of Current Year	End of Year
		3,589,981.	4,111,888.
		2,185,813.	2,276,146.
		1,404,168.	1,835,742.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer APRIL LOTT, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature Date
	Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A. Firm's address ▶ P. O. BOX 172359 TAMPA, FL 33672	Check if self-employed <input type="checkbox"/> PTIN P01342929 Firm's EIN ▶ 59-3040705 Phone no. (813) 875-7774

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO BE A WELCOMING AND COMPASSIONATE PROVIDER, ADVOCATE AND PARTNER TO CHILDREN, ADULTS AND FAMILIES IN NEED OF INTEGRATED HEALTHCARE, SOCIAL SUPPORT, SAFETY AND HOPE FOR THE FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,927,983. including grants of \$) (Revenue \$) CASE MANAGEMENT SERVICES: AS PART OF THE CHILD WELFARE, DIRECTIONS FOR LIVING SERVES AS A CASE MANAGEMENT ORGANIZATION BY PROVIDING RECOVERY-BASED, INDIVIDUALIZED SUPPORT, AND DEPENDENCY CASE MANAGEMENT SERVICES FOR CHILDREN AND FAMILIES THROUGH ASSESSMENT LINKAGE, ADVOCACY AND MONITORING. DIRECTIONS FOR LIVING IS DEDICATED TO RESPECTING THE INTEGRITY OF EACH FAMILY MEMBER, FOCUSING ON THE STRENGTHS OF THE FAMILY, REUNIFYING WHEN POSSIBLE AND COORDINATING THE BEST POSSIBLE FOREVER FAMILY PLACEMENT OUTSIDE OF THE FAMILY THROUGH ADOPTION WHEN NECESSARY.

4b (Code:) (Expenses \$ 11,681,297. including grants of \$) (Revenue \$) CHILD PROTECTIVE AND DIVERSION SERVICES: PROVIDES INTENSIVE IN-HOME FAMILY PRESERVATION SERVICES AND COMMUNITY OUTREACH WITH THE GOAL OF KEEPING AT-RISK CHILDREN "SAFE AT HOME." THE PROGRAMS HELPS THE FAMILY TO IDENTIFY, AND PROBLEM SOLVE REGARDING THOSE ISSUES THAT LEAD TO ABUSE AND NEGLECT; TO LEARN ABOUT, PRACTICE, AND DEVELOP PROFICIENCY IN STRATEGIES TO AVOID, DEAL WITH, OR OVERCOME THOSE ISSUES; AND TO TEACH AND MODEL WITH THE FAMILY REGARDING HOW TO UTILIZE COMMUNITY RESOURCES EFFECTIVELY AND TO THEIR BEST ADVANTAGE. FAMILIES AT-RISK OF HAVING THEIR CHILDREN REMOVED FROM THE HOME DUE TO ABUSE/NEGLECT ARE REFERRED TO THE PROGRAM BY CHILD PROTECTION INVESTIGATORS.

4c (Code:) (Expenses \$ 5,734,696. including grants of \$) (Revenue \$ 2,156,087.) OUTPATIENT SERVICES: DIRECTIONS FOR LIVING HAS A 37-YEAR HISTORY OF PROVIDING TRAUMA-INFORMED, EVIDENCE-BASED, AND RESEARCH-SUPPORTED OUTPATIENT BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS, INCLUDING INDIVIDUAL, FAMILY, AND GROUP THERAPY SERVICES FOR THOSE AFFECTED BY TRAUMA, MENTAL ILLNESS, OR SUBSTANCE ABUSE. THROUGHOUT THE COMMUNITY, IN-HOME, AND IN-CLINIC SERVICES ARE PROVIDED, TO MEET THE NEED WHERE IT EXISTS AND RESTORE AND IMPROVE THE QUALITY OF LIFE FOR EACH INDIVIDUAL SERVED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,319,917. including grants of \$) (Revenue \$)

4e Total program service expenses 21,663,893.

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a N/A		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **WENDY MERSON, CFO - (727) 524-4464**
1437 SOUTH BELCHER ROAD, CLEARWATER, FL 33764

DIRECTIONS FOR MENTAL HEALTH, INC.

DBA DIRECTIONS FOR LIVING

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATRINA TRUMP CHAIR PERSON	2.50	X		X				0.	0.	0.
(2) NANCY CROY VICE-CHAIR PERSON	2.50	X		X				0.	0.	0.
(3) MICHELLE GILBERT, ESQ. SECRETARY	2.50	X		X				0.	0.	0.
(4) CHIEF DANIEL SLAUGHTER TREASURER	2.50	X		X				0.	0.	0.
(5) JEFF RATHMELL DIRECTOR	2.50	X						0.	0.	0.
(6) TERESA CONTE DIRECTOR	2.50	X						0.	0.	0.
(7) CHRISTINA DICKSON DIRECTOR	2.50	X						0.	0.	0.
(8) APRIL LOTT PRESIDENT & CEO	50.00			X				204,675.	0.	6,403.
(9) KAREN YACHTUM FORMER COO	50.00			X				87,242.	0.	4,639.
(10) MICHELLE, FURAN-SULLIVAN FORMER CFO	50.00			X				128,292.	0.	0.
(11) TARA SCALISE COO	40.00			X				40,114.	0.	1,103.
(12) SANGITA DESAI M.D. PSYCHIATRIST	40.00					X		181,134.	0.	0.
(13) CONRAD WELLER PSYCHIATRIST	40.00					X		131,849.	0.	0.
(14) MARKIO BRANDON PSYCHIATRIST	40.00					X		213,706.	0.	6,062.
(15) RADHIKA SRIRAM PSYCHIATRIST	40.00					X		107,233.	0.	6,900.

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,342,285.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	406,640.				
	g Noncash contributions included in lines 1a-1f: \$		247,133.				
	h Total. Add lines 1a-1f		21,748,925.				
	Program Service Revenue	2 a PROGRAM SERVICE REVENUE	Business Code 624100	2,156,087.	2,156,087.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			2,156,087.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		236.			236.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	72,354.				
		b Less: direct expenses	b	53,002.			
c Net income or (loss) from fundraising events			19,352.			19,352.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	254,068.	254,068.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			254,068.			
12 Total revenue. See instructions			24,178,668.	2,410,155.	0.	19,588.	

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	460,323.	391,275.	69,048.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,095,162.	13,638,705.	1,449,597.	6,860.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	586.	528.	58.	
9 Other employee benefits	2,910,619.	2,641,195.	267,821.	1,603.
10 Payroll taxes	1,220,115.	1,098,387.	121,221.	507.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,155.	32,927.	10,228.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	121,401.	121,401.		
12 Advertising and promotion				
13 Office expenses	387,800.	342,260.	28,727.	16,813.
14 Information technology	593,850.	576,096.	17,754.	
15 Royalties				
16 Occupancy	609,961.	553,008.	56,953.	
17 Travel	986,414.	976,692.	9,722.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	94,312.	94,312.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	102,236.	93,060.	9,176.	
23 Insurance	502,650.	487,623.	15,027.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT SUPPORT	295,097.	294,711.	249.	137.
b IN-KIND MEDICAL SUPPLIE	247,133.	247,133.		
c MEDICAL & PHARMACY	57,117.	57,117.		
d EQUIPMENT RENTAL	24,337.	17,463.	6,874.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	23,752,268.	21,663,893.	2,062,455.	25,920.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	252,687.	1	160,944.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	1,499,805.	3	1,683,917.	
	4 Accounts receivable, net	450,240.	4	475,325.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	16,105.	8	36,897.	
	9 Prepaid expenses and deferred charges	30,972.	9	159,084.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,113,379.			
	b Less: accumulated depreciation	3,719,631.			
		1,143,372.	10c	1,393,748.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	186,674.	13	191,847.	
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	10,126.	15	10,126.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,589,981.	16	4,111,888.		
Liabilities	17 Accounts payable and accrued expenses	902,843.	17	592,959.	
	18 Grants payable		18		
	19 Deferred revenue	243,291.	19	86,722.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	1,039,679.	23	1,596,465.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	2,185,813.	26	2,276,146.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,230,611.	27	1,681,895.	
	28 Temporarily restricted net assets	173,557.	28	153,847.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,404,168.	33	1,835,742.	
34 Total liabilities and net assets/fund balances	3,589,981.	34	4,111,888.		

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,178,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,752,268.
3	Revenue less expenses. Subtract line 2 from line 1	3	426,400.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,404,168.
5	Net unrealized gains (losses) on investments	5	5,173.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,835,741.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

PUBLIC DISCLOSURE COPY

DIRECTIONS FOR MENTAL HEALTH, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13823001.	13723178.	14773002.	15739647.	21748925.	79807753.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13823001.	13723178.	14773002.	15739647.	21748925.	79807753.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						79807753.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13823001.	13723178.	14773002.	15739647.	21748925.	79807753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167.	196.	109.	224.	236.	932.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	86,717.	77,387.	143,211.	111,687.	254,068.	673,070.
11 Total support. Add lines 7 through 10						80481755.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.16 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.10 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

DIRECTIONS FOR MENTAL HEALTH, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a diagonal watermark reading 'PUBLIC DISCLOSURE COPY'.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING

Employer identification number

59-2092715

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 1,003,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 919,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 788,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 3,413,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 14,299,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Name of organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING

Employer identification number
59-2092715

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	24,446,190.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,173.	
b	Donated services and use of facilities	2b	209,347.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	53,002.	
e	Add lines 2a through 2d	2e		267,522.
3	Subtract line 2e from line 1	3		24,178,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		24,178,668.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	24,014,616.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	209,347.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	53,002.	
e	Add lines 2a through 2d	2e		262,349.
3	Subtract line 2e from line 1	3		23,752,267.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		23,752,267.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PRESENTED IN THESE FINANCIAL STATEMENTS. DIRECTIONS HAS NOT REPORTED ANY UNRELATED BUSINESS INCOME; HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION, IF ANY, OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES.

THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS AFTER 2015 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART V, LINE 4

EXPLANATION: THE ORGANIZATION USES THE ENDOWMENT FUNDS TO FURTHER THE PROGRAM OBJECTIVES OF THE ORGANIZATION ONCE THE TEMPORARY TIME RESTRICTIONS FOR THE ENDOWMENT FUNDS HAVE BEEN MET.

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DIRECTIONS FOR MENTAL HEALTH, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		PB&J RUN (event type)	(event type)	(total number)	
1	Gross receipts	72,354.			72,354.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	72,354.			72,354.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	53,002.			53,002.
10	Direct expense summary. Add lines 4 through 9 in column (d)				53,002.
11	Net income summary. Subtract line 10 from line 3, column (d)				19,352.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING** Employer identification number **59-2092715**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) APRIL LOTT PRESIDENT & CEO	(i)	204,675.	0.	0.	0.	6,403.	211,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANGITA DESAI M.D. PSYCHIATRIST	(i)	181,134.	0.	0.	0.	0.	181,134.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARKIO BRANDON PSYCHIATRIST	(i)	213,706.	0.	0.	0.	6,062.	219,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **DIRECTIONS FOR MENTAL HEALTH, INC.
DBA DIRECTIONS FOR LIVING** Employer identification number **59-2092715**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6,928	247,133.	FORMULARY LIST PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADULTS, AND FAMILIES IN NEED OF INTEGRATED HEALTHCARE, SOCIAL SUPPORT,
SAFETY, AND HOPE FOR THE FUTURE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOMELESS SERVICES HELPS ADULTS AND FAMILIES LIVING WITHOUT HOMES, OR AT
RISK OF HOMELESSNESS, BY LINKING THEM TO A VARIETY OF RESOURCES AND
PROVIDING PSYCHIATRIC CARE THROUGHOUT THE COMMUNITY, INCLUDING AT LOCAL
SHELTERS.

EXPENSES \$ 1,319,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINAL 990 IS SUBMITTED FOR REVIEW TO THE FINANCE COMMITTEE AFTER THE
FINANCE COMMITTEE REVIEWS THE 990, THEY SUBMIT THE RETURN, ALONG WITH THEIR
COMMENTS, TO THE FULL BOARD. A DESIGNATED OFFICER THEN SIGNS THE RETURN
AFTER CONSIDERING BOARD COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATIONS CONFLICT OF INTEREST POLICY REQUIRES THAT ALL OFFICERS,
DIRECTORS, AND EMPLOYEES DISCLOSE ANY CONFLICTS IMMEDIATELY UPON DISCOVERY.
COMPLIANCE IS CONSISTENTLY MONITORED AND REVIEWED ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY REVIEWING MARKET RATES INCLUDING LOCAL,
REGIONAL AND NATIONAL LEVELS ACTUAL COMPENSATION RATES ARE SET BASED ON THE
MARKET RATES AND AVAILABLE LEVELS OF FUNDING. THE PROCESS OF DETERMINATION

Name of the organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
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AND THE FINAL DECISION IS CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL INFORMATION IS ALSO AVAILABLE ON THEIR WEBSITE.

FORM 9990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

PUBLIC DISCLOSURE COPY



Revenue		FY 2021
Grant	\$	7,114,088
Governmental	\$	4,864,181
Program FFS Revenue	\$	4,699,216
Other/Miscellaneous	\$	23,248
Contributions/Donations	\$	133,229
In-Kind	\$	520,038
Total Revenue	\$	17,354,000

Expenditures		
Personnel Expenses	\$	13,727,594
Program Expenses	\$	1,810,647
Interest Expense	\$	104,632
Telephone	\$	167,694
Occupancy	\$	762,989
Maintenance & Repairs	\$	53,390
Rentals & Leases	\$	24,920
Dues & Subscriptions	\$	37,936
Depreciation	\$	144,160
In-Kind	\$	520,038
Total Expenditures	\$	17,354,000
Net Revenue Over Expenditures	\$	-



Directions for Living

LIFE GETS BETTER HERE.™

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORTS

DIRECTIONS FOR MENTAL HEALTH, INC.

d/b/a DIRECTIONS FOR LIVING

June 30, 2019

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**RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS**

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara Stephen G. Douglas
Marc D. Sasser Michael E. Helton
Sam A. Lazzara Christopher F. Terrigino
Kevin R. Bass James K. O'Connor
Jonathan E. Stein
Richard B. Gordimer, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Directions for Living

Report on the Financial Statements

We have audited the accompanying financial statements of Directions for Mental Health, Inc. d/b/a Directions for Living (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Directions for Living as of June 30, 2019, and the changes in its net assets, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Directions for Living's 2018 financial statements, and our report dated December 27, 2018 expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The other supplementary information listed in the table of contents is presented for purposes of additional analysis and is also not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 26, 2019 on our consideration of Directions for Living's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Directions for Living's internal control over financial reporting and compliance.

Tampa, Florida
December 26, 2019



Directions for Living

STATEMENT OF FINANCIAL POSITION

June 30, 2019
(With comparative total for 2018)

	2019			Total June 30, 2018
	Without Donor Restrictions	With Donor Restrictions	Total	
ASSETS				
Current assets				
Cash and cash equivalents (notes A5)	\$ 160,944	\$ -	\$ 160,944	\$ 252,687
Receivables				
Program service fees (note A6)	475,325	-	475,325	450,240
Grants (note A7)	1,683,917	-	1,683,917	1,499,805
Medication inventory (note A10)	36,897	-	36,897	16,105
Prepaid expenses	159,084	-	159,084	30,972
Total current assets	<u>2,516,167</u>	<u>-</u>	<u>2,516,167</u>	<u>2,249,809</u>
Investments (notes A12, C and G)	<u>38,000</u>	<u>153,847</u>	<u>191,847</u>	<u>186,674</u>
Property and equipment, net of accumulated depreciation (notes A11 and D)	<u>1,393,748</u>	<u>-</u>	<u>1,393,748</u>	<u>1,143,372</u>
Other assets	<u>10,126</u>	<u>-</u>	<u>10,126</u>	<u>10,126</u>
Total assets	<u>\$ 3,958,041</u>	<u>\$ 153,847</u>	<u>\$ 4,111,888</u>	<u>\$ 3,589,981</u>
LIABILITIES AND NET ASSETS				
Current liabilities				
Lines of credit (note E)	\$ 1,024,499	\$ -	\$ 1,024,499	\$ 437,436
Current portion of long-term debt (note F)	27,703	-	27,703	31,469
Accounts payable	298,585	-	298,585	391,163
Accrued expenses	294,374	-	294,374	511,680
Deferred revenue	86,722	-	86,722	243,291
Total current liabilities	<u>1,731,883</u>	<u>-</u>	<u>1,731,883</u>	<u>1,615,039</u>
Long-term debt (note F)	<u>544,263</u>	<u>-</u>	<u>544,263</u>	<u>570,774</u>
Total liabilities	<u>2,276,146</u>	<u>-</u>	<u>2,276,146</u>	<u>2,185,813</u>
Net assets				
Without donor restrictions	1,681,895	-	1,681,895	1,230,611
With donor restrictions (note L)	-	153,847	153,847	173,557
Total net assets	<u>1,681,895</u>	<u>153,847</u>	<u>1,835,742</u>	<u>1,404,168</u>
Total liabilities and net assets	<u>\$ 3,958,041</u>	<u>\$ 153,847</u>	<u>\$ 4,111,888</u>	<u>\$ 3,589,981</u>

The accompanying notes are an integral part of this statement.

Directions for Living

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2019
(With comparative total for 2018)

	2019			Total June 30, 2018
	Without Donor Restrictions	With Donor Restrictions	Total	
OPERATING REVENUE				
Grant revenue (note A7)	\$ 21,342,285	\$ -	\$ 21,342,285	\$ 15,417,822
Program service fees (note A6)	2,156,087	-	2,156,087	2,028,516
Donations and bequests	231,861	-	231,861	194,704
In-kind contributions (notes A16 and J)	456,480	-	456,480	464,269
Other income	254,068	-	254,068	63,909
	<u>24,440,781</u>	<u>-</u>	<u>24,440,781</u>	<u>18,169,220</u>
Net assets released from restrictions	<u>24,883</u>	<u>(24,883)</u>	<u>-</u>	<u>-</u>
Total operating revenue	<u>24,465,664</u>	<u>(24,883)</u>	<u>24,440,781</u>	<u>18,169,220</u>
OPERATING EXPENSES (note A14)				
Program services	21,773,402	-	21,773,402	16,244,140
Supporting services				
General and administrative	2,067,982	-	2,067,982	2,108,518
Fundraising	78,920	-	78,920	203,594
	<u>23,920,304</u>	<u>-</u>	<u>23,920,304</u>	<u>18,556,252</u>
Total operating expenses	<u>23,920,304</u>	<u>-</u>	<u>23,920,304</u>	<u>18,556,252</u>
Operating income (loss)	<u>545,360</u>	<u>(24,883)</u>	<u>520,477</u>	<u>(387,032)</u>
NON-OPERATING REVENUE (EXPENSE)				
Change in value of assets held by others	-	5,173	5,173	6,987
Interest income	236	-	236	224
Interest expense	(94,312)	-	(94,312)	(57,834)
Other	-	-	-	47,778
	<u>(94,076)</u>	<u>5,173</u>	<u>(88,903)</u>	<u>(2,845)</u>
Total non-operating revenue (expense)	<u>(94,076)</u>	<u>5,173</u>	<u>(88,903)</u>	<u>(2,845)</u>
CHANGE IN NET ASSETS	451,284	(19,710)	431,574	(389,877)
NET ASSETS AT BEGINNING OF YEAR	<u>1,230,611</u>	<u>173,557</u>	<u>1,404,168</u>	<u>1,794,045</u>
NET ASSETS AT END OF YEAR	<u>\$ 1,681,895</u>	<u>\$ 153,847</u>	<u>\$ 1,835,742</u>	<u>\$ 1,404,168</u>

The accompanying notes are an integral part of this statement.

Directions for Living

STATEMENT OF CASH FLOWS

For the year ended June 30, 2019
(With comparative total for 2018)

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in net assets	\$ 431,574	\$ (389,877)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	102,235	101,375
Unrealized change in value of investments	(5,173)	(6,987)
(Increase) decrease in receivables	(209,197)	399,963
Increase in inventory	(20,792)	-
Increase in prepaid expenses	(128,112)	(3,312)
(Decrease) increase in accounts payable and accrued expenses	(309,884)	285,678
Decrease in deferred revenue	(156,569)	(187,982)
Total adjustments	<u>(727,492)</u>	<u>588,735</u>
Net cash (used) provided by operating activities	<u>(295,918)</u>	<u>198,858</u>
Cash flows from investing activities		
Purchase of equipment	<u>(352,611)</u>	<u>(109,591)</u>
Net cash used by investing activities	<u>(352,611)</u>	<u>(109,591)</u>
Cash flows from financing activities		
Payments on long-term debt	(30,277)	(83,038)
Net proceeds from line of credit	<u>587,063</u>	<u>165,455</u>
Net cash provided by financing activities	<u>556,786</u>	<u>82,417</u>
Net (decrease) increase in cash and cash equivalents	(91,743)	171,684
Cash and cash equivalents at beginning of the year	<u>252,687</u>	<u>81,003</u>
Cash and cash equivalents at end of year	<u>\$ 160,944</u>	<u>\$ 252,687</u>
Supplemental disclosures of cash flow information		
Cash paid during the year		
Interest	<u>\$ 94,312</u>	<u>\$ 57,834</u>
Taxes	<u>\$ -</u>	<u>\$ -</u>

The accompanying notes are an integral part of this statement.

Directions for Living

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2019
(With comparative total for 2018)

	Program Services					Support Services			Total Expenses	2018 Total Expenses
	Case Management Services	Outpatient Services	Homeless Services	Child Protective & Diversion Services	Total Program Services	General and Administration	Fundraising	Total Support Services		
Personnel expense	\$ 1,986,700	\$ 3,763,240	\$ 701,172	\$ 8,408,289	\$ 14,859,401	\$ 1,639,924	\$ 6,860	\$ 1,646,784	\$ 16,506,185	\$ 12,361,498
Benefits	399,965	645,645	137,428	1,457,649	2,640,687	267,822	2,110	269,932	2,910,619	2,309,244
Building occupancy	54,742	150,467	32,099	315,700	553,008	56,953	-	56,953	609,961	368,683
Professional services	92,515	61,813	-	-	154,328	10,228	-	10,228	164,556	307,900
Travel	94,141	60,767	17,336	804,448	976,692	9,722	-	9,722	986,414	500,098
Equipment	2,924	11,699	1,267	1,573	17,463	6,874	-	6,874	24,337	23,690
Medical and pharmacy	-	1,518	55,599	-	57,117	-	-	-	57,117	78,544
Operating expenses	164,698	791,348	282,451	461,129	1,699,626	52,377	59,501	111,878	1,811,504	1,551,337
Client support	55,061	43,766	75,845	120,039	294,711	249	137	386	295,097	486,555
In-kind	98,935	294,622	10,265	23,487	427,309	14,657	10,312	24,969	452,278	467,328
Total expenses before depreciation	2,949,681	5,824,885	1,313,462	11,592,314	21,680,342	2,058,806	78,920	2,137,726	23,818,068	18,454,877
Depreciation	12,661	25,003	5,638	49,758	93,060	9,176	-	9,176	102,236	101,375
Total expenses	<u>\$ 2,962,342</u>	<u>\$ 5,849,888</u>	<u>\$ 1,319,100</u>	<u>\$ 11,642,072</u>	<u>\$ 21,773,402</u>	<u>\$ 2,067,982</u>	<u>\$ 78,920</u>	<u>\$ 2,146,902</u>	<u>\$ 23,920,304</u>	<u>\$ 18,556,252</u>

The accompanying notes are an integral part of this statement.

Directions for Living

NOTES TO FINANCIAL STATEMENTS

June 30, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying financial statements follow:

1. Organization and Activities

Directions for Mental Health Inc., d/b/a Directions for Living (“Directions”) is a nonprofit corporation providing integrated behavioral health services to adults, children and families. Directions’ focus is on preventing and healing from trauma – particularly those related to the child welfare system, homelessness, mental illness, and substance abuse. Through Directions’ Child Welfare and Family Preservation program services provided include intensive in-home Family Preservation, Child Protection Services, Foster Care, Project H.O.P.E (Helping Our Parents Excel), a rapid reunification program and specialized support for parents, and Adoptions. Through’ Directions’ Trauma-Informed Behavioral Health Care Program Directions’ utilizes evidenced-based practices to provide Adult and Children’s Therapy, Family/Couples Therapy, Group Therapy, Intensive In-Home Therapy and Adult and Children’s Psychiatry. Directions’ Prevention, Wellness and Recovery program provides Homeless Outreach Services, Case Management Services, Early Childhood Consultation Services and Psychological Testing to provide resources and individualized care for those at-risk and in need of support. The majority of the clients served by Directions reside in Pinellas and Pasco County, Florida. Funding provided for these services is received primarily through governmental grants, contracts and program fees.

2. Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis and are prepared under the guidance of the Financial Accounting Standards Codification (FASB ASC). FASB ASC 958 requires the display of the financial statements based on the concept of net assets. Net assets are identified as without donor restrictions and with donor restrictions.

3. Change in Accounting Principle

During 2019, Directions adopted ASU 2016-14, Presentation of Financial Statements of Not-for-Profit Entities (Topic 958). The ASU amends the current reporting model for nonprofit organizations and enhances their required disclosures. The major changes include:

- Requiring the presentation of only two classes of net assets now titled “net assets without donor restrictions” and “net assets with donor restrictions”
- Modifying the presentation of underwater endowment funds and related disclosures
- Requiring the use of the placed in-service approach to recognize the expirations of restrictions on gifts used to acquire or construct long-lived assets absent explicit donor stipulations otherwise

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- Requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate functional expense statement, or in the notes and disclose a summary of the allocation methods used to allocate costs
- Requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources
- Presenting investment return net of external and direct internal investment expenses, and
- Modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements

In addition, ASU 2016-14 removes the requirement that not-for-profit entities that chose to prepare the statement of cash flows using the direct method must also present a reconciliation (the indirect method).

4. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

5. Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less, at the date of purchase.

6. Net Program Service Fees and Receivables

Net program service fees are reported at the estimated net realizable amounts from clients, third-party payors, and others for services rendered. Accordingly, Directions provides an allowance for accounts it deems to be uncollectible based on historical experience, third-party contracts, and other circumstances, which may affect the ability to meet their obligations.

Receivables are considered impaired if full principal payments are not received in accordance with the contractual terms. It is Directions' policy to charge-off uncollectible receivables once all collection efforts have been exhausted. An allowance of approximately \$134,000 is included in relation to the program service fees receivable at June 30, 2019 in the accompanying financial statements.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Directions has agreements with third-party payors that provide for payments at amounts different from established rates. The basis for payment to Directions under these agreements includes discounts from established rates.

7. Grant Revenue and Receivables

Grant revenue is received from federal, state and local sources. Grant revenue is recorded based upon the terms of the grantor allotment, which generally provides that revenues are earned when the allowable costs of the specific grant provisions have been incurred. Such revenues are subject to audit by the grantor, and if the examination results in a deficiency of allowable expenses, Directions would be required to refund any deficiencies.

8. Charity Care

Directions provides care to clients who meet certain criteria under its charity care policy without charge, or at amounts less than its established rates. Because Directions does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Directions provided \$161,674 in charity care for fiscal year 2019.

9. Contributions

Contributions received are recorded as without donor restrictions or with donor restrictions, depending on the absence or existence and nature of any donor restrictions. Contributions received that are designated for future periods or restricted by the donor for specific purposes are reported as with donor restriction support that increases those net asset classes. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

10. Medication Inventory

Medication inventory consists of drug stock held by Directions for client use and is stated at the lower of cost or market. Cost is determined using the first-in, first-out method. Inventory levels fluctuate depending upon the timing of funding from the State of Florida.

11. Property and Equipment

Directions follows the practice of capitalizing all expenditures for property and equipment in excess of \$5,000. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets, ranging from 3 to 30 years.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Donations of property and equipment are recorded as contributions at their estimated fair value at the date of donation. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as increases in net assets with donor restrictions. It is Directions' policy to imply a time restriction, based on the assets' estimated useful lives, on donations of property and equipment that are not restricted as to their use by the donor. Accordingly, those donations are recorded as an increase in net assets with donor restrictions.

12. Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair value in the Statement of Financial Position. Unrealized gains and losses are included in the change in net assets.

13. Statement of Activities and Changes in Net Assets

Transactions deemed by management to be ongoing, major or central to the provision of health care services are classified as operating revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.

14. Functional Allocation of Expenses

The costs of providing the various programs and other activities are presented in the statement of functional expenses and have been summarized on a functional basis in the statement of activities and changes in net assets. Accordingly, certain expenses have been allocated among the programs and supporting services benefited.

Expenses directly attributable to a specific functional area are reported as expenses of those functional areas. Expenses that benefit multiple functional areas have been allocated across programs, general and administrative, and fundraising expenses based on the proportion of employee time involved or other reasonable allocable basis such as square footage of space used. These expenses include personnel expenses, travel, occupancy, operating expenses, and client support.

15. Income Taxes

Directions has been recognized as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been presented in these financial statements. Directions has not reported any unrelated business income; however, such status is subject to final determination upon examination, if any, of the related income tax returns by the appropriate taxing authorities.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE A - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Directions is not aware of any tax positions it has taken that are subject to a significant degree of uncertainty. Tax years after 2015 remain subject to examination by federal and state taxing authorities.

16. Donated Materials, Services and Building Space

Donations of materials and building space are recorded as support at their estimated fair value at the date of donation. Donations of services are recorded as support at their estimated fair value if they require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Directions also receives donated services from a variety of unpaid volunteers.

No amounts have been recognized in the accompanying statement of activities and changes in net assets because the criteria for recognition of such volunteer effort under FASB ASC Topic 958 relating to *Not-For-Profit Entities* have not been satisfied.

17. Comparative Information

The financial statements include certain prior period summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with Directions' financial statements for the year ended June 30, 2018, from where it was derived.

NOTE B - LIQUIDITY AND AVAILABILITY

Directions has approximately \$2,320,000 of financial assets available within one year of the statement of financial position date consisting of cash of \$161,000, program service fees receivable of \$475,000, and grant receivables of \$1,684,000. \$154,000 of the financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. Directions has a goal to maintain financial assets on hand to meet 60 days of normal operating expenses, which are, on average, approximately \$4,003,000. As more fully described in Note E, Directions also has two committed lines of credit in the amount of \$1,700,000, which it could draw upon in the event of an unanticipated liquidity need. The unused amount of these lines of credit approximated \$675,000 at June 30, 2019.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE C - INVESTMENTS

Investments are comprised of the following at June 30, 2019:

Beneficial interest in assets held by others	\$ 153,847
Investment in common stock	<u>38,000</u>
	<u>\$ 191,847</u>

The Community Foundation of Tampa Bay, Inc. maintains an investment account to benefit Directions. The account is not considered an asset of Directions, and therefore is not included in the financial statements. Directions can request a distribution from the investment account each year. The balance of this investment account available for distribution was \$25,990 at June 30, 2019.

NOTE D - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at June 30, 2019:

Land	\$ 404,970
Building and improvements	3,325,908
Office furniture and equipment	<u>1,382,501</u>
	5,113,379
Less accumulated depreciation and amortization	<u>(3,719,631)</u>
	<u>\$ 1,393,748</u>

Depreciation expense was \$102,235 for the year ended June 30, 2019.

NOTE E - LINES OF CREDIT

Directions has a line of credit with a commercial bank in the amount of \$1,200,000 at June 30, 2019. The line of credit is secured by property. Interest is due monthly at the greater of 4.00% or the bank's prime rate (5.00% at June 30, 2019) plus .5%, and principal is due on demand. Amounts outstanding under this line of credit were \$1,024,499 at June 30, 2019.

Directions has a second line of credit with a commercial bank in the amount of \$500,000 at June 30, 2019. The line of credit is secured by property. Interest is due monthly at the greater of 4.00% or the bank's prime rate (5.00% at June 30, 2019) plus .5%, and principal is due on demand. No amounts were outstanding under this line of credit at June 30, 2019.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE F - LONG-TERM DEBT

Following is a summary of long-term debt at June 30, 2019:

\$700,000 mortgage note payable, principal and interest payment monthly of \$4,629 from March 2014 through February 2024 plus final balloon payment of approximately \$435,000 due in March 2024, interest at 4.95%, the loan is collateralized by property	<u>\$ 571,966</u>
	571,966
Less current maturities	<u>(27,703)</u>
	<u><u>\$ 544,263</u></u>

Future maturities of long-term debt are as follows:

<u>Year ending June 30,</u>	
2020	\$ 27,703
2021	29,106
2022	30,580
2023	32,129
2024	452,448
2025 and beyond	<u>-</u>
	<u><u>\$ 571,966</u></u>

NOTE G - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Directions has the ability to access.
- Level 2 Inputs to the valuation methodology include:

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE G - FAIR VALUE MEASUREMENTS - Continued

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for that asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specified (contractual) term, the input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

An asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at June 30, 2019:

Investments:

Common Stock: Valued at cost as there is no active market on which the individual securities are traded. Should the investments' fair value become impaired, the value will be reduced at the time such a determination is made.

Beneficial interest in assets held by others: Value for the beneficial interest held by Directions in the Community Foundation of Tampa Bay ("Community Foundation") and the Pinellas County Community Foundation ("Pinellas Foundation") are based on valuation information provided by the Community Foundation and the Pinellas Foundation which is primarily derived from or corroborated by observable market data.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while Directions believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE G - FAIR VALUE MEASUREMENTS - Continued

The estimated fair values of Directions' financial instruments as of June 30, 2019 are as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Beneficial interest in assets held by others	\$ 153,847	\$ -	\$ -	\$ 153,847
Investment in common stock	38,000	-	-	38,000
	<u>\$ 191,847</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 191,847</u>

The table below sets forth a summary of changes in fair value of the Plan's level 3 investment assets for the year ended June 30, 2019:

Balance, beginning of year	\$ 148,674
Total gains or losses included in changes in net assets available for benefits	5,173
Purchases, sales, issuance and settlements	<u>-</u>
Balance, end of year	<u>\$ 153,847</u>

NOTE H - RETIREMENT PLAN

Directions sponsors a 403(b) defined contribution retirement plan covering all eligible employees. Directions may elect to make a matching contribution equal to one-half of employee contributions to a maximum match of \$1,000 per employee per plan year. The plan contains a vesting schedule for employer contributions. All forfeited nonvested contributions may be used to reduce future employer contributions. The retirement plan expense is reported net of forfeitures used in lieu of employer cash contributions. There were no employer matching contributions for the year ended June 30, 2019.

NOTE I - CONTINGENCIES

Directions routinely enters into grant agreements and contracts with governmental agencies that provide for reimbursement of the eligible direct and indirect cost of providing Directions' program services. The grants and contracts are subject to audit or review and retroactive adjustment based on a final determination by the grantor eligible reimbursable expenditures.

Directions bills Medicaid and Medicare for services provided to clients who are eligible for Medicaid and/or Medicare insurance reimbursement. All billings and the related documentation are subject to audit by Medicaid and Medicare and potential payback could be required if proper documentation is lacking.

Directions for Living

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2019

NOTE J - DONATED MATERIALS AND SERVICES (IN-KIND CONTRIBUTIONS)

Donated materials and services for the year ended June 30, 2019 consisted of medication inventory valued at \$247,133, child care services valued at \$98,925, and other support services valued at \$110,422.

NOTE K - FUNDING AND CREDIT CONCENTRATIONS

Directions receives a substantial amount of its support and revenue from federal, state and local government agencies in the form of performance and expense reimbursement contracts and third-party insurance arrangements. Continuation of Directions' program services is greatly dependent upon the continued support of these agencies. Directions' grants receivable at June 30, 2019 are primarily due from the aforementioned governmental agencies.

NOTE L - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at June 30, 2019 relate to the following:

Restricted for future periods:	
Beneficial interest in assets held by others	<u>\$ 153,847</u>

NOTE M - JUVENILE WELFARE BOARD OF PINELLAS COUNTY CONTRACTS

Directions has operating agreements with the Juvenile Welfare Board of Pinellas County. Program service revenues and expenditures for the ended June 30, 2019 are as follows:

<u>Program</u>	<u>Revenues</u>	<u>Expenditures</u>
Children's Outpatient Services	\$ 693,070	\$ 693,070
Early Childhood Consultation Services	<u>226,123</u>	<u>226,123</u>
	<u>\$ 919,193</u>	<u>\$ 919,193</u>

NOTE N - SUBSEQUENT EVENTS

Directions has evaluated events and transactions occurring subsequent to June 30, 2019 as of December 26, 2019 which is the date the financial statements were available to be issued.

Subsequent to year end, Directions for Living discontinued serving as Case Management Organization in Hillsborough County and Pinellas County, Florida. These services are no longer being provided by Directions for Living. For the year ended June 30, 2019, these contracts accounted for approximately \$11 million of revenues and expenses which resulted in approximately \$177,000 of costs that the contract was not sufficient to cover.

COMPLIANCE REPORTS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER
MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

DIRECTIONS FOR LIVING

June 30, 2019



RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara
Marc D. Sasser
Sam A. Lazzara
Kevin R. Bass
Jonathan E. Stein
Richard B. Gordimer, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

Stephen G. Douglas
Michael E. Helton
Christopher F. Terrigino
James K. O'Connor

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

Board of Directors
Directions for Living

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Directions for Mental Health, Inc. d/b/a Directions for Living (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 26, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Directions for Living's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Directions for Living's internal control. Accordingly, we do not express an opinion on the effectiveness of the Directions for Living 's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Directions for Living's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Buco, Gardner & Company, P.A." The signature is written in black ink and is positioned to the right of the date and location information.

Tampa, Florida
December 26, 2019

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR
EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL
CONTROL OVER COMPLIANCE REQUIRED BY THE
UNIFORM GUIDANCE

DIRECTIONS FOR LIVING

June 30, 2019



**RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS**

Member
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE
FOR EACH MAJOR FEDERAL PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE REQUIRED
BY THE UNIFORM GUIDANCE

Board of Directors
Directions for Living

Report on Compliance for Each Major Federal Program

We have audited Directions for Mental Health, Inc. d/b/a Directions for Living's compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, that could have a direct and material effect on each of Directions for Living's major federal programs for the year ended June 30, 2019. Directions for Living's major federal programs are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with the federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express and opinion on compliance for each of Directions for Living's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Directions for Living's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Directions for Living's compliance.

Opinion on Each Major Federal Program

In our opinion, Directions for Living complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

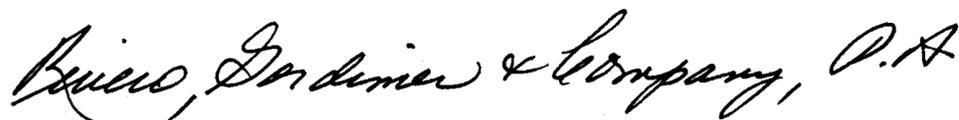
Report on Internal Control Over Compliance

Management of Directions for Living is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Directions for Living's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Directions for Living's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Tampa, Florida
December 26, 2019

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
DIRECTIONS FOR LIVING
For the year ended June 30, 2019

Directions for Living

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

For the year ended June 30, 2019

Section I - Summary of Auditors' Results

Financial Statements

Type of auditors' report issued on whether the financial statements were prepared in accordance with GAAP:

Unmodified

Internal control over financial reporting:

Material weakness(es) identified?

 yes X no

Significant deficiency(ies) identified?

 yes X none reported

Noncompliance material to financial statements noted?

 yes X no

Federal Awards

Internal control over major federal programs:

Material weakness(es) identified?

 yes X no

Significant deficiency(ies) identified?

 yes X none reported

Type of auditors' report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

 yes X no

Identification of major federal programs:

Federal

CFDA Number

Name of Federal Program

93.556

Promoting Safe and Stable Families

93.658

Foster Care - Title IV-E

93.659

Adoption Assistance

Dollar threshold used to distinguish between type A and type B federal programs

\$ 750,000

Auditee qualified as low-risk auditee?

 X yes no

Directions for Living

SCHEDULE OF FINDINGS AND QUESTIONED COST - CONTINUED

For the year ended June 30, 2019

Section II - Financial Statement Findings

No matters were reported for the year ended June 30, 2019.

Section III - Federal Award

No matters were reported for the year ended June 30, 2019.

Other Issues

- a) A summary Schedule of Prior Audit Findings is not required because there were no prior year audit findings related to the financial statements or federal awards.

SUPPLEMENTARY INFORMATION

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
DIRECTIONS FOR LIVING
For the year ended June 30, 2019

Directions for Living

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the year ended June 30, 2019

Federal Grantor / Pass-through Grantor / Program or Cluster Title	Federal CFDA #	Pass-through Entity Identifying Number	Passed-Through to Subrecipients	Total Federal Expenditures
Federal				
<u>U.S. Department of Housing and Urban Development</u>				
Indirect Programs:				
<i>Community Development Block Grants/ State's Entitlement Grants</i>	14.218			
Passed-through Pinellas County, Florida		CD16DMH	\$ -	\$ 10,715
<i>Emergency Solutions Grant Program</i>	14.231			
Pass-through Programs from:				
Pinellas County Homeless Leadership Board		QP17D-ESG19-P	-	222,473
Pinellas County Homeless Leadership Board		TANF-QPZ19D	-	55,568
Total Emergency Solutions Grant Program			-	278,041
Total U.S. Department of Housing and Urban Development Programs			-	288,756
<u>U.S. Department of Health and Human Services</u>				
Indirect Programs:				
<i>Comprehensive Community Mental Health Services for Children with Serious and Emotional Disturbances</i>	93.104			
Passed-through Central Florida Behavioral Health Network, Inc.		QB011 & RC011	-	347,750
<i>Projects for Assistance in Transition from Homelessness (PATH)</i>	93.150			
Passed-through Central Florida Behavioral Health Network, Inc.		QB011 & RC011	-	256,233
<i>Substance Abuse and Mental Health Services Projects of Regional and National Significants</i>	93.243			
Passed-through Pinellas County, FL		SM063331	-	232,744
<i>Promoting Safe and Stable Families</i>	93.556			
Passed-through Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	523,435
<i>Temporary Assistance for Needy Families</i>	93.558			
Pass-through programs from:				
Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19 & ECA-C13-CMO-DFL-FY19	-	1,912,868
Central Florida Behavioral Health Network, Inc.		QB011 & RC011	-	333,291
Total Temporary Assistance for Needy Families			-	2,246,159

Directions for Living

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

For the year ended June 30, 2019

Federal Grantor / Pass-through Grantor / Program or Cluster Title	Federal CFDA #	Pass-through Entity Identifying Number	Passed-Through to Subrecipients	Total Federal Expenditures
<i>Stephanie Tubbs Jones Child Welfare Services Program</i>	93.645	ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	514,885
Passed-through Eckerd Youth Alternatives, Inc.				
<i>Foster Care - Title IV-E</i>	93.658	ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	3,943,656
Passed-through Eckerd Youth Alternatives, Inc.				
<i>Adoption Assistance</i>	93.659	ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	801,833
Passed-through Eckerd Youth Alternatives, Inc.				
<i>Child Abuse and Neglect State Grants</i>	93.669	ECA-C6-DIV-DFL-FY19	-	66,011
Passed-through Eckerd Youth Alternatives, Inc.				
<i>Block Grants for Community Mental Health Services</i>	93.958	QB011 & RC011	-	193,058
Passed-through Central Florida Behavioral Health Network, Inc.				
<i>Block Grants for Prevention and Treatment of Substance Abuse</i>	93.959	QB011 & RC011	-	334,826
Passed-through Central Florida Behavioral Health Network, Inc.				
Total U.S. Department of Health and Human Services Programs			-	9,460,590
Total expenditures of federal awards			\$ -	\$ 9,749,346

The accompanying notes are an integral part of this schedule.

Directions for Living

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

June 30, 2019

NOTE A - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal grant activity of Directions for Living under programs of the federal government for the year ended June 30, 2019. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Directions for Living, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Directions for Living. All federal awards passed-through other governmental or non-profit agencies are included in the accompanying schedule.

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through identifying numbers are presented where available.

NOTE B - INDIRECT COST RATE

Directions for Living negotiates the allowable indirect cost rate on direct and indirect funding received from state or local government and non-governmental sources with the awarding agencies. For direct federal awards received, Directions has elected not to use the 10-percent de minimis indirect cost rate under the Uniform Guidance.

Directions for Living
 SCHEDULE OF STATE EARNINGS (UNAUDITED)
 For the fiscal year ended June 30, 2019

1	Total Expenditures	\$ 24,014,616
2	Less Other State and Federal Funds	\$ (16,262,445)
3	Less Non-Match SAMH Funds	\$ (8,635)
4	Less Unallowable Costs per 65E-14, F.A.C.	\$ (94,313)
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	\$ 7,649,223
6	Maximum Available Earnings (Line 5 times 75%)	\$ 5,736,917
7	Amount of State Funds Requiring Match	\$ 1,309,223
8	Amount Due to Department (if negative) * (Subtract line 7 from line 6)	\$ 4,427,694

* Directions for Living has met the State's matching requirements.
 Accordingly, no funds are refundable to the Department of Children and Families.

Directions for Living

SCHEDULE OF RELATED PARTY TRANSACTION ADJUSTMENTS (UNAUDITED)

For the fiscal year ended June 30, 2019

This audit schedule is not applicable to Directions for Living for the fiscal year ended June 30, 2019.

Directions for Living

SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS (UNAUDITED)

For the fiscal year ended June 30, 2019

This audit schedule is not applicable to Directions for Living for the fiscal year ended June 30, 2019.

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE (UNAUDITED)

AGENCY: Directions for Living

DATE PREPARED: 12/13/2019

CONTRACT #: QB011

BUDGET PERIOD: FROM 07/01/18 TO 06/30/19

FUNDING SOURCES & REVENUES	STATE-DESIGNATED SAMH COST CENTERS							Children's Substance Abuse
	STATE SAMH-FUNDED COST CENTERS							
	Adult Mental Health						Total Adult Mental Health	
CCST	TANF	Medical Services	Incidental / IDP	PATH				
IA. STATE SAMH FUNDING								
(1) CFBHN	\$ 1,789,999	\$ 333,292	\$ 306,725	\$ 75,360	\$ 256,233	\$ 2,761,609	\$ 73,866	
TOTAL STATE SAMH FUNDING	\$ 1,789,999	\$ 333,292	\$ 306,725	\$ 75,360	\$ 256,233	\$ 2,761,609	\$ 73,866	
IB. OTHER GOVT. FUNDING								
(1) Other State Agency Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
(2) Medicaid - Suncoast Region	1,250,190	-	251,299	-	-	1,501,489	-	
(3) Medicaid - All Other Regions	-	-	-	-	-	-	-	
(4) Local Government	-	-	1,284,658	-	732,662	2,017,320	156,456	
(5) Federal Grants and Contracts	-	-	-	-	-	-	-	
(6) In-Kind from Local Government	-	-	-	-	-	-	-	
TOTAL OTHER GOVT. FUNDING	\$ 1,250,190	\$ -	\$ 1,535,957	\$ -	\$ 732,662	\$ 3,518,809	\$ 156,456	
IC. ALL OTHER REVENUES								
(1) 1st & 2nd Party Payments	\$ 98,640	\$ -	\$ 48,872	\$ -	\$ -	\$ 147,512	\$ -	
(2) 3rd Party Payments	47,735	-	41,242	-	-	88,977	-	
(3) Medicare	67,838	-	158,653	-	-	226,491	-	
(4) Contributions and Donations	-	-	-	-	-	-	-	
(5) Other	-	-	248,688	-	-	248,688	-	
(6) In-kind	-	-	291,650	-	3,056	294,706	-	
TOTAL ALL OTHER REVENUES	\$ 214,213	\$ -	\$ 789,105	\$ -	\$ 3,056	\$ 1,006,374	\$ -	
TOTAL FUNDING =	\$ 3,254,402	\$ 333,292	\$ 2,631,787	\$ 75,360	\$ 991,951	\$ 7,286,792	\$ 230,322	

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE (UNAUDITED) - CONTINUED

AGENCY: Directions for Living

DATE PREPARED: 12/13/2019

CONTRACT #: QB011

BUDGET PERIOD: FROM 07/01/18 TO 06/30/19

FUNDING SOURCES & REVENUES	STATE-DESIGNATED SAMH COST CENTERS				Total Funding
	STATE SAMH-FUNDED COST CENTERS				
	Children's Mental Health				
	Outpatient & Outreach	Totals for State SAMH Funded Cost Centers	Totals for Non-State SAMH Funded Cost Centers		
IA. STATE SAMH FUNDING					
(1) CFBHN	\$ 594,430	\$ 3,429,905	\$ 70,395	\$ 3,500,300	
TOTAL STATE SAMH FUNDING	\$ 594,430	\$ 3,429,905	\$ 70,395	\$ 3,500,300	
IB. OTHER GOVT. FUNDING					
(1) Other State Agency Funding	\$ -	\$ -	\$ 14,362,119	\$ 14,362,119	
(2) Medicaid - Suncoast Region	172,239	1,673,728	-	1,673,728	
(3) Medicaid - All Other Regions	-	-	-	-	
(4) Local Government	1,073,358	3,247,134	-	3,247,134	
(5) Federal Grants and Contracts	-	-	232,732	232,732	
(6) In-Kind from Local Government	-	-	-	-	
TOTAL OTHER GOVT. FUNDING	\$ 1,245,597	\$ 4,920,862	\$ 14,594,851	\$ 19,515,713	
IC. ALL OTHER REVENUES					
(1) 1st & 2nd Party Payments	\$ 2,449	\$ 149,961	\$ -	\$ 149,961	
(2) 3rd Party Payments	16,826	105,803	-	105,803	
(3) Medicare	104	226,595	-	226,595	
(4) Contributions and Donations	-	231,861	-	231,861	
(5) Other	5,380	254,068	-	254,068	
(6) In-kind	161,774	456,480	-	456,480	
TOTAL ALL OTHER REVENUES	\$ 186,533	\$ 1,424,768	\$ -	\$ 1,424,768	
TOTAL FUNDING =	\$ 2,026,560	\$ 9,775,535	\$ 14,665,246	\$ 24,440,781	

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE (UNAUDITED) - CONTINUED

AGENCY: Directions for Living

DATE PREPARED: 12/13/2019

CONTRACT #: QB011

BUDGET PERIOD: FROM 07/01/18 TO 06/30/19

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES	STATE-DESIGNATED SAMH COST CENTERS							Children's Substance Abuse Outpatient & Outreach
	STATE SAMH-FUNDED COST CENTERS							
	Adult Mental Health						Total Adult Mental Health	
	CCST	TANF	Medical Services	Incidental / IDP	PATH			
IIA. PERSONNEL EXPENSES								
(1) Salaries	\$ 1,090,276	\$ 201,841	\$ 179,497	\$ -	\$ 155,174	\$ 1,626,788	\$ 50,562	
(2) Fringe Benefits	193,755	35,869	31,899	-	27,576	289,099	8,986	
TOTAL PERSONNEL EXPENSES	\$ 1,284,031	\$ 237,710	\$ 211,396	\$ -	\$ 182,750	\$ 1,915,887	\$ 59,548	
IIB. OTHER EXPENSES								
(1) Building Occupancy	\$ 2,442	\$ 452	\$ 402	\$ -	\$ 348	\$ 3,644	\$ 113	
(2) Professional Services	11,323	2,096	1,864	-	1,612	16,895	525	
(3) Travel	71,663	13,267	11,798	-	10,199	106,927	3,323	
(4) Equipment	1,281	237	211	-	182	1,911	59	
(5) Client Support / Food Services	21,624	4,003	3,560	-	3,078	32,265	1,003	
(6) Medical and Pharmacy	-	-	-	57,116	-	57,116	-	
(7) Subcontracted Services	-	-	-	-	-	-	-	
(8) Insurance	38,134	7,060	6,278	-	5,427	56,899	1,769	
(9) Interest Paid	-	-	-	-	-	-	-	
(10) Operating Supplies and Expenses	124,706	23,087	20,531	-	17,749	186,073	5,783	
(11) Other	6,828	1,264	1,124	-	972	10,188	317	
(12) Donated Items	-	-	255,270	-	10,265	265,535	-	
TOTAL OTHER EXPENSES	\$ 278,001	\$ 51,466	\$ 301,038	\$ 57,116	\$ 49,832	\$ 737,453	\$ 12,892	
TOTAL PERSONNEL AND OTHER EXPENSES	\$ 1,562,032	\$ 289,176	\$ 512,434	\$ 57,116	\$ 232,582	\$ 2,653,340	\$ 72,440	
IIC. DISTRIBUTED INDIRECT COSTS								
Administration	\$ 158,229	\$ 29,293	\$ 26,050	\$ 5,786	\$ 22,520	\$ 241,878	\$ 7,338	
TOTAL ACTUAL OPER. EXPENSES	\$ 1,720,261	\$ 318,469	\$ 538,484	\$ 62,902	\$ 255,102	\$ 2,895,218	\$ 79,778	
IID. UNALLOWABLE COSTS								
	\$ (6,902)	\$ (1,278)	\$ (1,136)	\$ (252)	\$ (982)	\$ (10,550)	\$ (320)	
TOTAL ALLOWABLE OPER. EXPENSES	\$ 1,713,359	\$ 317,191	\$ 537,348	\$ 62,650	\$ 254,120	\$ 2,884,668	\$ 79,458	
III. CAPITAL EXPENDITURES								
	\$ -	\$ -	\$ 70,466	\$ -	\$ -	\$ 70,466	\$ -	

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE (UNAUDITED) - CONTINUED

AGENCY: Directions for Living

DATE PREPARED: 12/13/2019

CONTRACT #: QB011

BUDGET PERIOD: FROM 07/01/18 TO 06/30/19

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES	STATE-DESIGNATED SAMH COST CENTERS						
	STATE SAMH-FUNDED COST CENTERS						
	Children's Mental Health						
	Outpatient & Outreach	Totals for State SAMH Funded Cost Centers	Totals for Non-State SAMH Funded Cost Centers	Total for All State-Designated SAMH Cost Centers	Administration	Total Expenditures	
IIA. PERSONNEL EXPENSES							
(1) Salaries	\$ 396,788	\$ 2,074,138	\$ 12,785,261	\$ 14,859,399	\$ 1,646,784	\$ 16,506,183	
(2) Fringe Benefits	70,514	368,599	2,272,088	2,640,687	269,934	2,910,621	
TOTAL PERSONNEL EXPENSES	\$ 467,302	\$ 2,442,737	\$ 15,057,349	\$ 17,500,086	\$ 1,916,718	\$ 19,416,804	
IIB. OTHER EXPENSES							
(1) Building Occupancy	\$ 889	4,646	\$ 28,638	\$ 33,284	\$ 56,953	\$ 90,237	
(2) Professional Services	4,121	21,541	132,786	154,327	10,229	164,556	
(3) Travel	26,080	136,330	840,362	976,692	9,722	986,414	
(4) Equipment	466	2,436	15,025	17,461	6,875	24,336	
(5) Food Services	7,870	41,138	253,575	294,713	386	295,099	
(6) Medical and Pharmacy	-	57,116	-	57,116	-	57,116	
(7) Subcontracted Services	-	-	-	-	-	-	
(8) Insurance	13,878	72,546	447,179	519,725	-	519,725	
(9) Interest Paid	-	-	-	-	94,312	94,312	
(10) Operating Supplies and Expenses	45,385	237,241	1,462,385	1,699,626	111,877	1,811,503	
(11) Other	2,485	12,990	80,070	93,060	9,176	102,236	
(12) Donated Items	39,362	304,897	122,412	427,309	24,969	452,278	
TOTAL OTHER EXPENSES	\$ 140,536	\$ 890,881	\$ 3,382,432	\$ 4,273,313	\$ 324,499	\$ 4,597,812	
TOTAL PERSONNEL AND OTHER EXPENSES	\$ 607,838	\$ 3,333,618	\$ 18,439,781	\$ 21,773,399	\$ 2,241,217	\$ 24,014,616	
IIC. DISTRIBUTED INDIRECT COSTS							
Administration	\$ 57,585	\$ 306,801	\$ 1,855,497	\$ 2,162,298	\$ (2,162,298)	\$ -	
TOTAL ACTUAL OPER. EXPENSES	\$ 665,423	\$ 3,640,419	\$ 20,295,278	\$ 23,935,697	\$ 78,919	\$ 24,014,616	
IIID. UNALLOWABLE COSTS	\$ (2,512)	\$ (13,382)	\$ (80,931)	\$ (94,313)		\$ (94,313)	
TOTAL ALLOWABLE OPER. EXPENSES	\$ 662,911	\$ 3,627,037	\$ 20,214,347	\$ 23,841,384		\$ 23,920,303	
IIIE. CAPITAL EXPENDITURES							
	\$ 249,345	\$ 319,811	\$ 17,747	\$ 337,558	\$ -	\$ 337,558	

EMERGENCY CONTINUITY OF OPERATIONS PLAN

Planning Through Preparedness, *Doing* within a System, *Checking* through Assessment and *Acting* with Responsibility

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Section I – Plan(ning)

A. Purpose & Scope

It is the policy of Directions for Living to ensure the safety and well-being of persons served, employees, and other stakeholders by establishing procedures and providing key training to our employees. Moreover, it is the policy of Directions for Living to plan for and be prepared to respond to an emergency in an effort to maintain the continuity of our operations. This Emergency Preparedness & Continuity of Operations Safety Plan (E-COOP) was developed and is maintained to ensure that Directions for Living prevents injury, accidents, and the spread of illness to the extent possible through planning and training, to effectively respond to a workplace crisis, to ensure that we can continue to provide mission-essential functions in the event of an emergency, and to recover from such an emergency as quickly as possible. The intent is to *prepare, respond, and recover*.

The purpose of this plan is to ensure that Directions for Living and its staff have the capability to continue essential functions across a wide range of potential emergencies, specifically when any of its facilities are threatened or inaccessible. The specifics of this objective include:

1. Protecting essential facilities, equipment, records, or other assets
2. Identifying potential disruptions to operations
3. Preventing injury, accidents, and the spread of illness by responding appropriately to workplace health & safety concerns
4. Identifying and designating staff as first responders
5. Facilitating decision making for execution of the plan and subsequent conduct of operations
6. Achieving a timely and orderly recovery from the emergency and resumption of full service to clients

Directions for Living provides services in Pinellas and Pasco Counties. Continuity of services is of extreme importance to Directions for Living and the community. As such, the E-COOP is established as policy to ensure Directions for Living’s continuance of essential functions in the event that the corporate offices or service delivery areas are threatened or incapacitated due to an emergency situation.

All employees of Directions for Living are required to read and understand their roles in this plan.

Plan	<p>Establish guidelines for preparation and recovery in an emergency situation:</p> <ul style="list-style-type: none"> • Provide information concerning an emergency to staff and clients • Train all staff in emergency preparedness and continuity of operations plans • Identify who to contact in the event of an emergency • Establish how, when, and where Directions for Living will continue services and how to communicate this information to the public
Do	<p>Recovery efforts will focus on restoring the corporate facility and operations:</p> <ul style="list-style-type: none"> • Assess damage of facilities to determine need for assistance from affiliates in the community • Assess insurance processing for repairing/rebuilding facilities • Coordinate resources and staff for provision of needed services to prioritized population • Coordinate information and instructions about facility openings and other relevant communications to the public through 2-1-1 and select media outlets as feasible.
Check	<p>Continually assess our preparedness:</p> <ul style="list-style-type: none"> • Establish a Safety Committee that monitors organizational preparedness, as well as overall safety for staff and clients in our facilities • Implement a comprehensive safety program which consists of orientation and ongoing education about safety with competency tested through drills to familiarize staff with emergency procedures
Act	<p>Establish and mobilize a Response Team to provide assistance during and after an emergency:</p> <ul style="list-style-type: none"> • Assist with general community needs by cooperating with federal, state, local government entities and other service organizations • Assist prioritized clients in obtaining necessary services • Advocate for prioritized clients impacted by the disaster to help them obtain other emergency assistance they require

It is critical to understand that Directions for Living is a service provider whose client and community needs do not have hours of operation. A need may arise at any time. This plan will be reviewed at Orientation and all staff will be required to sign off that they have received the plan and understand their role.

Directions for Living will continue to update plans and procedures to address preparing for and recovering from an emergency situation and establishing guidelines for how to continue provision of services in the pre, during and post-emergency setting. The intention of this plan is to educate staff to the procedures which should be followed in the event of an emergency.

The Continuity of Operations Plan outlines actions to be taken by Directions for Living in the event of internal or external emergencies and is developed based on the following model:

Directions for Living will attempt to support the county, state, and federal efforts in the event of a major or catastrophic emergency within the agency's financial and practical means. As a

community health provider, Directions for Living will attempt to respond to the needs of the clients, personnel, and the community impacted by an emergency.

B. Planning Considerations and Objectives

This plan identifies the following planning considerations and objectives:

1. Designation of the President & CEO or designee as Directions for Living's Emergency Services Director.
2. Establishment of a Response Team who will be able to mobilize immediately before, during and after a disaster and provide assistance to the community, clients, and staff as needed.
3. Establishment of procedure to enable reactivation of identified critical business functions, and services for both clients and staff.
4. Establishment of procedure for contacting and assisting all staff and at-risk clients, on a prioritized basis, prior to, during and immediately following a disaster.

This E-COOP will continually be assessed and revised to ensure that Directions for Living is able to function in the event of an emergency by:

1. Maintaining a level of readiness
2. Preparing to be activated with or without warning
3. Stabilizing operations within hours of notification
4. Maintaining sustained operations in an alternate facility (nursing home, school, home, etc. as needed) for up to 30 days

It is difficult to predict the impact of an emergency, which depends on variables including but not limited to geographic location, time of day and year, intensity level, and number of citizens affected. Directions for Living's primary intent is to address and meet the needs of clients and employees through planning, preparation and cooperation with other government and local social service organizations.

Directions for Living considers the following examples of possible emergencies:

- **Extreme weather:** floods, hurricanes, heavy lightning storms, tropical storms or depressions
- **Biological threats:** air-borne virus, anthrax, botulism, salmonella, influenza, tuberculosis, staph infection, or pandemic
- **Chemical toxins:** paints, ammonia, chlorine, cleaning chemicals and solutions, smoke inhalation, landscaping chemicals
- **Fire:** electrical, chemical, carbon (paper, wood, etc.), plastics or oil fires, combustion, metal, explosions
- **Building collapse** or integrity of trees and or walls giving way
- **Utility Failure:** power or water/sewage failure lasting longer than 45 minutes
- **Threat down:** such as bomb, gun, terrorism, hostage situations

Directions for Living is open for business unless there is an emergency that prevents or prohibits the mission critical services that Directions for Living provides to be safely delivered to our clients or otherwise places our staff at an unnecessary health or safety risk. Additionally, Directions for Living will make every effort to ensure that services to clients will not be interrupted. Staff safety and practical considerations are of extreme concern in implementing the recovery processes. Directions for Living will make every effort to communicate the status of operations including opening and closing of our facilities, how and where services will be provided, and any disruption to services. Directions for Living will communicate using email, Voice Shot – an automated announcement delivered directly to the employee’s phone number on file with the Human Resources Department, and the use of a phone tree. However, there may be times of emergency that will impact the employees’ ability to report to work. In the event of inclement weather such as a strong storm common sense and best judgment should be used when traveling to work.

Depending upon the emergency, services will be restored as soon as possible.

C. Identified Critical Business Functions

In the event the Directions for Living buildings have been rendered non-operational, DFL shall make every effort to be operational in key aspects no later than the next normal day of operation or twelve (12) hours after the emergency occurs. Regarding service resumption, Directions for Living’s priorities are offering psychiatric services for clients on psychotropic medication, case management for the seriously mentally ill, therapy services for those in crisis, individuals and families who are homeless or at risk of homelessness and case management to children at risk of entering the dependency system. If these priority services can only be routinely served in other locations, clients will be apprised of service availability, as it is feasible. However, it is the policy of Directions for Living to use a work-from-home option in the event of a major disruption or disaster such as a strong storm, cyberattack or public health emergency, such as a pandemic that is expected to interrupt service delivery for more than three (3) business days. Primary responsibility for the decision remains with the President & CEO or designee, in coordination with the COO. The Level of Execution chart, as seen below, will determine the amount and type of service prioritized to be delivered in the event the emergency has disrupted DFL’s ability to deliver services in an outpatient, clinic-based or field-based setting.

Level of Execution	Percentage of Office Based Operations Needed	Percentage of Work from Home Needed
HIGH	<p>20% Crisis Response Services</p> <ul style="list-style-type: none"> • Emergency Psychiatric Care with Pharmacy Operations • Homeless, FW, TW, SOC, SOAR, ECC, IFS, FIT, AOT, Psychological Svs, Navigators, Case Mgmt <p>20% Business Operations</p> <ul style="list-style-type: none"> • Scheduling, HIM, Rev Max, IT, MIS, HR, BO, and QI 	<ul style="list-style-type: none"> • 80% Scheduling • 80% IT • 80% MIS • 80% HR • 80% Business Office • 80% Quality Mgmt. • 80% Behavioral Health Services • 100% Grants • 100% Special events • 100% Communications • TBD Facilities
ELEVATED	<p>50% Crisis Response Services</p> <ul style="list-style-type: none"> • Emergency Psychiatric Care with Pharmacy Operations • Homeless, FW, TW, SOC, SOAR, ECC, IFS, FIT, AOT, Psychological Svs, Navigators, Case Mgmt <p>50% Business Operations</p> <ul style="list-style-type: none"> • Scheduling, HIM, Rev Max, IT, MIS, HR, BO, and QI 	<ul style="list-style-type: none"> • 50% Scheduling • 50% IT • 50% MIS • 50% HR • 50% Business Office • 50% Quality Mgmt. • 50% Behavioral Health Services • 100% Grants • 100% Special events • 50% Communications • TBD Facilities
GUARDED	<p>100% Business as Usual</p> <ul style="list-style-type: none"> • E-COOP meetings begin • Equipment and Supplies ordered • Communication to funders, partners & Staff • Signs posted for client care 	
LOW	<p>100% Outpatient Services 100% Child Safety Services 100% Supporting Business Operations</p>	

Stabilization Checklist

The following chart details a checklist of resources needed to stabilize business operations quickly in a time of crisis or emergency and power outages are expected:

Resource	Details	Notes
Vital Records	Employee Contact Information Client Contact Information Partner Contact Information Funder Contact Information Vendor Contact Information Clinical Documentation Pharmacy Records	Questions asked in the development of this list <ul style="list-style-type: none"> • Is the record required for business success? • Is it required for legal reasons? • Is it required for regulatory or credentialing reasons? • Is it required for support efforts? • Is it impossible to re-create? • Are copies available at a remote location? • Are copies available if computers are not accessible?
Equipment	Phones Computers	2 way radio (in case phone lines are down) for Response Team 4 Laptops – one for each facility
Transportation	Van	Employees will use personal vehicles unless an agency vehicle is available
Supplies	See Supply List in Appendix 7	Identify alternate suppliers not in the same geographical region as DFL as back-up in the event primary suppliers are disabled
Accommodations	Cots Food supply Water Hazmat protective suits Face Masks Thermometer	Red Cross as primary contact for emergency accommodations
Alternate Locations	If all buildings are unsafe or partially unsafe the work-from-home option will be activated	

D. Order of Succession

Delegation of Authority

In accordance with procedures established in this plan, the following positions/ranks, in the order indicated below, could be called upon to serve as the Acting President & CEO in case the President & CEO is unable to serve:

1. Chief Operating Officer
2. Chief Financial Officer
3. Senior Director of Quality Management
4. Senior Director of Data & Innovation
5. Senior Leadership Team

When a delegation of authority takes place, the Director of Marketing and Business Development must be immediately notified. The Chairman of Directors for Living's Board of Directors must be notified as soon as feasible, taking into account the nature of the emergency that resulted in the Delegation of Authority being used. Should the Chairman of the Board not be available, contact should be made with other board officers (Vice-Chairman, Secretary, Treasurer).

The President & CEO may terminate the Delegation of Authority in whole or in part at any time and must notify the Chairman of the Board of his/her return to position. See CEO Succession Plan Policy #8011

Administrator On-Call Process

When the President & CEO is out of position (and unavailable) for longer than 5 days, he/she shall communicate the Delegation of Authority to all employees. He/she can delegate this authority to any C-level executive, not necessarily in the order of succession.

E. Response Team & Responsibility

1. Directions for Living has identified a Response Team made up of Senior Leadership Team members and other key positions. The President & CEO and/or commanding officer can activate the Response Team at any time before, during or after an emergency.
2. In the event that power has been interrupted the President & CEO or commanding officer's notification will be made via the organization's VoiceShot system and/or email.
3. It is critical that the Response Team member keep contact information updated in their HR file within 5 days of a change in information.
4. A Response Team member is required to respond to the President & CEO and/or commanding officer's request. This includes, but is not limited to, reporting to the designated Directions for Living facility in need, and providing necessary services.
5. It is the responsibility of Response Team members to develop and implement their own personal Emergency Preparedness Plans in order to effectively respond to the requirements of their positions at Directions for Living.

F. Organization Locations

This plan covers all the organization's locations. Employees working at a non-Directions for Living facility will follow the procedures of that facility.

[REDACTED]	[REDACTED]

G. 4 Levels of Execution

This plan is has **4 Levels of Execution**, which will be determined by President & CEO or commanding officer in the case of an emergency.

In many situations, the President & CEO will receive a warning up to several hours in advance of an emergency. In such cases, notification of all Directions for Living employees, clients, and partners will occur in a timely manner generally via email.

Without warning, the activation process will depend upon the nature and severity of the emergency and the impact on the physical facilities and the time of day. The threat may be with or without warning and during duty or off-duty hours. Regardless, the Plan will be implemented as appropriate depending upon the circumstances and the nature of the emergency.

HIGH
ELEVATED
GUARDED
LOW

H. Communication Process

Level of Execution will be communicated to employees, clients, and partners in the following way:

HIGH	Email, VoiceShot and Emergency Line Message, Media outlets (if needed)
ELEVATED	Email, VoiceShot and Emergency Line Message (if needed)
GUARDED	Email & VoiceShot (if needed)
LOW	Email Correspondence

The President & CEO or designee will notify all locations of execution level. Once it has been issued, staff will take directives from the Senior Leadership Team to ensure minimal losses.

When the President & CEO or designee determines that Emergency Procedures are no longer in effect, staff will be notified via all available systems: email, VoiceShot system, and agency voicemail greeting.

In the event the emergency caused damage to the DFL buildings, and or surrounding areas as soon as possible after an emergency situation, staff will assess their own property damage and initiate their own emergency plan. All staff is expected to return to work once the work site has been declared safe. If unable to return to work because of impassable roads or other conditions, staff should make every effort to notify their Supervisors as soon as they are able. Supervisors must account for each of their staff and determine the number of available staff to provide services and assist with facility clean up or opening procedures. All employees are encouraged to follow Emergency Management Guidelines as to the safety of traveling during the first hours after a local emergency.

In the event that landlines and mobile phone lines are inoperable, the Response Team will report to a "staging" site to discuss and implement feasible and appropriate post disaster/recovery efforts, which can be implemented immediately. The primary staging area for the Response Team is the parking lot of the main administration building – Clearwater Center - 1437 South Belcher Road, Clearwater, FL.

In the event that the major disruption is due to a cyberattack, or public health emergency, staff will be notified to begin returning to their workplace once the threat has been eliminated.

Section II – Do(ing)

A. Pre Emergency

Department	Task - Responsibility	Position Responsible
Leadership	The President & CEO or designee will act as Emergency Services Director and ensure E-COOP Plan is current and staff are aware and educated on this plan.	Emergency Services Director
Leadership	Responsible to ensure all key leadership positions are filled or have identified an alternate to serve as member on Response Team.	Emergency Services Director
Leadership	It is the responsibility of each department to identify vital records as well as legal and financial documents essential to the continued functioning of their department in the event of an emergency and/or relocation to an alternate facility. Please note that vital records need to be accessible before/during/after an emergency. If documents are scanned, please ensure they are backed up as part of standard back up procedures.	All Chiefs, Senior Directors, Supervisors
Human Resources	Maintain an updated list of Response Team contact information	Senior Director of Human Resources
Human Resources	Maintain a current list of staff contact information (backed up on thumb drive/disc)	Senior Director of Human Resources
Human Resources	Keep current copy of staff contact list in printed form. Copy should be updated monthly.	Senior Director of Human Resources
Human Resources	Ensure security with Employee Records	Senior Director of Human Resources
Human Resources	Maintain current Insurance contact information	Senior Director of Human Resources
Finance	Maintain all documents, disks, etc. with necessary information to continue general functions in an off-site location if the administrative office is closed	CFO/Director of Finance
Finance	Ensure bank and credit card companies are aware of emergency and possible need for additional funds for recovery	CFO/Director of Finance
Finance	Educate employees of Direct Deposit process for paychecks, informing them that without direct deposit, in the case of an emergency where systems are inaccessible, paper paycheck may not be available until organization resumes usual business	CFO/Director of Finance

Finance	Ensure cash is available on hand for emergency needs, as emergency escalates	
IT/MIS	Responsible for daily backup of corporate data and system information. Backup successes or failures are recorded in a log; the tape used for the last business day of the year is labeled year-end and stored in a fireproof safe.	Information Technology Contractor Director of MIS
IT	Ensure back-up batteries for all computers are available, charged, and in working order	Information Technology Contractor
HIM	100 copies of paper documentation shall be kept at all times in the event electronic systems are unavailable for documentation, specifically: admission paperwork, consent to treat, release of information, clinical documentation.	Supervisor of HIM
MIS	Run active client list prior to shut down or relocation.	Director of MIS
HIM	Request and retrieve charts from all parts of agency daily	Supervisor of HIM
HIM	Work with IT to ensure backup of EHR	Supervisor of HIM
HIM	Periodically order report from Iron Mountain with list of stored records or keep list internally	Supervisor of HIM
Continuity of Care	Make copies of Consent to Treat, Medication Logs, Treatment Plans, Treatment Reviews, Psych Evaluations, Progress notes, and Service Tickets to continue services if electricity and/or internet are unavailable	Supervisor of HIM
Access/Support	Request schedules for all departments for the next 5 days	Director of Revenue Cycle Management
Continuity of Care	Ensure plan for emergency pharmacy services is updated	Medical Director
Continuity of Care	At the beginning of hurricane season, staff will identify at-risk clients and inform them about registering with the Special Needs Registry	Center Directors
Continuity of Care	Depending upon the warning time available, program staff will communicate with at-risk clients prior to the emergency to assist them with being prepared for the event and addressing any critical needs	Center Directors
Continuity of Care	Make copies of medication logs, treatment plans, treatment reviews, Psych Evaluations, Progress notes, QIDS, service tickets, etc. to continue services without electricity and/or internet	Medical Director
Human Resources	Keep VoiceShot Updated	Director of Human Resources

Quality	Ensure Staff Training and Drills are current	Senior Director of Quality Management
Facilities	Check emergency supplies	Director of Facilities
Facilities	Secure sufficient supply of water, batteries, flashlights, and other emergency resources, enough to supply all Directions for Living centers	Director of Facilities
Facilities	Primary and secondary vendors and suppliers shall be contacted as needed to apprise them of closing, post disaster recovery phase and of need for emergency supplies, as appropriate.	Director of Facilities

B. During Emergency

Department	Task - Responsibility	Position Responsible
Leadership	The President & CEO or designee will act as Emergency Services Director and communicate Plan Execution Level to All Staff	Emergency Services Director
Leadership	The Emergency Services Director will deploy the Response Team	Emergency Services Director
Leadership	The President & CEO or designee will notify the Department of Children and Families, Juvenile Welfare Board, Central Florida Behavioral Health Network, and other funding sources if the provision of services is disrupted with an estimate of when services will be restored partially or fully. The funding sources will also be informed of any special assistance Directions for Living requires becoming operational. This will be accomplished by the fastest and most reliable means.	Emergency Services Director/ Director of Marketing and Business Development
Leadership	Notify 2-1-1, the county health and information referral hotline, of the closing	Emergency Services Director/ Director of Marketing and Business Development
Leadership	If the decision is made to close a facility, Emergency Services Director will designate a person responsible for leaving a message on the voice mail system and VoiceShot about the closing and reopening of the office and where to obtain emergency crisis services	Emergency Services Director
Leadership	Post notice on front door of facility to notify clients of closing with Emergency Service contact information (1 for each site)	Director of Marketing and Business Development
Leadership	In the event that Directions for Living should have to relocate services from one office location to the other, the President & CEO or designee will notify Response Team	Emergency Services Director
Leadership	Notify Response Team of relocation plan	Emergency Services Director
Leadership	Implement procedures to coordinate relocation of services.	Response Team

Leadership	After assessing and responding to the needs of our clients, the decision to respond to the community and to what degree will be determined by the President & CEO or designee.	Emergency Services Director/Director of Marketing and Business Development
Leadership	The Emergency Services Director will oversee dissemination of information to Directions for Living's funders, collaborative partners, and other impacted organizations concerning implementation of E-COOP and status of recovery efforts.	Emergency Services Director/ Director of Marketing and Business Development
Human Resources	This department shall assist Emergency Services Director in communication to staff	Director of Human Resources
Human Resources	This department shall staff their main department phone line to assist employees with information and resources	Director of Human Resources
Human Resources	List of staff contact information will be disseminated to Response Team members	Director of Human Resources
Human Resources	The Human Resources Department shall report all Workers Compensation or other insurance issues arising out of a workplace disaster to the appropriate carrier as soon as feasible. A copy of relevant employee, volunteer and intern/extern information will be retained at another location in the event the facility is destroyed or inaccessible. Information should be in hard copy as well as on a portable thumb drive. A report of damages to facility and property will be submitted to the appropriate insurance carrier, as needed.	Director of Human Resources
Human Resources	Maintain updated lists of home phone, cell phone, and evacuation plan information	Director of Human Resources
Finance	This department shall contact bank and credit card companies to inform them of emergency and possible need for additional funds for recovery	CFO/Director of Finance
Finance	Responsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc. in the event the office is inaccessible	CFO/Director of Finance

Finance	If the extent of the disaster is such that power is out for extended time periods or the building is inaccessible, this department will contact the payroll company, Certipay, to initiate the payroll activity. For those staff with direct deposit, their savings and/or checking account will be credited with a default amount of pay (their "normal" paycheck amount). The external payroll company will make every effort to deliver paychecks to a location but may be unable to do so due to closures or other hazards. Those employees who do not have direct deposit will be unable to acquire their physical paycheck in this event. The paycheck will be available to these employees at the resumption of normal business operations. At this time the updated employee files will be transmitted to the business server for future payrolls.	CFO/Director of Finance
Finance	Assists with funding requests before, during and after imminent times of disaster.	CFO/Director of Finance
Facilities	This department shall contact list of primary and secondary vendors and suppliers to apprise them of emergency and need for emergency supplies, as appropriate.	Director of Facilities
IT/MIS	This department shall ensure backup is recent and accessible if needed. It is the responsibility of each department to identify emergency operating records, legal and financial documents essential to the continued functioning of Directions for Living in the event of relocation to an alternate facility.	IT Contractor Director of MIS
IT	Move computer and other electronic equipment 2 ft. off ground and cover with plastic or other protective covering	IT Contractor
IT/MIS	Responsible for setting up operations in an alternate facility if needed	IT Contractor Director of MIS
HIM	Copies of paper documentation (Admission Paperwork, Consent to Treat) shall be retrieved and delivered to service areas in case electronic systems are not available for documentation.	Supervisor of HIM
HIM	Move charts off of desks and other surfaces	Supervisor of HIM
HIM	Retrieve all charts from other areas of agency	Supervisor of HIM
HIM	Move paperwork and charts at least 2 ft. off ground	Supervisor of HIM
HIM	Contact Iron Mountain and courier service to halt any transfer of charts ordered	Supervisor of HIM

Access/Support	Contact all clients who have scheduled appointments and inform them of our closing / status	Director of Revenue Cycle Management
Access/Support	Notify Referral Sources of closing / potential closing	Director of Revenue Cycle Management
Quality	Notify Funders of closing / potential closing	Senior Director of Quality Management

C. Post Emergency

Depending upon the nature of the emergency, the recovery phase may be brief and easily accomplished or may take a more extended period of time due to the extent of the damage. The actions indicated below will be implemented as necessary under the circumstances.

Department	Task - Responsibility	Position Responsible
Leadership	The President & Chief Executive Officer or designee will act as Emergency Services Director and communicate all clear to all staff.	Emergency Services Director
Leadership	The Emergency Services Director will notify the Response Team of status.	Emergency Services Director
Leadership	President & CEO or designee will call upon the Response Team to assist with the orderly transition of business back to usual for all functions. Prior to relocating back to the facilities, the President & CEO or designee will conduct appropriate security, safety and health assessments for suitability for occupancy and work.	Emergency Services Director
Leadership	In the event that Directions for Living relocated services from one office location to the other, the President & Chief Executive Officer or designee will develop a plan with the Response Team for relocation back.	
Leadership	The President & Chief Executive Officer or designee will contact the Department of Emergency Management as soon as phone service makes this possible, to clarify Directions for Living' status and our availability to provide mental status evaluation, stress debriefing and written material on Post-traumatic stress and grief issues.	Emergency Services Director
Leadership	Team will notify Program Directors/Supervisors of relocation plan.	Response Team
Leadership	Will implement procedures to coordinate relocation of services.	Response Team
Leadership	The Emergency Services Director will oversee dissemination of information to Directions for Living' funders, collaborative partners and other impacted organizations of all clear.	Emergency Services Director/Director of Marketing and Business Development

Leadership	The Emergency Services Director will designate an individual to make a damage assessment of the facilities and will notify the corporate insurance company of the damage assessment of Directions for Living' owned property and take photographs or a videotape of any visible damage.	Emergency Services Director
Leadership	If not needed for providing office based services, the Response Team will meet at the Clearwater Center or other designated location 24 hours post-disaster for a formal briefing by the Emergency Services Director. Assignments will be developed and transportation coordination and response requirements will be identified. At the conclusion of each day, the Team will meet at the Clearwater Center or designated site to summarize and develop follow-up procedures. Following the post-disaster outreach process, a formal debriefing for all volunteers participating will be scheduled.	The Response Team Emergency Services Director
Marketing/ Communications	This department shall assist Emergency Services Director in communication to staff.	Director of Marketing and Business Development
Human Resources	Ensure all staff return to work or use contact information to locate and ascertain report to work status	Director of Human Resources
Human Resources	Report to Insurance carriers as needed and appropriate	CFO
Finance	This department shall contact bank and credit card companies to inform them of all clear status.	Director of Finance
Facilities	This department shall contact list of primary and secondary vendors and suppliers to apprise them of all clear status.	Director of Facilities
IT/MIS	Responsible for coordinating, securing, backup and restoring computer equipment and operations after a disaster/emergency situation. This department shall ensure all systems are restored and available to resume business as usual. This includes computer, phone and mobile phone systems.	IT Contractor Director of MIS
Access/Support	This department will contact all scheduled clients to inform them of status to reschedule appointment.	Director of Revenue Cycle Management
Quality	A formal incident report depicting the emergency shall be documented and submitted to President & CEO. A debrief of the incident shall be conducted.	Senior Director of Quality Management
HIM	Copies of paper documentation shall be retrieved from service areas and filed in client charts.	Supervisor of HIM

HIM	Designate area to organize records and assess damage	Supervisor of HIM
HIM	Identify and isolate damaged records	Supervisor of HIM
HIM	Inform Providers and Administration of damaged or lost records	Senior Director of Quality Management
Quality	Support as needed	Senior Director of Quality Management
Quality	Notify Funders/Accreditors of status (report critical incidents)	Senior Director of Quality Management
Leadership	Conduct post-disaster debriefing	Emergency Services Director or designee

D. Evacuation of Facilities

All of Directions for Living’s facilities are equipped with smoke detectors, fire suppression equipment, and a fire alarm system. The fire alarm system automatically notifies the fire department. In the event of a fire, or a suspected fire, all Directions for Living staff and visitors MUST immediately evacuate the building.

If any facility needs to be evacuated due to a fire, or for any other reason, all staff are responsible for assisting clients out of the building. To evacuate, staff and visitors should locate the nearest exit. Supervisors should immediately begin accounting for their staff.

At the Clearwater Center, the gathering point is across the service street in the vacated building parking lot. Staff and visitors exiting from the Adult Outpatient Program door should walk to the second row of the parking to get to the gathering point (because fire trucks will be occupying the first row of the parking lot). In the case of a fire, the elevator will automatically return to the first floor and will be inoperable during a fire, so stairwells must be used.

At the Largo Center, the gathering point is the far edge of the parking lot. Staff and visitors are prohibited from exiting the back doors of the building because there is not adequate space behind the building. These doors are clearly marked “not an emergency exit.”

For Suite 130 at Starkey Lakes, the gathering point is at the edge of the parking lot near Tall Pines Drive. For Suite 145 at Starkey Lakes, the gathering point is in the southernmost point of the parking lot, adjacent to the lake. Staff and visitors are prohibited from exiting from the doors in the staff lounge. These doors are clearly marked “not an emergency exit.”

For Hillsborough Center, the gathering location is in the south parking lot. Staff and visitors can use all exits from the building.

If the fire alarm system fails, Code Red should be utilized to inform staff and visitors to evacuate. In that case, Facilities will contact 911 to request emergency assistance.

E. Utilities Failures

Directions for Living's facilities are equipped with emergency lights. In the event of a loss of power, staff will utilize lanterns and flashlights to continue to provide essential services to clients.

F. Emergency Numbers

EMERGENCY NUMBERS

POLICE DEPARTMENT (CLEARWATER) 911

SHERIFF'S OFFICE (LARGO) 911

POLICE DEPARTMENT (WEST PASCO) 911

POLICE DEPARTMENT (HILLSBOROUGH) 911

PINELLAS COUNTY EMERGENCY MANAGEMENT

727-464-3800

PASCO COUNTY EMERGENCY MANAGEMENT

727-847-8137

POISON CONTROL CENTER

1-800-222-1222

NON-EMERGENCY NUMBERS

CLEARWATER POLICE DEPARTMENT (CLEARWATER CENTER)

727-562-4242

PINELLAS COUNTY SHERIFF'S OFFICE (LARGO CENTER & CHILD SAFETY)

727-582-6177

Section III – Check(ing)

Directions for Living’s Communication Structure will primarily support this portion of the E-COOP. It is vital that monitoring of this plan occurs.

Scope of Activities

This portion of the E-COOP includes all components of the comprehensive **Safety Program** which monitors and promotes the health and safety of clients, staff and visitors through systematic monitoring and maintenance of the physical facilities, health and safety concerns, orientation and education, and planning for intervention in case of natural or accidental emergency situations. A Safety Committee led by the Director of Facilities has been established to oversee and implement the Safety Program.

Extent of Authority

The President & CEO has delegated to the Safety Committee the task of reviewing safety concerns and making recommendations for correction or prevention and ensuring that appropriate action is taken in a timely manner. The Safety Committee will be chaired by the Director of Facilities. The Director of Facilities reports directly to the CFO. The Risk and Compliance committee however will report to the Quality Council any findings, recommendations or concerns. In the interests of expediency and efficiency, there may be occasions in which a recommended action is referred directly to the President & CEO bypassing the Quality Council in those circumstances, which require more immediate action. It is the responsibility of the Senior Director of Quality Management to ensure that the Safety Committee under the direction of the Director of Facilities reviews the E-COOP at least annually and recommend any modifications through the appropriate channels as indicated above. The Safety Committee may recommend a Performance Improvement Team (PIT) to the Risk and Compliance committee to work on special projects as needed.

Committee Membership & Meetings

The Safety Committee shall be comprised of both leadership staff as well as line staff to ensure perspective. At least one staff member from each of the facilities owned or leased by Directions for Living will serve as a standing member of the committee. All Safety Committee members must be current in their CPI Certification. The members may rotate over the course of the year, and the size of the membership may increase and decrease dependent upon the extent of business to be conducted, the present status of the safety program and its current effectiveness. Scheduled meetings will be held every other month (at a minimum 6x per year) and more frequently as appropriate or necessary to ensure the smooth functioning of the E-COOP. Agendas will be developed for each meeting and minutes will document the activities that occurred during these meetings.

Emergency Preparedness Drills

Tests of emergency procedures and all codes will be conducted at least twice annually at all Directions for Living facilities. Fire drills and VoiceShot tests will occur quarterly. Documentation of the drills and tests will be maintained. The Safety Committee will schedule

and coordinate in-service training sessions for all staff once a year (or as needed) to review this plan and all emergency procedures with staff. Due to the importance of these drills and training sessions and their relation to real emergencies, employees who are uncooperative with or do not participate in an appropriate manner may be subject to disciplinary action.

Facility and Equipment Inspections

Facility and equipment inspections are two primary means of identifying accident causes and determining safeguards to eliminate or reduce hazards before an accident occurs. These inspections may include physical conditions or working practices by employees. Both externally and internally self-inspections shall be conducted at all Directions for Living office sites on a quarterly basis by the Safety Committee under the leadership of the Director of Facilities. External inspections of all three facilities owned by Directions for Living shall be conducted annually by the Fire Marshall or more frequently as needed. Other external safety and health consultants may conduct surveys or inspections at each location annually. Reports from all external and internal surveys and inspections will be addressed for issues of non-compliance and recommendations for improvement in the areas of health and safety. The Organization's Risk Manager is required to review these reports and recommend appropriate action. All recommended action steps shall be processed through the President & CEO.

Employee Training

Directions for Living has developed an extensive training plan for all staff, which they receive during new hire orientation (within 90 days of start), as well as annually through interactive workshops and eLearning. This plan includes specific training programs in the areas of safety and health concerns:

1. Safety at Work Program¹ (ensures competency on E-COOP, Codes & Procedures, and Fire Safety)
2. Blood Borne Pathogens
3. Universal Precautions
4. Infection Control
5. Personal Protective Equipment Use
6. First Aid & Cardiopulmonary Resuscitation (CPR)

Non Violent Crisis Prevention Intervention Education (CPI)

¹ For a public or private employer to be eligible for receipt of specific identifiable consideration under s. [627.0915](#) for a workplace safety program in the setting of rates, the employer must have a workplace safety program. At a minimum, the program must include a written safety policy and safety rules, and make provision for safety inspections, preventative maintenance, safety training, first-aid, accident investigation, and necessary recordkeeping.

Section IV– Act(ing)

Workplace Safety Plan and Drill Schedule

Safety Committee

The Safety Committee has been established in order for the Emergency Codes and the Workplace Safety Program to be effective and for Directions for Living to maintain a culture of safety for its clients, staff, and visitors. Membership includes representation from all service lines and service centers. The committee has been chartered and members have been given an explanation of their responsibilities. It is important to note that in order for this safety structure to work effectively, Safety Committee members must have a back-up person identified and be willing and able to train their back-up on the information and duties assigned to them. Additionally, Safety Committee members are responsible for helping to promote a culture of safety and prevention throughout the organization.

Safety Training / Drill Schedule

Directions for Living conducts two Safety Months per year, taking place every May and November.

Each week during the month will be devoted to a specific topic:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Activities during Safety Month will be sponsored by the Safety Committee and will be accomplished in conjunction with the Director of Marketing and Business Development and the Sunshine Committee. Activities may include, but are not limited to:

- Lunch N Learns on safety topics.
- Safety tips to staff via email.
- Events during the month (such as ice cream socials, etc.) during which staff will be provided demonstrations, tip sheets, and other information regarding the event's topic.

All Emergency Codes will be drilled during these months, as well as conducted at least monthly throughout the year. The Safety Committee is responsible for doing drills on all codes and at all facilities. Additionally, one table top disaster drill will be completed during each Safety Month.

In addition to drills during May and November, fire drills and tests of the VoiceShot system will occur quarterly . Fire drills will be held at the Largo and Clearwater Centers during each of those

months and will be held at varying times. The Starkey Lakes fire drills will be held in conjunction with the Eckerd Community Alternatives Safety Committee.

All drills will be documented.

Facility and Equipment Inspections

The Director of Facilities is required to inspect or arrange for the inspection of the facilities owned or leased by Directions for Living. The required inspections include but are not limited to:

Item Inspected	Frequency
Roof	Every two years
Air-conditioner	Annually
Elevator	Annually
Fire Marshall	Annually

The Director of Facilities is responsible for promptly responding to recommendations made by external surveyors for improvement in the area of safety. In such an event the recommendation exceeds \$500.00, it is the responsibility of the Director of Facilities to notify the CFO. The CFO is responsible for further assessing the situation and notifying the Senior Leadership Team and Quality Council of the findings.

The Director of Facilities is responsible for routinely identifying, assessing, and inspecting the grounds of the facilities that are owned and leased by Directions for Living. In the event safety hazards are identified, the Director of Facilities shall determine if the hazard can be safely and effectively addressed by the facilities staff or if the hazard requires the service of a specifically trained vendor.

The Safety Committee members are responsible for facilitating and participating in grounds surveys, fire drills, emergency drills, and other safety related initiatives as directed by the Director of Facilities.

First Aid & Emergency Procedures

Only staff that are current in First Aid and/or CPR training may provide these services in an emergency.

First Aid Kits are available at all front desk locations at any facility owned, leased, or operated by Directions for Living. Additionally, staff that are responsible for transporting clients shall be provided with a first aid kit to be stored in their vehicle.

Incident Reports

Staff have an affirmative duty to follow sound and standard practices in reporting any event which is an unusual occurrence and has implications for risk management or safety concerns. See policy #9502.

Incidents that should be reported include any event that is out of the ordinary that has impacted or could impact the health, safety, or welfare of clients, employees, or other visitors. Completing an incident report is an affirmative duty of all employees.

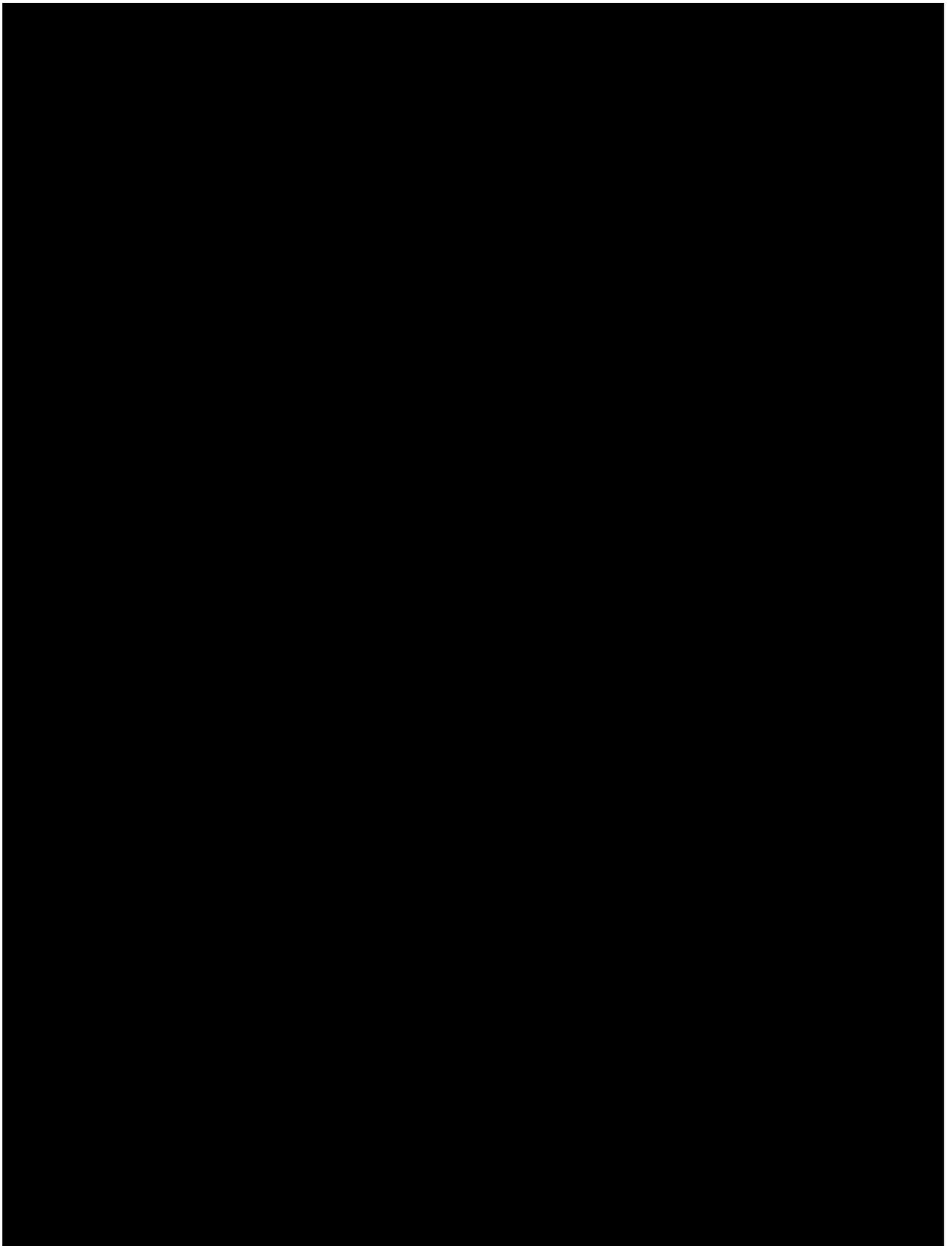
- All incident/accident reports are to be submitted to the Quality Management Department

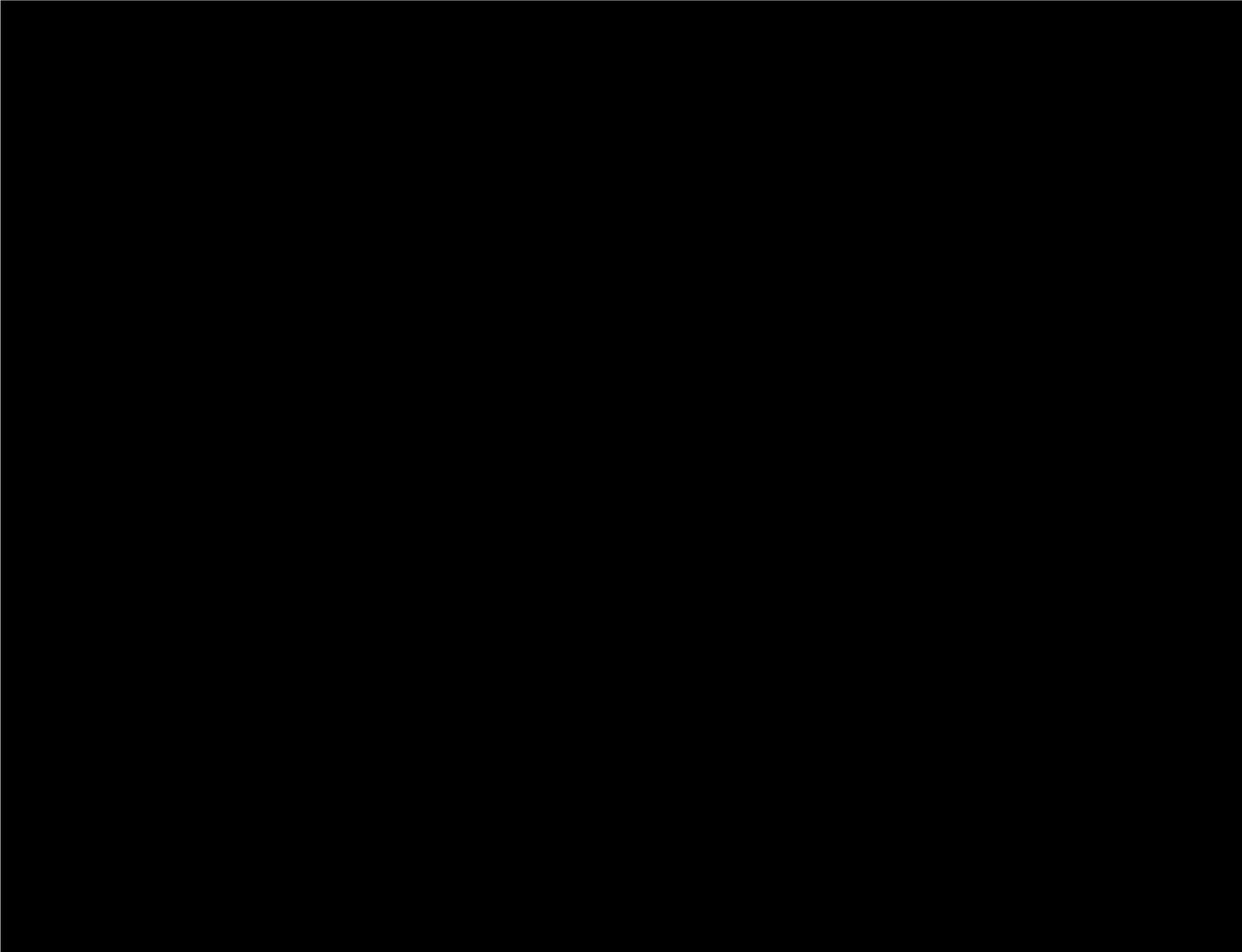
Accident Investigations

The Safety Committee, under the direction of the Director of Facilities, may conduct an investigation into any incidents of work place injury, accident, or illness that appears to be due to a work place hazard, a trend, or would have been preventable with training or education.

Appendices

Appendix 1	Response Team Contact Numbers
Appendix 2	Directions for Living Code List
Appendix 3	Agency Phone Message Change Instructions
Appendix 4	VoiceShot System Instructions
Appendix 5	Facility Maps for All Locations
Appendix 6	Insurance Contact Information (broker)
Appendix 7	Emergency Kit Content List
Appendix 8	Referral Source List & Funder List
Appendix 9	Vendor & Alternative Vendor List Contact Information
Appendix 10	ECA Emergency Preparedness Plan -For Starkey Location – CSFP Contract
Appendix 11	Local Utility Company Contact Information
Appendix 12	Community Contact List

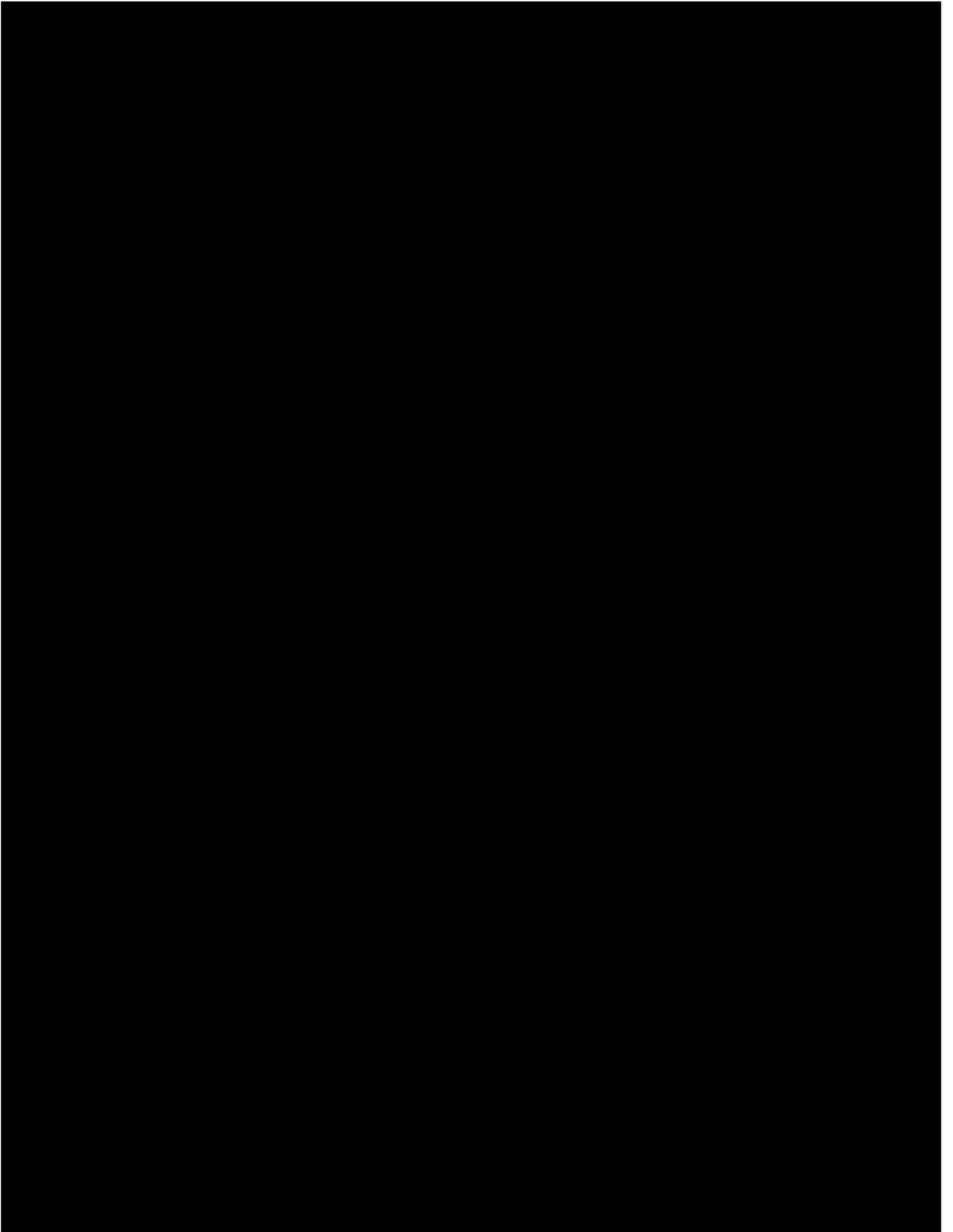


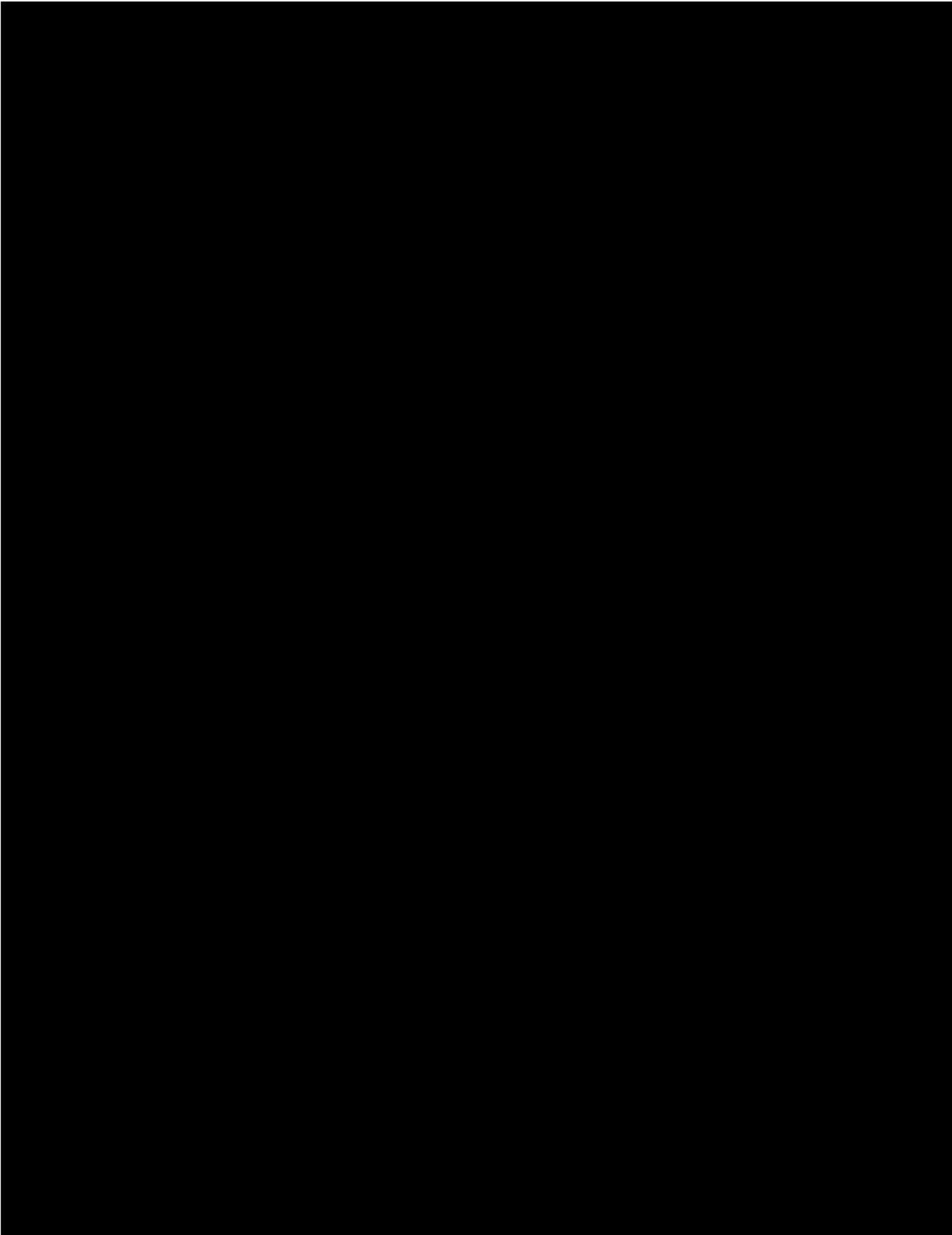


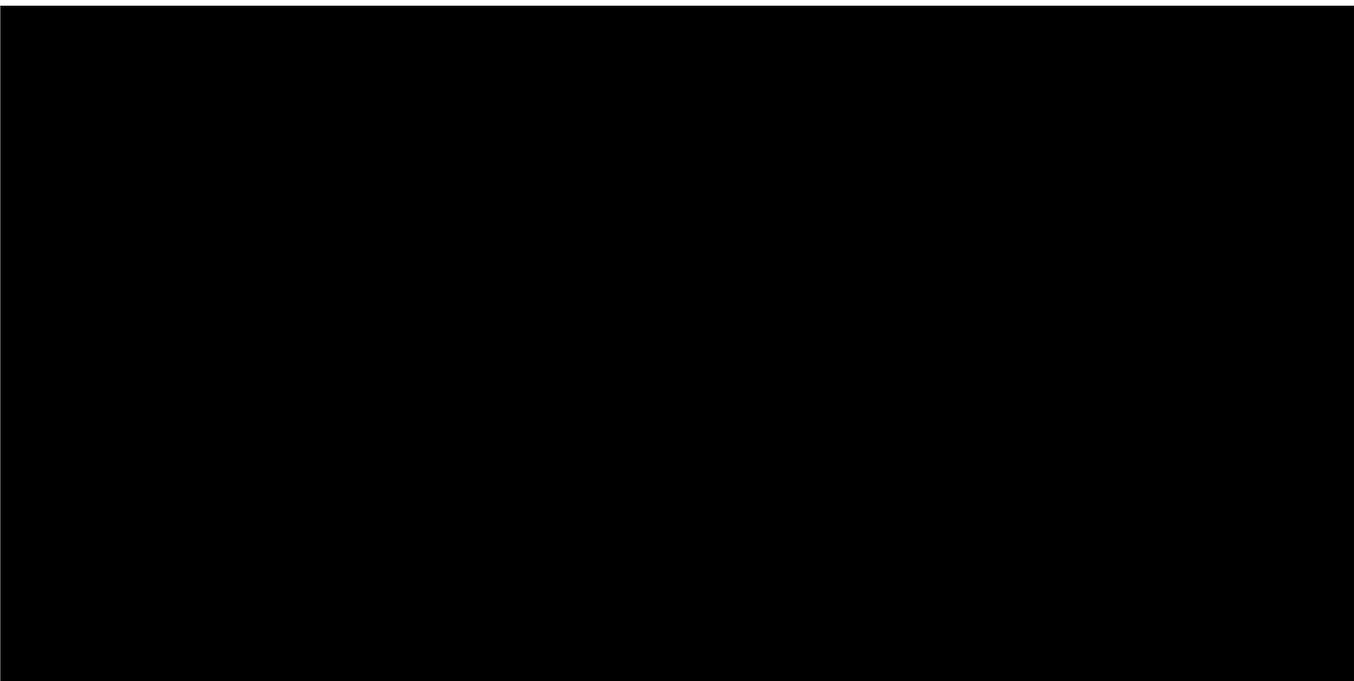
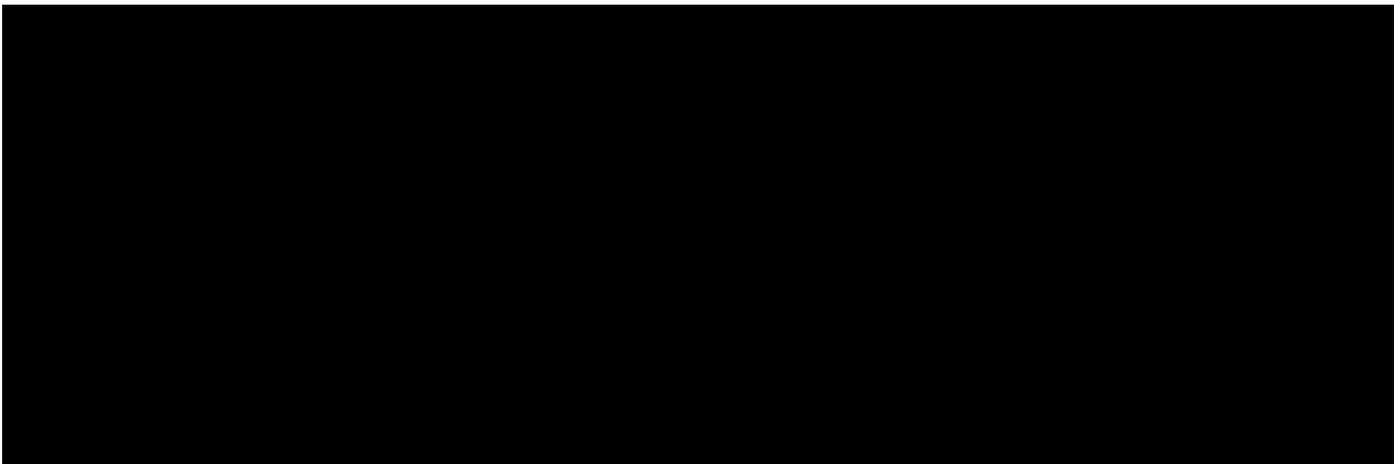
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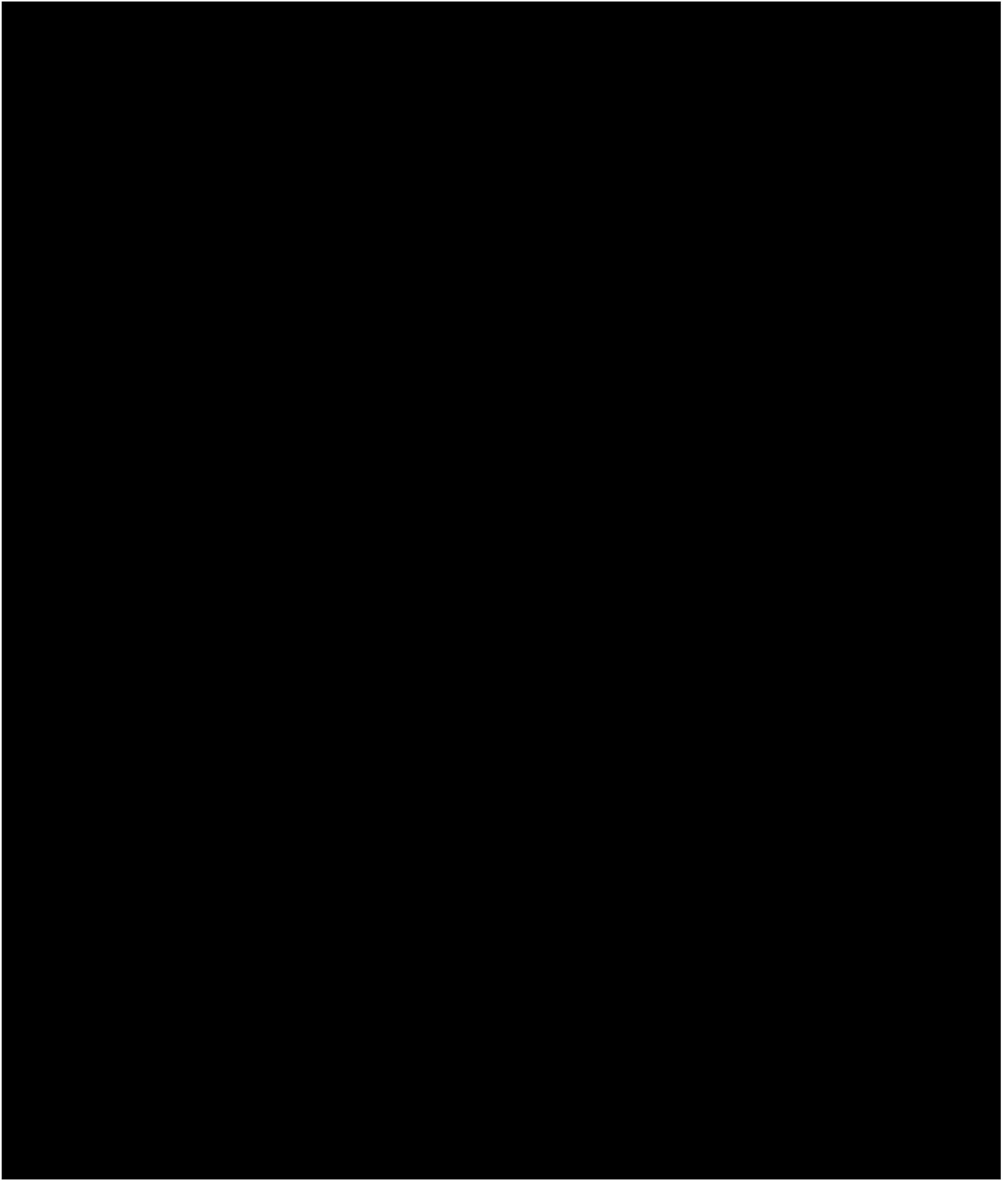
Directions for Living Code List

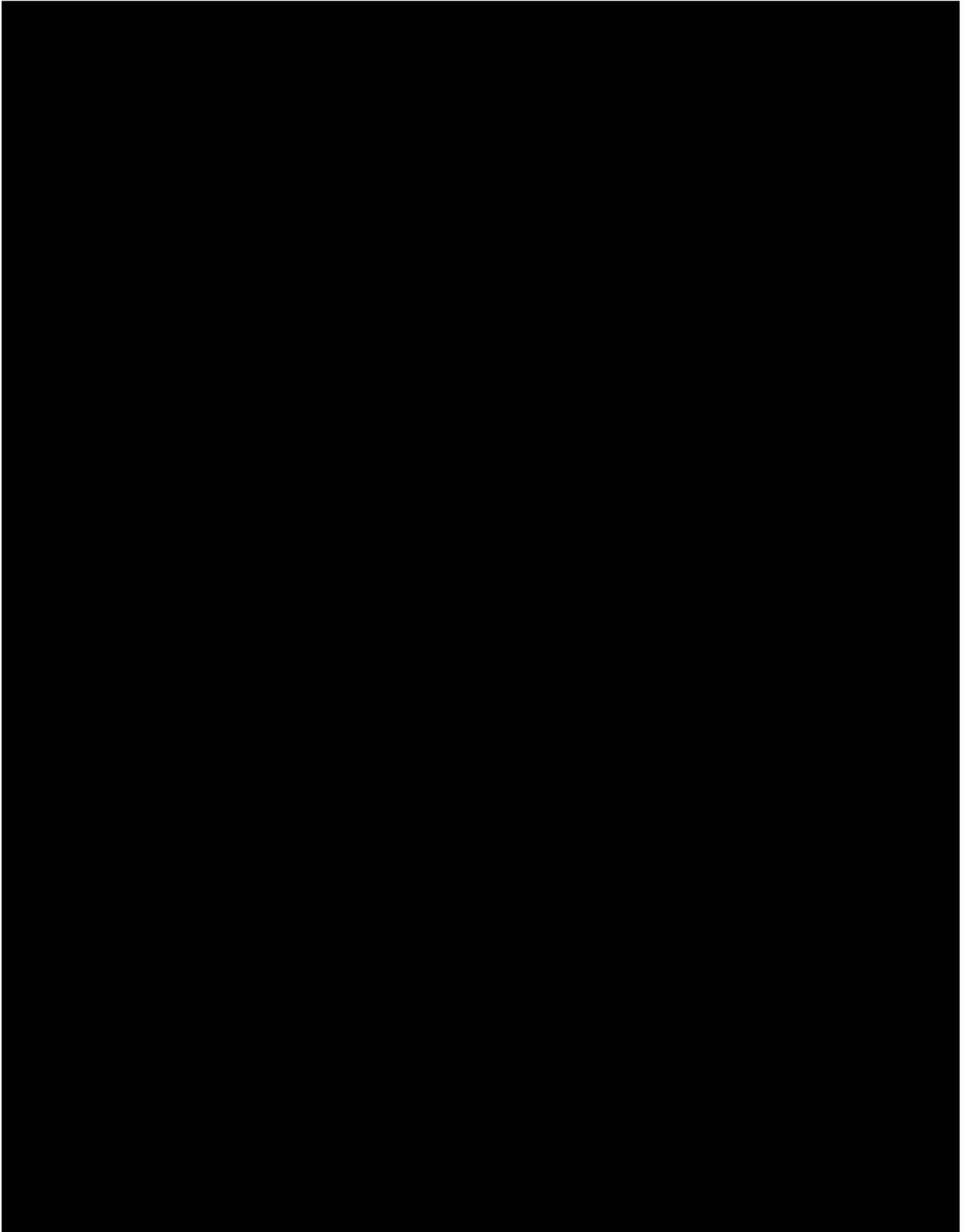
**Directions for Living
Emergency Codes**

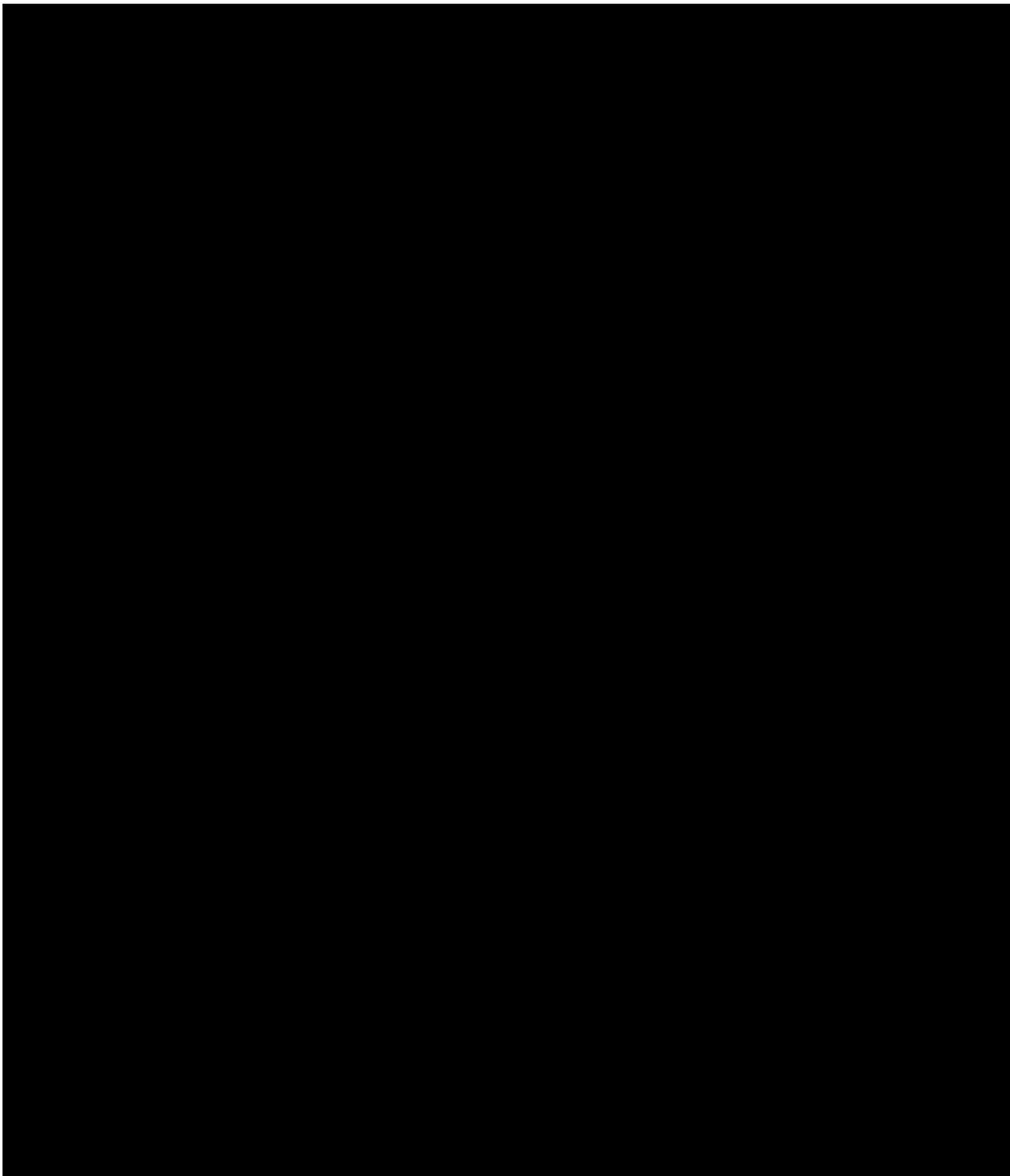






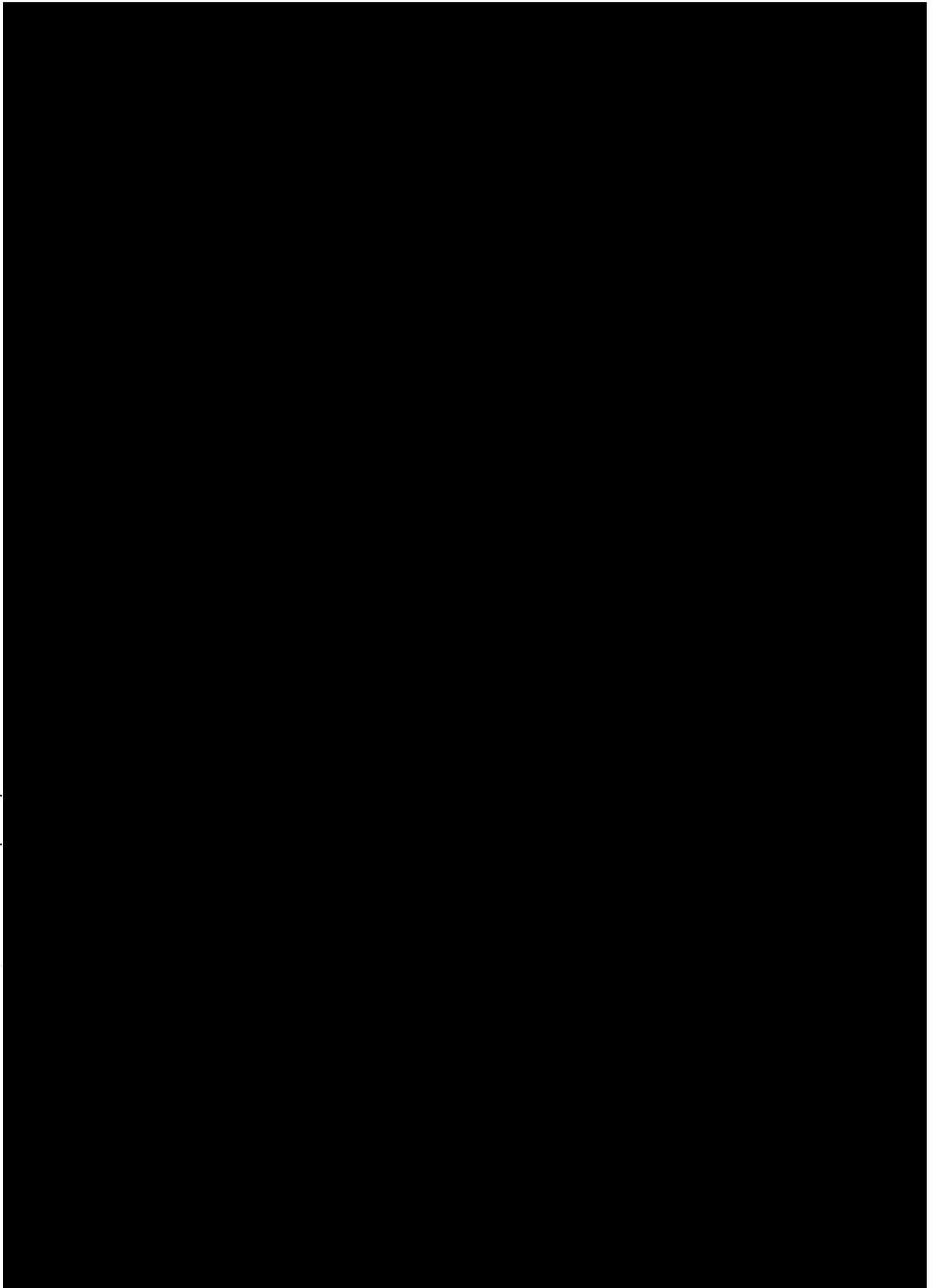


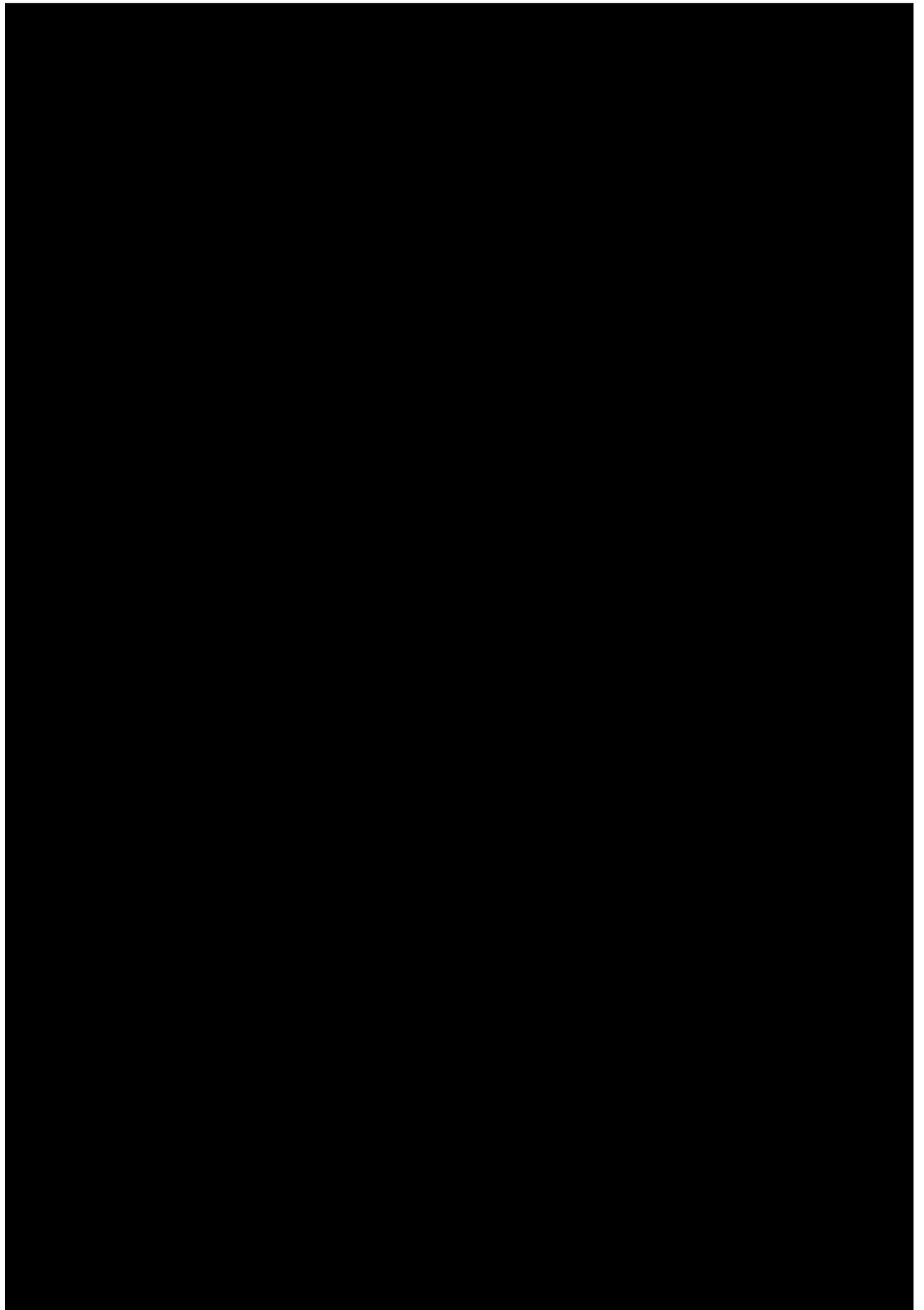


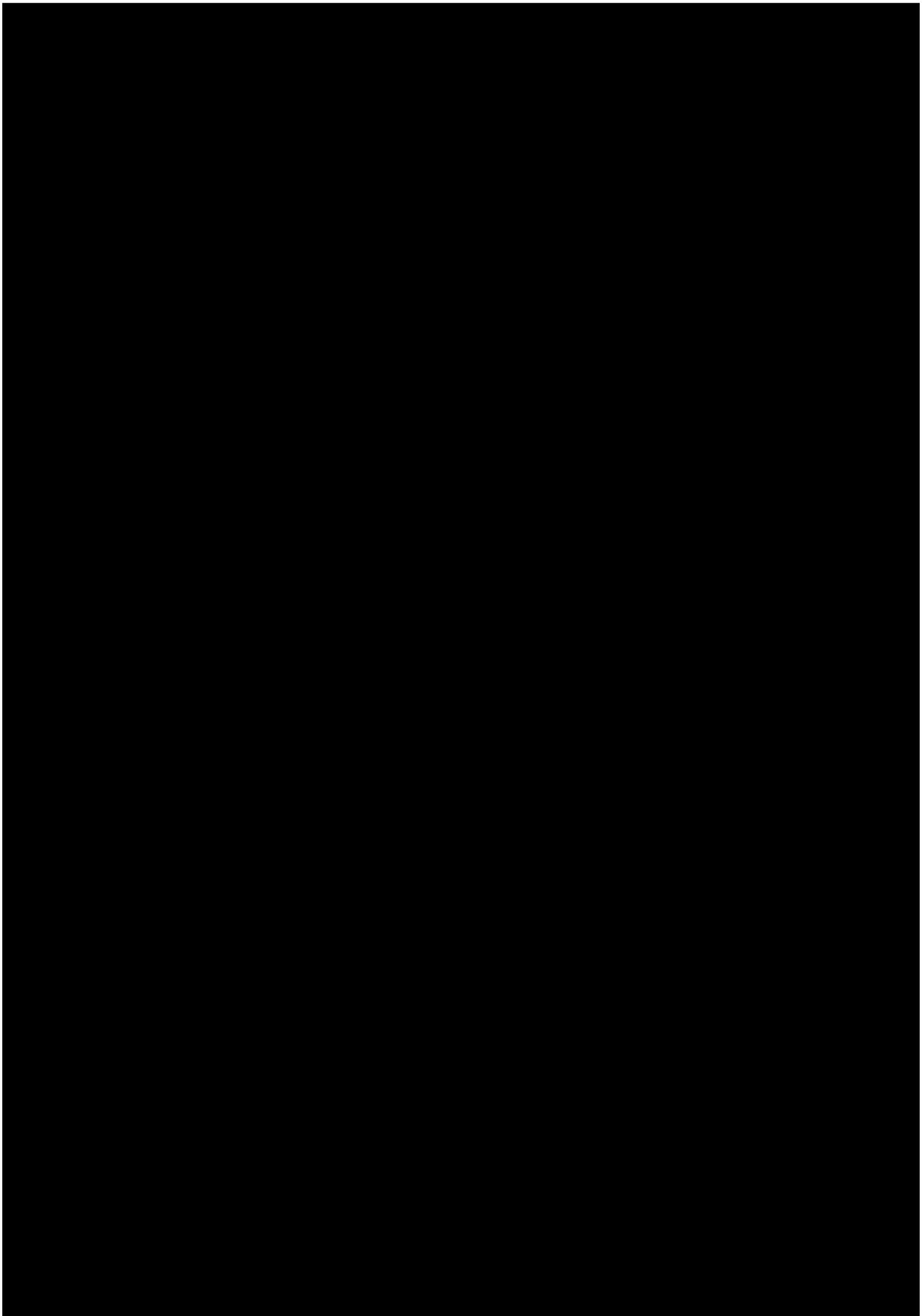


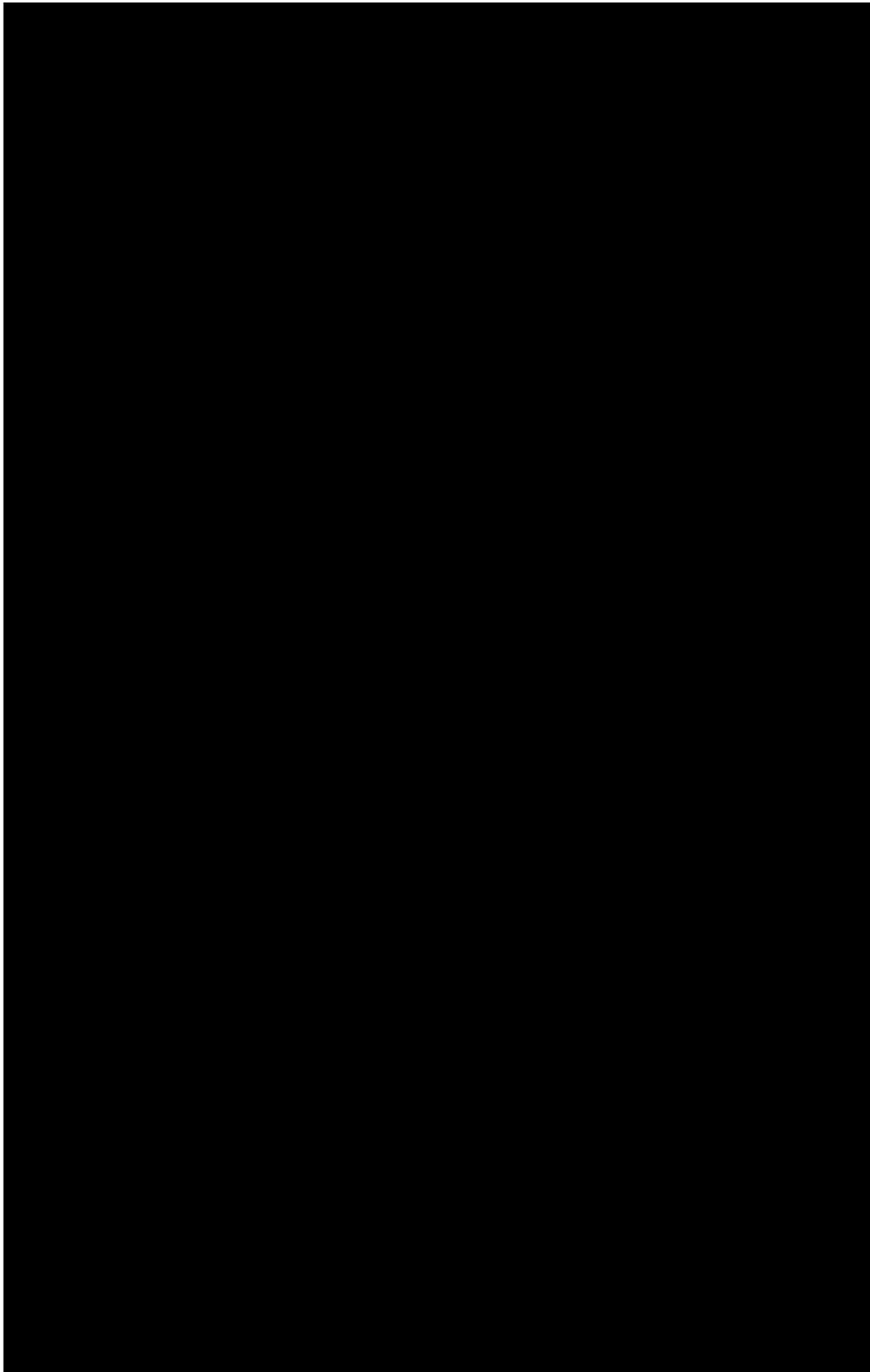


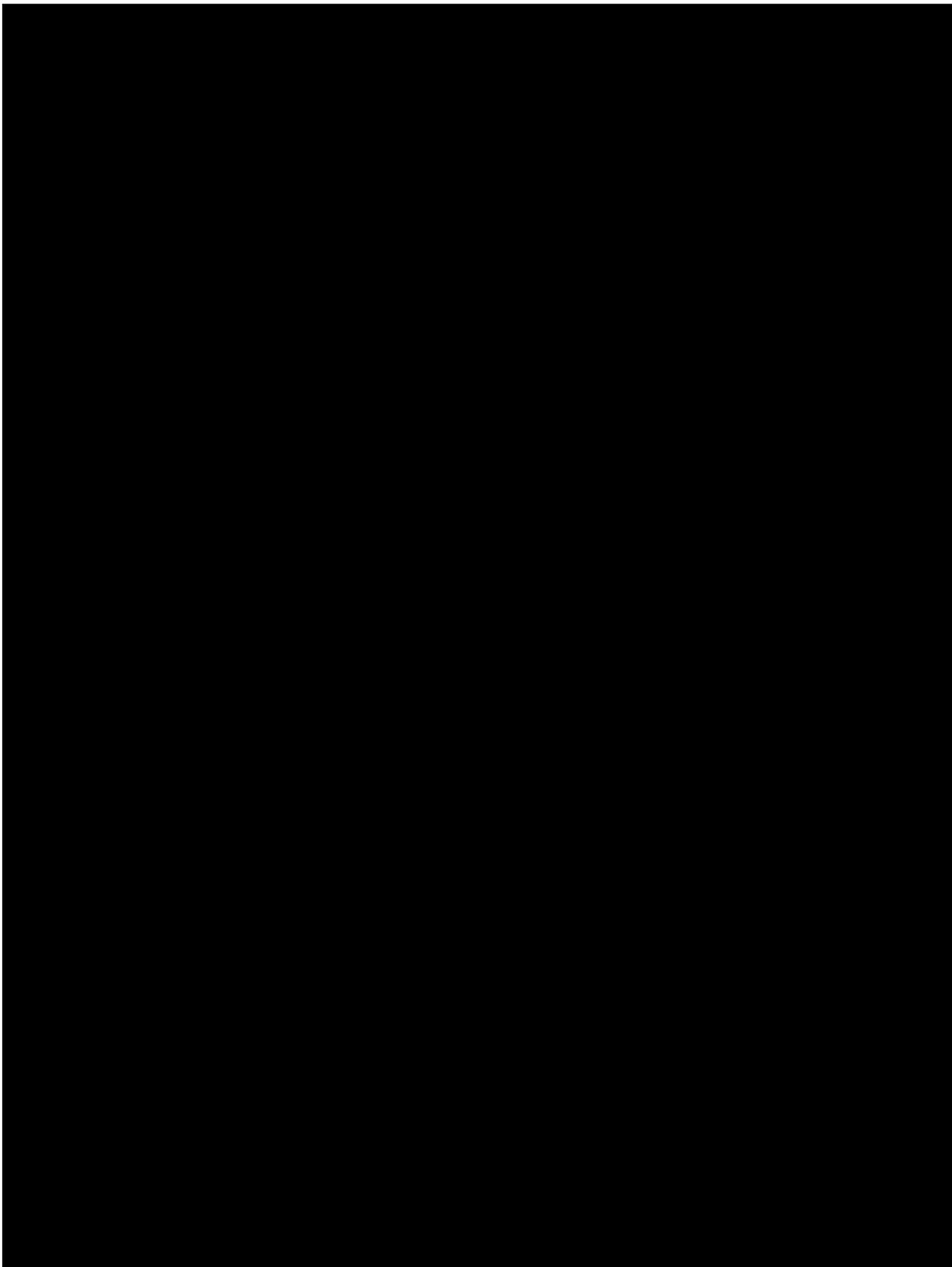


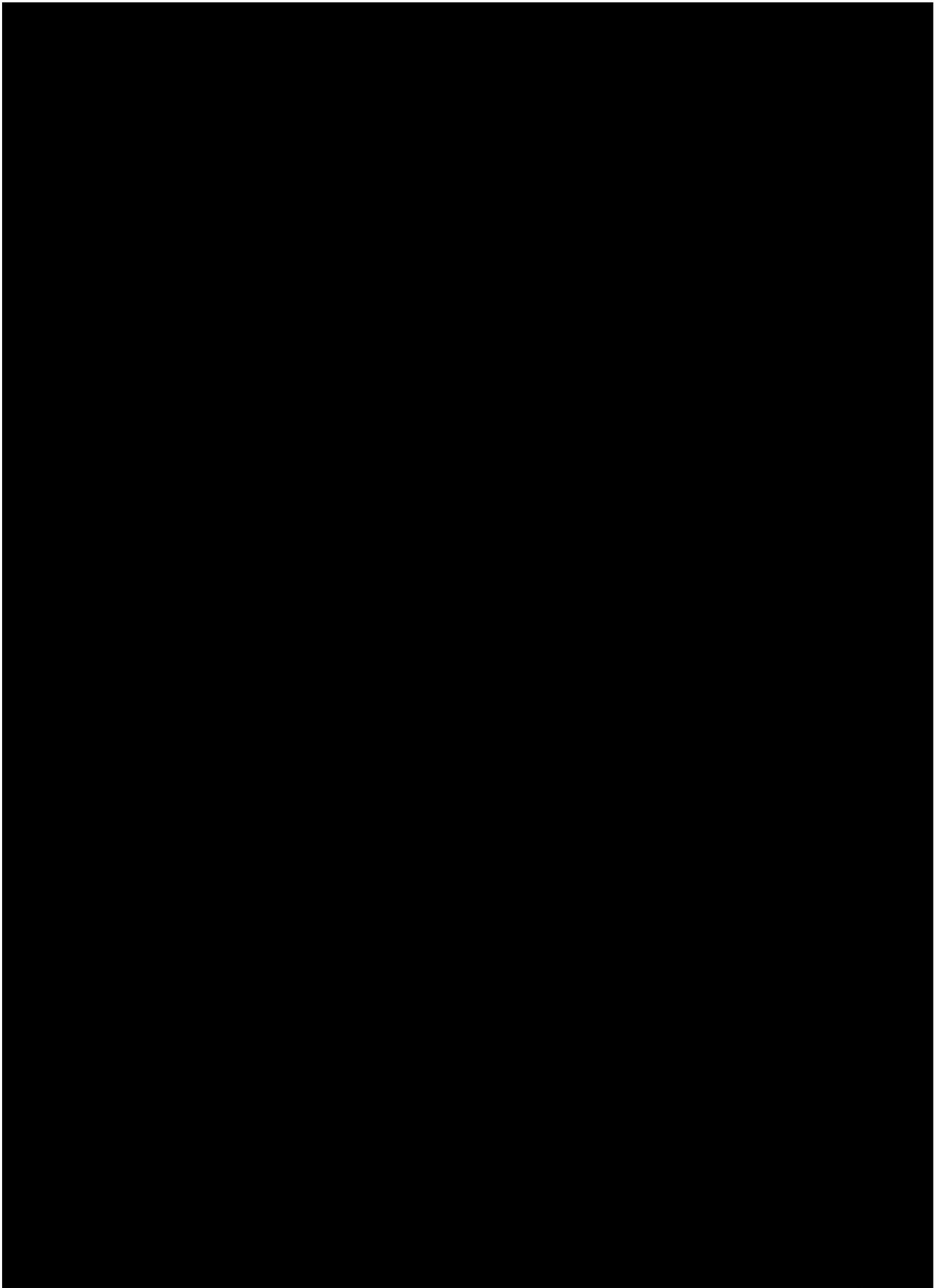


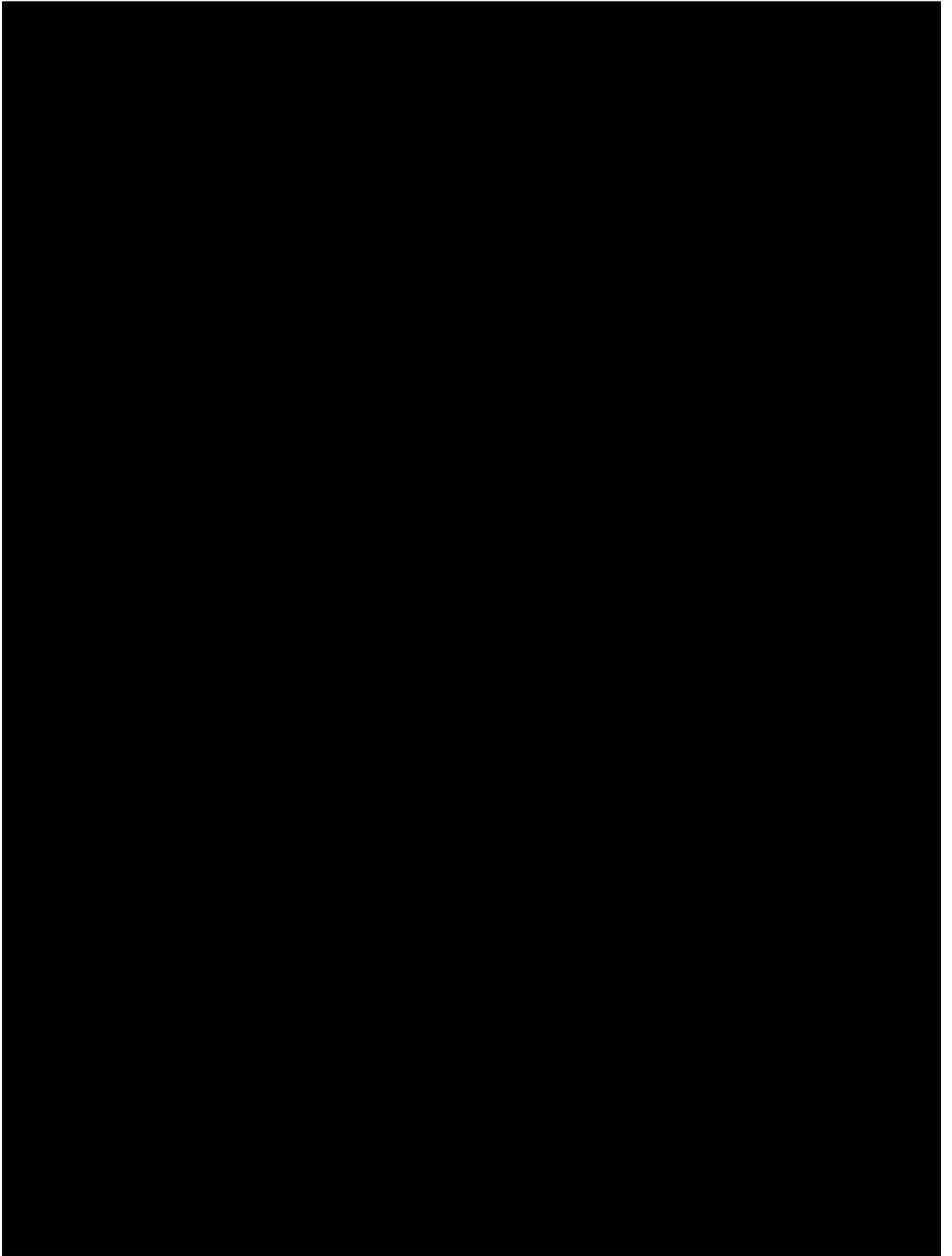


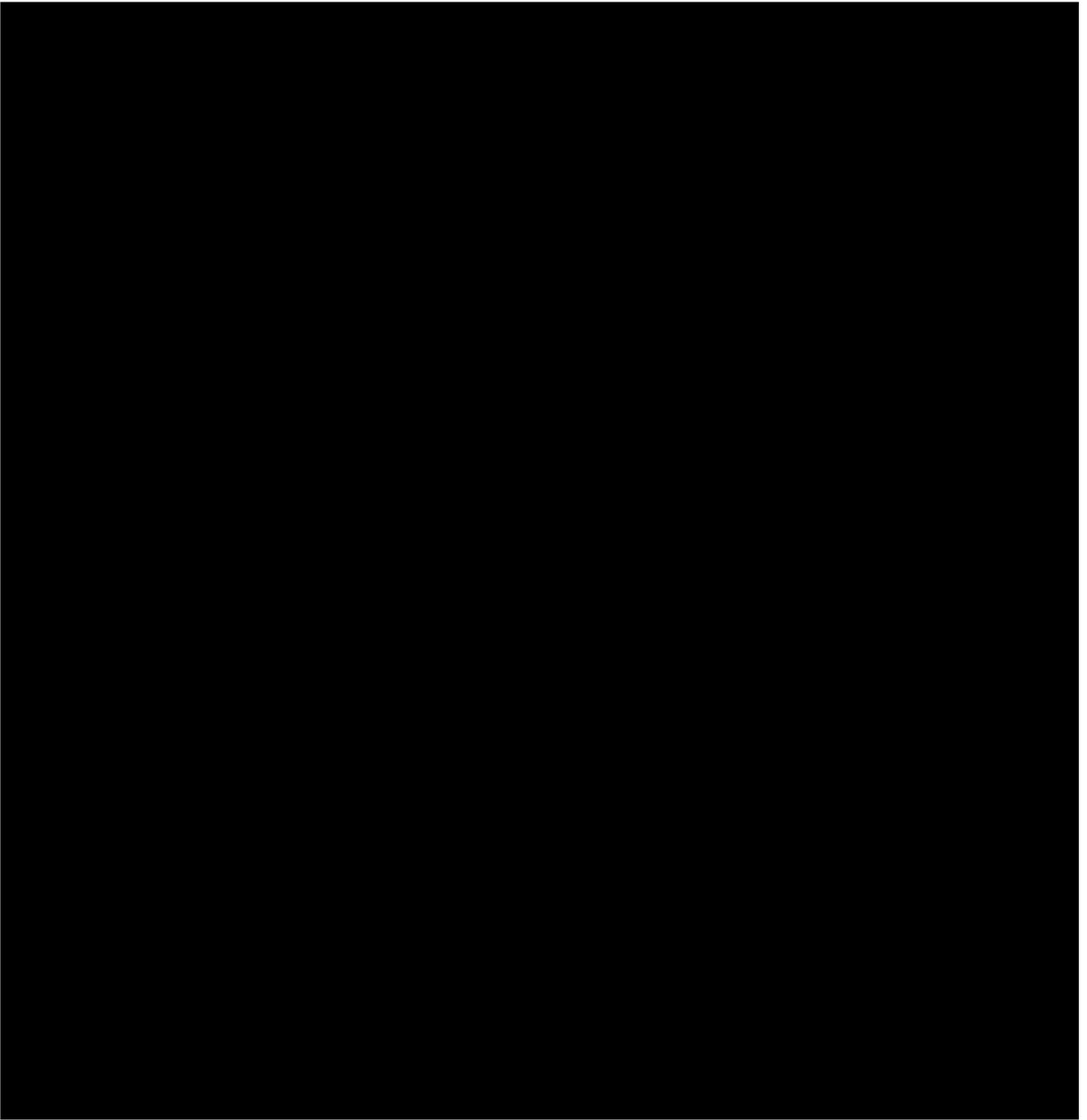












Appendix 7:

First Aid Kit Inventory / Checklist

Location of kit: _____ Inspector(s): _____

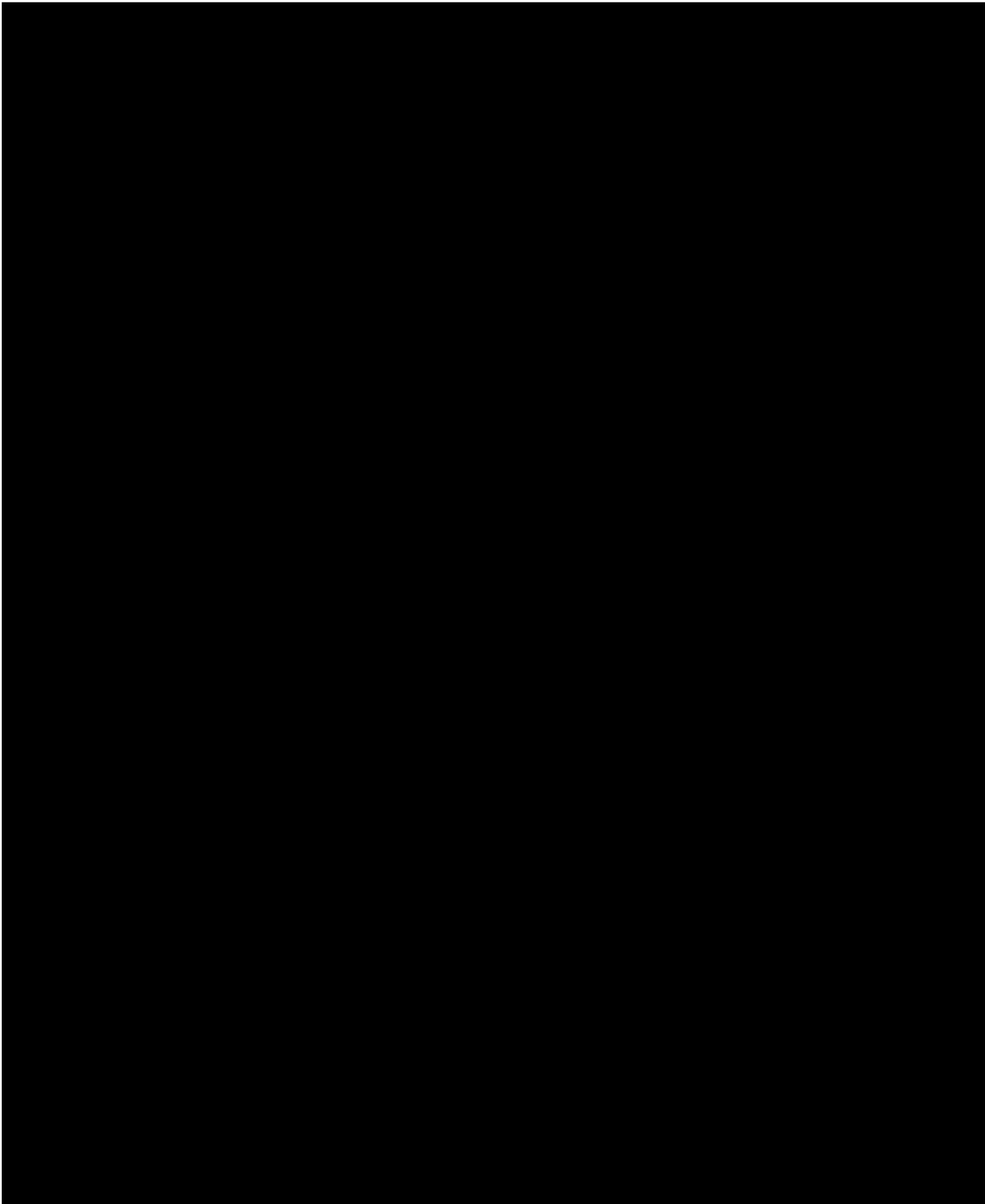
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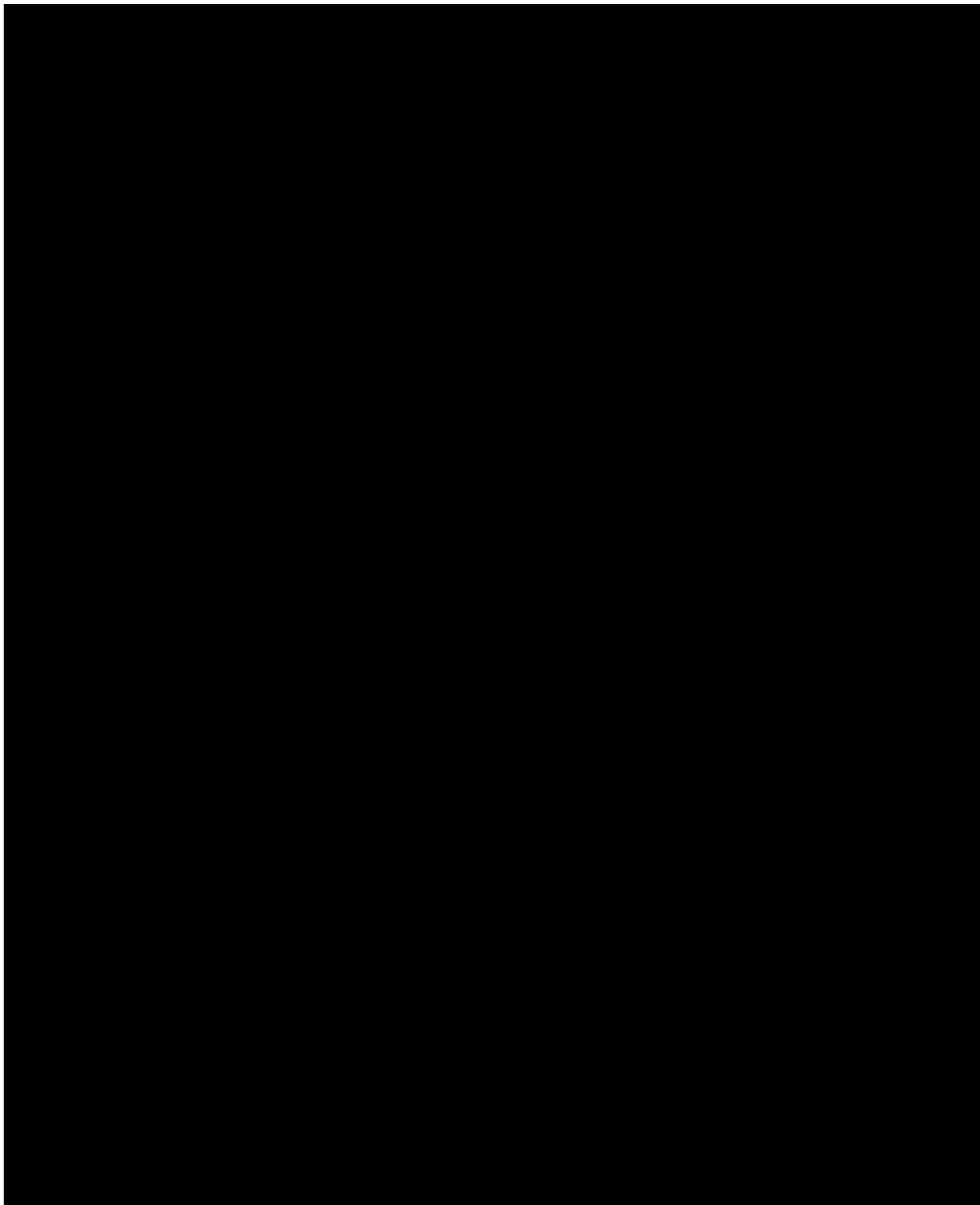
First Aid supplies should be kept in a plastic, closable container.

Please ensure that all items are not expired.

Initials	Item	Comments / Needs
	Adhesive Band Aids(Assortment-at least 2 sizes)	
	Adhesive Eye Patch	
	Cloth Adhesive Tape	
	CPR Micro shield	
	Elastic Gauze Bandage	
	First Aid Ointment –individual packets	
	Burn Cream – individual packets	
	First Aid Guide	
	Flashlight – check batteries	
	Forceps (Tweezers) – disposable – discard after each use	
	Gauze Sponges - sterile	
	Gauze Pads - sterile	

	Glucose Tablets	
	Ice Bag	
	Non-Adhesive Pad	
	Peroxide	
	Pair Gloves (2 sizes) – NON LATEX	
	Antiseptic Wipes	
	Scissors	
	Surgical Masks	
	Eye Wash	
	Rescue Blanket	





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Appendix 10:

ECA Emergency Preparedness Plan -For Starkey Location – CSFP Contract

Eckerd ConnectsConnects

Disaster Preparedness/Emergency Management Plan 2013

Supplement to Eckerd Youth Alternatives, Inc. (Eckerd)

Disaster Preparedness and Crisis Response Policy (D2.03), Inclement Weather Policy (D2.06)

Purpose:

The purpose of this document is to establish a framework through which Eckerd Connects - Circuit 6(ECA) prepares for, responds to, recovers from, and mitigates the impacts of a wide variety of disasters that could adversely affect the health, safety and/or general welfare of Eckerd/ECA employees, employees of partner agencies, and client children and families. It is also to provide for seamless management of these situations among Eckerd, ECA, the Department of Children and Families (DCF), and subcontracted agencies. While this plan provides general procedures and guidance, it is essential that all staff exercise good judgment in order to provide for the safety and well being of staff, children and families in care and others. This disaster plan addresses crisis situations that include weather disasters, fire, bomb threats, terrorist threat, extensive property damage, flu pandemics, intruder, weapons and hostage situations.

Specifically, this plan is designed to:

- a) Ensure that Eckerd Connects and all contracted providers are prepared to respond to emergencies, recover, and mitigate their impacts.
- b) Assure that Eckerd Connects and all contracted providers are prepared to provide critical services in an environment that is threatened, diminished or incapacitated.
- c) Establish and enact time-phased implementation procedures to activate various components of the plan to provide sufficient operational capabilities related to the event or threat.
- d) Ensure the availability and continuation of services, both for pre-existing and newly identified needs.

The legal basis for development of this plan is governed by the following: Child and Family Services Improvement Act of 2006. (Public Law 109-88), DCF standard contract, Eckerd Policy: D2 D3 and Inclement Weather Policy (D2.06)

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Procedures:

1. Elements of the Emergency Management Plan:

- Emergency Operations Center: The plan establishes an Emergency Response Team (ERT) that becomes activated during a pending disaster. The ERT consists of Eckerd's Chief Quality Officer, Executive Director (ECA), Senior Director of Operations (ECA), Director of Support Services (ECA), Director of Out of Home Care, Director of Licensing and Recruitment (ECA), Director of Programs, Director of Prevention/Diversion, Executive Assistant (ECA) and other personnel as deemed necessary.

- To the extent possible, the normal chain of command and unit integrity will be maintained throughout all phases of the hurricane/disaster. ECA's Executive Director will be singularly responsible for ensuring operations and communications with the Department of Children and Families. ECA's Executive Director's functions may be backed up by a designee.

- Communications: There are several backup systems for internal and external communications. Below are the various communication streams:
 - a) Cell Phones – All members of the ERT are to enter the names and cell phone numbers of other team members into their cell phone directory.

 - b) Conference Call – Conference calls with ERT members may also be utilized for communication purposes.

 - c) Senior Management Phone List – This list contains the office, cell and home phone numbers of senior management and other members of the emergency team, as well as facility/program directors. This list will be updated as necessary and distributed to senior management/team members.

d) Phone Lists - All programs will maintain an updated phone list of home phone numbers and cell phone numbers of key staff for the purpose of communication regarding hours of operations, shift coverage, etc. This listing will be updated at least bi-annually.

e) Method of Communication – We will use landline phones and cell phones whenever possible. Cell phones should be kept charged and it is recommended that cell phone users have a back-up car charger. We also own 4 Satellite phones that will be used if standard communications are down. These phones are distributed to key ERT members. Email and the employee emergency information line will be used to update staff on the status of operations.

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f) HR will produce phone lists of employees by department and will disseminate same prior to a storm.

g) Call-in phone number –**Employee Emergency Information Hotline:** [REDACTED]

h) Employees may call this line to find out which locations will be closed due to an emergency and other pertinent information. Eckerd Public Relations Manager, Terri Durdaller, will record this information as directed by the ERT. Designees may be appointed.

i) Communication Protocol – Members of Senior Management and supervisory staff have been distributed a communication protocol card containing emergency contact information for ECA and CMA directors and media notification guidelines. This card will be updated periodically as needed and distributed to Senior Management by the Associate Executive Director.

j) Notification to TV/radio stations – Eckerd Public Relations Manager, Terri Durdaller, will be responsible for contacting media for announcements. Designees may be appointed.

2. Orientation and Training:

The ECA Training Coordinator is responsible for **ensuring** that all new ECA employees receive training related to disaster preparedness, the emotional impact the activation of the COOP will have on clients and staff, and the emergency management plan. ECA providers

will be provided a copy of the emergency plan and will be required to ensure their staff are trained appropriately.

In an effort to ensure that ECA has a viable plan, ECA will provide an opportunity for discussion of plan during various forums such as the All Management meeting (a minimum of quarterly), providers meeting, Program Directors meeting and Foster parent association meetings. In addition feedback will be consulted from external stakeholders to ensure that ECA is able to leverage our experience and expertise in emergency operations. The feedback and/or any recommendations for improvement will be used to update the plan as needed.

- A copy of the plan will be kept on the J: Drive accessible to all ECA and Case Management Agency (CMA) staff. In addition, all employees of ECA and its subcontractors will have a copy of the plan readily available as a reference if needed.
- The Disaster Preparedness plan, its location and any updates will be discussed in All Management Meetings a minimum of twice per year.
- During Hurricane Season, ECA will host mock drills to ensure continued understanding of the requirements outlined in the plan.

3. Disaster Planning and Emergency Preparedness

Prior to any disaster or emergency, as part of case management activities, all case management staff will discuss with clients their plans should a disaster occur. Similarly, the contractors responsible for their foster homes and residential group homes will assure that they have detailed disaster preparedness/ emergency response policies, procedures, and plans in place to assure the safety of children and families in times of disaster. Copies of these plans will be maintained within the Eckerd Contracts file.

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Crisis types include, but not limited to, riot and disturbance, threats, intruder, fire, weather, and disease.

Each location must make advanced preparations in the event a disaster or crisis should occur, including securing appropriate supplies. The following updated materials and supplies must be available in a convenient location:

- A copy of the program's crisis plan and checklists
- Staff roster with phone numbers and emergency contact numbers
- Current emergency telephone numbers for fire, emergency services, police, poison control, and when applicable, security services and other emergency assistance as needed

- Staff assignments during emergencies
- Phone lists must be updated monthly.
- Each location will have a plan in place for evacuating the facility should it become necessary.

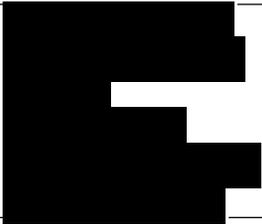
Emergency Supplies: It is recommended that ECA providers and foster parents have enough supplies in stock to sustain for 72 hours particular during Hurricane season. In addition, ECA will have a limited amount of the following emergency supplies on stock at each location as a secondary option:

Non-perishable packaged or canned food	Supply of bottled water as a form of water supply	First aid kit and over the counter medicines	Empty containers and/or buckets as a form of waste management disposal	Battery powered weather radio
non-electric can opener	Blankets	Latex gloves, scissors, and tweezers	Anti-bacterial hand gel	Basic tool kit
Masking or duct tape	Batteries	Flashlight	Heavy duty large garbage bags	Roll of plastic to cover computers and equipment

Emergency supplies are required to be available at all site locations and it is the responsibility of the Executive Assistant to assure that each location has the necessary supplies and that they are located in a designated area.

4. Plan for Securing a Building:

Eckerd Connects offices and their Case Management Offices are located in the following areas:

			
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During a severe weather emergency, the buildings located at the above location along with all files and equipment will be secured and any orders relieving staff from further duty will be issued by the Eckerd

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Community Alternatives ERT. Those orders will be issued in time to assure the safety of staff, and the ability of staff to attend to the safety needs of their own families.

If it becomes necessary to immediately evacuate any of the aforementioned buildings due to fire, bomb threat, chemical spill, or any other life threatening situation, staff will be required to leave the building by the closest exit and to assemble across the street from that exit until all staff can be accounted for.

- If it is necessary to secure any of the buildings due to warning of hurricane or flood, staff are to adhere to the following guidelines:

- a. All client files will be placed in metal file cabinets and the cabinets will be wrapped with shrink wrap. Sufficient shrink wraps will be maintained within each file room to adequately cover all of the file cabinets within the file rooms and contain additional resources to secure file cabinets that are outside the file room.

- b. Wherever possible, equipment will be moved to the most secure location in the building. This should include raising equipment from the floor, removing equipment from locations that are near outside windows, and moving files and other documents from the floor or lowest file drawers to a higher location.

- c. The IT Department will send an email message with instructions regarding computer equipment to all users when a storm is imminent. All sites should have large garbage bags or other plastic covering available to cover computer equipment when directed to do so.

- d. The IT department is responsible for computer backup plans in the event of an emergency.

If any of the facilities listed above should become so damaged that client files are irretrievably lost, those records are to be reconstructed using information within the Florida Safe and Families Network (FSFN). FSFN is the state of Florida system of record.

In the event the ECA locations above are deemed unsafe, ECA has entered into a Memorandum of Understanding (copy attached) with neighboring CBC's, which would allow ECA to carry out its mission.

The following Community Based Care (CBC) agencies signed the MOU:

- Sarasota Family YMCA
- Children's Network of Southwest Florida
- Heartland for Children
- ECA - Hillsborough

The following are areas that one CBC may be able to assist another. Costs incurred would be determined as allowable and necessary by the prudent person "under the circumstances prevailing at the time the decision was made to incur the costs."

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- **Operations center:** It may be necessary to provide a sister CBC with a location where they can set up a temporary operations center with communications links to state systems such as FSFN.

- **Data entry assistance:** It may be necessary to provide a sister CBC with data entry services to enter critical data into state systems.

- **Case management assistance:** It may be necessary to provide a sister CBC with case management services (visitation) in the event that the requesting CBC's case management staff is unavailable due to the disaster.

- **Placement opportunities:** It may be necessary to provide a sister CBC with placement alternatives for displaced children and families.

- **IT support:** It may be necessary to provide Information Technology support to operate an operations center or otherwise assist the stricken CBC.

- **Supplies:** It may become necessary to offer supplies (diapers, formula etc.) to a sister CBC.

- **Employee Identification:** ECA/CMA employees will utilize their ID badges as a means of identification for all staff that report to work at an alternate site. As a secondary measure, each

identified alternate site will have a roster of all ECA/CMA employees. If an employee is unable to locate their badge, they can use their drivers' license as an alternative means of identification. The employee will be allowed access to the site if their name is on the roster.

- **Generators:** Eckerd has several generators and 100 foot and 50 foot extension cords. Although the generators are located throughout the state of Florida, in the event generators are needed to support ECA they will be deployed accordingly. Generators should be tested once per month and the ERT team will determine at which locations generators will be placed in the event of an emergency.

5. Procedures for Specific Emergency Situations such as Hurricanes or Flu Pandemics:

Prior to a hurricane watch or warning, case managers should assess the vulnerability of clients and their residences. The case management staff will encourage evacuation planning for those clients and families in low-lying areas, persons with medical conditions or frailty, families with housing that might be unsafe and any others that are felt to be "at risk."

There are two types of official warnings. A **hurricane watch** means a hurricane *may* strike within 24-48 hours. A **hurricane warning** means it is expected to strike within 24 hours or less.

When a hurricane watch affecting Circuit 6 is declared, the Emergency Response Team (ERT) will be activated to be the central point for information exchange. Each member of the ERT will have in their possession an Emergency Response folder.

The following tasks should be taken into account:

- Alert contracted agencies of hurricane watch.
- Confirm staff assignments for hurricane activities, oversee assignments and reassign as needed.
- Assure that contractors all have obtained client lists and foster home lists to monitor possible evacuation.
- Back up vital information (i.e. data files and documents) on file server.
- Cover filing cabinets with plastic sheeting.
- Unplug all electronic equipment and cover with plastic sheeting.

Foster care homes:

When a hurricane watch is posted, the foster care licensing staff will contact all foster care homes to assure awareness and advance preparation for the possible storm. Foster parents will be given the emergency on call placement contact number (727) 608-7436 or (877) 480-3999 to report any changes or updates to their evacuation plan, or any potential safety concerns prior to the storm. They will also be reminded to assure that adequate supplies of any children's medications are taken with them and copies of critical documents. Licensing staff will also document the location and contact information indicating where evacuating families will be relocating.

In addition, licensing staff will identify any transportation needs for foster homes and will develop plan to address them. The foster care licensing staff will provide ECA by phone, email, or fax, a roster of all foster homes within their care and their individual emergency response plans. A list of foster homes will be included in these procedures and updated on a monthly basis, but shall be updated and printed within 24 hours of the storm. Licensing and/or Placement staff will identify any emergency placement slots in the event a caregiver is unable find temporary housing suitable for a child.

Following a disaster, as soon as safely possible, the foster care licensing staff will make visits to all of their identified homes to ensure the children are safe and that there are no structural damage to the home which would impact licensure status.

Residential/group homes:

When a hurricane watch is posted, the Placement Department staff will contact all residential group homes with whom we have contracts, have rate agreements, or have children placed to assure awareness and advance preparation for the possible storm. Under their agreement, the residential/group home providers will need to provide transportation, assess the need for specialized equipment, accommodations, supplies and culturally competent services in the language clients could understand. At the time of a hurricane warning, the preparedness plan will be reviewed for the children in their care, including confirmation of possible evacuation sites.

Each facility will be advised to contact the "On Call Placement" phone number at 727-608-7436 after the storm has passed and leave a message indicating the names of each child in the facilities care, and a status update indicating that each child is at the location and is unhurt, or the location of the child if an injury has occurred requiring treatment. A list of residential/group homes will be included in these procedures and updated on a monthly basis, but shall be updated and printed within 24 hours of the storm.

Placement staff will print a census of children served in all paid, out of home placements by name and location from the SACWSIS system immediately before the storm, and will maintain a copy of this during the emergency. After the storm has passed, designated

placement staff will be responsible for ensuring that there is an accounting of all children in care. Updates as left on the on call message line will be made as appropriate.

Contagious Disease Pandemic:

In the event there are incidents of concern involving flu pandemics, ECA Out of Home Care Staff will work with various community providers to ensure children are cared for in the most appropriate manner. Services such as mass daycare, quarantine areas, etc. will be coordinated with providers. Currently, Family Resources has an Operating Procedure and Emergency Contingency Plan in place to deal with medical epidemics in which children need quarantine for their safety or the safety of others. They have also identified the ability to provide mass short term daycare as needed to be of assistance. Out of Home Care Staff will coordinate all needs directly with Family Resources, and well as continuously developing additional possible resources for similar needs as the potential volume develops.

In the event any employee of ECA, or a contracted case management provider, is suspected of experiencing flu like symptoms, the employee will be sent home from the worksite, and advised to seek medical care from their local physician or hospital. The employee's immediate supervisor will notify the program director, or ECA Director regarding a case of suspected (swine) flu symptoms, keeping in mind HIPPA guidelines. The employee will be permitted to work from home, maintaining contact by phone or email. The employee will not be allowed to return to work until a doctor's note is provided which indicates they are no longer potentially contagious.

Case Management Agencies:

Case Management Agencies will follow the ECA Disaster Plan, and in the event of an evacuation, they will do the following:
will ensure that all their staff is notified of the evacuation through the use of phone trees/staff roster. Each team/unit has a copy of the phone tree which shows work, personal and emergency contact numbers to make sure contact is made with every employee. Program Director and Assistant Directors will maintain a master listing of all phone numbers at an offsite location to insure access to the information in the event that the building is inaccessible.

Case Management Agencies (continued):

Each supervisor is responsible for maintaining a binder of copies of Emergency Evacuation Plans for all clients under their supervision in relative, non-relative, or in-home care. The Program Director will maintain a master binder of copies to include all clients under the supervision of their agency in a location outside the building to ensure accessibility. The original plan for each protective supervision client is also included in the official record.

Following a disaster, as soon as safely possible, the case management staff will make visits to all of their identified homes to ensure the children are safe and that there are no structural damage to the home. If the home is not structural sound, the case manager will work with their clients to ensure the best possible outcome is achieved for the child and/or family. Each disaster will have unique impacts on clients served. Each CMA will be responsible for conducting an immediate assessment of each client impacted by the disaster to ensure that all needs are met and modify services as may be warranted due to the individual circumstances facing each client.

Interstate Compact on the Placement of Children (ICPC) Procedures:

In order to streamline communications with the field, the ICPC Specialist will serve as the primary local point of contact. The Family Safety Program Office Director will direct all communications and correspondence by the Florida ICPC Office to and from the local points of contact. Because there are many possible emergency situations, it may be that a local ICPC Specialist is adversely affected by an emergency and not available to serve as our local point of contact. If this occurs, the Florida ICPC Office will identify proper methods of communicating with local staff, depending on the emergency, in consultation with executive management.

Capacity to Respond:

This plan is designed to address steps that will be taken to ensure that there is the capacity to respond to potential increases in investigations, service needs and overall caseload. In the event of significant work load increases related to a natural disaster, ECA will work with the Florida Coalition to secure assistance from other lead agencies not impacted by the disaster. Eckerd is currently a member of the Florida Coalition and will work with FCC to deploy case management staff to help ensure children are seen as required and resources are provided as needed. In addition, ECA will secure the assistance of partner agencies within the community to help with resource distribution to families affected by the disaster. ECA will continue to secure assistance from FCC and partner agencies until our lead agency staff and sub-contracted agencies can resume their responsibilities. ECA will increase our QM activities immediately following a natural disaster to ensure ongoing quality services are provided.

Furthermore, ECA recognizes that as a member of the FCC it may be called upon to assist other CBC's in the event that an area outside of Tampa Bay is significantly impacted. This could include children

from other CBC's in the State of Florida, as well as children served via ICPC from other states. ECA will work closely with the agency requesting assistance to ensure that adequate resources are in place to care for the children. This may include providing placements in residential group care or foster homes, assisting families with securing TANF or other benefits, as well as providing OTI services for clients. ECA has the ability to utilize the entire

Eckerd organization to include Support Center personnel as well as employees located in other states to fulfill this requirement.

Within any disaster, ECA's first order of priority is to ensure the safety and well-being of children & families served and its staff. As a result, ECA may elect to temporarily waive some or all of its policies and/or procedures as a means to perform mission essential functions. If this were to occur then ECA would utilize the communication protocol outlined above to ensure that all parties were informed to include the judiciary and the Department of Children and Families.

Emotional Impact:

ECA recognizes that staff, as well as clients served can be emotionally impacted by living in an area affected by the damages of a storm. ECA will cognizant of the trauma incurred by all parties as it relates to the disaster. ECA will ensure that communication is sensitive to the trauma experienced while still showing kindness, compassion, and cultural sensitivity. ECA will post information regarding coping with stress, trauma and concerns people may have after experiencing this type of event. ECA will list the names, addresses and phone numbers of any organizations offering help with these matters. If possible, ECA will arrange for speakers to come and present information addressing these topics. ECA employees may also choose to take advantage of the services provided by our Employee Assist Plan (EAP).

Emergency Response Folder:

The Emergency Response folder, orange, will be available at each physical location and will be the responsibility of senior management to have in their possession when an emergency arises. The Emergency Response folder will contain:

- A checklist of disaster preparedness activities, status and persons responsible.
- A checklist of emergency supplies.
- A table of organization.
- A complete up-to-date employee call tree to include name, address, and phone numbers for each employee as well as other critical phone numbers.
- The most current listing of senior staff and the chain of command that will be followed.
- The street address, phone number and city and county of each ECA site location.
- The most recent confidential Eckerd and ECA staff directory including home and cell phone numbers for all staff members.
- The most recent telephone contact listings for all Case Management Agencies (CMA)

- A roster of home and cell phone information for senior managers, supervisors and staff.
- Current census of all children in out of home care (FSFN)

- An updated list of all foster homes with phone numbers.
- A list of local emergency telephone numbers.
- Conference call number
- A list of all out of home providers
- Resources
- Any other information that may prove useful in responding to a disaster situation.

Prior to the Beginning of the Hurricane Season

Prior to the hurricane season ECA will review its procedures to ensure it is prepared for the upcoming hurricane season. The following procedures will be executed:

Status	Action	Person Responsible
	1. Request on an annual basis each case management agency to submit their emergency plan with a current phone list of personnel.	Martin Peters, Chief of Staff
	2. Schedule a mock "emergency conference call" with ECA, DCF, and case management agencies' administrative personnel to review emergency procedures.	Jess Sternthal, Associate Executive Director
	3. Review evacuation plan with all child welfare families and relative care givers during monthly case management visits.	LSF- Lisa Mayrose Directions – Anthony Comito YFA – Keith Mukherjee
	4. Review evacuation plans with all foster families during quarterly re-licensing home visits.	Laurallyn Segur, Director of Licensing
	5. Review the hurricane supply box to ensure that supplies are adequate. The box includes: flashlights, batteries, weather radio, garbage bags for covering computers, etc.	Diketa Stephens, Executive Assistant
	6. Confirm alternate worksite in the event the building is damaged and unable to be used.	Jess Sternthal, Senior Director of Operations
	7. Develop procedure to ensure access to emergency cash/purchasing cards in event needed.	Pamela Griffith, Vice President of Finance
	8. Confirm with Eckerd Information Technology office that back-up systems are operational.	Ray Wright, VP of Technology

Prior to the Onset of a Named Hurricane

Once a named storm has been identified, ECA will begin preparing the organization in the event the storm reaches Pasco and/or Pinellas County. The following procedures will be **executed**:

Status	Action	Person Responsible
	1. Track storm from various online weather stations. Disseminate current tracking to the executive management team. Track the storm daily when storm is three, four or five days from landfall and twice daily when storm is one-two days from landfall.	
	2. Prepare a hurricane information notebook for each member of the management team. The information notebook includes: current staff list (with home address and phone numbers), current management listing of case management agencies department personnel, current census (FSFN) of all children in out of home care, current phone listing of all case management agencies personnel, phone and address listing of all residential care providers, local resources and the current conference call number.	
	3. Disseminate information notebooks with all relevant phone numbers to the management team and the Circuit 6 Community Development Administrator and Contract Manager within two days of the storm reaching landfall.	
	4. Establish a delegation of authority and order of succession in the event one or more personnel are unable to conduct their duties.	
	5. Establish media contact for pending disaster.	
	6. Call an emergency conference call with ECA, DCF, and case management agencies' administrative personnel to review procedures.	
	7. Pull current case listing from FSFN (with demographic information) for all children in care. Print hard copies of records and disseminate to case management personnel.	
	8. Establish a set time for a conference call following the storm reaching landfall. The call to be scheduled 12-24 hours after the storm is scheduled to reach landfall. The phone number shall be the Monday morning data call phone number.	
	9. Prior to leaving the office the day before the storm is scheduled to reach landfall, staff are required to unplug equipment (phone, computer and printer) and cover equipment with plastic bags. Staff	

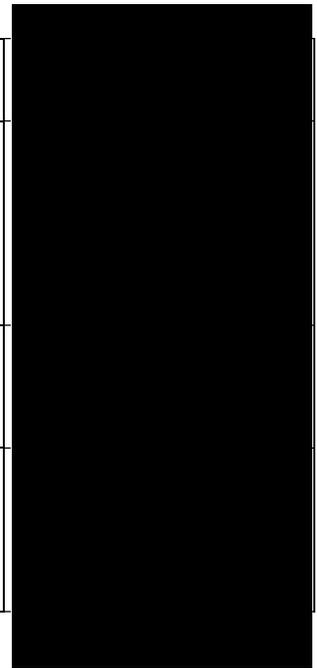
	is required to ensure the desks and offices next to them have completed this procedure and complete this task in the event the staff member is not at the office.	
	10. Charge ECA's cellular phones.	All Staff

After the Onset of a Named Hurricane

Once the storm has left the following procedures are followed:

Status	Action	Person Responsible
	1. Call each ECA Director to advise them to initiate the call down tree process to ensure all employees and their families are safe.	
	2. Conduct a safety inspection of the building	
	3. Facilitate conference call (time pre-determined) with case management agencies, department personnel, and ECA management staff. Priority on the call is to establish if all staff and their families are safe. Verify the condition of all facilities and establish a time for a follow-up call (if needed). Roll out safety checks for all children (if needed).	
	4. Implement the hurricane data base and input safety checks as submitted by case management agencies.	
	5. Coordinate safety checks to each foster home and conduct safety checks for each child residing in the home. Identify needs of foster parents.	
	6. Call each residential facility and verify the safety of the children and the condition of the facility.	
	7. Notify Circuit 6 Administrator and Contract Manager of the status of children served on a daily basis (data from the Hurricane Database).	
	8. Coordinate solicitation of donated or purchased items to meet the identified needs.	
	9. Secure hurricane resource distribution site.	

	10. Coordinate distribution of supplies and equipment.
	11. Communicate with ICPC on a daily basis of the children listed on the ICPC database.
	12. Update the Department (contract management) of issues identified.



Staff needs:

ECA will work with each team member to identify their accessibility and reassign them if necessary. ECA will employ a calling tree system. Each Director/Supervisor will check on the status of staff members with regard to their personal situations as affected by a storm. Managers should forward this information to the Executive Director.

- If there is no power, or schools are being used for shelters, it is understood that there may be no school/daycare, which will cause child care issues for some staff.

- It is the expectation that management be as accommodating as possible, utilizing rotation schedule for staff to check on their homes, meet with insurance adjusters, etc. ECA will invoke an alternative plan for shift coverage, if some employees will not be able to return to work immediately.

- Staff and ECA leadership will assess the ability of employees to safely navigate public roadways before and after the disaster. If staff is able to safely transport themselves to a designated work location, then they will do so. In the event that it is deemed unsafe to travel to either an assigned or temporary workspace, alternative means such as telecommuting with air cards or other appropriate means will be used to ensure that staff is able to perform critical job duties.

Eckerd Connects Management Staff

[REDACTED]	[REDACTED]	[REDACTED]

Case Management Agencies Contact Information

[REDACTED]	[REDACTED]	[REDACTED]
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Department of Children and Families Contact Information

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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**A listing of the following items will be updated and/or printed prior to event: FSFN,
Listing of Foster Homes, ECA/Case Management Staff.**

Communication Listing

Newspaper		
<p>St. Petersburg Times/ Clearwater Times Bureau Phone: (727) 445-4111 Phone: (727) 446-6397 (news room) Fax: (727) 893-8675 northpin@sptimes.com</p>	<p>St. Petersburg Times/ Pasco Times Bureau Phone: (727) 869-6288 Phone: (727) 869-6235 (news room/ West Pasco) Phone: (813) 909-4606 (news room/ Central & East Pasco) Fax: (727) 893-8675 pasco@sptimes.com</p>	<p>The Tampa Tribune Phone: (813) 259-7711 Phone: (813) 221-5788 (news room) Fax: (813) 259-7676 news@tampatrib.com</p>
<p>St. Petersburg Times Phone: (727) 893-8111 Phone: (727) 893-8215 (news room) Fax: (727) 893-8675 news@sptimes.com News Tips: local@sptimes.com Events: calendar@tampabay.com</p>	<p>SunCoast News Phone: (813) 815-1068 Fax: (813) 847-2902 news@suncoastnews.com</p>	
TV Stations		
<p>Bay News 9 Phone: (727) 329-2400 Phone: (888) 437-1239 Fax: (727) 329-2434 (news room) Fax (727) 329-2278 (neighborhood news) news@baynews9.com</p>	<p>WFLA-TV (Channel 8/ News Channel 8) Phone: (813) 259 7711 Newsroom: (813) 221 5788 news@wfla.com</p>	<p>WTVT-TV (Channel 13/ FOX 13 News) Phone: (813) 870-9630 Phone: (800) 334-9888 Fax: (813) 871-3135 news@wtvt.com</p>
<p>WTSP-TV (Channel 10/ 10 Connects) Phone: (727) 577-1010 Fax: (727)576-6924 news@wtsp.com</p>	<p>WFTS-TV (Channel 28/ABC Action News) Phone: (813) 354-2828 Phone: (877) 833-2828 Tip line: (866) 428-NEWS Fax: (813) 875-2828 newstips@wfts.com</p>	<p>PCC-TV/ Pinellas County Connection TV (BHN Channel 622; Knology Channel 18; Verizon Channel 44) Phone: (727) 464-4809 Phone: (727) 464-4600 tv@pinellascounty.org</p>
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Radio

FM	AM
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88.5	WMNF - Multiple Formats	570	WTBN - Christian Talk
88.9	WYFE - Christian	620	WDAE - Sports Talk
89.1	WSMR - Christian	680	WRMD - Spanish Tropical
89.7	WUSF - Classical / NPR	760	WLCC - Spanish
90.5	WBVM - Catholic / Classical	820	WMGG - Spanish
90.9	WAQV - Christian	860	WGUL - Talk Radio
91.1	WKES - Christian	910	WTBN - Christian Talk
91.3	WSEB - Christian	970	WFLA - News / Talk Radio
91.5	WJIS - Christian	1010	WBZZ - Sports / Talk Radio
91.7	WFTI - Religious	1040	WWBA - News / Talk Radio
91.9	WXJC - Religious	1110	WTIS - Religious
92.1	WLTQ - Adult Contemporary	1130	WWBF - Oldies
92.5	WYUU - Country	1150	WTMP - Adult Contemporary
93.3	WFLZ - Dance / Top 40	1220	WQSA - Weather (NOAA)
94.1	WSJT - Light Jazz	1230	WONN - Adult standards / Devil Rays
		1250	WHNZ - Health & Finance Talk
		1280	WIPC - Spanish

FM		AM	
94.9	WWRM - Adult Contemporary	1280	WTMY - Health & Finance Talk
95.7	WBTP - Hip Hop / R&B	1300	WQBN - Spanish
97.1	WSUN - Progressive Rock	1310	WAUC - Spanish
97.5	WPCV - Country	1320	WAMR - Sports
97.9	WXTB - Rock	1330	WWAB - Urban
98.3	WWRZ - Light Adult Contemporary	1340	WTAN - News, Ethnic, Talk
98.5	WKTK - Adult Contemporary	1350	WTAN - News, Ethnic, Talk
98.7	WLLD - Urban	1360	WHNR - Urban
99.5	WQYK - Country	1380	WWMI - Children Oriented
100.7	WMTX - Mix / Top 40	1400	WTAN - News, Ethnic, Talk
101.5	WPOI - 80's Hits	1420	WBRD - Gospel
102.5	WHPT - Classic Rock	1430	WLKF - Talk
102.7	WRGO - Oldies	1450	WWJB - News / Talk Radio
103.5	WTBT - Country	1460	WBAR - Country
104.7	WRBQ - Oldies	1470	WLVU - Religious
105.5	WDUV - Easy Listening	1490	WSIR - Talk
106.3	WJQB - Oldies	1490	WWPR - Oldies
106.5	WCTQ - Country	1500	WPSO - Greek Radio Station
107.3	WXGL - Classic Rock	1520	WXYB - Greek Radio Station
		1550	WAMA - Spanish
		1590	WRXB - Urban

<p>107.9 WSRZ - Oldies</p>	<p>1620 WBUL - USF Student Radio</p>
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Pinellas County Resources

Emergency Numbers

<p>Emergency Management (727) 464-3800</p>	<p>Pinellas County Sheriff's Department (727) 582-6200</p>	<p>Florida Highway Patrol (FHP) (813) 631-4020</p>	<p>Federal Emergency Management Agency</p>	<p>Progress Energy 1-800-228-8485</p>	<p>National Poison Control 1-800-222-1222</p>
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			(FEMA)1-800-621-3362		
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Pinellas County Fire Departments

City of Largo, 901 Ponce De Leon Blvd Belleair, FL 33756-1034	Largo Fire Rescue 201 Highland Ave Largo, FL 33779	City of Seminole Fire Rescue Department 11195 70 Ave N Seminole, FL 33772-6311	Clearwater Fire & Rescue 610 Franklin St Clearwater, FL 33756
Dunedin Fire Dept 1042 Virginia St Dunedin, FL 34698 East Lake Tarpon Special Fire Control District 3375 Tarpon Lake Blvd Palm Harbor, FL 34685	Gulfport Fire Department 2401 53rd St S Gulfport, FL 33707 Lealman Special Fire Control District 4017 N 56th Ave Saint Petersburg, FL 33714	Madeira Beach Fire Dept 300 Municipal Dr Madeira Beach, FL 33708	Oldsmar Fire & Rescue 225 Pine Ave N Oldsmar, FL 34677
Palm Harbor Special Fire Control & Rescue District 250 W Lake Rd Palm Harbor, FL 34684	Pinellas Fire & Rescue District 304 1st St, Indian Rocks Beach, FL 33785	Pinellas Park Fire Department 11350 N 43rd St Pinellas Park, FL 33780	Safety Harbor Fire Department 700 Main St Safety Harbor, FL 34695
South Pasadena Fire Department 911 Oleaner Way S South Pasadena, FL 33707	St Pete Beach Fire Dept 7301 Gulf Blvd St Pete Beach, FL 33706	St. Petersburg Fire & Rescue 400 Dr. M.L. King St S St Petersburg, FL 33701	Tarpon Springs Fire Rescue 444 S Huey Ave Tarpon Springs, FL 34689
Town Of Belleair Fire Dept 901 Ponce Deleon Blvd Belleair Bluffs, FL 33770	Treasure Island Fire Department 180 108th Ave Treasure Island, FL 33706		

Pinellas Food Resources

Clearview United Methodist Mon & Thurs hours may vary 9:30-10:00a 522-4673	Daystar Life Center Mon, Tues, Thurs, Fri 9:00am-12:00 pm and 1:00-2:00pm 825-0442	First Church of the Nazarene – Tues 9:00am-12:00pm in special zip code areas 544-3608	Good Samaritan Church- Mon, Tues and Thurs 9:00am-12:00pm 544-8558	He Cares Wed and Fri – 10:00am-12:00pm 548-1535
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Solid Rock Church – Wed and Thurs 9:00-11:00am and Sat 9:00-10:00am 521-6306	St. Giles Mon-Thurs 9:30-12:30 must have ID 545-2664	St Petersburg Free Clinic (We Help) Mon-TH 8:30-3:30 Fri 8:30-11:30 821-1200	St. Vincent DePaul – must call first Mon-Fri 9:00-4:00 825-0725	SunCoast Haven of Rest Rescue Mon-Fri 10:00-12:00 and 1:00-3:00 545-8282
Wesley United Methodist Church Mon, Wed, Fri 9:00am-12:00pm 896-4797				

Pinellas Shelters

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<i>North Pinellas County Shelters</i>	<i>South Pinellas County Shelters</i>
Tarpon Springs Middle School 501 N. Florida Ave. • Tarpon Springs	High Point Elementary School 5921 150th Ave. N. • Clearwater
Brooker Creek Elementary School	Pinellas Park High School

3130 Forelock Rd. • Tarpon Springs	6305 118th Ave. N. • Pinellas Park
East Lake High School 1300 Silver Eagle Dr. • Tarpon Springs	Bauder Elementary School 12755 86th Ave. N. • Seminole
Carwise Middle School 3301 Bentley Dr. • Palm Harbor	John Sexton Elementary School 1997 54th Ave. N. • St. Petersburg
Palm Harbor University High School 1900 Omaha St. • Palm Harbor	Lealman Intermediate 4900 28th St. N. • St. Petersburg
Palm Harbor Middle School 1800 Tampa Rd. • Palm Harbor	New Heights Elementary School 3901 37th St. N. • St. Petersburg
Dunedin Community Center 1920 Pinehurst Rd. • Dunedin	Northside Baptist Church 6000 38th Ave. N. • St. Petersburg
Dunedin Highland Middle School 70 Patricia Ave. • Dunedin Special Needs and Pet Friendly	St. Petersburg High School 2501 Fifth Ave. N. • St. Petersburg
Dunedin Elementary School 900 Union St. • Dunedin	Fairmount Park Elementary School 575 41st St. S. • St. Petersburg
McMullen-Booth Elementary School 3025 Union St. • Clearwater	Gibbs High School 850 34th St. S. • St. Petersburg
Safety Harbor Middle School 901 First Ave. N. • Safety Harbor	John Hopkins Middle School 701 16th St. S. • St. Petersburg Special Needs and Pet Friendly
Clearwater Fundamental Middle School 1660 Palmetto St. • Clearwater	Campbell Park Elementary School 1051 Seventh Ave. S. • St. Petersburg
Ross Norton Recreation Center 1426 S. MLK Jr. Ave. • Clearwater	Jamerson Elementary School 1200 37th St. S. • St. Petersburg

<p>Oak Grove Middle School</p> <p>1370 S. Belcher Rd. • Clearwater</p> <p>Special Needs and Pet Friendly</p>	<p>Gulfport Elementary School</p> <p>2014 52nd St. S. • Gulfport</p>
<p>Largo High School</p> <p>410 Missouri Ave. • Largo</p>	<p>Thurgood Marshall Middle School</p> <p>3901 22nd Ave. S. • St. Petersburg</p> <p>Special Needs and Pet Friendly</p>
	<p>James Sanderlin Elementary School</p> <p>2350 22nd Ave. S. • St. Petersburg</p>

Pinellas County Hospitals

<p>All Children's Hospital</p> <p>880 6th St S # 170, St Petersburg, FL Main #: (727) 892-8989</p>	<p>Northside Hospital and Heart Institute 6000 49th St. N, St. Petersburg, FL 33709; Main #: (727) 521-4411; Records: 521-5133</p>
<p>Bayfront Medical Center</p> <p>701 6th St S, St Petersburg, FL Main #: (727) 823-1234</p>	<p>Palms of Pasadena</p> <p>1501 Pasadena Ave S, South Pasadena, FL Main #: (727) 381-1000</p>
<p>Edward White Hospital</p> <p>2323 9th Ave N, St Petersburg, FL Main #: (727) 323-1111</p>	<p>St. Anthony's Hospital</p> <p>1200 7th Ave N, St Petersburg, FL Main #: (727) 825-1100</p>
<p>Largo Medical Center</p> <p>201 14th St SW, Largo, FL 33770 Main #: (727) 588-5200; Records: 588-5805</p>	<p>St. Petersburg General Hospital</p> <p>6500 38th Ave N, St Petersburg, FL Main #: (727) 384-1414</p>
<p>Mease Countryside Hospital</p> <p>3231 N McMullen Booth Rd, Clearwater, FL, Main #: (727) 725-6111</p>	<p>Sun Coast Hospital</p> <p>2025 Indian Rocks Rd S, Largo, FL 33774 Main #: (727) 581-9474; Med Records:</p>

<p>Mease Dunedin Hospital</p> <p>601 Main St, Dunedin, FL Main #: (727) 733-1111</p>	<p>U.S. Veterans Center</p> <p>2880 1st Ave N, St Petersburg, FL Main #: (727) 893-3791</p>
<p>Morton Plant Hospital</p> <p>300 Pinellas St, Clearwater, FL 33756 Main #: (727) 462-7000; Records: 462-7085</p>	

Pasco County Resources

Emergency Numbers

<p>Emergency Management</p> <p>(727) 847-4137</p>	<p>New Port Richey</p> <p>(727) 847-5878</p> <p>Dade City</p> <p>(352) 518-5000</p> <p>Land O'Lakes</p> <p>(813) 996-6982</p>	<p>Florida Highway Patrol (FHP)</p> <p>(813) 631-4020</p>	<p>Federal Emergency Management Agency (FEMA)</p> <p>1-800-621-3362</p>	<p>Progress Energy</p> <p>1-800-228-8485</p>	<p>National Poison Control</p> <p>1-800-222-1222</p>
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Pasco County Shelters

If you have any questions regarding special needs shelters or shelter in general please call the Resident Information Center at (727) 847-8959.

<p>CALUSA ELEMENTARY</p> <p>7520 ORCHID LAKE RD • NEW PORT RICHEY</p>	<p>RIVER RIDGE MIDDLE/HIGH SCHOOL 11646 TOWN CENTER RD • NEW PORT RICHEY</p>
<p>CENTENNIAL MIDDLE SCHOOL</p> <p>38505 CENTENNIAL ROAD • DADE CITY</p>	<p>SCHRADER ELEMENTARY 11041 LITTLE RD • NEW PORT RICHEY</p>
<p>CHASCO ELEMENTARY SCHOOL</p> <p>7906 RIDGE ROAD • PORT RICHEY</p>	<p>SEVEN OAKS ELEMENTARY SCHOOL 27633 MYSTIC OAKS BLVD • WESLEY CHAPEL</p>
<p>DENHAM OAKS ELEMENTARY</p> <p>1422 OAK GROVE BLVD • LUTZ</p>	<p>SEVEN SPRINGS MIDDLE SCHOOL 2441 LITTLE ROAD • NEW PORT RICHEY</p>

DOUBLE BRANCH ELEMENTARY 31500 CHANCY RD • WESLEY CHAPEL	ST LEO UNIVERSITY 33701 STATE ROAD 52 • ST LEO
MIKE FASANO HURRICANE SHELTER 11611 DENTON AVE • HUDSON	SUNLAKE HIGH SCHOOL 3023 SUNLAKE BLVD • LAND O' LAKES
J W MITCHELL HIGH SCHOOL 2323 LITTLE RD • NEW PORT RICHEY	THOMAS WEIGHTMAN MIDDLE 30649 WELLS RD • WESLEY CHAPEL
LACOOCHEE ELEMENTARY 38815 CUMMER RD • DADE CITY	TRINITY ELEMENTARY SCHOOL 2209 DUCK SLOUGH BLVD • NEW PORT RICHEY
LONGLEAF ELEMENTARY SCHOOL 3253 TOWN AVE • NEW PORT RICHEY	TRINITY OAKS ELEMENTARY 1827 TRINITY OAKS BLVD • NEW PORT RICHEY
NEW RIVER ELEMENTARY 4710 RIVER GLEN BLVD • WESLEY CHAPEL	VETERANS ELEMENTARY 26940 PROGRESS PKWY • WESLEY CHAPEL
OAKSTEAD ELEMENTARY SCHOOL 19925 LAKE PATIENCE RD • LAND O LAKES	WESLEY CHAPEL HIGH 30651 WELLS RD • WESLEY CHAPEL
PINEVIEW ELEMENTARY SCHOOL 5333 PARKWAY BLVD • LAND O' LAKES	WATERGRASS ELEMENTARY 32750 OVERPASS RD • WESLEY CHAPEL
PINEVIEW MIDDLE SCHOOL 5334 PARKWAY BLVD • LAND O'LAKES	WIREGRASS HIGH SCHOOL 2909 MANSFIELD BLVD • WESLEY CHAPEL
RAYMOND B. STEWART MIDDLE 38505 10TH AVENUE • ZEPHYRHILLS	

Pasco County Hospitals

Columbia New Port Richey Hospital 5637 Marine Pkwy	North Bay Medical Center 6600 Madison St
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New Port Richey, FL 34652 813-848-1733	New Port Richey, FL 34652 813-842-8468
New Port Richey Surgery Center 5415 Gulf Dr New Port Richey, FL 34652 813-848-0446	Columbia Dade City Hospital 3100 Fort King Road Dade City, FL 33525 352-521-1100

Pasco Food Resources

Calvary Temple Church of God (Sat only) 8:30-11:00am 849-2762	First Christian Church (In Bear Creek) Call for appointment 862-2488	Faith United Methodist Mon-Thursday 10:00 – noon (Call for appointment) 856-5000	Helping Hands Ministry M-W- Fr 10:00- 2:00 376-7733	Isaiah 61 Outreach M, Tu, W, F 10:00-2:00 938-1137
Joining Hands Mission Mon-Thurs 9:00-12:00 Fri 10:00-12:00	Lakeview Baptist Church Thursday only 10:00-2:00 856-5772	Salvation Army – Mon- Fri 9:00 -12:30 847-6321	Seventh Day Adventist – Wed 11:00-3:00 848-4567	United Methodist Church Tues-Fri 9:00 -12:00 856-2948

Resources:

<http://www.pascoemergencymanagement.com/>

<http://www.pinellascounty.org/emergency/default.htm>

<http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx>

Appendix 11:

Local Utility Company Contact Information

**Duke Energy Power
Company**

1-800-700-8744

Power Outage 800-228-8485

CW - Acct # 25297-88478

Largo - Acct #56070-26796

**City Of Clearwater
Utilities (Water)**

727-562-4600

CW - Acct # 4044026

**Frontier
Communications
(Back up phone
system for Starkey
Lakes)**

[REDACTED]

**Pinellas County
Utilities (Water -**

[REDACTED]

**Spectrum (Internet
Service)**

[REDACTED]

State of Florida-
Dept of Mgmt
Services

SUNCOM (Land lines & fax machines)

[REDACTED]

[REDACTED]

Verizon Wireless

[REDACTED]

Appendix 12:

Community Contact List

Communication Listing

Newspaper		
<p>St. Petersburg Times/ Clearwater Times Bureau Phone: (727) 445-4111 Phone: (727) 446-6397 (news room) Fax: (727) 893-8675 northpin@sptimes.com</p>	<p>St. Petersburg Times/ Pasco Times Bureau Phone: (727) 869-6288 Phone: (727) 869-6235 (news room/ West Pasco) Phone: (813) 909-4606 (news room/ Central & East Pasco) Fax: (727) 893-8675 pasco@sptimes.com</p>	<p>The Tampa Tribune Phone: (813) 259-7711 Phone: (813) 221-5788 (news room) Fax: (813) 259-7676 news@tampatrib.com</p>
<p>St. Petersburg Times Phone: (727) 893-8111 Phone: (727) 893-8215 (news room) Fax: (727) 893-8675 news@sptimes.com News Tips: local@sptimes.com Events: calendar@tampabay.com</p>	<p>SunCoast News Phone: (813) 815-1068 Fax: (813) 847-2902 news@suncoastnews.com</p>	
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<p>Bay News 9 Phone: (727) 329-2400 Phone: (888) 437-1239 Fax: (727) 329-2434 (news room) Fax (727) 329-2278 (neighborhood news) news@baynews9.com</p>	<p>WFLA-TV (Channel 8/ News Channel 8) Phone: (813) 259 7711 Newsroom: (813) 221 5788 news@wfla.com</p>	<p>WTVT-TV (Channel 13/ FOX 13 News) Phone: (813) 870-9630 Phone: (800) 334-9888 Fax: (813) 871-3135 news@wvtv.com</p>
<p>WTSP-TV (Channel 10/ 10 Connects) Phone: (727) 577-1010 Fax: (727)576-6924 news@wtsp.com</p>	<p>WFTS-TV (Channel 28/ABC Action News) Phone: (813) 354-2828 Phone: (877) 833-2828 Tip line: (866) 428-NEWS Fax: (813) 875-2828 newstips@wfts.com</p>	<p>PCC-TV/ Pinellas County Connection TV (BHN Channel 622; Knology Channel 18; Verizon Channel 44) Phone: (727) 464-4809 Phone: (727) 464-4600 tv@pinellascounty.org</p>
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Brooker Creek Elementary School	Pinellas Park High School

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East Lake High School 1300 Silver Eagle Dr. • Tarpon Springs	Bauder Elementary School 12755 86th Ave. N. • Seminole
Carwise Middle School 3301 Bentley Dr. • Palm Harbor	John Sexton Elementary School 1997 54th Ave. N. • St. Petersburg
Palm Harbor University High School 1900 Omaha St. • Palm Harbor	Lealman Intermediate 4900 28th St. N. • St. Petersburg
Palm Harbor Middle School 1800 Tampa Rd. • Palm Harbor	New Heights Elementary School 3901 37th St. N. • St. Petersburg
Dunedin Community Center 1920 Pinehurst Rd. • Dunedin	Northside Baptist Church 6000 38th Ave. N. • St. Petersburg
Dunedin Highland Middle School 70 Patricia Ave. • Dunedin Special Needs and Pet Friendly	St. Petersburg High School 2501 Fifth Ave. N. • St. Petersburg
Dunedin Elementary School 900 Union St. • Dunedin	Fairmount Park Elementary School 575 41st St. S. • St. Petersburg
McMullen-Booth Elementary School 3025 Union St. • Clearwater	Gibbs High School 850 34th St. S. • St. Petersburg
Safety Harbor Middle School 901 First Ave. N. • Safety Harbor	John Hopkins Middle School 701 16th St. S. • St. Petersburg Special Needs and Pet Friendly
Clearwater Fundamental Middle School 1660 Palmetto St. • Clearwater	Campbell Park Elementary School 1051 Seventh Ave. S. • St. Petersburg
Ross Norton Recreation Center 1426 S. MLK Jr. Ave. • Clearwater	Jamerson Elementary School 1200 37th St. S. • St. Petersburg

<p>Oak Grove Middle School</p> <p>1370 S. Belcher Rd. • Clearwater</p> <p>Special Needs and Pet Friendly</p>	<p>Gulfport Elementary School</p> <p>2014 52nd St. S. • Gulfport</p>
<p>Largo High School</p> <p>410 Missouri Ave. • Largo</p>	<p>Thurgood Marshall Middle School</p> <p>3901 22nd Ave. S. • St. Petersburg</p> <p>Special Needs and Pet Friendly</p>
	<p>James Sanderlin Elementary School</p> <p>2350 22nd Ave. S. • St. Petersburg</p>

Pinellas County Hospitals

<p>All Children's Hospital</p> <p>880 6th St S # 170, St Petersburg, FL Main #: (727) 892-8989</p>	<p>Northside Hospital and Heart Institute 6000 49th St. N, St. Petersburg, FL 33709; Main #: (727) 521-4411; Records: 521-5133</p>
<p>Bayfront Medical Center</p> <p>701 6th St S, St Petersburg, FL Main #: (727) 823-1234</p>	<p>Palms of Pasadena</p> <p>1501 Pasadena Ave S, South Pasadena, FL Main #: (727) 381-1000</p>
<p>Edward White Hospital</p> <p>2323 9th Ave N, St Petersburg, FL Main #: (727) 323-1111</p>	<p>St. Anthony's Hospital</p> <p>1200 7th Ave N, St Petersburg, FL Main #: (727) 825-1100</p>
<p>Largo Medical Center</p> <p>201 14th St SW, Largo, FL 33770 Main #: (727) 588-5200; Records: 588-5805</p>	<p>St. Petersburg General Hospital</p> <p>6500 38th Ave N, St Petersburg, FL Main #: (727) 384-1414</p>
<p>Mease Countryside Hospital</p> <p>3231 N McMullen Booth Rd, Clearwater, FL, Main #: (727) 725-6111</p>	<p>Sun Coast Hospital</p> <p>2025 Indian Rocks Rd S, Largo, FL 33774 Main #: (727) 581-9474; Med Records:</p>

Mease Dunedin Hospital 601 Main St, Dunedin, FL Main #: (727) 733-1111	U.S. Veterans Center 2880 1st Ave N, St Petersburg, FL Main #: (727) 893-3791
Morton Plant Hospital 300 Pinellas St, Clearwater, FL 33756 Main #: (727) 462-7000; Records: 462-7085	

Hillsborough County Resources

Emergency Numbers

Emergency Management (813) 272-6900	Hillsborough County Sheriff's Department (813) 247-8000	Florida Highway Patrol (FHP) (813) 631-4020	Federal Emergency Management Agency (FEMA) 1-800-621-3362	Duke Energy 1-800-700-8744	National Poison Control 1-800-222-1222
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Hillsborough County Fire Departments

Hillsborough County Fire Rescue - Station # 17 410 E College Ave, Ruskin, FL 33570 (813) 272-6600	Hillsborough County Fire Rescue Station 4 11826 E 92nd Hwy, Seffner, FL 33584 (813) 272-6600	Hillsborough County Fire Station 39 7371 Montague St, Tampa, FL 33635	Hillsborough County Fire Rescue 15973 Mapledale Blvd, Tampa, FL 33624
Hillsborough County Fire Rescue University Area Station # 5 1113 E 139th Ave, Tampa, FL 33613 (813) 272-6600	Hillsborough County Fire Rescue Westchase Station 35 10401 Countryway Blvd, Tampa, FL 33626 (813) 272-6600	Tampa Fire Department 808 E Zack St, Tampa, FL 33602 (813) 274-7011	Hillsborough County Fire Rescue Station 31 8901 Memorial Hwy, Tampa, FL 33615
Hillsborough County Fire Station 29 626 Golf and Sea Blvd, Apollo Beach, FL 33572	Hillsborough County Fire Rescue Station 32 5808 Harney Rd, Tampa, FL 33610	Hillsborough County Fire Department 3210 S 78th St, Tampa, FL 33619	Hillsborough County Fire Rescue Station 18 Seffner, FL 33584

(813) 272-6600		(813) 744-5541	(813) 272-6000
Hillsborough County Fire Station 13 7502 Gunn Hwy, Tampa, FL 33625	Hillsborough County Fire Station 27 4705 Bloomingdale Ave, Valrico, FL 33596 (813) 744-5906	Hillsborough County Fire Rescue Station 9 3225 N Falkenburg Rd, Tampa, FL 33610	Hillsborough County Fire Rescue Station 26 5302 Thonotosassa Rd, Plant City, FL 33565
HCFR Station 16 9205 Kevin St, Riverview, FL 33569	Hillsborough County Fire Station 33 850 S Falkenburg Rd, Tampa, FL 33619	Hillsborough County Fire Rescue Station 25 2606 E Trapnell Rd, Plant City, FL 33566	Hillsborough County Fire Rescue Station 30 2526 Charlie Taylor Rd, Plant City, FL 33565
Station 6 10100 Henderson Rd, Tampa, FL 33625	Temple Terrace Fire Station No. 1 124 Bullard Pkwy, Temple Terrace, FL 33617 (813) 506-6700	Tampa Fire Rescue Station 5 3900 N Central Ave, Tampa, FL 33603 (813) 274-7008	Tampa Fire Rescue Station 11 1500 W Waters Ave, Tampa, FL 33604
Station 28 4551 Sun City Center Blvd, Sun City Center, FL 33573	Fire Station 2 Hillsborough Loop, Tampa, FL 33621 (813) 828-3630	Hillsborough County Fire Rescue Foundation 9450 E Columbus Dr, Tampa, FL 33619 (813) 272-6600	Fire Station NO. 12 3073 W Hillsborough Ave, Tampa, FL 33614 (813) 274-7011
Fire Station 20 16200 Bruce B Downs Blvd, Tampa, FL 33647	Station 38 9755 Sheldon Rd, Tampa, FL 33635	HCFR Hillsborough County Fire Station 10817 Big Bend Rd, Riverview, FL 33579	Tampa Fire Station 14 1325 S Church Ave, Tampa, FL 33629
Tampa Fire Station 15 4919 S Himes Ave, Tampa, FL 33611	City of Tampa Fire Rescue Station 21 18902 Green Pine Ln, Tampa, FL 33647 (813) 274-7011	Carrollwood Fire Station 19 13201 N Dale Mabry Hwy, Tampa, FL 33618	Plant City Fire Department 604 E Alexander St, Plant City, FL 33563 (813) 757-9131

Hillsborough Food Resources

Chapel in the Pines 4546 Kelly Rd Tampa, Florida 33615	Town and Country SDA Church	McClain Group Homes	The Ark of Reconciliation	Tabernacle of God Christian Church 13302 Lynn Road
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813-884-5794	4926 Webb Rd Tampa, FL 33615	4608 Emerabl d Street Tampa, FL 33601	9027 Lake Sunset Dr. Tampa, Florida 33626	Tampa, Florida 33625 813-882-0573
	813-230-2174	813-876-9489	813-323-8961	
Kaye Prox Food Bank 8401 W Hillsborough Ave Tampa, FL 33626	Bethel Temple Assembly of God 1510 W. Hillsborough Ave Tampa, FL 33603	Tampa Hillsborough Action Plan 1502 A E. Humphrey Tampa, FL 33604	Christian Assembly 7809 N Orleans Tampa, Florida L 33604	Forest Hill United Methodist 904 W. Linebaugh Ave Tampa, Florida 33612 813-935-3200
813 884-1232	813-238-2348	813-935-2095	813-966-2813	
Dress for Success 1705 N Howard Ave Tampa, Florida 33607	New Bright and Morning Star 1805 N Albany Ave Tampa Bay, FL 33607	Francis House 4703 N. Florida Ave Tampa Bay, FL 33603	Zion Lutheran Church 2901 N. Highland Ave Tampa, Florida 33602	Homeless Helping Homeless 3010 N. Florida Ave Tampa Bay, FL 33603 813-415-3586
813-299-3558	813-766-4852	813-237-3066	813-223-4658	
Most Holy Redeemer 10110 N. Central Ave Tampa, FL 33612	Metropolitan Ministries 2202 N. Florida Ave Tampa, Florida 33602	Bayshore Baptist Church 3111 W. Morrison Ave Tampa Bay, Florida 33629	YMCA Community 110 East Oak Avenue Tampa, FL 33602	Trinity Café 2801 Nebraska Ave Tampa, FL 33602
813-933-2859	813-209-1200	813-253-3411	813-224-9622	813-223-4108
Palm Ave Baptist Tower Inc. 215 Palm Ave Tampa, Florida 33602	Jesus is the Life 206 W. 131st Ave. Tampa Bay, Florida 33612	Hillsborough County Family 939 N. Florida Ave Tampa, FL 33612	St. Luke Ame Church 2709 N. 25th Street Tampa Bay, FL 33605	The Spring of Tampa Bay P.O. Box 5147 Tampa, FL 33675
813-223-2686	813-900-2170	813-209-0504	813-248-6753	813-247-5433
New Beginning Tabernacle M B 2208 Columbus Drive Tampa, FL 33605	Abe Brown Ministries Food bank location is 2921 N. 29th Street Tampa, FL 33605	Amazing Love Ministries 2801 N. 17th Street Ybor City, FL 33605	Open Arms Urban Ministry Ybor City 1314 E 18th Ave Tampa, Florida 33605	Manifestations Worldwide 3102 E Lake Ave Tampa, FL 33610
813-431-0321	813-247-3285	813-340-6048	813-248-2595	813-326-6614
St Peter Claver SVDP 1203 N. Nebraska Ave Tampa, FL 33602	Household of Faith 2725 N. 46th St. Tampa, Florida 33605	Faith and Truth Revealed	First Baptist Church 3838 N. 29th Street Tampa, FL 33610	Greater Mt Carmel AME Church 4209 N 34th St.

813-223-7098	813-843-2736	5012 E Broadway Ave Tampa, FL 33619 813-477-1530	813-248-6600	Tampa, Florida 33610 813-238-3491
Palm Ave Baptist Tower Inc. 215 Palm Ave Tampa, FL 33602 813-223-2686	Hillsborough County Family 939 N. Florida Ave Tampa, FL 33612 813-209-0504	Trinity Café 1603 N. Florida Ave Tampa, Florida 33602 813-223-3781	Our Sisters Our Friends 1709 E. Genesee St. Tampa, Florida 33610 813-965-5117	Homeless Helping Homeless 3010 N. Florida Ave Tampa, Florida 33603 813-415-3586
Zion Lutheran Church 2901 N. Highland Ave Tampa Bay, FL 33602 813-223-4658	Bible Truth Ministries 4902 N. 22nd Street Tampa, FL 33610 813-231-9177	Commission Ministries 2017 N 60th St Tampa, FL 33619 813-664-0585	Open Arms Ministry of Hyde Park 500 W. Platt St. Tampa, Florida 33606 813-253-5388	Francis House 4703 N. Florida Ave Tampa, Florida 33603 813-237-3066

Hillsborough Shelters

Please be sure to check which shelters are opened, as all shelters may not be opened during an evacuation.

Middleton High School 4801 N. 22nd St., Tampa	Simmons Center 1202 W. Grant St., Plant City
Shields Middle School 15732 Beth Shields Way, Ruskin	Pizzo Elementary School 11701 Bull Run Dr., Tampa
Cypress Creek Elementary School 4040 19th Ave., Ruskin	Hammond Elementary School 8008 N. Mobley Rd., Odessa
Strawberry Crest High School 4691 Gallagher Rd., Dover	Sessums Elementary School 11525 Ramble Creek Dr., Riverview
Bartels Middle School 9020 Imperial Oak Blvd., Tampa	Brandon High School 1101 Victoria St., Brandon
Smith Middle School	Burnett Middle School

14303 Citrus Pointe Dr., Citrus Park	1010 N. Kingsway Rd., Seffner
Valrico Elementary School 609 S. Miller Rd., Valrico	Summerfield Crossings Elementary 11050 Fairway Meadows Dr., Riverview
Greco Middle School 6925 E. Fowler Ave., Temple Terrace	

Hillsborough County Hospitals

Kindred Hospital Central Tampa 4801 N Howard Ave, Tampa, FL 33603 (813) 874-7575	Tampa Community Hospital 6001 Webb Rd, Tampa, FL 33615 (813) 888-7060
South Bay Hospital 4016 Sun City Center Blvd, Sun City Center, FL 33573 (813) 634-3301	Florida Hospital Carrollwood 7171 N Dale Mabry Hwy, Tampa, FL 33614 (813) 932-2222
Memorial Hospital of Tampa 2901 W Swann Ave, Tampa, FL 33609 (813) 873-6400	St. Joseph's Children's Hospital 3001 W Doctor M.L.K. Jr Blvd, Tampa, FL 33607 (813) 554-8500
Kindred Hospital Bay Area – Tampa 4555 S Manhattan Ave, Tampa, FL 33611 (813) 839-6341	Brandon Regional Hospital 119 Oakfield Dr, Brandon, FL 33511 (813) 681-5551
Work Center-Tampa General Hospital 509 S Armenia Ave # 301, Tampa, FL 33609 (813) 844-7706	Brandon Regional Hospital Emergency Center at Plant City 3065 James L Redman Pkwy, Plant City, FL 33566 (813) 759-4900
Shriners Hospitals for Children — Tampa 12502 USF Pine Drive, Tampa, FL 33612 (813) 972-2250	St. Joseph's Hospital 3001 W Doctor M.L.K. Jr Blvd, Tampa, FL 33607 (813) 870-4000
My Kid's Clinic 1213 W Hillsborough Ave, Tampa, FL 33603	Tampa General Hospital 1 Tampa General Cir, Tampa, FL 33606

(813) 234-1315	(813) 844-7000
Tampa Family Health Care Center 5611 Sheldon Rd, Tampa, FL 33615 (813) 397-5320	South Florida Baptist Hospital 301 N Alexander St, Plant City, FL 33563 (813) 757-1200
Brandon Regional Hospital Cardiology and Heart Care 3065 James L Redman Pkwy, Plant City, FL 33566 (813) 681-5551	St. Joseph's Hospital – South 6901 Simmons Loop, Riverview, FL 33578 (813) 302-8000
Florida Hospital Carrollwood: Emergency Room 7171 N Dale Mabry Hwy, Tampa, FL 33614 (813) 932-2222	Hospital Physicians Partners 6001 Webb Rd, Tampa, FL 33615 (813) 882-7130
Tampa Family Health Centers 1514 N Florida Ave, Tampa, FL 33602 (813) 490-1957	Tampa Community Hospital Behavioral Health 6001 Webb Rd 2nd Floor, Tampa, FL 33615 (813) 888-7060
St. Joseph's Hospital – North 4211 Van Dyke Rd, Lutz, FL 33558 (813) 443-7000	Florida Hospital Tampa 3100 E Fletcher Ave, Tampa, FL 33613 (813) 971-6000
Tampa Community Hospital Emergency Care 6001 Webb Rd 1st floor, Tampa, FL 33615 (813) 888-7060	James A. Haley Veterans' Hospital 13000 Bruce B Downs Blvd, Tampa, FL 33612 (813) 972-2000

Pasco County Resources

Emergency Numbers

Emergency Management (727) 847-4137	New Port Richey (727) 847-5878 Dade City (352) 518-5000	Florida Highway Patrol (FHP) (813) 631-4020	Federal Emergency Management Agency (FEMA) 1-800-621-3362	Duke Energy 1-800-700-8744	National Poison Control 1-800-222-1222
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	Land O'Lakes (813) 996-6982				
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Pasco County Shelters

If you have any questions regarding special needs shelters or shelter in general please call the Resident Information Center at (727) 847-8959.

CALUSA ELEMENTARY 7520 ORCHID LAKE RD • NEW PORT RICHEY	RIVER RIDGE MIDDLE/HIGH SCHOOL 11646 TOWN CENTER RD • NEW PORT RICHEY
CENTENNIAL MIDDLE SCHOOL 38505 CENTENNIAL ROAD • DADE CITY	SCHRADER ELEMENTARY 11041 LITTLE RD • NEW PORT RICHEY
CHASCO ELEMENTARY SCHOOL 7906 RIDGE ROAD • PORT RICHEY	SEVEN OAKS ELEMENTARY SCHOOL 27633 MYSTIC OAKS BLVD • WESLEY CHAPEL
DENHAM OAKS ELEMENTARY 1422 OAK GROVE BLVD • LUTZ	SEVEN SPRINGS MIDDLE SCHOOL 2441 LITTLE ROAD • NEW PORT RICHEY
DOUBLE BRANCH ELEMENTARY 31500 CHANCY RD • WESLEY CHAPEL	ST LEO UNIVERSITY 33701 STATE ROAD 52 • ST LEO
MIKE FASANO HURRICANE SHELTER 11611 DENTON AVE • HUDSON	SUNLAKE HIGH SCHOOL 3023 SUNLAKE BLVD • LAND O' LAKES
J W MITCHELL HIGH SCHOOL 2323 LITTLE RD • NEW PORT RICHEY	THOMAS WEIGHTMAN MIDDLE 30649 WELLS RD • WESLEY CHAPEL
LACOOCHEE ELEMENTARY 38815 CUMMER RD • DADE CITY	TRINITY ELEMENTARY SCHOOL 2209 DUCK SLOUGH BLVD • NEW PORT RICHEY
LONGLEAF ELEMENTARY SCHOOL 3253 TOWN AVE • NEW PORT RICHEY	TRINITY OAKS ELEMENTARY 1827 TRINITY OAKS BLVD • NEW PORT RICHEY
NEW RIVER ELEMENTARY 4710 RIVER GLEN BLVD • WESLEY CHAPEL	VETERANS ELEMENTARY 26940 PROGRESS PKWY • WESLEY CHAPEL
OAKSTEAD ELEMENTARY SCHOOL 19925 LAKE PATIENCE RD • LAND O LAKES	WESLEY CHAPEL HIGH 30651 WELLS RD • WESLEY CHAPEL

PINEVIEW ELEMENTARY SCHOOL 5333 PARKWAY BLVD • LAND O' LAKES	WATERGRASS ELEMENTARY 32750 OVERPASS RD • WESLEY CHAPEL
PINEVIEW MIDDLE SCHOOL 5334 PARKWAY BLVD • LAND O'LAKES	WIREGRASS HIGH SCHOOL 2909 MANSFIELD BLVD • WESLEY CHAPEL
RAYMOND B. STEWART MIDDLE 38505 10TH AVENUE • ZEPHYRHILLS	

Pasco County Hospitals

Columbia New Port Richey Hospital 5637 Marine Pkwy New Port Richey, FL 34652 813-848-1733	North Bay Medical Center 6600 Madison St New Port Richey, FL 34652 813-842-8468
New Port Richey Surgery Center 5415 Gulf Dr New Port Richey, FL 34652 813-848-0446	Columbia Dade City Hospital 3100 Fort King Road Dade City, FL 33525 352-521-1100

Pasco Food Resources

Calvary Temple Church of God (Sat only) 8:30-11:00am 849-2762	First Christian Church (In Bear Creek) Call for appointment 862-2488	Faith United Methodist Mon-Thursday 10:00 – noon (Call for appointment) 856-5000	Helping Hands Ministry M-W- Fr 10:00- 2:00 376-7733	Isaiah 61 Outreach M, Tu, W, F 10:00-2:00 938-1137
Joining Hands Mission Mon-Thurs	Lakeview Baptist Church Thursday only 10:00-2:00	Salvation Army – Mon- Fri	Seventh Day Adventist – Wed 11:00-3:00	United Methodist Church

9:00-12:00 Fri 10:00-12:00	856-5772	9:00 -12:30 847-6321	848-4567	Tues-Fri 9:00 -12:00 856-2948
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Resources:

<http://www.pascoemergencymanagement.com/>

<http://www.pinellascounty.org/emergency/default.htm>

<http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Comegys Insurance Agency One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701		CONTACT NAME: Mary Hurley PHONE (A/C, No, Ext): (727) 521-2100 E-MAIL ADDRESS: maryh@comegys.com		FAX (A/C, No): (727) 528-0626	
INSURED Central Services West Tree & Landscape, LLC, DBA: Palm Island 8400 Gulf Blvd St. Petersburg Beach FL 33706		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Ohio Security Insurance Co			24082
		INSURER B: Old Dominion Insurance Co			40231
		INSURER C: National Union Fire Ins Co of Pittsburgh PA			
		INSURER D: Florida Citrus Business Indus			
		INSURER E: The Prosure Group, Inc.			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 20/21 GL/BA/WC/Umb/ **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS56069198	08/12/2020	08/12/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							EPLI - Claims Made	\$ 50,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			B1P7325W	08/12/2020	08/12/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EBU068429907	08/12/2020	08/12/2021	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			10655690	10/23/2020	10/23/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Agricultural Bond			5213677	03/12/2020	03/12/2021	Penalty	\$24,640

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Directions for Living
1437 S Belcher Rd

Clearwater FL 33764

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Directions for Living

Project Name: Lawrence Dimmitt IV Mental Health First Aid Training Initiative

FROM (date): 10/01/20 TO (date): 12/30/20

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	\$ 272,779	\$ 272,779
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$ 166,425	\$ 166,425
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$ 19,883	\$ 19,883
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	\$ -	\$ -
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)	\$ -	\$ -
Training (<i>staff development, conferences, long distance travel</i>)	\$ 493,353	\$ 493,353
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	\$ 1,000	\$ 1,000
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	\$ -	\$ -
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$ 264,183	\$ 264,183
Indirect Costs (<i>pre-negotiated federal rate, de minimus rate of 10%, or none</i>)	\$ 121,762	\$ 121,762
TOTAL	\$ 1,339,385	\$ 1,339,385

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary

Organization Name: Directions for Living (DFL)

Project Name: Lawrence Dimmitt IV Mental Health First Aid Training Initiative

FROM (month/year): October 1, 2020 TO (month/year): December 30, 2020

ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19

PERSONNEL (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

FUNDING REQUEST: Expansion of DFL's Mental Health Unit. This line item includes the salaries and benefits for 1 Licensed Clinical Supervisor and 8.4 Master's-level Counselors to work in partnership with the Clearwater and Largo Police Departments from October 1, 2020 – December 30, 2020 to expand DFL's Mental Health Unit services (MHU).

TOTAL COST: \$149,561

Position: Licensed Clinical Supervisor

Number of Positions: 1

Type: Salaried

Hours: 40/week

Duration: 13 weeks

Position Cost: \$18,642

Cost Detail: \$15,750 (salary) + \$3,392 (benefits)

Position Description: The Licensed Clinical Supervisor will work in a team approach utilizing a solution-focused, family-centered methodology and evidence-based practices. The goal is to divert individuals experiencing a mental health crisis, who have come to the attention of law enforcement, from entering the wrong system of care (i.e., jail or crisis stabilization units) by meeting the individual's behavioral health needs at the time of the emerging crisis. The Licensed Clinical Supervisor is a practice leader and will oversee a team of Master's-level Counselors. In addition, this Supervisor will ensure that the expanded Mental Health Unit team members are trained in Mental Health First Aid (MHFA) and equipped to provide supportive, empowering, and appropriate de-escalation interventions with the individual and/or family in order to immediately divert the transport by the responding law enforcement officer and admission to a crisis stabilization unit under a Baker Act commitment or jail. The focus of this position is: 1) to support law enforcement officers understanding and confidence in the use of MHFA, 2) to guide short-term crisis intervention services, 3) to help those who have never used community mental health services access appropriate short-term or long-term connection with an outpatient

mental health or substance abuse provider, and 4) to make certain that the emerging mental health crisis is addressed quickly and efficiently to prevent developing into a chronic crisis or need for repeated law enforcement intervention. The Supervisor leads the expanded Mental Health Unit in identifying the individual's strengths and resources and will build upon these elements through therapeutic Telebehavioral Health services where the individual is located and at the time of the call response by a law enforcement officer.

Position: Counselors

Number of Positions: 8.4

Type: Salaried

Hours: 40/week

Duration: 13 weeks

Position Cost: \$130,919

Cost Detail: \$107,100 (salary) + \$23,819 (benefits)

Position Description: The Master's-level Counselors will work in partnership with law enforcement on a 24/7 weekly basis. Counselors, under the clinical supervision of a licensed practitioner, will all be trained in Mental Health First Aid (MHFA) to ensure they are able to support the law enforcement officers understanding and confidence in the use of MHFA and be available to law enforcement officers via on-demand Telebehavioral Health when the officers have identified signs and symptoms or worsening signs and symptoms of a mental health emergency. The law enforcement officer will connect via a wireless device to a trained Counselor when responding to behavioral health-related calls. In partnership with the responding officer, the Counselor will engage the individual and/or family virtually and provide crisis intervention, de-escalation, and clinical assessment to adults, children, and families to determine the best immediate course of action. The Counselor will provide law enforcement, in real time, with a recommendation for appropriate level of care and intervention. Specifically, the Counselor will inform the law enforcement officer if it is appropriate to allow the individual experiencing emotional distress to remain at home with follow up the next day from the existing Mental Health Unit staff, or if the individual would benefit from an involuntary admission to a psychiatric hospital. The on-demand crisis intervention and clinical assessment, at the time of the call for law enforcement service, will reduce the number of individuals entering the wrong, more costly systems of care (e.g., hospitals, jails, and homelessness). This support service to the law enforcement officer also underscores and reinforces the effectiveness of the skills and knowledge learned in the MHFA course. The follow-up engagement services will be provided by the existing Mental Health Unit staff to ensure that individuals are connected to appropriate service providers and remain connected to them over time, thus, diverting them from re-engaging with 911 or law enforcement in the future.

RATIONALE: According to the Center for Disease Control, in June 2020 alone, US adults reported a considerable increase in adverse mental health conditions associated with COVID-19. Consequently, 911 calls for mental health crises have skyrocketed since the onset of the pandemic. Local Law Enforcement Agencies have indicated that they are experiencing a significant increase in calls for service due to COVID-19-related mental health crises. It is imperative that all responding officers, on every shift, have the knowledge and confidence to recognize the signs and symptoms or worsening signs and symptoms of mental illness and a mental health crisis. In addition, it is essential to the health and well-being of our community that we expand access to 24/7 mental health services to directly address the mental health needs of new residents who have never needed or used mental health services before and of those with existing mental health issues whose symptoms are worsening and who have come to the attention of law enforcement. In response to this increased demand for behavioral health services, DFL is proposing to expand the services of our existing Mental Health Unit within two of our local law enforcement agencies.

DFL works in partnership with several law enforcement agencies by pairing a Master's-level Counselor with an officer. To date, Mental Health Units operate on a consistent day shift throughout the week.

Currently, DFL's Mental Health Unit is staffed 40 of the 168 available hours in a week—leaving more than 120 hours of uncovered service time. Yet, the fear, anxiety and uncertainty surrounding COVID-19 has increased the demand for time-sensitive mental health support on all shifts and in all zones of the police department's jurisdiction. DFL's Mental Health Unit partnerships are highly effective; however, they were not designed with a pandemic in mind. Unfortunately, human and fiscal resources are limited, which prevents DFL from pairing a trained professional counselor with every single officer that answers COVID-19-related mental health crisis calls. To begin, we must get all of the law enforcement officers at Largo and Clearwater Police Departments trained in Mental Health First Aid (MHFA), so they are better equipped to recognize signs and symptoms of mental illness. Next, we need to provide them with the tools (i.e., tablets) needed to respond appropriately to the individual experiencing a mental health crisis. Largo Police Department on three separate occasions in the past three months used lethal force after responding to three separate calls involving someone experiencing a mental health crisis; consequently, this resulted in the death of three individuals in need of mental health services. By providing officers first with the MHFA training they need and second with the electronic tools (i.e., tablets) and on-demand access to highly trained DFL clinicians, we will be able to triage individuals to the appropriate level of care via a virtual mental health assessment. DFL's existing Mental Health Unit will follow up with these individuals to ensure they receive the ongoing care needed to alleviate emotional distress, avoiding future use of 911 or law enforcement.

FUNDING REQUEST: Crisis Counseling for 911 Operators. This line item includes the salaries and benefits for 8.4 Counselors. These Counselors will provide 24/7 access to crisis counseling for Pinellas County 911 Operators from October 1, 2020 – December 30, 2020.

TOTAL COST: \$123,218

Position: Crisis Counselors

Number of Positions: 8.4

Type: Salaried

Hours: 40/week

Duration: 13 weeks

Position Cost: \$123,218

Cost Detail: \$100,800 (salary) + \$22,418 (benefits)

Position Description: The 911 Crisis Counseling team of Master's-level Counselors and Licensed Clinicians have a demonstrated in-depth understanding of first responders, their culture, and coping mechanisms. Our team of Counselors will be available 24/7 to answer calls from the 911 Operators themselves and to provide on-demand crisis Telebehavioral Health services (i.e., video conferencing or telephonic). The Crisis Counselors will provide immediate crisis intervention and counseling services to our regions 911 Operators. 911 Operators will not be limited to the number of Telebehavioral Health sessions they can use in a shift, in a week, or in the 13-weeks of available services. 911 Operators will be linked to ongoing intervention and treatment services as needed.

RATIONALE: The socioeconomic and public health impact of COVID-19 has taken a toll on the community. More and more residents are in crisis due to loss of job and job-funded benefits (i.e., health insurance), loss of housing, and an increase in substance misuse and relapse from alcohol, drugs, and eating disorders. Consequently, this has increased the call volume and demand on 911 call centers. 911 staff have had to adapt to a changing environment and to a new set of challenges due to the pandemic. Specifically, 911 Operators cannot work from home and even when an operator is not feeling well, the consequences to their co-workers discourages the operator from staying home to recuperate. These first responders are often the first line of communication for individuals in crisis and often hear the worst moments of a person's life. Consequently, this can be traumatic and can take a toll on their overall mental health and wellbeing. DFL is an expert in addressing trauma and has been delivering critical life-saving crisis counseling services to individuals for decades. With this funding, DFL will provide 911

Operators and their supervisors with Mental Health First Aid (MHFA) training and on-demand crisis counseling to help cope with the experiences of their job and the increased demand due to COVID-19. 911 Operators are already experiencing high levels of stress; however, it is believed once they receive MHFA training that they will a) be more likely to recognize their own need for emotional support and b) they will be even more aware of the mental health needs of callers. In addition, DFL will help address barriers to service utilization by public safety employees (i.e., stigma). The goal of increasing access to counseling services to these frontline employees is to ensure their mental well-being is being addressed and they are receiving real-time mental health services to prevent the long-term consequences of stress on their health and employment stability.

EQUIPMENT (computers, phone, furniture, etc., less than \$3,000 per item)

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

FUNDING REQUEST: Expansion of DFL's Mental Health Unit.

TOTAL COST: \$18,272. 9.4 (staff positions) x \$1,943.85 (laptop-equipment expenses). Purchased from Dell. This is a one-time expense.

RATIONALE: This line item includes the equipment purchases for the 1 Licensed Clinical Supervisor and the 8.4 Master's-level Counselors that will be hired to provide the virtual on-demand crisis intervention, de-escalation, and clinical assessments via Telebehavioral Health for individuals and/or families experiencing a mental health crisis and who have come to the attention of the officers of the Clearwater and Largo Police Departments. As mentioned, both staff and officers will be trained in Mental Health First Aid and services will be delivered from October 1, 2020 – December 30, 2020.

FUNDING REQUEST: Crisis Counseling for 911 Operators.

TOTAL COST: \$16,328. 8.4 (staff positions) x \$1,943.85 (laptop-equipment expenses). Purchased from Dell. This is a one-time expense.

RATIONALE: This line item includes the equipment purchases for 8.4 Counselors who will be hired to provide 24/7 access to crisis counseling services via Telebehavioral Health for Pinellas County 911 Operators. As mentioned, DFL staff and 911 Call Center staff will be provided with Mental Health First Aid training and services will be delivered from October 1, 2020 – December 30, 2020.

FUNDING REQUEST: 40 Dell Laptops with i7 Intel core processors, 8GB of RAM, and 256 GB SSD and a 3 year warranty.

TOTAL COST: \$77,754 (40 laptops x \$1,943.85/each). Purchased from Dell. This is a one-time expense.

RATIONALE: During COVID-19, laptop usage has drastically increased with the adoption of Telebehavioral Health services. Laptops will be assigned to staff who currently have desktop devices and are unable to work remotely. Providing staff who deliver mental health services with laptops, will allow these staff to remain highly productive while working remotely and during expanded hours of operation and will immediately increase service capacity, which will help meet the increased demand for mental health services due to COVID-19. DFL is anticipating a significant increase in service delivery as a result of having trained 3,000 community members in Mental Health First Aid who will be identifying and linking individuals experiencing a mental health crisis to services.

FUNDING REQUEST: 100 Tracfones with 64GB storage, plus 3-month, 3GB per month data plan with unlimited talk and text.

TOTAL COST: \$26,600 (100 phones x \$200/phone + 100 data plans x \$66/plan). Purchased from Tracfone. This is a one-time expense.

RATIONALE: These phones will be provided to clients who are unable to afford devices and do not have access to the internet to participate in Telebehavioral Health services. Many of DFL's current clients live

at or below the Federal Poverty Line, and have suffered greatly during this COVID-19 crisis because they have all but lost access to their DFL mental health service providers. The sudden pivot to virtual care strategies, brought on by the COVID-19 pandemic, disrupted client service delivery and prevented many of our clients from participating in critical services. Providing current clients and new clients alike with basic technology will help increase access and utilization of behavioral health services, prevent crisis behavior from developing, and ensure continuity of care.

FUNDING REQUEST: 80 Samsung Galaxy Tab A 10.1-inch Touchscreen (1920x1200) Wi-Fi Tablet Bundles, Exynos 7904A Processor, 2GB RAM, 32GB memory, BMali-G71 MP2 Graphics, Bluetooth, Tigology Case and a 1 year warranty.

TOTAL COST: \$26,661 (80 tablets x \$333.26/each). Purchased from Amazon. This is a one-time expense.

RATIONALE: These tablets will be split across two programs. PROGRAM ONE: The COVID-19 pandemic has created a health and economic crisis across the nation. Consequently, the homelessness crisis has intensified. Lack of access to technology among homeless populations severely restrict their ability to engage in and receive critical mental health care, case management, and substance misuse treatment, especially during the pandemic. With this funding, DFL will provide the following local homeless shelters with 40 tablets for direct client use: 1) Pinellas HOPE, 2) Safe Harbor, and 3) Daystar, so individuals who are residing in emergency homeless shelter or visiting a day program can participate in Telebehavioral Health services (i.e., case management, behavioral health counseling, and psychiatric medication management services). In addition, DFL will seek to train all staff working in the identified homeless shelters in Mental Health First Aid, to ensure that they can recognize signs and symptoms or worsening signs and symptoms of a mental illness. PROGRAM TWO: Police officers are too often the first professionals to interact with people experiencing a mental health crisis or emerging mental illness. Law enforcement officers are oftentimes the only link between people with an emerging mental illness or who are experiencing a mental health crisis and life-saving services. DFL operates Mental Health Units in partnership with several law enforcement agencies by pairing a Master's-level Counselor with a law enforcement officer. DFL's Mental Health Unit partnerships are highly effective; however, they were not designed with a pandemic in mind. With this funding, DFL will provide 40 tablets to the Clearwater and Largo Police Departments. These tablets will be assigned to 40 individual law enforcement officers across all shifts. This will expand law enforcement officers' access to crisis intervention, de-escalation, and mental health assessments 24/7 through Telebehavioral Health services when officers come into contact with individuals experiencing a mental health crisis. This strategic approach using Telebehavioral Health mechanisms for service delivery will allow DFL to immediately expand access to behavioral health services to more people and will provide equal access and equal opportunity to serve people with an emerging mental illness or who are experiencing a mental health crisis in low-income communities.

FUNDING REQUEST: 1 Digium PRI Card. This is a T-1 interface card for DFL PX system.

TOTAL COST: \$810. Purchased from Lightwave. This is a one-time expense.

RATIONALE: This purchase will provide a disaster recovery backup for DFL's Largo Center phone system, as we only have one in production and any failure would result in a several day outage of phone services that will affect the entire organization. This safeguard is critical for business continuity, as DFL's phone number is a primary client interaction channel and telecommunication is an important piece of our disaster recovery plan, inclusive of COVID-19.

SUPPLIES (office materials, program related purchases, program necessities to deliver services, etc.)

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

FUNDING REQUEST: Expansion of DFL's Mental Health Unit.

TOTAL COST: \$10,500. \$1,117 (operating expense for 1 Licensed Clinical Supervisor) + \$9,383 (operating expenses for 8.4 Counselors).

RATIONALE: This line item includes the operating expenses (i.e., insurance, electronic health record, office/operating supplies) for 1 Licensed Clinical Supervisor and 8.4 Master's-level Counselors that will be hired to provide the virtual on-demand crisis intervention, de-escalation, and clinical assessments via Telebehavioral Health to individuals and/or families experiencing a mental health crisis and who have come to the attention of the officers at the Clearwater and Largo Police Departments. As mentioned, both staff and officers will be trained in Mental Health First Aid and services will be delivered from October 1, 2020 – December 30, 2020. This line item does not include the cost of salary, benefits, or equipment.

FUNDING REQUEST: Crisis Counseling for 911 Operators.

TOTAL COST: \$9,383 (operating expenses for 8.4 Counselors).

RATIONALE: This line item includes the operating expenses (i.e., insurance, electronic health record, office/operating supplies) for 8.4 Master's-level Counselors that will be hired to provide 24/7 access to crisis counseling for Pinellas County 911 Operators. As mentioned, DFL staff and 911 Call Center staff will be provided with Mental Health First Aid training and services will be delivered from October 1, 2020 – December 30, 2020. This line item does not include the cost of salary, benefits, or equipment.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

NONE

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

NONE

TRAINING (staff development, conference, long distance travel).

FUNDING REQUEST: Camtasia Training Software.

TOTAL COST: \$1,088. Purchased from Techsmith. This is a one-time expense.

RATIONALE: This software is used for creating video tutorials, eLearning, and presentations. DFL will use this software to create Mental Health First Aid training content to enhance learning.

FUNDING REQUEST: Mental Health First Aid (MHFA) training.

TOTAL COST: \$240,040

COST DETAILS: \$25,000 (Train-the-Trainer course for 16 students) + 174,720 (community training). DFL will use funding for training 16 individuals from the community using the "Train-the-Trainer" course. Training will be provided by the National Council for Behavioral Health by 2 instructors for a total cost of \$25,000 (16 students x \$1,562.50/student). Once the 16 students are trained as MHFA Instructors, each new instructor will conduct one training per week for 12 classes, with a minimum class size of 16 attendees for a total of 3072 MHFA trained community members (e.g., law enforcement officers, 911 operators and faith community). The MHFA Instructors will be paid \$50 per attendee for delivering the 8-hour MHFA training. The National Council charges a \$20 fee per person trained for training materials. \$215,040 (16 trainers x 12 classes x 16 attendees per class @ \$70/each).

RATIONALE: Mental Health First Aid (MHFA) is a skills-based training course that teaches non-mental health professionals/participants how to recognize the signs and symptoms of mental illness and emerging mental health and substance use disorder crises. This evidence-based training course helps increase participants awareness of mental illness, teaches them how to get someone in crisis to professional help, and teaches the mental health first aider how to recognize someone experiencing thoughts of suicide. So many people who need mental health services are not receiving treatment, simply because they do not know where to go to get help. MHFA training will mitigate the barrier to access by increasing our community's awareness of mental health issues, how to respond to them, and where to go to get help. DFL will disseminate training opportunity information in partnership with Logistical Partner Organizations throughout the County.

Pandemics are stressful. COVID-19 has worsened behavioral health issues of those who were already experiencing difficulties pre-COVID-19 and created new barriers to services access (e.g., physical distancing requirements). This pandemic has intensified feelings of fear, anxiety, and uncertainty of most everyone in the world. Feelings of depression, loss, loneliness, and isolation have increased dramatically with the mandatory shut-downs, the loss of job-related income, loss of housing, and loss of physical contact with others. DFL knows that large-scale disasters, whether traumatic (e.g., pandemics), natural (e.g., hurricanes), or environmental are almost always accompanied by increases in depression, Post-traumatic Stress Disorder, substance use disorder, and a broad range of other behavioral health disorders. It is expected that more people will begin to experience emotional distress at inopportune times, for example, while at the grocery store—due to the ordinance for face coverings, on college campuses—due to virtual classes and increased isolation, and at places of worship. Consequently, COVID-19 is negatively impacting the mental health of thousands of local citizens who have never needed help before COVID-19.

It is imperative that we train “everyday” people and our first responders on how to recognize signs and symptoms of mental illness and how to respond appropriately to a mental health crises. MHFA provides the training necessary to help everyday people gain confidence in talking with others about their mental health or substance misuse. When everyday people, including our first responders are able to recognize the signs and symptoms of mental illness or substance misuse, more people will get the help they need at the time they need it. MHFA training will have long-term benefits beyond the funding period, which is important because even when the pandemic is under control or over, the impact to individuals' mental health will be felt for years to come. Investing in the Train-the-Trainer course will ensure that our community has resources to address the residual mental health effects of the pandemic. Expanding access to this life-saving training has the potential to reduce the number of people planning to die by suicide and may save lives. The well-known Dimmitt family of Clearwater lost their only adult son to suicide several years ago, along with hundreds of other men, women, and children of Pinellas County who die by suicide each and every year. MHFA training can help mitigate unnecessary tragedies and increase the overall health and wellbeing of our community.

FUNDING REQUEST: Self-care tools for 225 DFL staff members. DFL will provide self-care tools to strengthen emotional wellbeing and mental health for our staff. We are focused on a three-tiered approach utilizing evidence-based wellness support with proven positive outcomes. Evidence shows the best self-care outcomes are driven by a wide array of self-care, including improved sleep, lower stress, and increased exercise. High engagement in self-care activities is shown to increase protective factors for stress and improve quality of life, which is why DFL knows it is critical to invest in these three areas for our staff.

TOTAL COST: \$252,225 (\$74,250 sleep hygiene + \$134,775 meditation aides + \$43,200 fitness).

RATIONALE: Helping professionals (i.e., frontline mental health professionals) are at greater risk of occupational distress and burnout due to the level of empathy that is required in their job. In addition, working with clients that are in crisis can be extremely stressful. COVID-19 has pushed mental health professionals to work harder than ever before. Specifically, mental health professionals are being asked

to work longer hours, create work-spaces in their homes, and to increase their use of technology—all with no end in sight. Yet, if you ask many of our helping professionals if they take care of themselves, you are likely going to hear they do not have the time or financial resources to do so, and during this time of COVID-19 they are not willing or able to participate in group exercise.

As a result of the increased demand on our mental health professionals due to COVID-19, attending to and addressing their personal mental health and wellbeing is critical to the quality of care that they can provide to others and to strengthening their job satisfaction and stability. DFL leadership understands the nuances around compassion fatigue and burnout and are committed to ensuring staff are supported and cared for. It is well researched that employee satisfaction and well-being results in higher productivity, reduced turnover, and quality outcomes for those served. Now more than ever, reducing turnover is critical for client's continuity of care and in light of the workforce shortages. Moreover, DFL staff are part of the community and have been equally impacted by the fears, anxieties, and uncertainties surrounding COVID-19 and taking care of their personal mental health and wellbeing is vitally important too. Unfortunately, this is often overlooked. With the workforce shortage in the behavioral health field, we cannot afford to lose the professionals who take care of others.

DESIGN, PRINTING, MARKETING, & POSTAGE (for direct program related services only)

Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

FUNDING REQUEST: Printing costs for Mental Health First Aid training classes.

TOTAL COST: \$1,000

RATIONALE: DFL will this funding to cover costs related to printing 10,000 flyers and postcards to advertise the Mental Health First Aid training classes conducted by DFL trained Instructors. DFL will disseminate training opportunity information in partnership with Logistical Partner Organizations throughout the County. Training "everyday" people on how to recognize signs and symptoms of mental illness and how to respond appropriately to a mental health crises will help these individuals gain confidence in talking with others about their mental health or substance misuse. When everyday people are able to recognize and respond to the signs and symptoms of mental illness or substance misuse, more people will get the help they need and our community will be stronger.

CAPITAL (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

NONE

PURCHASED SERVICES (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

Since the onset of COVID-19, DFL has become more reliant on technology to deliver its services via Telebehavioral Health mechanisms (e.g., videoconferencing, telephonic). In fact, in January 2020, pre-COVID-19, DFL delivered an average of 53 Telebehavioral Health sessions per week. In contrast, DFL is currently averaging 1,303 weekly Telebehavioral Health sessions to an average of 1,000 unique clients

per week. This shift has been life-saving for thousands of DFL clients who live with a severe or persistent mental illness, as well as those who are experiencing a mental health crisis for the first time in their lives. With this pivot to virtual care, it is absolutely imperative to acquire and maintain a robust IT infrastructure throughout the organization. The technology items listed in this section collectively work to improve DFL's infrastructure, which will support our programming and improve our capacity to serve the increased demand brought on by COVID-19.

FUNDING REQUEST: Ruckus Wi-Fi wireless access points, including outdoor service for client access.
TOTAL COST: \$12,370. Purchased from Ruckus Wi-Fi. This is a one-time expense.

RATIONALE: Increasing internet capacity will enable DFL to deliver more robust virtual services based on telephone and videoconferencing solutions. In addition, increased connectivity will allow DFL's parking lot to be converted into an internet hotspot for individuals without broadband connection at their place of residence so they can complete a Telebehavioral Health appointment while maintaining physical distancing, as recommended by the CDC to prevent the spread of COVID-19. Hundreds of clients travel to DFL's Clearwater Center weekly to pick up their psychotropic medications, or to receive a long-acting injectable psychotropic medication. While at the Clearwater Center it is critical that they also be able to receive their weekly or monthly mental health services from the comfort of their car. This is achievable only with Wi-Fi access from the parking lot.

FUNDING REQUEST: Microsoft Great Plains software and professional services for installation.
TOTAL COST: \$15,264. Purchased from Island Business Solutions. This is a one-time expense.

RATIONALE: This is an important upgrade to our current financial software system, as it allows for more streamlined fiscal management. This will ensure DFL continues its mission for the communities we serve, as we increase our Telebehavioral Health services in response to COVID-19, by allowing DFL to accurately bill and track expenses and revenues. This request includes upgrading the application and database to currently supported levels.

FUNDING REQUEST: HP POE Switch (7).

TOTAL COST: \$19,315. Purchased from Lightwave. This is a one-time expense.

RATIONALE: These Power over Ethernet Switches support DFL's desktop phones, computer connections to our servers, and wireless access points regardless of power disruption. DFL has a total of 18 of these switches in use and 7 are at end-of-life and need to be replaced to support the increased phone, computer, and Telebehavioral Health infrastructure. The increased demand on these systems due to COVID-19 has reduced the lifespan of these switches. Internal network devices will allow computers, wireless network, and mobile devices to connect to DFL and Telebehavioral Health services, including a DFL parking lot internet hotspot providing access to contact free Telebehavioral Health services for clients without access to internet.

FUNDING REQUEST: Uninterruptable Power Supply (UPS).

TOTAL COST: \$2,625. Purchased from Lightwave. This is a one-time expense.

RATIONALE: This is for a 2kVA UPS with battery pack and network management card. To ensure DFL services, including Telebehavioral Health services in response to COVID-19, are available to our clients, it is imperative that power outages do not disrupt client care. This UPS will provide better runtime on battery backup with the addition of new switches and services.

FUNDING REQUEST: Switched PDU (2).

TOTAL COST: \$2,440. Purchased from Lightwave. This is a one-time expense.

RATIONALE: This will protect the investment made in DFL infrastructure and ensure servers and other equipment are protected from power surges and lightning strikes. These switches will allow for staged power up and discrete power control. They also provide the ability to power on servers in a controlled manner (e.g., have certain servers start up first after a power outage).

FUNDING REQUEST: Microsoft Office 365 E3 and Microsoft Enterprise Mobility + Security E3. This includes: 1. Professional services for installation, migration, and configuration of Microsoft 365 environment. 2. Synology NAS (Network Area Storage) for backup and archiving of Microsoft 365 data. TOTAL COST: \$57,535. Purchased from Lightwave. This is a one-time expense.

RATIONALE: As we move to nearly 90% remote staff and the provision of Telebehavioral Health services in response to COVID-19, Microsoft 365 provides a robust communication and collaboration platform, including SharePoint and Microsoft Teams, designed for a mobile workforce. Secondly, this includes mobile device management (MDM) that will allow DFL to manage and secure mobile devices used to provide Telebehavioral Health services and ensure client privacy and security. Thirdly, this includes a backup and archiving of all critical Microsoft 365 data.

FUNDING REQUEST: Server Operating System Upgrades to 2019.

TOTAL COST: \$9,966. Purchased from Microsoft. This is a one-time expense.

RATIONALE: This is an infrastructure upgrade to ensure stability, feature functionality, and security. DFL's current sever operating systems version is quickly nearing its end-of-life and once this occurs, it will no longer be supported by Microsoft. DFL servers enable reliable and secure connectivity for DFL providers and support staff to critical services, including Telebehavioral Health in response to COVID-19. With the increased importance of Telebehavioral Health, the underlying technologies and infrastructure need to be available and secure.

FUNDING REQUEST: System Center Console (SCC).

TOTAL COST: \$5,775. Purchased from Microsoft. This is a one-time expense.

RATIONALE: This Microsoft management solution aids in server operations, configuration management, and log monitoring, as well as reduces administration time on existing servers. It allows DFL IT staff to monitor the health performance of its Microsoft infrastructure and provides alerts when servers are having systems issues, allowing DFL to proactively react to these issues, thus reducing downtime, and improving overall performance for data management including the back-up of client care records.

FUNDING REQUEST: KPI Dashboard.

TOTAL COST: \$23,875. Purchased from Netsmart. This is a one-time expense.

RATIONALE: This is a data visualization tool that provides insight to monitor and manage organizational performance. Netsmart's myAvatar is the primary clinical application used at DFL. Netsmart's KPI dashboard provides critical operation and clinical performance data visualizations. KPI Dashboards provide aggregated data by program, service type, caseload, and much more to track the improvement in client health outcomes and staff productivity. The development of these dashboards allows key information from DFL's Electronic Health Record system to be aggregated and displayed to assist staff with remote client monitoring. The dashboards will provide the ability to create customizable reports and tables to improve client services and to provide at-a-glance metrics to clinical, financial, and operational staff. As DFL increases our capacity to deliver needed mental health services during a pandemic, it is imperative that we can ensure quality health outcomes delivered in a virtual environment.

FUNDING REQUEST: Electronic Signature – 60,000 envelops unlimited users.

TOTAL COST: \$61,000. Purchased from DocuSign. This is a one-time expense.

RATIONALE: This is an electronic signature solution allowing clients and staff to digitally sign documents remotely. Telebehavioral Health in response to COVID-19 necessitates a tool for obtaining signatures from clients when they are not physically in the office. This allows clients an easy and secure way of signing documents while maintaining physical distancing and receiving their mental health services virtually.

FUNDING REQUEST: Remote Control Solution.

TOTAL COST: \$17,344. Purchased from BeyondTrust. This is a one-time expense.

RATIONALE: This solution allows DFL IT staff to securely connect to remote user laptops, computers, and smartphones in order to support a geographically dispersed workforce. As staff continues to work remotely during COVID-19, the DFL IT Department needs to be able assist users virtually and remotely with technical issues quickly and securely in order to avoid disruption of services.

FUNDING REQUEST: T-1 capability for DFL's Largo Office. This includes the purchase of a T-1 interface card and associated professional services for installation and configuration for DFL phone system at its Largo location.

TOTAL COST: \$9,774. Purchased from Lightwave. This is a one-time expense.

RATIONALE: T-1 capability will allow DFL to provide additional phone lines to accommodate Telebehavioral Health being provided in response to COVID-19 and associated support services at our Largo office and equip the office to serve as a backup location in the event the Clearwater office loses telecom services. This is imperative for the provision and continuity of mental health care inclusive of the delivery of psychotropic medications.

FUNDING REQUEST: Patch cables and wire management.

TOTAL COST: \$2,230. Purchased from Lightwave. This is a one-time expense.

RATIONALE: Various pieces of computer equipment are connected to each other either via network cables. Currently, DFL cables are old and are experiencing a high failure rate, due to the dramatic increase in use as a result of operating in and throughout a pandemic. This request is to replace network cables and associated installation costs, as well as to accommodate expansion of Telebehavioral Health services and associated network equipment/nodes.

FUNDING REQUEST: Dell PowerEdge Server for DFL's Largo office.

TOTAL COST: \$7,945. Purchased from Dell. This is a one-time expense.

RATIONALE: This is an infrastructure hardware refresh to replace the primary authentication and file server at DFL's Largo location. The server currently located at the Largo Center is aged and outside of support. This is a critical server and any hardware issue would likely lead to an extended downtime for mental health professionals at the Largo location, negatively impacting the ability to deliver services to clients living with or experiencing a mental illness.

FUNDING REQUEST: Security Incident and Event Management (Sys logger and IPS agents).

TOTAL COST: \$16,725. Purchased from Lightwave. This is a one-time expense.

RATIONALE: As part of a Security Incident and Event Management (SIEM) system, SPLUNK provides for log aggregation, indexing, analysis, correlation, alerting, and archival. As COVID-19 necessitates the need to support remote workers, DFL staff are attaching to the internet outside of DFL's secure infrastructure. This solution extends DFL IT's capabilities to ensure end user device security.

ADMINISTRATION (pre-approved federal indirect cost rate, de minimus rate of 10%, or none) This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

FUNDING REQUEST: – This line item reflects 10 percent of the allowable expenditures for this project to cover administrative-related costs.

TOTAL COST: \$121,762



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PCF CARES Nonprofit Fund

Logistical Partner Organizations

Logistical Partner Organizations	Primary Contact	Contact Information
Community Health Centers of Pinellas	Joe Santini	
USF St. Pete	Dr. Patti Helton	
Hispanic Outreach Center	Jaclyn Boland	
Juvenile Welfare Board Neighborhood Family Centers: <ol style="list-style-type: none"> 1. CAP (Tarpon Springs) 2. Clearwater 3. GRAYDI 4. Lealman and Asian Neighborhood 5. Sanderlin 6. High Point 7. Mattie William 	<ol style="list-style-type: none"> 1. David Archie 2. Terry Jones 3. Michelle McFarlane 4. Donna McGill 5. Celeste Thomas 6. Margo Adams 7. Janet Hooper 	
Juvenile Welfare Board Community Councils: <ol style="list-style-type: none"> 1. Mid-County 2. South County 3. North County 	<ol style="list-style-type: none"> 1. Yaridis L. Garcia 2. Millicent Battle 3. Joanne M. Reich 	
St. Petersburg College all campuses (Tarpon Springs, Clearwater, Seminole, Gibbs/St. Pete, Epicenter)	Marilyn Shaw	
Angels Against Abuse	Sandy Kearney	
Department of Health	Melissa VanBruggen or Dr. Choe	
Lutheran Church of the Palms	Roberta Nilsson	
Florida Compass Church	Pastor Chris Ireland	
Pasadena Community Church	Anita Marshall	
The Tarpon Springs Shepherd Center	Carol Caruso	
Oldsmar Cares	813-415-7373	

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**CLEARWATER CENTER: 1437 S. BELCHER RD. CLEARWATER, FL 33764
LARGO CENTER: 8823 115TH AVE N, LARGO, FL 33773**