GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

DIRECTIONS FOR MENTAL HEALTH, INC. (DBA DIRECTIONS FOR LIVING)

THIS GRANT AGREEMENT (hereinafter "**Agreement**"), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, "**AGENCY**") and **DIRECTIONS FOR MENTAL HEALTH, INC.** (**DBA DIRECTIONS FOR LIVING**), whose address is 1437 South Belcher Road Clearwater, FL 33764 (hereinafter "**GRANTEE**").

WITNESSETH:

WHEREAS, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, "COVID-19"), the World Health Organization (hereinafter, "WHO") has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order Number 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and accordingly the State Surgeon General and State Health Officer declared that a Public Health Emergency exists in the State of Florida; and

WHEREAS, on March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a State of Emergency for the state of Florida in furtherance of efforts to respond to and mitigate the effects of COVID-19 throughout the state; and

WHEREAS, the Pinellas County Board of County Commissioners (hereinafter, "Board") passed Resolution 20-60 to define, expand, and add critical programs and services to mitigate the devastating impacts of COVID-19 on Pinellas County residents; and

WHEREAS, nonprofit community partners have seen an increased demand for many services and assistance in response to impacts from COVID-19, particularly in the areas of food programs, homelessness, behavioral health, and legal assistance for evictions; and

WHEREAS, as a direct result of the COVID-19 Public Health Emergency, many individuals and families find themselves in precarious financial situations within Pinellas County, without expanded access to critical services leading to food insecurity, housing insecurity, and behavioral health challenges; and

WHEREAS, the threat to these vulnerable individuals and families constitutes a significant threat to public safety and welfare requiring rapid expansion of vital services to meet local needs; and

WHEREAS, AGENCY is a subrecipient of pass-thru funds awarded by the U.S. Treasury Department (hereinafter, "Treasury") to Pinellas County (hereinafter, "County") made available under section 601(a) of the Social Security Act as added by section 5001 of the CARES Act (hereinafter, "Coronavirus Relief Fund"); and

WHEREAS, the County in partnership with AGENCY wishes to quickly expand services in priority areas that mitigate COVID-19 related impacts within the community such as food insecurity, housing insecurity, and access to behavioral health service though the Pinellas CARES Critical Service Expansion Program; and WHEREAS, AGENCY has determined that GRANTEE has the experience and capacity to quickly administer and deliver awarded funds to assist in the goal of expanding services in one or more of the priority areas that mitigate COVID-19 related impacts within the community;

NOW THEREFORE, the parties hereto, mutually agree as follows:

1. Specific Grant Information:

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

- a) Grantee's Name: Directions for Mental Health, Inc. (dba Directions for Living)
- b) Grantee's Contact and Notice Information:

Primary Contact Name: April Lott, President and CEO

Address: 1437 South Belcher Road Clearwater, FL 33764

Phone Number: 727-524-4464

Grantee's Data Universal Numbering System (DUNS) number: 177760899

- c) Federal Award Identification Number: **Direct payment from the Department of the Treasury ('Treasury') pursuant to section 601(b) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).**
- d) Federal Award Date: March 27, 2020
- e) Period of Grant Performance, Start and End Date: September 24, 2020 December 30, 2020
- g) Amount of Funds Awarded: \$1,061,937.80 (hereinafter, "Awarded Funds").

h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information

for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas Community Foundation

Contact Information for Awarding Official of the Pass-Through Entity:

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

i) CFDA Number and Name

CFDA Number (at time of disbursement): 21.019

CFDA Name: Coronavirus Relief Fund (CRF)

j) Indirect Cost Rate for GRANTEE portion of the Federal Award: 0% - all costs
 must be direct costs

2. <u>Scope of Services</u>:

The **GRANTEE** shall administer the Pinellas CARES Critical Service expansion Program funds awarded from the **AGENCY** consistent with the purpose identified in the **GRANTEE's** application for award of funds (attached as Appendix 4) and which are consistent with the purpose of mitigating COVID-19 related impacts within the community, including food insecurity, housing insecurity and or behavioral health access for COVID-19 affected residents.

- a) GRANTEE shall administer funding in an amount up to one million sixty-one thousand nine hundred thirty-seven dollars and 80/100 cents for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
 - ii. Compliance with Appendix 1 CARES Act Guidance and Requirements.
 - iii. Compliance with Appendix 2 Attestation.
 - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
 - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
 - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.
 - vii. **GRANTEE** understands that priority service areas may be adjusted by written notice of the **AGENCY**.

3. <u>Term of Agreement.</u>

The services of the **GRANTEE** shall commence upon execution and the agreement shall expire on December 30, 2020. The expiration date of this Agreement may be extended, by mutual

agreement of the parties in writing. This option shall be exercised only if all terms and conditions remain the same.

4. Compensation.

a) The AGENCY agrees to provide GRANTEE an amount not to exceed one million sixty-one thousand nine hundred thirty-seven dollars and 80/100 cents (\$1,061,937.80) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to zero dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated indirect and direct costs, as approved by **AGENCY**. Any changes that increase costs must be in writing and in an amendment to this Agreement.

c) The AGENCY shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the GRANTEE, if any, and which expenses will be paid on a cost-reimbursement basis, with the GRANTEE to submit invoices with supporting documentation to justify the reimbursement of expenses. If any amount is paid as an advance payment to GRANTEE, the GRANTEE must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

Any funds expended in violation of this Agreement or in violation of appropriate
 Federal, State, and AGENCY requirements shall be refunded in full to the AGENCY. If this
 Agreement is still in force, future payments shall be withheld by the AGENCY.

5. <u>Performance Measures.</u>

The **GRANTEE** agrees to submit weekly reports on awards to **AGENCY** including name of **GRANTEE**, purpose of award, amount of award, and service numbers, as well as monthly expanded reports that demonstrate services delivered and service trends, and outcomes to **AGENCY**. The **AGENCY** reserves the right to request additional data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. This report shall be submitted to the **AGENCY** weekly or monthly, as defined and never later than five (5) business days if specifically requested by **AGENCY**. The report formats shall be prescribed and provided by the **AGENCY**.

6. Data Sharing.

The **GRANTEE** agrees to share data with the **AGENCY** as necessary for service validation, trend review, and performance monitoring.

7. Insurance.

GRANTEE will be required to maintain appropriate insurance to cover the Services funded for this Agreement. Before providing any funds under this Agreement, **AGENCY** will require that **GRANTEE** provide it with proof of insurance covering the Services funded and with policy limits and deductible deemed appropriate by **AGENCY**. Whether **GRANTEE** has acceptable insurance coverage with appropriate limits and deductible is within the sole discretion of the **AGENCY**. Said insurance must remain in full force and effect during the term of this Agreement and may be not changed without written approval of **AGENCY**. Failure to maintain the insurance approved by **AGENCY** or any changes to the approved insurance without approval of **AGENCY** will result in termination of this Agreement.

8. Monitoring.

GRANTEE will work with **AGENCY** to meet the requirements of 2 C.F.R. § 200.328 (Monitoring and reporting program performance). This may include, but is not limited to, the following:

a) The monitoring requirements set forth in Appendix 3 – Minimum Monitoring Requirements.

b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.

c) **GRANTEE** will cooperate in site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.

d) **GRANTEE** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.

e) All monitoring reports will be as detailed as may be reasonably requested by the **GRANTEE** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

9. Special Situations.

GRANTEE agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S** or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

10. Amendment/Modification.

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

11. Closeout

a) Upon termination in whole or in part, the parties hereto remain responsible for compliance with the requirements in 2 C.F.R. Part 200.343 (Closeout) and 2 C.F.R. Part 200.344 (Post-closeout adjustments and continuing responsibilities).

b) This Agreement will not terminate, unless terminated as provided in Section 11, until Closeout is completed consistent with requirements detailed in the Appendices attached hereto, and to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout information as requested by **AGENCY**, and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days following the end of the project and budget period.

d) All un-spent funds must be reimbursed to the AGENCY by the GRANTEE by January 31, 2021.

e) This provision shall survive the expiration or termination of this Agreement.

12. Termination.

a) If the **GRANTEE** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE** shall be considered in material breach of the Agreement. Where a material breach can be corrected, **GRANTEE** shall be given thirty (30) days to cure said breach. If **GRANTEE** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE**.

b) In the event the **GRANTEE** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE** must repay such amount to the **AGENCY** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement.

c) In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the AGENCY shall notify the GRANTEE of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the AGENCY.

d) The AGENCY or the United States Department of Treasury may terminate this agreement in accordance with 2 C.F.R. § 200.339 (Termination).

13. Assignment/Subcontracting.

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.

b) The **GRANTEE** is fully responsible for completion of the Services required by this

Agreement and for completion of all subcontractor work, if authorized as provided herein. The **GRANTEE** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

14. Indemnification.

The **GRANTEE** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **AGENCY**.

15. Business Practices.

- a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.
- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.

c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

16. Nondiscrimination.

a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE**

18. Additional Funding.

Funds from this Agreement may not be used as the matching portion for any federal grant

except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

19. Governing Law.

The laws of the State of Florida shall govern this Agreement.

20. Conformity to the Law.

The **GRANTEE** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder, including but not limited to section 601(a) of the Social Security Act as added by section 5001 of the CARES Act and regulations applicable thereto.

21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

22. Agreement Management.

Pinellas Community Foundation designates the following person(s) as the liaison for the

AGENCY:

Duggan Cooley, CEO Pinellas Community Foundation 17755 US Highway 19 North, Suite 150 Clearwater FL 33764 727-531-0058 **GRANTEE** designates the following person(s) as the liaison for the **GRANTEE**:

April Lott, President and CEO Directions for Mental Health, Inc. (dba Directions for Living) 1437 S Belcher Rd Clearwater, FL 33764 727-524-4464

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

DocuSigned by: By: 0472040410 Duggan Cooley CEO 10/13/2020 Date:

GRANTEE: Directions for Mental Health, Inc.

(dba Directions for Living)

By: 24DA3B71931F441

April Lott, President and CEO alott@directionsforliving.org

Date: ____

Schedule of Appendices

- Appendix 1 CARES Act Guidance and Requirements
- Appendix 2 Attestation
- Appendix 3 Minimum Monitoring Requirements
- Appendix 4 Application for Funding (including budget plan)

Appendix 1 - CARES Act Guidance and Requirements

- Coronavirus Relief Fund, Guidance for State, Territorial, Local, and Tribal Governments

- Coronavirus Relief Fund Frequently Asked Questions

- Coronavirus Relief Fund Reporting and Record Retention Requirements

Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments Updated June 30, 2020

Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments Updated June 30, 2020¹

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). The CARES Act established the Coronavirus Relief Fund (the "Fund") and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that-

- 1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);
- 2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- 3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.²

The guidance that follows sets forth the Department of the Treasury's interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred "due to" the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be "necessary." The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the

¹ This version updates the guidance provided under "Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020".

² See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The "most recently approved" budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the "covered period"). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID–19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period, but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient's usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery or services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020, will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient's control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

- 1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
- 2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
- 3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- 4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

- Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
- COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
- Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
- 5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
- 6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

- 1. Expenses for the State share of Medicaid.⁴
- 2. Damages covered by insurance.
- 3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- 4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
- 5. Reimbursement to donors for donated items or services.
- 6. Workforce bonuses other than hazard pay or overtime.
- 7. Severance pay.
- 8. Legal settlements.

³ In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

⁴ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

Coronavirus Relief Fund Frequently Asked Questions Updated as of July 8, 2020

Coronavirus Relief Fund Frequently Asked Questions Updated as of July 8, 2020

The following answers to frequently asked questions supplement Treasury's Coronavirus Relief Fund ("Fund") Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, ("Guidance").¹ Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act").

Eligible Expenditures

Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the "substantially dedicated" condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a "substantially different use" for purposes of the Fund eligibility?

Costs incurred for a "substantially different use" include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty's ordinary responsibilities.

Note that a public function does not become a "substantially different use" merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

¹ The Guidance is available at <u>https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf</u>.

May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

The Guidance states that the Fund may support a "broad range of uses" including payroll expenses for several classes of employees whose services are "substantially dedicated to mitigating or responding to the COVID-19 public health emergency." What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers' compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

May recipients create a "payroll support program" for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a "small business," and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of "hazard pay"?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

The Guidance provides that ineligible expenditures include "[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency." Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers' employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

May a State impose restrictions on transfers of funds to local governments?

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the interest expense payable on TANs by the borrower and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?

No. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

May recipients use Fund payments to provide loans?

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government section 601(d) of the Social Security Act.

May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

Must a State, local, or tribal government require applications to be submitted by businesses or individuals before providing assistance using payments from the Fund?

Governments have discretion to determine how to tailor assistance programs they establish in response to the COVID-19 public health emergency. However, such a program should be structured in such a manner as will ensure that such assistance is determined to be necessary in response to the COVID-19 public health emergency and otherwise satisfies the requirements of the CARES Act and other applicable law. For example, a per capita payment to residents of a particular jurisdiction without an assessment of individual need would not be an appropriate use of payments from the Fund.

May Fund payments be provided to non-profits for distribution to individuals in need of financial assistance, such as rent relief?

Yes, non-profits may be used to distribute assistance. Regardless of how the assistance is structured, the financial assistance provided would have to be related to COVID-19.

May recipients use Fund payments to remarket the recipient's convention facilities and tourism industry?

Yes, if the costs of such remarketing satisfy the requirements of the CARES Act. Expenses incurred to publicize the resumption of activities and steps taken to ensure a safe experience may be needed due to

the public health emergency. Expenses related to developing a long-term plan to reposition a recipient's convention and tourism industry and infrastructure would not be incurred due to the public health emergency and therefore may not be covered using payments from the Fund.

May a State provide assistance to farmers and meat processors to expand capacity, such to cover overtime for USDA meat inspectors?

If a State determines that expanding meat processing capacity, including by paying overtime to USDA meat inspectors, is a necessary expense incurred due to the public health emergency, such as if increased capacity is necessary to allow farmers and processors to donate meat to food banks, then such expenses are eligible expenses, provided that the expenses satisfy the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance.

The guidance provides that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. May Fund payments be used to cover such an employee's entire payroll cost or just the portion of time spent on mitigating or responding to the COVID-19 public health emergency?

As a matter of administrative convenience, the entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020. An employer may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department.

May Fund payments be used to cover increased administrative leave costs of public employees who could not telework in the event of a stay at home order or a case of COVID-19 in the workplace?

The statute requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As stated in the Guidance, a cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget or (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. If the cost of an employee was allocated to administrative leave to a greater extent than was expected, the cost of such administrative leave may be covered using payments from the Fund.

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

Are Fund payments to State, territorial, local, and tribal governments considered grants?

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are "other financial assistance" under 2 C.F.R. § 200.40.

Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Are Fund payments subject to other requirements of the Uniform Guidance?

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?

Yes. The CFDA number assigned to the Fund is 21.019.

If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients' total funding received from the federal government for purposes of the Single Audit Act?

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-

specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.

Coronavirus Relief Fund Reporting and Record Retention Requirements July 2, 2020



OFFICE OF

DEPARTMENT OF THE TREASURY WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR	CORONAVIRUS RELIEF FUND RECIPIENTS
FROM:	Richard K. Delmar /s/ Deputy Inspector General
SUBJECT:	Coronavirus Relief Fund Reporting and Record Retention Requirements

Title VI of the Social Security Act, as amended by Title V of Division A of the *Coronavirus Aid, Relief, and Economic Security Act* (Public Law 115-136), provides that the Department of the Treasury (Treasury) Office of Inspector General (OIG) is responsible for monitoring and oversight of the receipt, disbursement, and use of Coronavirus Relief Fund payments. Treasury OIG also has authority to recover funds in the event that it is determined a recipient of a Coronavirus Relief Fund payment failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Accordingly, we are providing recipient reporting and record retention requirements that are essential for the exercise of these responsibilities, including our conduct of audits and investigations.

Reporting Requirements and Timelines

Each prime recipient of Coronavirus Relief Fund payments¹ shall report Coronavirus Disease 2019 (COVID-19) related "costs incurred" during the "covered period"² (the period beginning on March 1, 2020 and ending on December 30, 2020), in the manner of and according to the timelines outlined in this memorandum. As described below, each prime recipient shall report interim and quarterly data and other recipient data according to these requirements. Treasury OIG is working on development of a portal with GrantSolutions³ that is expected to be operational on

¹ Prime recipients include all 50 States, Units of Local Governments, the District of Columbia, U.S. Territories, and Tribal Governments that received a direct payment from Treasury in accordance with Title V.

² Refer to Treasury's guidance dated June 30, 2020 for more information on costs incurred and the covered period.

³ A grant management service provider under the U.S. Department of Health and Human Services.

September 1, 2020, for recipients to report data on a quarterly basis. Until the GrantSolutions portal is operational, each prime recipient shall follow the interim reporting requirements. Treasury OIG will notify each prime recipient when GrantSolutions is operational or of any changes to the expected September 1, 2020 start date.

Interim Reporting for the period March 1 through June 30, 2020

By no later than July 17, 2020, each prime recipient is responsible for reporting costs incurred during the period March 1 through June 30, 2020. For this interim report, prime recipients need only report totals by the following broad categories:

- a. Amount transferred to other governments;
- b. Amount spent on payroll for public health and safety employees;
- c. Amount spent on budgeted personnel and services diverted to a substantially different use;
- d. Amount spent to improve telework capabilities of public employees;
- e. Amount spent on medical expenses;
- f. Amount spent on public health expenses;
- g. Amount spent to facilitate distance learning;
- h. Amount spent providing economic support;
- i. Amount spent on expenses associated with the issuance of tax anticipation notes; and
- j. Amount spent on items not listed above.

Recipients should consult Treasury's guidance and Frequently Asked Questions in reporting costs incurred during the period March 1 through June 30, 2020. The total of all categories must equal the total of all costs incurred during that period. A spreadsheet is attached for your use in providing the data. As discussed below, the prime recipient will be required to report information for the period March 1 through June 30, 2020 into GrantSolutions once it is operational.

Quarterly Reporting

Each prime recipient of Coronavirus Relief Fund payments shall report COVID-19 related costs into the GrantSolutions portal. Data required to be reported includes, but is not limited to, the following:

- the total amount of payments from the Coronavirus Relief Fund received from Treasury;
- the amount of funds received that were expended or obligated for each project or activity;
- 3. a detailed list of all projects or activities for which funds were expended or obligated, including:
 - a. the name of the project or activity;
 - b. a description of the project or activity; and

4. detailed information on any loans issued; contracts and grants awarded; transfers made to other government entities; and direct payments made by the recipient that are greater than \$50,000.

The prime recipient is responsible for reporting into the GrantSolutions portal information on uses of Coronavirus Relief Fund payments.

Recipient Portal Access: For future quarterly reporting, each prime recipient will have GrantSolutions portal access for three (3) individuals: two (2) designees (preparers) to input quarterly data and one (1) official authorized to certify that the data is true, accurate, and complete.⁴ **By no later than July 17, 2020**, please provide the name, title, email address, phone number, and postal address of these individuals so that portal access can be granted. After this information is received, guidance on the GrantSolutions portal access and data submission instructions will be issued separately.

Reporting timeline

By no later than September 21, 2020, recipients shall submit via the portal the first detailed quarterly report, which shall cover the period March 1 through June 30, 2020. Thereafter, quarterly reporting will be due no later than 10 days after each calendar quarter. For example, the period July 1 through September 30, 2020, must be reported no later than October 13, 2020 (Tuesday after the 10th day of October and the Columbus Day Holiday). Reporting shall end with either the calendar quarter after the COVID-19 related costs and expenditures have been liquidated and paid or the calendar quarter ending September 30, 2021, whichever comes first.

Record Retention Requirements

Recipients of Coronavirus Relief Fund payments shall maintain and make available to the Treasury OIG upon request <u>all documents and financial records</u> sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), which provides:

(d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

- 1. are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
- 2. were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and

⁴ The certifying official is an authorized representative of the recipient organization with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the recipient.

3. were incurred⁵ during the period that begins on March 1, 2020, and ends on December 30, 2020.

Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

- general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- 2. budget records for 2019 and 2020;
- payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
- 4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
- 5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
- grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
- all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- 8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- 9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
- 10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to all prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

Thank you and we appreciate your assistance.

⁵ Refer to Treasury's guidance dated June 30, 2020 for more information on the definition of costs incurred.

Appendix 2 - Attestation

ATTESTATION

April Lott, President and CEO I,		, am the Title: & CEO	of Name of
Organization: Directions for Liv	ing	, and I certify that:	
1. I have the authority on behalf	of	Directions for Living	
(0)rga	nization) to sign this Attestation.	

- 2. I understand that the Pinellas Community Foundation will rely on this attestation as a material representation in making a direct payment to this Organization.
- 3. Directions for Living (Organization) attests that proposed expenditures of this grant are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, do not supplant existing services or budgets, and are not reimbursable by alternate means.
- 4. Directions for Living (Organization) attests it will only expend funds from this grant which are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, and do not supplant existing services or budgets, and are not reimbursable by alternate means.

Ap By:	ril Lott, President and CEO	(Printed Name)
Signatu	Ire:	
Title: _	President & CEO	
Date:	10/13/2020	

APPENDIX 3 – Minimum Monitoring Requirements

- 1. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
- 2. Advanced funds or reimbursement-based payments
- 3. Monthly report showing all invoice support, including detail timesheets and paystub with allocation between payroll supporting this grant and others
- 4. For advanced funds, current balance remaining
- 5. Obtain close-out report from grantee and reconcile to internal records

Appendix 4 – Application for Funding (including budget plan)

Lawrence Dimmitt IV Mental Health First Aid Training Initiative

Pinellas CARES Nonprofit Partnership Fund

Directions for Living

Mrs. April Lott LCSW 1437 S Belcher Rd Clearwater, FL 33764-2829 alott@directionsforliving.org 0: 727-524-4464

Lisa Alchin

1437 S Belcher Rd Clearwater, FL 33764

LAlchin@directionsforliving.org 0: 727-524-4464 x1408

Application Form

Introduction

NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.

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

Update as of 9/25/2020: Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

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 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

Lisa Alchin

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

	** PUBLIC DISCLOSURE COPY **								
	Ω		Return of Organization Exempt Fre	om l	ncome Tax	OMB No. 1545-0047			
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundation	15) 2018			
Depa	artment	of the Treasury	Do not enter social security numbers on this form as	it may b	e made public.	Open to Public			
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection			
Α	For th	e 2018 calenda	ar year, or tax year beginning $ m JUL1$, $ m 2018$ and end	ding J	UN 30, 2019				
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_	1	Briefly describ	e the organization's mission or most significant activities: OUR MI	SSIO	N IS TO BE Z	A WELCOMING			
Activities & Governance		AND COM	PASSIONATE PROVIDER, ADVOCATE AND P	PARTN	ER TO CHILDE	REN,			
ina	2	Check this box	if the organization discontinued its operations or disposed	sets.					
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)						
ي م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	7					
es	5	Total number of	of individuals employed in calendar year 2018 (Part V, line 2a)	/		554			
iviti	6					7			
Act	7 a	Total unrelated	business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>	7b	0.			
			\bigcirc		Prior Year	Current Year			
ne	8		and grants (Part VIII, line 1h)		15,738,647. 2,028,536.	<u>21,748,925.</u> 2,156,087.			
Revenue	9	•	ce revenue (Part VIII, line 2g)		2,028,338.	2,130,087.			
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		172,979.	273,420.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,940,386.	24,178,668.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		o or for members (Part IX, column (A), line 4)		0.	0.			
s		-			14,670,742.	19,686,805.			
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 25,920		0.	0.			
bei	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) > 25,920						
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,666,508.	4,065,463.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,337,250.	23,752,268.			
	19		expenses. Subtract line 18 from line 12		-396,864.	426,400.			
s or			•		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		3,589,981.	4,111,888.			
t As	21	Total liabilities	(Part X, line 26)		2,185,813.	2,276,146.			
			und balances. Subtract line 21 from line 20		1,404,168.	1,835,742.			
	art II								
Und	er pen	alties of perjury, I	declare that I have examined this return, including accompanying schedules an	nd stateme	ents, 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		Date				
	APRIL LOTT, PRESIDENT	& CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		PTIN			
Paid	SAM A. LAZZARA		self-employed	1342929			
Preparer	Firm's name 🕞 RIVERO, GORDIMER	& COMPANY, P.A.	Firm's EIN ► 59-	3040705			
Use Only	Firm's address 🕨 P. O. BOX 172359						
	TAMPA, FL 33672		Phone no. (813)	875-7774			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
832001 12-3	332001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)						
~							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	DIRECTIONS FOR MENTAL HEALTH, INC.	F0 000071F
	990 (2018) DBA DIRECTIONS FOR LIVING t III Statement of Program Service Accomplishments	59-2092715 _F
Fai		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR MISSION IS TO BE A WELCOMING AND COMPASSIONATE	
	AND PARTNER TO CHILDREN, ADULTS AND FAMILIES IN NEI	
	HEALTHCARE, SOCIAL SUPPORT, SAFETY AND HOPE FOR THI	E FUTURE.
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	⊡Yes ∑
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes 2
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program se	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons 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 WELL	FARE, DIRECTIONS FO
	LIVING SERVES AS A CASE MANAGEMENT ORGANIZATION BY	PROVIDING
	RECOVERY-BASED, INDIVIDUALIZED SUPPORT, AND DEPEND	ENCY CASE MANAGEMEN
	SERVICES FOR CHILDREN AND FAMILIES THROUGH ASSESSM	ENT LINKAGE, ADVOCA
	AND MONITORING. DIRECTIONS FOR LIVING IS DEDICATED	TO RESPECTING THE
	INTEGRITY OF EACH FAMILY MEMBER, FOCUSING ON THE ST	TRENGTHS OF THE
	FAMILY, REUNIFYING WHEN POSSIBLE AND COORDINATING	
	FOREVER FAMILY PLACEMENT OUTSIDE OF THE FAMILY THRO	
	NECESSARY.	
46	(Code:) (Expenses \$ 11,681,297. including grants of \$	
4b		_) (Revenue \$ INTENSIVE IN-HOME
	FAMILY PRESERVATION SERVICES AND COMMUNITY OUTREACH	
		RAMS HELPS THE FAMI
	TO IDENTIFY, AND PROBLEM SOLVE REGARDING THOSE ISSU	
	ABUSE AND NEGLECT; TO LEARN ABOUT, PRACTICE, AND DI	
	STRATEGIES TO AVOID, DEAL WITH, OR OVERCOME THOSE	
	AND MODEL WITH THE FAMILY REGARDING HOW TO UTILIZE	
	EFFECTIVELY AND TO THEIR BEST ADVANTAGE. FAMILIES	
	THEIR CHILDREN REMOVED FROM THE HOME DUE TO ABUSE/1	NEGLECT ARE REFERRE
	TO THE PROGRAM BY CHILD PROTECTION INVESTIGATORS.	
	\sim	
	X	
4c	(Code:) (Expenses \$ 5,734,696. including grants of \$) (Revenue \$ 2,156,08
	OUTPATIENT SERVICES: DIRECTIONS FOR LIVING HAS A 3'	
	PROVIDING TRAUMA-INFORMED, EVIDENCE-BASED, AND RESI	
	OUTPATIENT BEHAVIORAL HEALTH SERVICES FOR CHILDREN	AND ADULTS.
	INCLUDING INDIVIDUAL, FAMILY, AND GROUP THERAPY SEE	
	AFFECTED BY TRAUMA, MENTAL ILLNESS, OR SUBSTANCE AN	
	COMMUNITY, IN-HOME, AND IN-CLINIC SERVICES ARE PROV	VIDED TO MEET THE
	NEED WHERE IT EXISTS AND RESTORE AND IMPROVE THE QU	TALITY OF LIFE FOR
	EACH INDIVIDUAL SERVED.	SAULTI OF HIPE 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.	
		Form 990

DIRECTIONS FOR MENTAL HEALTH, INC.

DBA DIRECTIONS FOR LIVING

	990 (2018) DBA DIRECTIONS FOR LIVING 59-2092	715	P	age 3
Pa	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
~~	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		∧

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Form **990** (2018)

DIRECTIONS FOR MENTAL HEALTH, INC.

	990 (2018) DBA DIRECTIONS FOR LIVING 59-209	2715	Р	age 4
Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		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	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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2018.06000 DIRECTIONS FOR MENTAL HEALT 234500_1

	DIRECTIONS FOR MENTAL HEALTH, INC.			
Form	990 (2018) DBA DIRECTIONS FOR LIVING 59-2092	715	Pa	age 5
Par	t 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	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	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?N/A	8		
9	Sponsoring organizations maintaining donor advised funds			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders 11a			
b				
	amounts due or received from them.)			
	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 yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
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.			

Form **990** (2018)

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uSian	Envelope ID: E5BF051F-3E53-4875-97E6-922C5A775F09			
aeigii	DIRECTIONS FOR MENTAL HEALTH, INC.			
Form		715	П	age 6
	n 990 (2018) DBA DIRECTIONS FOR LIVING 59–209. rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
1 ai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	1 110 1	cspon	30
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a	7		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	7		
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?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
5	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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?	6		
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Vaa	
			res	I NO
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	res	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		res	
b	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?	10b		
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
b 11a b	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?	10b 11a	X	
b 11a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a	X	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a	X	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	10b 11a 12a 12b	X X X	
b 11a b 12a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	10b 11a 12a 12b 12c	X X X X X	
b 11a b 12a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	X X X X X X	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c	X X X X X	
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b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	X X X X X X	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	X X X X X X X	
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	X X X X X X	
b 11a b 12a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14 15a	X X X X X X X	
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b 11a b 12a c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest polley? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization is CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization 's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec 17	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed FI	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec	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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec 17	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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec 17 18	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?	10b 11a 12a 12b 12c 13 14 15b 16a 16a 16b	X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec 17	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?	10b 11a 12a 12b 12c 13 14 15b 16a 16a 16b	X X X X X X X X	X
b 11a b 12a c 13 14 15 a b 16a b Sec 17 18	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?	10b 11a 12a 12b 12c 13 14 15b 16a 16a 16b	X X X X X X X X	X

WENDY	MERSON,	CFO	- (727)	524-4464	

	1437	SOUTH	BELCHER	ROAD,	CLEARWATER,	FL	33764
832006	12-31-18						

11340715	705220	224500
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6 2018.06000 DIRECTIONS FOR MENTAL HEALT 234500_1

Form **990** (2018)

DIRECTIONS FOR MENTAL HEALTH, INC.

Form 990 (2	=010)	DIRECTIONS			59-2092715	Page 7
Part VII	Compensation of Of	ficers, Directors,	Trust	ees, Key Employees	, Highest Compensated	
	Employees, and Inde	ependent Contrac	ctors			

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 (Ď), (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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Position		Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations	compensation
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) KATRINA TRUMP	2.50									
CHAIR PERSON		Х		Х				0.	0.	0.
(2) NANCY CROY	2.50					C	7			
VICE-CHAIR PERSON		Х		X		~		0.	0.	0.
(3) MICHELLE GILBERT, ESQ.	2.50					/				
SECRETARY		Х		X				0.	0.	0.
(4) CHIEF DANIEL SLAUGHTER	2.50)						
TREASURER		X		X				0.	0.	0.
(5) JEFF RATHMELL	2.50	ζ,								
DIRECTOR		Ň						0.	0.	0.
(6) TERESA CONTE	2,50									
DIRECTOR	\mathcal{O}	Х						0.	0.	0.
(7) CHRISTINA DICKSON	2.50									
DIRECTOR		Х						0.	0.	0.
(8) APRIL LOTT	50.00									
PRESIDENT & CEO				Х				204,675.	0.	6,403.
(9) KAREN YACHTUM	50.00									
FORMER COO				Х				87,242.	0.	4,639.
(10) MICHELLE, FURAN-SULLIVAN	50.00									
FORMER CFO				Х				128,292.	0.	0.
(11) TARA SCALISE	40.00									
<u> </u>				Х				40,114.	0.	1,103.
(12) SANGITA DESAI M.D.	40.00								_	_
PSYCHIATRIST						Х		181,134.	0.	0.
(13) CONRAD WELLER	40.00								_	_
PSYCHIATRIST						Х		131,849.	0.	0.
(14) MARKIO BRANDON	40.00								_	
PSYCHIATRIST						Х		213,706.	0.	6,062.
(15) RADHIKA SRIRAM	40.00								_	
PSYCHIATRIST						х		107,233.	0.	6,900.
										- 000 (22.2.2)

832007 12-31-18

Form 990 (2018)

11340715 795320 234500

2018.06000 DIRECTIONS FOR MENTAL HEALT 234500 1

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DIRECTIO							TI	H, INC.	59-2	٥٥٦	715		
							-+ 0			092	115	Pa	age 8
Part VII Section A. Officers, Directors, Trus (A)	itees, Key Em	pioy	ees	, and (C		gne	stU					(E)	
(A) Name and title	(b) Average hours per	box,	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensatic			(F) imate ount (
	week (list any	<u> </u>	cer an	nd a d	irecto	or/trus	itee)	from the	from related organization			other bensa	tion
	hours for related	tee or director	trustee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the Inizati	
												relate nizatio	
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
									1				
								Ó	1				
								- A					
		-						\mathbf{C}					
								8-					
						Ċ							
the Sub-total				L		5-		1,094,245.		0.	25	5,1	07.
1b Sub-total c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)				<u>)</u>	<u></u>			1,094,245.		0.	25	5,1	07.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100),000 of reportab	le			6
												Yes	No
3 Did the organization list any former officer,											2		х
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		3		
and related organizations greater than \$155 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," con											5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of con	npens	ation fr	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	rithir I		year.		(0		
(A) Name and business								(B) Description of s	ervices	С	(C omper		ı
LIGHTWAVE MANAGEMENT RES 4707 140TH AVE N, CLEARW	-				2		-	IT SERVICES			199), 7	11.
NETSMART TECHNOLOGIES						<u> </u>		ELECTRONIC H	EALTH				
	4950 COLLEGE BLVD., OVERLAND PARK, KS 66211RECORDS195,562OPERATION PAR, 6655 66TH STREET NORTH,195,562												
PINELLAS PARK, FL 33781							-	SUBCONTRACTO	R		139	9,6	00.
2 Total number of independent contractors (\$100,000 of compensation from the organi	•	not lir	mite	d to		se li: 3	sted	l above) who received m	nore than				

832008 12-31-18

Form **990** (2018)

DIRECTIONS FOR MENTAL HEALTH, INC.

DBA DIRECTIONS FOR LIVING

		(2018) DBA DIRECTIONS FO	OR LIVING		59-2092	715 Page 9
Pa	rt VI					
		Check if Schedule O contains a response or note	e 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				
Gra		Membership dues 1b				
Arr, (Fundraising events 1c				
ilar İlar		Related organizations 1d				
Sin's,			342,285.			
utio	f	All other contributions, gifts, grants, and				
<u>ē</u> Ŧ			106,640.			
u du		·	247,133.			
<u> </u>		Total. Add lines 1a-1f	ess Code			
a	2 8			2,156,087.		
Program Service Revenue	2 4	·				
Ser				1		
am	Ċ			0		
ogr BR	e	,				
<u>م</u>	f	All other program service revenue				
	ç	Total. Add lines 2a-2f	2,156,087.	()		
	3	Investment income (including dividends, interest, and				
		other similar amounts)				236.
	4	Income from investment of tax-exempt bond proceed				
	5	Royalties				
	•		Personal			
		Gross rents				
		Less: rental expenses Rental income or (loss)				
		Net rental income or (loss)				
			Other			
		assets other than inventory				
	ł	Less: cost or other basis				
		and sales expenses				
	Ċ	Gain or (loss)				
	C	Net gain or (loss)	🕨			
Other Revenue	8 a	Gross income from fundraising events (not including \$ of				
3ev		contributions reported on line 1c). See				
erF		· · · · · · · · · · · · · · · · · · ·	72,354.			
Ê			53,002.			
			19,352.			19,352.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 a				
		Less: direct expenses b Less: net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	10 0	and allowances a				
	ł	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	►			
1			ess Code			
Ì	11 a	OTHER INCOME 9000	099 254,068.	254,068.		
	ł					
	Ċ					
		All other revenue				
		Total. Add lines 11a-11d		0 410 155	-	10 500
	12	Total revenue. See instructions	24,178,668.	2,410,155.	0.	19,588. Form 990 (2018)
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	990 (2018) DBA DIRECTI	FOR MENTAL H ONS FOR LIVI		59-20	92715 Page 10							
	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).											
Secti	Check if Schedule O contains a response or note to any line in this Part IX											
	Check if Schedule O contains a resport not include amounts reported on lines 6b,	nse or note to any line in (A)	this Part IX	(C)	(D)							
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	460,323.	391,275.	69,048.								
6	trustees, and key employees Compensation not included above, to disqualified	400,525.	551,275.	0,040.								
0	persons (as defined under section 4958(f)(1)) and											
	narrows described in section $40\Gamma(a)(0)(D)$											
7	Other salaries and wages	15,095,162.	13,638,705.	1,449,597.	6,860.							
8	Pension plan accruals and contributions (include	10,000,101			0,0001							
0	section 401(k) and 403(b) employer contributions)	586.	528.	58.								
9	Other employee benefits	2,910,619.		267,821.	1,603.							
10	Payroll taxes	1,220,115.	1,098,387.	121,221.	507.							
11	Fees for services (non-employees):	_//		/								
	Management											
	Legal											
	Accounting	43,155.	32,927.	10,228.								
	Lobbying											
	Professional fundraising services. See Part IV, line 17)									
f	Investment management fees		~									
	Other. (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch 0.)	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 \dots											
19	Conferences, conventions, and meetings	04 21 2	04 21 2									
20		94,312.	94,312.									
21	Payments to affiliates	102,236.	93,060.	9,176.								
22	Depreciation, depletion, and amortization	502,650.	487,623.	15,027.								
23	Insurance Other expenses. Itemize expenses not covered	502,050.	407,023.	13,027.								
24	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 0.)											
а	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.								
	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.											

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______ if following SOP 98-2 (ASC 958-720)

Check here

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Form **990** (2018)

2018.06000 DIRECTIONS FOR MENTAL HEALT 234500_1

DIRECTIONS FOR MENTAL HEALTH, INC.

DBA DIRECTIONS FOR LIVING

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Form 990 (2018) Part X Balance Sheet

Pa	rt 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
	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	1,683,917. 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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	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	\mathbf{O}		
		basis. Complete Part VI of Schedule D10a5,113,379.Less: accumulated depreciation10b3,719,631.			
	b	Less: accumulated depreciation 10b 3,719,631.	1,143,372.		1,393,748.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	101 040
	13	Investments - program-related. See Part IV, line 11	186,674.	13	191,847.
	14	Intangible assets	10 100	14	10 100
	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. 902,843.	16	4,111,888. 592,959.
	17	Accounts payable and accrued expenses	902,043.	17	JJZ, JJJ.
	18 19	Grants payable	243,291.	18 19	86,722.
	20	Deferred revenue Tax-exempt bond liabilities	245,251.	20	00,722.
	20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
ú	22	Loans and other payables to current and former officers, directors, trustees,		21	
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľ	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.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	1,230,611.	27	1,681,895.
Bal	28	Temporarily restricted net assets	173,557.	28	153,847.
lpu	29	Permanently restricted net assets		29	
μ		Organizations that do not follow SFAS 117 (ASC 958), check here			
, or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	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.
					Form 990 (2018)

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Sign	Envelope ID: E5BF051F-3E53-4875-97E6-922C5A775F09				
	DIRECTIONS FOR MENTAL HEALTH, INC.				
Form	1990 (2018) DBA DIRECTIONS FOR LIVING	59-2	092715	Pa	age 12
	rt XI Reconciliation of Net Assets				.go :=
	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	24,17	8,6	568.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,75		
3	Revenue less expenses. Subtract line 2 from line 1	3			100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,40	4,1	.68.
5	Net unrealized gains (losses) on investments	5	-		.73.
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	1,83	5,7	/41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	
			Forn	1 990	(2018)
	\sim				
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits				

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SCHEDULE A		Dublic Cha	rity Status	and Dul	hlia Qu	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		Public Cha	2018					
		omplete if the organ 494		2010				
Department of the Treasury			47(a)(1) nonexempt Attach to Form 990					Open to Public
Internal Revenue Service		Go to www.irs.gov	v/Form990 for instru	uctions and t	he latest i	nformation.		Inspection
Name of the organization	on DIRE	CTIONS FOR	MENTAL HE	ALTH, I	INC.		Employer	identification number
	DBA	DIRECTIONS	FOR LIVIN	G			5	9-2092715
Part I Reason f	or Public	Charity Status (A	All organizations mus	st complete th	nis part.) S	ee instruction	S.	
The organization is not a								
		urches, or associatio						
· · ·		tion 170(b)(1)(A)(ii). (/				-//-//-		
		hospital service orga				ii)		
		zation operated in co					.)(iii). Enter	the hospital's name
city, and state	•							
		or the benefit of a co	llege or university ov	uned or opera	ted by a d	overnmental	unit descrit	ned in
		Complete Part II.)						
		overnment or governn	mental unit described	in section 1	70(b)(1)(A)	(v).		
		ally receives a substa					the general	public described in
5		Complete Part II.)					J	
		ed in section 170(b)((1)(A)(vi). (Complete	Part II.)		0		
		ganization described			ed in conji	unction with a	land-grant	college
		grant college of agric						
university:					()	-	
10 An organizatio	on that norma	ally receives: (1) more	e than 33 1/3% of its	support from	contributi	ons, member	ship fees, a	Ind gross receipts from
activities relat	ed to its exer	npt functions - subje	ect to certain exception	ons, and (2) n	o more tha	an 33 1/3% of	its suppor	t from gross investment
income and u	nrelated busi	iness taxable income	e (less section 511 ta	x) from busine	esses acqu	uired by the o	rganization	after June 30, 1975.
See section &	509(a)(2). (Co	mplete Part III.)						
11 An organizatio	on organized	and operated exclusion	sively to test for publi	c safety. See	section 5	09(a)(4).		
12 An organization	on organized	and operated exclusion	sively for the benefit o	of, to perform	the function	ons of, or to c	arry out the	e purposes of one or
more publicly	supported or	rganizations describe	ed in section 509(a)(1) or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
lines 12a thro	ugh 12d that	describes the type o	of supporting organiz	ation and cor	nplete line	s 12e, 12f, an	d 12g.	
a 🛄 Type I. A su	pporting orga	anization operated, s	supervised, or contro	lled by its sup	oported or	ganization(s),	typically by	y giving
the support	ed organizati	on(s) the power to re	egularly appoint or ele	ect a majority	of the dire	ctors or trust	ees of the s	supporting
organizatior	n. You must o	complete Part IV, Se	ections A and B.					
		ganization supervised				-		-
	-	of the supporting orga		ne same pers	ons that c	ontrol or mana	age the sup	ported
		st complete Part IV,						
		egrated. A supporting					ally integrat	ed with,
		on(s) (see instructions						
		y integrated. A supp		-			-	
		tegrated. The organiz		-		-	d an attent	iveness
		tions). You must con						
		anization received a				a Type I, Type	e II, Type III	
	-	r Type III non-functio						
f Enter the number of		• • • • • • • • • • • • • • • • • • • •						
g Provide the followi		(ii) EIN	(iiii) Type of organization	on (iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
organization		(,	(described on lines 1-	10 In your govern	ing document?	support (see ii	-	support (see instructions)
			above (see instruction	<u>(s))</u>				
		 						<u> </u>
Total								<u> </u>
								1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

2018.06000 DIRECTIONS FOR MENTAL HEALT 234500_1

DIRECTIONS FOR MENTAL HEALTH, INC.

Schedule A (Form 990 or 990 EZ) 2018 DBA DIRECTIONS FOR LIVING

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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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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				1		
	governmental unit or publicly				4		
	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.
Sec	ction B. Total Support						
Cale	ndar 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,			5			
	dividends, payments received on		C				
	securities loans, rents, royalties,			V			
	and income from similar sources	167.	196.	109.	224.	236.	932.
9	Net income from unrelated business		^S				
	activities, whether or not the		S				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	C,					
	assets (Explain in Part VI.)	86,717.	77,387.	143,211.	111,687.		673,070.
11	Total support. Add lines 7 through 10						80481755.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and sto						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (14	99.16 %
	Public support percentage from 2017					15	99.10 %
16a	33 1/3% support test - 2018. If the						
	stop here. The organization qualifies						► X
b	33 1/3% support test - 2017. If the						nis box
	and stop here. The organization qua						▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	ıs ▶∟
					Sche	dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 20

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DIRECTIONS FOR MENTAL HEALTH, INC.

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Schedule A (Form 990 or 990-EZ) 2018 DBA DIRECTIONS FOR LIVING 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.)

	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 (Gifts, grants, contributions, and					, í	
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	ness under section 513						
	Tax revenues levied for the organ-						
	zation's benefit and either paid to				1		
	or expended on its behalf				7		
5	The value of services or facilities						
1	furnished by a governmental unit to				\sim		
1	the organization without charge						
6 .	Total. Add lines 1 through 5				\cup		
7a /	Amounts included on lines 1, 2, and						
;	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
á	amount on line 13 for the year			C			
	Add lines 7a and 7b		(
	Public support. (Subtract line 7c from line 6.)			J			
	tion B. Total Support						
alen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		.6				
0a (Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
		\mathbf{N}					
	Add lines 10a and 10b						
i N	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain						
(or loss from the sale of capital						
3	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	l first socond thir	l d fourth or fifth to	l av voar as a soctio	1 = 501(c)(3) or a	nization
		U U			2		
	tion C. Computation of Publi		rcentage				
Sact				I		15	
		in a O a a lumana (f)	livided by line 13.			15	9
15	Public support percentage for 2018 (li						L L
15 16	Public support percentage for 2018 (li Public support percentage from 2017	Schedule A, Part	III, line 15				
15 16 Sect	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Inves	Schedule A, Part	III, line 15 e Percentage				
15 16 Sec† 17	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Inves Investment income percentage for 20	Schedule A, Part Stment Incom 18 (line 10c, colur	III, line 15 e Percentage nn (f), divided by li	ne 13, column (f))		17	ç
15 16 Sec 1 17 18	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Inves Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A,	III, line 15 e Percentage nn (f), divided by li Part III, line 17	ne 13, column (f))		17 18	ç
15 16 Sec 1 17 18	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Inves Investment income percentage for 20	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A,	III, line 15 e Percentage nn (f), divided by li Part III, line 17	ne 13, column (f))		17 18	(, ,
15 16 Sec 17 18 19a (Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Inves Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r	III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box	ne 13, column (f)) on line 14, and line	e 15 is more than 3	17 18 33 1/3% , and lin	(, ,
15 16 Sec 17 18 19a (Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r nd stop here. The	III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than 3 upported organiza	17 18 33 1/3%, and lination	ne 17 is not
15 16 Sect 17 18 19a ; b ;	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r nd stop here. The organization did r	III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali not check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s h line 14 or line 19a	e 15 is more than 3 upported organiza a, and line 16 is mo	17 18 33 1/3%, and lination	9 9 ne 17 is not , and
15 16 5ec 17 18 19a ; b ;	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r nd stop here. The organization did r sck this box and st	III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	ne 13, column (f)) on line 14, and line fies as a publicly s 1 line 14 or line 19a nization qualifies a	e 15 is more than 3 upported organiza a, and line 16 is mo is a publicly suppo	171833 1/3%, and linationore than 33 1/3°orted organization	ne 17 is not
15 16 5ect 17 18 19a (b (b (b () 20	Public support percentage for 2018 (li Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r nd stop here. The organization did r sck this box and st	III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	ne 13, column (f)) on line 14, and line fies as a publicly s 1 line 14 or line 19a nization qualifies a	a 15 is more than 3 upported organiza a, and line 16 is mo a publicly suppo his box and see ins	17 18 33 1/3%, and lination Dore than 33 1/3° Dorted organization structions	ne 17 is not
15 16 Sect 17 18 19a (b (19a (1	Public support percentage for 2018 (I Public support percentage from 2017 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the ine 18 is not more than 33 1/3%, che Private foundation. If the organization	Schedule A, Part Stment Incom 18 (line 10c, colur 2017 Schedule A, organization did r nd stop here. The organization did r sck this box and st	III, line 15 e Percentage mn (f), divided by li Part III, line 17 not check the box organization quali not check a box or op here. The orga	ne 13, column (f)) on line 14, and line fies as a publicly s 1 line 14 or line 19a nization qualifies a	a 15 is more than 3 upported organiza a, and line 16 is mo a publicly suppo his box and see ins	17 18 33 1/3%, and lination Dore than 33 1/3° Dorted organization structions	ne 17 is not , and on

DIRECTIONS FOR MENTAL HEALTH, INC.

Schedule A (Form 990 or 990-EZ) 2018 DBA DIRECTIONS FOR LIVING

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3a

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3c

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4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If "Yes," provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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DIRECTIONS FOR MENTAL HEALTH, INC.

Schedule A (Form 990 or 990-EZ) 2018 DBA DIRECTIONS FOR LIVING

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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
с	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.	11c		
Sec	tion 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.	1		
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.	2		
Sec	tion 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		
Sec	tion 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?	1		
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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
U	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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	<u>, </u>		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	a action	y. Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If res, then in Part vi identity 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
U	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			
		26		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0010
83202	5 10-11-18 Schedule A (Form S	วรบ or 9 9	σ-EΖ)	2018

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DIRECTIONS FOR MENTAL HEALTH, INC.

Schedule A (Form 990 or 990-EZ) 2018 DBA DIRECTIONS FOR LIVING

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	
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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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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DIRECTIONS FOR MENTAL HEALTH, INC.

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	dule A (Form 990 or 990-EZ) 2018 DBA DIRECTION	S FOR LIVING	5	59-2092715 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	he organization is responsive	e	
	(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	~	<i>a</i> n	
Secti	on 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		1	
2	Underdistributions, if any, for years prior to 2018 (reason-		0	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016		*	
е	From 2017			
f	Total of lines 3a through e	S		
g	Applied to underdistributions of prior years	2		
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,	0		
	line 7: \$			
а	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			

Schedule A (Form 990 or 990-EZ) 2018

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DIRECTIONS FOR MENTAL HEALTH, INC. Schedule A (Form 990 or 990-F7) 2018 DBA DIRECTIONS FOR LIVING

	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.)
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2028 10-11-	18 Schedule A (Form 990 or 990-EZ 20

Schedule B	Schedule of Contributors	OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2018				
Name of the organizatio		Employer identification number				
	DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	59-2092715				
Organization type (cheo	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 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	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
Check if your organization	on is covered by the General Rule or a Special Rule.					
, .	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule	S					
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin					
property) from	any one contributor. Complete Parts I and II. See instructions for determining a contributo	r's total contributions.				
Special Rules	S					
X For an organiza	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor	t test of the regulations under				
	(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a					
	utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo EZ, line 1. Complete Parts I and II.	unt on (i) Form 990, Part VIII, line 1r				
-	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from					
	ributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the					
II, and III.	ueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the	contributor name and address),				
For an organiza	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one contributor, during the				
	ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled n					
	er here the total contributions that were received during the year for an <i>exclusively</i> religiou					
	complete any of the parts unless the General Rule applies to this organization because it able, etc., contributions totaling \$5,000 or more during the year	-				
Caution: An organizatio	n 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).				
•	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F					
certify that it doesn't me	et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
DIREC	organization TIONS FOR MENTAL HEALTH, INC. IRECTIONS FOR LIVING		Employer identification number $59 - 2092715$
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		\$1,003,7	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$ 919 ,1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
3		\$788,7	74. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
4		\$3,413,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$14,299,7	88. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 3
	rganization TIONS FOR MENTAL HEALTH, INC.		Employer identification number
	IRECTIONS FOR LIVING		59-2092715
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
(a)		\$ (c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimated (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) (d)) Date received
		¢	
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	B (Form 990, 990-EZ, or 990-PF) (2018)			Page 4			
	rganization TIONS FOR MENTAL HEALTH	TNO		Employer identification number			
	IRECTIONS FOR MENTAL HEALTH	, INC.		59-2092715			
Part III) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	or organizations	that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
			-				
·		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
			0				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a			ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
823454 11-08	8-18	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)			

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	HEDULE D	Supplemental Financial Statements		OMB No. 1545-0047	
(Form 990) ► 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.					
	ment of the Treasury I Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization DIRECTIONS FOR MENTAL HEALTH, INC. Employer iden					
De		DBA DIRECTIONS FOR LIVING		2092715	
Pa		ations Maintaining Donor Advised Funds or Other Similar Funds or A n answered "Yes" on Form 990, Part IV, line 6.	CCOUNTS.Com	olete if the	
	organizatio		b) Funds and oth	er accounts	
1	Total number at er	nd of year	· · · · · · · · · · · · · · · · · · ·		
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value a	t end of year			
5	-	on inform all donors and donor advisors in writing that the assets held in donor advised fund			
		on's property, subject to the organization's exclusive legal control?		Yes 🛄 No	
6	•	on inform all grantees, donors, and donor advisors in writing that grant funds can be used o			
		oses and not for the benefit of the donor or donor advisor, or for any other purpose confer	-		
Da	impermissible priv	ate benefit? ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,		Yes No	
1		servation easements held by the organization (check all that apply).			
•		n of land for public use (e.g., recreation or education) Preservation of a historically	important land a	rea	
		f natural habitat	-	lea	
		n of open space			
2		through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easer	nent on the last	
	day of the tax yea			End of the Tax Year	
а	Total number of co	onservation easements	2a		
b	Total acreage rest	ricted by conservation easements	2b		
С		vation easements on a certified historic structure included in (a)	2c		
d		vation easements included in (c) acquired after 7/25/06, and not on a historic structure			
		nal Register	2d		
3		vation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the	e tax	
	year	where property subject to conservation easement is located			
4 5		tion have a written policy regarding the periodic monitoring, inspection, handling of			
5	-	orcement of the conservation easements it holds?		Yes 🗌 No	
6		r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation			
Ū				nig the year	
7	Amount of expens	 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during t	he year	
	► \$			-	
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	3)(i)		
	and section 170(h)		L	Yes No	
9	In Part XIII, descril	be how the organization reports conservation easements in its revenue and expense staten	nent, and balanc	e sheet, and	
		ole, the text of the footnote to the organization's financial statements that describes the org	ganization's acco	unting for	
De	conservation ease		Similar Acad		
Pal		ations Maintaining Collections of Art, Historical Treasures, or Other \$ i the organization answered "Yes" on Form 990, Part IV, line 8.	Similar ASSet	э.	
10		elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	nd halance shoot	works of art	
Id	•	s, or other similar assets held for public exhibition, education, or research in furtherance of			
		thote to its financial statements that describes these items.	public service, p	ovide, intrart All,	
b		elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance sheet wor	ks of art. historical	
		similar assets held for public exhibition, education, or research in furtherance of public ser			
	relating to these it			0	
	•	ded on Form 990, Part VIII, line 1	▶ \$		
		ed in Form 990, Part X			
2		received or held works of art, historical treasures, or other similar assets for financial gain,			
	•	unts required to be reported under SFAS 116 (ASC 958) relating to these items:			
		on Form 990, Part VIII, line 1			
-		Form 990, Part X			
		eduction Act Notice, see the Instructions for Form 990.	Schedule	D (Form 990) 2018	
83205	1 10-29-18	25			
		2 J			

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		ONS FOR			H, INC	•			0071	F _	•
-		ECTIONS						59-20			
Par	t III Organizations Maintaining C		-		-					,	
3	Using the organization's acquisition, access (check all that apply):	ion, and other r	ecords, che	eck any of the	following the	at are a s	significant ι	use of its	collectio	n iten	าร
а	Public exhibition		d	Loan or exc	hange progr	ams					
b	Scholarly research		e	-							
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and e	explain how	they further t	he organizat	ion's exe	empt purpo	se in Par	+ XIII		
5	During the year, did the organization solicit c										
Ŭ	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran									 r	
	reported an amount on Form 990, Pa	-		ne organizatio	in answered	103 01	11 0111 000	, rairiv,	in ie 0, 0		
1a	Is the organization an agent, trustee, custod		ermediary fr	or contribution	ns or other a	ssats no	tincluded				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L			
b		and complete		g lable.					A.m.o.un	+	
	Designing belower								Amoun	L	
	Beginning balance										
	Additions during the year										
	Distributions during the year						<u>1e</u>				
	Ending balance						[1f 				
	Did the organization include an amount on F	-						L	Yes		
	If "Yes," explain the arrangement in Part XIII							<u></u>			
Par	t V Endowment Funds. Complete				· · · · · · · · · · · · · · · · · · ·						
		(a) Current y		Prior year	(c) Two yea				(e) Fou		
1 a	Beginning of year balance	148,	674.	141,687.	. 13	2,890.	1	29,430.		130	,547.
b	Contributions										
с	Net investment earnings, gains, and losses	5,	173.	6,987.	•	8,797.		3,460.		-1	,117.
d	Grants or scholarships			6							
е	Other expenditures for facilities										
	and programs			\mathbf{O}							
f	Administrative expenses			•							
g	End of year balance	153,	847.	148,674.	. 14	1,687.	1	32,890.		129	,430.
2	Provide the estimated percentage of the cur	rent year end b	alance (line	1g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment ▶ 10	0.00	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%	— 6.								
3a	Are there endowment funds not in the posse			hat are held a	and administ	ered for	the organiz	ation			
	by:		0				Ũ			Yes	No
									3a(i)	Х	
											X
h	If "Yes" on line 3a(ii), are the related organiza										<u> </u>
4	Describe in Part XIII the intended uses of the								. 00		<u> </u>
-	t VI Land, Buildings, and Equipn		chidowhici								
	Complete if the organization answere		m 990 Part	IV line 11a 9	See Form 99	0 Part X	line 10				
	Description of property		t or other	1	t or other	· ·	ccumulate	4	(d) Boo	k volu	
	Description of property		vestment)		(other)		preciation	u	(u) 600	r valu	le
4-	Land		vestmenty		<u>4,970.</u>		preclation		10	<u>/ 0</u>	70.
					1 <u>4,970.</u> 15,908.	2	337,13	30			78.
	Buildings			J, JZ		<u> </u>	JJ7,1.		30	0,1	10.
	Leasehold improvements			1 20	2,501.	1	382,50	h1 -			0.
	Equipment			<u> </u>	54,501•	<u>, </u>	502,50	· • •			0.
	Other		D · · · ·		10.)				1 20	2 7	10
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990,	Part X, col	umn (B), line 1	10c.)				1,39		
								Schedule	D (Forr	n 990) 2018

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DIRECTIONS FOR MENTAL HEALTH, INC.

	(Form 990) 2018	DDA	DIRECTI	GND.			G				9-203	92715	i ugo i
Part VII	Investments -	Other Se	ecurities.										
	Complete if the org			on Form	n 990, Pai	rt IV, line	11b. See Forr	m 990, F	Part X, line	e 12.			
(a) Descript	tion of security or cate	gory (including	g name of security)	(b)) Book va	lue	(c) Metho	od of va	uation: C	Cost or er	nd-of-yea	ar market v	/alue
1) Financia	I derivatives												
2) Closely-I	held equity interests	s											
B) Other													
(A)													
(B)													
(C)													
(D)													
(E)													
(F)													
(G)													
(H)													
) must equal Form 99												
Part VIII	Investments -	Program	n Related.										
	Complete if the org			on Form	n 990, Pa	rt IV, line							
	(a) Description of	investmen	t	(b)) Book va	lue	(c) Metho	od of va	uation: C	Cost or er	nd-of-yea	ar market v	/alue
(1)									<u>O`</u>	•			
(2)									<u> </u>				
(3)									<u> </u>				
(4)							(
(5)													
(6)													
(6) (7)													
. ,							5						
(7) (8) (9)						C	5						
(7) (8) (9) Fotal. (Col. (b)) must equal Form 99	0, Part X, col	. (B) line 13.) >			S	5						
(7) (8) (9)	Other Assets.					Ś	5						
(7) (8) (9) Total. (Col. (b			inswered "Yes"			pHV, line	11d. See Forr	m 990, P	Part X, line	e 15.			
(7) (8) (9) fotal. (Col. (b	Other Assets.		inswered "Yes"	on Form Descript		often IV, line	11d. See Forr	m 990, P	Part X, line	ə 15.	(1	b) Book va	ilue
(7) (8) (9) Total. (Col. (b	Other Assets.		inswered "Yes"			rt IV, line	11d. See Forr	m 990, F	Part X, line	e 15.	(1	b) Book va	มนอ
(7) (8) (9) Total. (Col. (b Part IX	Other Assets.		inswered "Yes"			opriv, line	11d. See Forr	m 990, F	Part X, line	ə 15.	(1	b) Book va	ilue
(7) (8) (9) Fortal. (Col. (b) Part IX	Other Assets.		inswered "Yes"			pHV, line	11d. See Forr	m 990, F	Part X, line	e 15.	(1	b) Book va	lue
(7) (8) (9) Total. (Col. (b Part IX (1) (2)	Other Assets.		inswered "Yes"			trtIV, line	11d. See Forr	m 990, F	Part X, line	ə 15.	(1	b) Book va	ılue
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3)	Other Assets.		inswered "Yes"			rt IV, line	11d. See Forr	m 990, F	Part X, line	e 15.	()	b) Book va	ılue
(7) (8) (9) fotal. (Col. (b Part IX (1) (2) (3) (4)	Other Assets.		inswered "Yes"			rt/IV, line	11d. See Forr	m 990, F	Part X, lin	ə 15.		b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5)	Other Assets.		inswered "Yes"			pp1V, line	11d. See Forr	m 990, F	Part X, line	e 15.		b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6)	Other Assets.		inswered "Yes"			prIV, line	11d. See Form	m 990, F	Part X, line	e 15.		b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.		inswered "Yes"			ctrIV, line	11d. See Forr	m 990, F	Part X, line	e 15.		b) Book va	
(7) (8) (9) fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colur	Other Assets. Complete if the org	panization a	Inswered "Yes" (a)			the line	11d. See Forr	m 990, F	Part X, line	e 15.		b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)								b) Book va	
(7) (8) (9) fotal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line		ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colur Part X	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colur Part X	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (9) otal. (Colur Part X	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Fed (2)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colur Part X (1) Fedu (2) (3)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) fotal. (Colur Part X (1) Fedd (2) (3) (1) Fedd (2) (3) (4)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Colun Part X (9) fotal. (Colun Part X (2) (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Fedd (2) (3) (4) (5) (6) (6) (6)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	
(7) (8) (9) otal. (Col. (b Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colur Part X (1) Fedd (2) (3) (4) (5) (6) (7) (6) (7) (6) (7)	Other Assets. Complete if the org	panization a	answered "Yes" (a)	e 15.)		rt IV, line	11e or 11f. Se	ee Form				b) Book va	

Schedule D (Form 990) 2018

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DIRECTIONS FOR MENTAL HEAI	.тн т	NC .			
Schedule D (Form 990) 2018 DBA DIRECTIONS FOR LIVING	лтн, т		59-	2092715	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents Wit				ruge i
Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.				
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:		- 4			
a Net unrealized gains (losses) on investments		5,173.			
b Donated services and use of facilities		209,347.			
c Recoveries of prior year grants		53,002.			
d Other (Describe in Part XIII.)			0.	267	,522.
e Add lines 2a through 2d			2e 3	24,178	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 			3	21,110	,0001
 a Investment expenses not included on Form 990, Part VIII, line 7b 	4a				
b Other (Describe in Part XIII.)					
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 Stater			Retu	irn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.	1			
1 Total expenses and losses per audited financial statements		4	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					
c Other losses		E2 002			
d Other (Describe in Part XIII.)		53,002.		262	210
e Add lines 2a through 2d			2e 3	23,752	,349.
3 Subtract line 2e from line 1			3	23,132	,207.
 A mounts 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.)					
a Add Braz As and As			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	t IV, lines 1	b and 2b; Part V, line	4; Parl	t X, line 2; Part 2	XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional info	ormation.			
PART X, LINE 2:					
THE ORGANIZATION HAS BEEN RECOGNIZED AS EXEM	IPT FR	OM FEDERAL	INC	OME TAXI	ES
UNDER SECTION 501(C) (3) OF THE INTERNAL REVI	ENUE C	ODE. THEREF	ORE	, NO	
PROVISION FOR INCOME TAXES HAS BEEN PRESENT	ED IN	THESE FINAN	CIA	L	
STATEMENTS. DIRECTIONS HAS NOT REPORTED ANY	UNREL	ATED BUSINE	55	INCOME;	
HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DET	TERMIN	ATION UPON	EXA	MINATIO	Ν,
IF ANY, OF THE RELATED INCOME TAX RETURNS BY	THE	APPROPRIATE	ТА	XING	
AUTHORITIES.					
					<u>.</u>
THE ORGANIZATION IS NOT AWARE OF ANY TAX POS	SITION	IS IT HAS TA	KEN	THAT A	RE
SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAIN	ITY. T	AX YEARS AF	TER	2015	

REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

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Schedule D (Form 990) 2018

cuSign Envelope ID: E5BF051F-3E53-4875-97E6-922C5A775F09	
DIRECTIONS FOR MENTAL HEALTH, INC. Schedule D (Form 990) 2018 DBA DIRECTIONS FOR LIVING	59-2092715 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	
SPECIAL EVENT EXPENSES	
PART V, LINE 4	
EXPLANATION: THE ORGANIZATION USES THE ENDOWNMENT FUNDS TO	FURTHER THE
PROGRAM OBJECTIVES OF THE ORGANIZATION ONCE THE TEMPORARY	TIME
RESTRICTIONS FOR THE ENDOWNMENT FUNDS HAVE BEEN MET.	
0	
S	
	Schedule D (Form 990) 20

832055 10-29-18

SCHEDULE G	Suppleme	ntal Informat	tion Regardin	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	or if the	2018
Department of the Treasury		A	Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service						the latest informat			Inspection
Name of the organization			MENTAL HE FOR LIVIN		,⊥	NC.		Employer id	lentification number 2715
	ing Activities complete this par		organization ansv	vered "Y	'es" o	n Form 990, Part IV,	line 17	7. Form 990-I	EZ filers are not
1 Indicate whether the		sed funds throug							
a Mail solicitati					•	overnment grants			
	email solicitations	5		ation of al fundra	-	nment grants			
c Phone solicit d In-person sol			g 📖 Specia	ariunura	aising	events			
2 a Did the organizatio		or oral agreement	with any individu	al (inclue	dina o	fficers. directors. tru	stees.	or	
						fundraising services?		Ye	es 🗌 No
b If "Yes," list the 10	highest paid indi	viduals or entities	s (fundraisers) pur	suant to	agree	ements under which	the fu	ndraiser is to	be
compensated at lea	ast \$5,000 by the	organization.					1		
				(iii)	Did			Amount paid	
(i) Name and address or entity (fund		(ii) <i>A</i>	Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o f	r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
					\mathbf{i}				
				S	Y				
			(<u> </u>					
			$-c^{\vee}$						
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		$\mathbf{C}$	$\checkmark$						
		$\bigotimes^{\mathbf{v}}$							
	0								
Total		I							
3 List all states in white			r licensed to solici		oution	s or has been notified	d it is	exempt from	registration
or licensing.									
LHA For Paperwork Re	eduction Act Not	ice, see the Inst	ructions for Forn	n 990 or	990-	EZ. S	Sched	lule G (Form	990 or 990-EZ) 2018

832081 10-03-18

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		le G (Form 990 or 990-EZ) 2018 DBA DI		IVING	59-	-2092715 Page 2
<u>a</u>	rt I	Fundraising Events. Complete if of fundraising event contributions and	-			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ъ			PB&J RUN (event type)	(event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	72,354.			72,354
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	72,354.			72,354
	4	Cash prizes				
,	5	Noncash prizes				
belise	6	Rent/facility costs			F	
DILECT EXPENSES	7	Food and beverages				
ן ב	8	Entertainment		C		50.000
	9	Other direct expenses				53,002
	10	Direct expense summary. Add lines 4 throu	ıgh 9 in column (d)			53,002
_ I					·····	10 250
	11	Net income summary. Subtract line 10 from	n line 3, column (d)			19,352
		<b>II Gaming.</b> Complete if the organizatio	n line 3, column (d)		reported more than	19,352
Pa	11		n line 3, column (d) n answered "Yes" on Form 9	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add
Pa	11	<b>II Gaming.</b> Complete if the organizatio	n line 3, column (d) n answered "Yes" on Form 9	990, Part IV, line 19, or	reported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Pa	11	<b>II Gaming.</b> Complete if the organizatio	n line 3, column (d) n answered "Yes" on Form 9 (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add
	<u>11</u> rt I	<b>II Gaming.</b> Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d) n answered "Yes" on Form 9 (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add
	<u>11</u> rt I	Gross revenue	n line 3, column (d) n answered "Yes" on Form 9 (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add
	11 rt I 2 3	Gross revenue	n line 3, column (d) n answered "Yes" on Form 9 (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add
	<u>11</u> rt I 2 3 4	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes	(a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant pingo/progressive bingo	(c) Other gaming	19,352 (d) Total gaming (add col. (a) through col. (c)
	11 rt I 2 3 4 5	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Rent/facility costs	n line 3, column (d) n answered "Yes" on Form 9 (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant		19,352 (d) Total gaming (add col. (a) through col. (c
	11 rt I 2 3 4 5 6	Gaming. Complete if the organizatio     \$15,000 on Form 990-EZ, line 6a.      Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	an line 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	19,352 (d) Total gaming (add col. (a) through col. (c
	11 rt I 2 3 4 5 6	Gaming. Complete if the organizatio         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	n line 3, column (d)         n answered "Yes" on Form 9         (a) Bingo         (a) Bingo         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .	990, Part IV, line 19, or (b) Pull tabs/instant pingo/progressive bingo Yes% No	(c) Other gaming	19,352 (d) Total gaming (add col. (a) through col. (c
	11 rt I 2 3 4 5 6 7 8 Ent Is t	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Noncash prizes     Noncash prizes     Other direct expenses     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throu     Net gaming income summary. Subtract line ter the state(s) in which the organization com he organization licensed to conduct gaming	n line 3, column (d)         n answered "Yes" on Form 9         (a) Bingo         (a) Bingo         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .	290, Part IV, line 19, or (b) Pull tabs/instant pingo/progressive bingo Yes% No vates?	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	11 1 2 3 4 5 6 7 8 Entt Is t If "I	Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.     Gross revenue     Cash prizes     Noncash prizes     Noncash prizes     Noncash prizes     Other direct expenses     Other direct expenses     Volunteer labor     Direct expense summary. Add lines 2 throu     Net gaming income summary. Subtract line ter the state(s) in which the organization com he organization licensed to conduct gaming	n line 3, column (d)         n answered "Yes" on Form 9         (a) Bingo         (a) Bingo         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .         .	290, Pan IV, line 19, or (b) Pull tabs/instant pingo/progressive bingo Yes% No Rates?	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

DIRECTIONS FOR MENTAL HEALTH, INC.	F0 00	0071	_
Schedule G (Form 990 or 990-EZ) 2018 DBA DIRECTIONS FOR LIVING	59-20		
11 Does the organization conduct gaming activities with nonmembers?	L	Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Г		<b></b>
to administer charitable gaming?	L	Yes	└── No
13 Indicate the percentage of gaming activity conducted in:	1.	o.	0.
a The organization's facility	·····	3a	%
<b>b</b> An outside facility		3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount		
of gaming revenue retained by the third party $\blacktriangleright$ \$			
c If "Yes," enter name and address of the third party:			
Name			
Name			
Address			
16 Gaming manager information:			
Name			
Name			
Gaming manager compensation    \$			
$\cap$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_		
retain the state gaming license?		Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the		
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	<u></u>		01 401
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	); and Part I	II, lines 9	, 96, 106,
832083 10-03-18 Schedule	e G (Form 9	90 or 90	)-FZ) 2011
32		55 51 530	2010

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Schedule (	G (Form 990 or 990-EZ)	DIRECTIONS FOR DBA DIRECTIONS	MENTAL HEALTH, FOR LIVING	INC.	59-2092715 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
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				0	
				<b>N</b>	
			(	$\sim$	
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		G	<u> </u>		
		\sim			
				Sc	chedule G (Form 990 or 990-EZ)
832084 04-01	- 18				

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sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19	2		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	IU	,		
	rtment of the Treasury	Attach to Form 990.		Open to				
-	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Frenderson ide	Inspe				
Nan	ne of the organization			er identification number -2092715				
Da	rt I Question	DBA DIRECTIONS FOR LIVING s Regarding Compensation	59-20	19271	5			
FC		s negarating compensation			Yes	No		
10	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	990		res	NO		
		line 1a. Complete Part III to provide any relevant information regarding these items.	1000,					
	First-class or c		onaluse					
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account Personal services (such as maid, chauffe	ur, chef)					
	,		. ,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b				
2								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2				
		OX.						
3		ny, of the following the filing organization used to establish the compensation of the organiz						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	tion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant						
	X Form 990 of o	ther organizations	committee					
	During the surgery allo							
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re			4a		x		
a b		e payment or change-of-control payment? ceive payment from, a supplemental nongualified retirement plan?				X		
		ceive payment from, an equity-based compensation arrangement?				X		
Ũ		les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
	contingent on the r							
а	The organization?			. 5a		X		
b	Any related organiz			. 5b		X		
	If "Yes" on line 5a o	r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
	contingent on the r							
а	The organization?			. 6a		X		
b		ation?		. 6b		X		
_		r 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v		
-		nes 5 and 6? If "Yes," describe in Part III		. 7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				x		
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8				
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		. 9	- 000			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (⊦orr	n 990) 2018		

832111 10-26-18

DIRECTIONS FOR MENTAL HEALTH, INC.

DBA DIRECTIONS FOR LIVING

Schedule J (Form 990) 2018

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns (F) Compensati		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) APRIL LOTT	(i)	204,675.	0.	0.	0.	6,403.	211,078.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.	
(2) SANGITA DESAI M.D.	(i)	181,134.	0.	0.	0.	0.	. 181,134.	0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.		0.	
(3) MARKIO BRANDON	(i)	213,706.	0.	0.	0.	6,062.		0.	
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	. 0.	0.	
	(i)			4					
	(ii)								
	(i)								
	(ii)			S					
	(i)								
	(ii)								
	(i)			$C \times$					
	(ii)		C						
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	(i)								
	(ii)								

Page 2

59-2092715

DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING

Schedule J (Form 990) 2018

59-2092715 Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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S

	HEDULE M		Nonc	ash Contr	ibutions		OMB No.		
(Fo	rm 990)	.					20	18	5
Derect	mand of the Tanana and	 Complete if the org Attach to Form 990 		answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	Open to		
	ment of the Treasury I Revenue Service			r instructions and	I the latest information.		Inspe		
Name	e of the organizatio	-				Employer	identificati	on nu	mber
		DBA DIRECTIO				5	9-2092	715	
Pa	rt 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) I of determin ontribution a	•	s
1	Art - Works of art				, , <u>,</u>				
2		asures							
3		erests							
4		ations							
5		ehold goods							
6		hicles							
7						4			
8		ty				1			
9		ly traded							
10	Securities - Closel	y held stock			\sim				
11	Securities - Partne	ership, LLC, or							
	trust interests				\bigcirc				
12	Securities - Miscel	laneous							
13	Qualified conserva	ation contribution -			\sim				
		; 							
14		ation contribution - Other							
15		dential		C					
16		mercial							
17		r							
18				$c \times$					
19			X	6,928	247,133.		V TTOM	- 00	TOR
20		I supplies	Δ	0,920	247,133.	FORMULAR	I TIPI	PR	ICE
21				-					
22									
23		ns	\rightarrow						
24 25	Archeological artif	acts	\sim						
25 26	Other (
20 27	Other (
28	Other ► (
29		, 8283 received by the organi	ration durin	a the tax year for c	contributions				
		nization completed Form 82							
	let the english		,					Yes	No
30a	During the year, di	id the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	ph 28, that it			
					which isn't required to be u				
	exempt purposes	for the entire holding period	?		·		30a		Х
b		the arrangement in Part II.							
31	Does the organiza	tion have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31	Х	
32a		tion hire or use third parties		-	cit, process, or sell noncash		32a		x
b	If "Yes," describe								
33	If the organization		column (c) fo	r a type of propert	y for which column (a) is che	cked,			
LHA	describe in Part II.	Reduction Act Notice, see	the Instruct	tions for Earm 00	0	Cohor	dule M (Forr	n 000	2010
					.	Scilet		1 330	, 2010

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DIRECTIONS FOR MENTAL HEALTH, INC

Schedule M	(Form 990) 2018	DBA DIRECTIONS	FOR LIVING	59-2092715 Page 2
Part II	Sunnlemental	Information Broyido the in	nformation required by Part I, lines 30b, 32b, and 33, ontributions, the number of items received, or a com	and whother the organization
			4	
			4	
				·
			<u></u>	
			6	
			\bigcirc	
			²	
000140 45 55				Sobodulo M (Forme 000) 0010
832142 10-18-1	8			Schedule M (Form 990) 2018
			38	

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ
Name of the organizatio	DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification number 59-2092715
	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
	FAMILIES IN NEED OF INTEGRATED HEALTHCARE, SO	CIAL SUPPORT,
SAFETY, AND	HOPE FOR THE FUTURE.	
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
HOMELESS SER	VICES HELPS ADULTS AND FAMILIES LIVING WITHOU	T HOMES, OR AT
RISK OF HOME	LESSNESS, BY LINKING THEM TO A VARIETY OF RES	OURCES AND
PROVIDING PS	YCHIATRIC CARE THROUGHOUT THE COMMUNITY, INCL	UDING AT LOCAL
SHELTERS.		
	,319,917. INCLUDING GRANTS OF \$ 0. REVENU	 ም ሮ በ
	, 515, 517. INCLUDING GRANID OF 5 6. REVENU	ц ф V•
FORM 990, PA	RT VI, SECTION B, LINE 11B:	
THE FINAL 99	0 IS SUBMITTED FOR REVIEW TO THE FINANCE COMM	ITTEE AFTER THE
FINANCE COMM	ITTEE REVIEWS THE 990, THEY SUBMIT THE RETURN	, ALONG WITH THEIR
COMMENTS, TO	THE FULL BOARD. A DESIGNATED OFFICER THEN SI	GNS THE RETURN
AFTER CONSID	ERING BOARD COMMENTS.	
FORM 990, PA	RT VI, SECTION B, LINE 12C:	
	TIONS CONFLICT OF INTEREST POLICY REQUIRES TH	AT ALL OFFICERS.
	ND EMPLOYEES DISCLOSE ANY CONFLICTS IMMEDIATE	
COMPLIANCE I	S CONSISTENTLY MONITORED AND REVIEWED ON AN A	NNUAL BASIS.
FORM 990, PA	RT VI, SECTION B, LINE 15:	
COMPENSATION	IS DETERMINED BY REVIEWING MARKET RATES INCL	UDING LOCAL,
REGIONAL AND	NATIONAL LEVELS ACTUAL COMPENSATION RATES AR	E SET BASED ON THE
MARKET RATES	AND AVAIALABLE LEVELS OF FUNDING. THE PROCES	S OF DETERMINATION
LHA For Paperwork R 832211 10-10-18	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	dule O (Form 990 or 990-EZ) (2018)
	39	

11340715 795320 234500

Schedule O (Form 990 or 990-EZ) (2018)	Paç
Name of the organization DIRECTIONS FOR MENTAL HEALTH, INC. DBA DIRECTIONS FOR LIVING	Employer identification numb 59-2092715
AND THE FINAL DECISION IS CONTEMPORANEOUSLY DOCUMENTED IN	N THE MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
AND FINANICAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RECONSERVATION'S FINANICAL INFORMATION IS ALSO AVAILABLE OF	
FORM 9990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND R	
THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF A	AN INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
S	
S	
332212 10-10-18 Sche	edule O (Form 990 or 990-EZ) (20
40 402018.06000 DIRECTIONS FOR MEN	



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

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



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 records used to prepare the financial statements or to the financial statements themselves, and other records used to prepare the financial statements or to the financial statements themselves, including 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

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STATEMENT OF FINANCIAL POSITION

June 30, 2019 (With comparative total for 2018)

	Without Donor	With Donor		Total June 30,	
	Restrictions	Restrictions	Total	2018	
ASSETS					
Current assets Cash and cash equivalents (notes A5) Receivables	\$ 160,944	\$-	\$ 160,944	\$ 252,687	
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	2,516,167		2,516,167	2,249,809	
Investments (notes A12, C and G)	38,000	153,847	191,847	186,674	
Property and equipment, net of accumulated depreciation (notes A11 and D)	1,393,748	-	1,393,748	1,143,372	
(.,,		.,000,110	.,	
Other assets	10,126		10,126	10,126	
Total assets	\$ 3,958,041	\$ 153,847	\$ 4,111,888	\$ 3,589,981	
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	φ 1,024,499	φ	φ 1,024,499	φ 437,430	
(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	1,731,883		1,731,883	1,615,039	
Long-term debt (note F)	544,263		544,263	570,774	
Total liabilities	2,276,146		2,276,146	2,185,813	
Net assets Without donor restrictions With donor restrictions (note L)	1,681,895	- 153,847	1,681,895 153,847	1,230,611 173,557	
Total net assets	1,681,895	153,847	1,835,742	1,404,168	
Total liabilities and net assets	\$ 3,958,041	\$ 153,847	\$ 4,111,888	\$ 3,589,981	

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

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

	Without Donor	With Donor		Total June 30,
	Restrictions	Restrictions	Total	2018
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 beguests	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
	24,440,781	-	24,440,781	18,169,220
Net assets released from restrictions	24,883	(24,883)		
Total operating revenue	24,465,664	(24,883)	24,440,781	18,169,220
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
Total operating expenses	23,920,304		23,920,304	18,556,252
Operating income (loss)	545,360	(24,883)	520,477	(387,032)
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	(0 1,0 12)	-	(0.,0.2)	47,778
				,
Total non-operating revenue (expense)	(94,076)	5,173	(88,903)	(2,845)
CHANGE IN NET ASSETS	451,284	(19,710)	431,574	(389,877)
NET ASSETS AT BEGINNING OF YEAR	1,230,611	173,557	1,404,168	1,794,045
NET ASSETS AT END OF YEAR	\$ 1,681,895	\$ 153,847	\$ 1,835,742	\$ 1,404,168

STATEMENT OF CASH FLOWS

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

	2019			2018		
Cash flows from operating activities						
Change in net assets	\$	431,574	\$	(389,877)		
Adjustments to reconcile change in net assets to		<u> </u>				
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		(727,492)		588,735		
Net cash (used) provided by operating activities		(295,918)		198,858		
Cash flows from investing activities						
Purchase of equipment		(352,611)		(109,591)		
Net cash used by investing activities		(352,611)		(109,591)		
Cook flows from financing activities						
Cash flows from financing activities		(20.077)		(02 020)		
Payments on long-term debt Net proceeds from line of credit		(30,277)		(83,038) 165,455		
Net proceeds from line of credit		587,063		165,455		
Net cash provided by financing activities		556,786		82,417		
Net (decrease) increase in cash and cash equivalents		(91,743)		171,684		
Cash and cash equivalents at beginning of the year		252,687		81,003		
Cash and cash equivalents at end of year	\$	160,944	\$	252,687		
Supplemental disclosures of cash flow information Cash paid during the year						
Interest	\$	94,312	\$	57,834		
Taxes	\$	-	\$			

STATEMENT OF FUNCTIONAL EXPENSES

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

	Program Services						Support Servio			
	Case	Outpatient	Homeless	Child Protective & Diversion	Total Program	General and		Total Support		2018 Total
	Management Services	Outpatient Services	Services	Services	Services	Administration	Fundraising	Services	Total Expenses	Expenses
Personnel expense	\$ 1,986,700	\$ 3,763,240	\$ 701,172	\$ 8,408,289	\$ 14,859,401	\$ 1,639,924	\$ 6,86) \$ 1,646,784	\$ 16,506,185	\$ 12,361,498
Benefits	399,965	645,645	137,428	1,457,649	2,640,687	267,822	2,11		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	59,50	111,878	1,811,504	1,551,337
Client support	55,061	43,766	75,845	120,039	294,711	249	13	7 386	295,097	486,555
In-kind	98,935	294,622	10,265	23,487	427,309	14,657	10,31	2 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	78,92	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	\$ 2,962,342	\$ 5,849,888	\$ 1,319,100	\$ 11,642,072	\$ 21,773,402	\$ 2,067,982	\$ 78,92) \$ 2,146,902	\$ 23,920,304	\$ 18,556,252

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. <u>Change in Accounting Principle</u>

During 2019, Directions adopted ASU 2016-14, Presentation of Financial Statements of Notfor-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

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. <u>Use of Estimates</u>

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. <u>Cash and Cash Equivalents</u>

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. <u>Net Program Service Fees and Receivables</u>

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.

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. <u>Charity Care</u>

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. <u>Contributions</u>

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. <u>Medication Inventory</u>

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.

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. <u>Statement of Activities and Changes in Net Assets</u>

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.

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. <u>Donated Materials, Services and Building Space</u>

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. <u>Comparative Information</u>

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.

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	 38,000
	\$ 191,847

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	 1,382,501
	5,113,379
Less accumulated depreciation and amortization	 (3,719,631)
	\$ 1,393,748

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.

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	\$ 571,966
	571,966
Less current maturities	 (27,703)
	\$ 544,263
Future maturities of long-term debt are as follows:	
Year ending June 30,	
2020	\$ 27,703
2021	29,106
2022	30,580
2023	32,129
2024	452,448
2025 and beyond	 -

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.

571,966

\$

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:

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.

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:

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

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	
Balance, end of year	\$ 153,847

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.

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

\$ 153,847

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:

Program	R	levenues	Ex	penditures
Children's Outpatient Services Early Childhood Consultation Services	\$	693,070 226,123	\$	693,070 226,123
	\$	919,193	\$	919,193

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.

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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 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 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.

Buico Derdimer & leompany, O.A

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 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 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 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 deficiencies, in internal control over compliance is a deficiencies, in internal control over compliance 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.

Buier Dordimer & leompany, O.A

Tampa, Florida December 26, 2019

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

DIRECTIONS FOR LIVING

For the year ended June 30, 2019

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 finacial statements were prepared in accordance with GAAP:	Unmodified
Internal control over financial reporting: Material weakness(es) identified? Significant deficiency(ies) identified?	yes X no yes X none reported
Noncompliance material to financial statements noted?	yes <u>X</u> no
Federal Awards	
Internal control over major federal programs: Material weakness(es) identified? Significant deficiency(ies) identified?	yes X no 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

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.

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SUPPLEMENTARY INFORMATION

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

DIRECTIONS FOR LIVING

For the year ended June 30, 2019

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.S. Department of Housing and Urban Development						
Indirect Programs: <i>Community Development Block Grants/</i> <i>State's Entitlement Grants</i> Passed-through Pinellas County, Florida	14.218	CD16DMH	\$ -	\$ 10,715		
Emergency Solutions Grant Program Pass-through Programs from:	14.231					
Pinellas County Homeless Leadership Board Pinellas County Homeless Leadership Board Total Emergency Solutions Grant Program		QP17D-ESG19-P TANF-QPZ19D	-	222,473 55,568 278,041		
Total U.S. Department of Housing and Urban Deve	lopment Progr	ams	-	288,756		
<u>U.S. Department of Health and Human Services</u> Indirect Programs: <i>Comprehensive Community Mental Health Services</i> <i>for Children with Serious and Emotional Disturbances</i> Passed-through Central Florida Behavioral Health Network, Inc.	93.104	QB011 & RC011		347,750		
Projects for Assistance in Transition from Homelessness (PATH)	93.150					
Passed-through Central Florida Behavioral Health Network, Inc.		QB011 & RC011		256,233		
Substance Abuse and Mental Health Services Projects of Regional and National Significants Passed-through Pinellas County, FL	93.243	SM063331		232,744		
Promoting Safe and Stable Families	93.556	ECA-C6-CMO-DFL-FY19,				
Passed-through Eckerd Youth Alternatives, Inc.		ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19		523,435		
Temporary Assistance for Needy Families Pass-through programs from:	93.558					
Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19 & ECA-C13-CMO-DFL-FY19	-	1,912,868		
Central Florida Behavioral Health Network, Inc. Total Temporary Assistance for Needy Families		QB011 & RC011	-	<u>333,291</u> 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
Stephanie Tubbs Jones Child Welfare Services Program	93.645			
Passed-through Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	514,885
Foster Care - Title IV-E	93.658			
Passed-through Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19	-	3,943,656
Adoption Assistance	93.659			
Passed-through Eckerd Youth Alternatives, Inc.		ECA-C6-CMO-DFL-FY19, ECA-C13-CMO-DFL-FY19, ECA-C6-DIV-DFL-FY19		801,833
<i>Child Abuse and Neglect State Grants</i> Passed-through Eckerd Youth Alternatives, Inc.	93.669	ECA-C6-DIV-DFL-FY19		66,011
Block Grants for Community Mental Health Services	93.958			
Passed-through Central Florida Behavioral Health Network, Inc.	95.956	QB011 & RC011		193,058
Block Grants for Prevention and Treatment of Substance Abuse	93.959			
Passed-through Central Florida Behavioral Health Network, Inc.	30.303	QB011 & RC011		334,826
Total U.S. Department of Health and Human Servic	es Programs		-	9,460,590
Total expenditures of federal awards			\$-	\$ 9,749,346

The accompanying notes are an integral part of this schedule.

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.

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.

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.

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: <u>12/13/2019</u>														
CONTRACT #: QB011	CONTRACT #: QB011 BUDGET PERIOD: FROM <u>07/01/18</u> TO <u>06/30/19</u>										/19			
	-													
								NATED SAMH COS						
						STATE S	4.IVI I	IN-FUNDED COST C		ERS			Γ	Children's
						Adult Men	tal	Health					5	Substance Abuse
											Tot	al Adult Mental		Outpatient &
FUNDING SOURCES & REVENUES		CCST		TANF	М	edical Services		Incidental / IDP		PATH		Health		Outreach
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(3) Medicaid - All Other Regions		1,250,190		-		251,299		-		-		1,501,489		-
(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	g								DATE PREPARED:	<u>12/13/2019</u>
CONTRACT #: QB011	-								BUDGET PERIOD:	FROM <u>07/01/18</u> TO <u>06/30/19</u>
		STATE-DES	SIGN	ATED SAMH COS	Г СЕ	INTERS				
	-	TATE SAMH-FUND	ED	COST CENTERS						
	С	hildren's Mental Health								
		Outpatient &		Totals for State MH Funded Cost		als for Non-State MH Funded Cost				
FUNDING SOURCES & REVENUES		Outreach		Centers		Centers		Total 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(5) Federal Grants and Contracts		1,073,358		3,247,134		- 232,732		3,247,134 232,732		
(6) In-Kind from Local Government		-		-		252,752		202,702		
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 (6) In-kind		5,380 161,774		254,068 456,480		-		254,068 456,480		
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		

PROCRAM		-	 TANCE ABU	SE 8					AUDITED) - CO				
AGENCY: Directions for Living	17 000					LU	· · · · · · · · · · · · · · · · · · ·		E PREPARED:		<u>12/13/2019</u>		
												10014	.
CONTRACT #: QB011								BUD	GET PERIOD:	FRO	М <u>07/01/18</u> ТО <u>06</u>	/30/1	9
PART II: ACTUAL EXPENSES													
					STATE-DES	IGN/	ATED SAMH CO	sт с	ENTERS				
					STATE S	АМН	-FUNDED COST	CEN	NTERS				
					Adult Men	tal H	lealth						Children's bstance Abuse
EXPENSE CATEGORIES		ССЅТ	TANF	Ме	dical Services	In	cidental / IDP		PATH	Tot	al Adult Mental Health		Outpatient & Outreach
IIA. PERSONNEL EXPENSES (1) Salaries (2) Fringe Benefits	\$	1,090,276 193,755	\$ 201,841 35,869	\$	179,497 31,899	\$	-	\$	155,174 27,576	\$	1,626,788 289,099	\$	50,56 8,98
TOTAL PERSONNEL EXPENSES	\$	1,284,031	\$ 237,710	\$	211,396	\$		\$	182,750	\$	1,915,887	\$	59,54
IIB. OTHER EXPENSES	<u> </u>		,		,				,				· · ·
(1) Building Occupancy	\$	2,442	\$ 452	\$	402	\$	-	\$	348	\$	3,644	\$	11
(2) Professional Services		11,323	2,096		1,864		-		1,612		16,895		52
(3) Travel		71,663	13,267		11,798		-		10,199		106,927		3,32
(4) Equipment		1,281	237		211		-		182		1,911		5
(5) Client Support / Food Services(6) Medical and Pharmacy(7) Subcontracted Services		21,624 -	4,003 -		3,560		57,116		3,078		32,265 57,116		1,00
(8) Insurance		38,134	7,060		6,278		-		5,427		56,899		1,76
(9) Interest Paid		-	-		-		-		-		-		
(10) Operating Supplies and Expenses		124,706	23,087		20,531		-		17,749		186,073		5,7
(11) Other		6,828	1,264		1,124		-		972		10,188		3
(12) Donated Items		-	-		255,270		-		10,265		265,535		
TOTAL OTHER EXPENSES	\$	278,001	\$ 51,466	\$	301,038	\$	57,116	\$	49,832	\$	737,453	\$	12,8
TOTAL PERSONNEL AND OTHER EXPENSES	\$	1,562,032	\$ 289,176	\$	512,434	\$	57,116	\$	232,582	\$	2,653,340	\$	72,44
IIC. DISTRIBUTED INDIRECT COSTS Administration	\$	158,229	\$ 29,293	\$	26,050	\$	5,786	\$	22,520	\$	241,878	\$	7,33
TOTAL ACTUAL OPER. EXPENSES	\$	1,720,261	\$ 318,469	\$	538,484	\$	62,902	\$	255,102	\$	2,895,218	\$	79,77
					· · · ·	·	· · · · ·		· · · · · ·		· ·		
IID. UNALLOWABLE COSTS	\$	(6,902)	\$ (1,278)	\$	(1,136)	\$	(252)	\$	(982)	\$	(10,550)	\$	(32
TOTAL ALLOWABLE OPER. EXPENSES	\$	1,713,359	\$ 317,191	\$	537,348	\$	62,650	\$	254,120	\$	2,884,668	\$	79,45
IIE. CAPITAL EXPENDITURES	\$		\$ -	\$	70,466	\$	-	\$		\$	70,466	\$	

PROGRAM	1 / CC	-		ANCE ABU	SE 8	T SCHEDULE & MENTAL HEA AND REVENU	H SERVICES SCHEDULE (U	INA	UDITED) - CC	DNT	INUED	
AGENCY: Directions for Living								DA	TE PREPARED:		<u>12/13/2019</u>	
CONTRACT #: QB011								BUI	DGET PERIOD:	FRO	OM <u>07/01/18</u> TO <u>06/</u>	<u>/30/19</u>
PART II: ACTUAL EXPENSES												
				ED SAMH COS	от се	INTERS						
		TE SAMH-FUNDE	ED COS	ST CENTERS								
	Ch	ildren's Mental Health										
EXPENSE CATEGORIES		Outpatient & Outreach	SAN	lls for State /IH Funded st Centers		als for Non-State MH Funded Cost Centers	otal for All State- esignated SAMH Cost Centers	А	dministration	то	tal Expenditures	
IIA. PERSONNEL EXPENSES								•				
(1) Salaries (2) Fringe Benefits	\$	396,788 70,514	\$	2,074,138 368,599	\$	12,785,261 2,272,088	\$ 14,859,399 2,640,687	\$	1,646,784 269,934	\$	16,506,183 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	
IID. 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	
IIE. 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.

Plan Establish guidelines for preparation and recovery in an emergency situation: • 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 communicate this information to the public Do Recovery efforts will focus on restoring the corporate facility and operations: • Assess damage of facilities to determine need for assistance from affiliates community • Assess insurance processing for repairing/rebuilding facilities	
 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 communicate this information to the public Do Recovery efforts will focus on restoring the corporate facility and operations: Assess damage of facilities to determine need for assistance from affiliates community Assess insurance processing for repairing/rebuilding facilities 	
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 community Assess insurance processing for repairing/rebuilding facilities 	
	s in the
 Coordinate resources and staff for provision of needed services to prioritized population 	pulation
Coordinate information and instructions about facility openings and other in	
communications to the public through 2-1-1 and select media outlets as feasible	э.
Check Continually assess our preparedness:	
 Establish a Safety Committee that monitors organizational preparedness, as overall safety for staff and clients in our facilities 	well as
 Implement a comprehensive safety program which consists of orientation and orientation about safety with competency tested through drills to familiarize st emergency procedures 	0 0
Act Establish and mobilize a Response Team to provide assistance during and after an eme	ergency:
 Assist with general community needs by cooperating with federal, stat 	e, 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 	in other
emergency assistance they require	in other

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

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	Percentage of Office Based Operations Needed	Percentage of Work from Home Needed
Execution HIGH	 20% Crisis Response Services Emergency Psychiatric Care with Pharmacy Operations Homeless, FW, TW, SOC, SOAR, ECC, IFS, FIT, AOT, Psychological Svs, Navigators, Case Mgmt 20% Business Operations Scheduling, HIM, Rev Max, IT, MIS, HR, BO, and QI 	 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	 50% Crisis Response Services Emergency Psychiatric Care with Pharmacy Operations Homeless, FW, TW, SOC, SOAR, ECC, IFS, FIT, AOT, Psychological Svs, Navigators, Case Mgmt 50% Business Operations Scheduling, HIM, Rev Max, IT, MIS, HR, BO, and QI 	 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	100% Business as Usual• E-COOP meetings begin• Equipment and Supplies ordered• Communication to funders, partners & Staff• Signs posted for client care100% Outpatient Services 100% Child Safety Services	
	100% Supporting Business Operations	

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	EmployeeContact	Questions asked in the		
	Information	development of this list		
	Client Contact Information Partner Contact Information Funder Contact Information Vendor Contact Information Clinical Documentation Pharmacy Records	 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	2 way radio (in case phone lines are		
	Computers	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	,		
		the same geographical region as		
		DFL as back-up in the event primary suppliers are disabled		
Accommodations	Cots Face Masks			
	Food supply	Red Cross as primary contact for		
	Water Thermometer	emergency accommodations		
	Hazmat protective suits	- ·		
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 Directions 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.

Clearwater Center	Largo Center
1437 South Belcher Road	8823 -115 th Avenue North
Clearwater, Florida 33764	Largo, Florida 33773
Phone: (727) 524-4464	Phone: (727) 547-4566
Fax: (727) 524-4474	Fax: (727) 547-4599
Starkey Lakes Family Works	
8550 Ulmerton Road, Suite 145	
Largo, Florida 33771	
Phone: (727) 456-0600	
Fax: (727) 456-0640	

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	
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
НІМ	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 The Emergency Services Director will oversee Emergency Services dissemination of information to Directions for Living's Director/Director of funders, collaborative partners, and other impacted Marketing and			
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.Director of Marketing and Business Development status of recovery efforts.Human ResourcesThis department shall assist Emergency Services Director in communication to staffDirector of Human 	Leadership	the decision to respond to the community and to what degree will be determined by the President & CEO or	Director/Director of
in communication to staffResourcesHuman ResourcesThis department shall staff their main department phone line to assist employees with information and resourcesDirector of Human ResourcesHuman ResourcesList of staff contact information will be disseminated to Response Team membersDirector of Human ResourcesHuman ResourcesThe 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 ResourcesHuman ResourcesMaintain updated lists of home phone, cell phone, and evacuation plan informationDirector of Human ResourcesFinanceMaintain updated lists of home phone, cell phone, and companies to inform them of emergency and possible need for additional funds for recoveryCFO/Director of FinanceFinanceResponsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.CFO/Director of Finance	Leadership	dissemination of information to Directions for Living's funders, collaborative partners, and other impacted organizations concerning implementation of E-COOP and	Director/Director of
line to assist employees with information and resourcesResourcesHuman ResourcesList of staff contact information will be disseminated to Response Team membersDirector of Human ResourcesHuman ResourcesThe 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 ResourcesHuman ResourcesMaintain updated lists of home phone, cell phone, and evacuation plan informationDirector of Human ResourcesFinanceResponsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.CFO/Director of Finance	Human Resources		
Response Team membersResourcesHuman ResourcesThe 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 ResourcesHuman ResourcesMaintain updated lists of home phone, cell phone, and evacuation plan informationDirector of Human ResourcesFinanceThis department shall contact bank and credit card companies to inform them of emergency and possible need for additional funds for recoveryCFO/Director of FinanceFinanceResponsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.CFO/Director of Finance	Human Resources		
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.ResourcesResources of Human ResourcesHuman ResourcesMaintain updated lists of home phone, cell phone, and evacuation plan informationDirector of Human ResourcesFinanceThis department shall contact bank and credit card companies to inform them of emergency and possible need for additional funds for recoveryCFO/Director of FinanceFinanceResponsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.CFO/Director of Finance	Human Resources		
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companies to inform them of emergency and possibleFinanceneed for additional funds for recoveryFinanceFinanceResponsible for implementing an action plan for continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.Finance	Human Resources		
continuing to operate all necessary fiscal functions such as Finance payroll, paying invoices, processing incoming funds, etc.	Finance	companies to inform them of emergency and possible	
	Finance	continuing to operate all necessary fiscal functions such as payroll, paying invoices, processing incoming funds, etc.	

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	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.		
Marketing/ Communications	arketing/ This department shall assist Emergency Services Director		
Human Resources	sources Ensure all staff return to work or use contact information to locate and ascertain report to work status		
Human Resources	nan Resources Report to Insurance carriers as needed and appropriate		
Finance	ce This department shall contact bank and credit card companies to inform them of all clear status.		
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	
НІМ	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 HIM	Identify and isolate damaged records Inform Providers and Administration of damaged or lost records	Supervisor of HIM 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 POLICEDEPARTMENT (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:

- 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.

<u>627.0915</u> 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:

- Week One: Fire Safety
- Week Two: External Disasters (bomb threats, weather threats, other disasters, etc.)
- Week Three: Internal Safety (missing persons, medical emergencies, power outages, and other facilities emergencies, etc.)
- Week Four: Life Safety (ergonomics, parking lot safety, stress relief, proper lifting, workplace violence, etc.)

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, is 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		
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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		
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Appendix 1:

Response Team Contact Numbers

According to the ECOOP, the "Response Team is made up of Senior Leadership Team members and other key positions."

It is then the responsibility of the "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."

President & CEO – April Lott <u>alott@directionsforliving.org</u>	(407) 592-5574
Chief Operating Officer – Christina Suarez <u>csuarez@directionsforliving.org</u>	(727) 337-2188
Chief Financial Officer – Wendy Merson <u>Wmerson@directionsforliving.org</u>	(727) 503-5312
Controller- Ruth Brown Richards rrichards@directionsforliving.org	(614) 403-7764
Clinical Director– Shelly McCormick SMcCormick@directionsforliving.org	(727) 503-7942
Director of MIS and Reporting– Chris Wall <u>cwall@directionsforliving.org</u>	(727) 260-2949
Director of Revenue Cycle Management - Maria Lodge mlodge@directionsforliving.org	(727) 743-5199
Customer Service Supervisor - Norma Troche NTroche@directionsforliving.org	(727) 688-0480
Director of Facilities – Chris Johnson <u>cjohnson@directionsforliving.org</u>	(727) 260-1352
Sr. Director of Quality – Doug Brunn <u>dbrunn@directionsforliving.org</u>	(727) 248-2381
Director of Community Treatment- Damia Kelly <u>dkelly@directionsforliving.org</u>	(727) 242-0558

Sr. Director of Marketing and Business Development – Summer Gray <u>sgray@directionsforliving.org</u>	(941) 928-4481
Grant Writer and Donor Relations Manager- Lisa Alchin lalchin@directionsforliving.org	(727)-463-6371
Sr. Director of Human Resources – Millie Wagner milliewagner@directionsforliving.org	(727) 262-7763
Human Resources Generalist- Erika Johnson EJohnson@directionsforliving.org	(727)-463-8551
Director of Family Works – Rachel Smith <u>rsmith@directionsforliving.org</u>	(727) 631-2454
Director of Intensive Family Services- Jennifer Whealey jwhealey@directionsforliving.org	(727) 422-8320
Director of Family Works Pinellas- Anthony Comito acomito@directionsforliving.org	(727) 430-1048
Sr. Director of Data & Innovation – Heather King (727)-631-1901 hking@directionsforliving.org	

Appendix 2:

Directions for Living Code List

Directions for Living Emergency Codes

Directions uses a set of emergency codes to help facilitate communication among emergency responders. This enables emergency responders and staff to provide appropriate aid and resources in an emergency situation.

CODE	PLAN	Action	Who Calls?	Document
CODE RED	Fire Threat Activation	Evacuate immediately.	Anyone can call. Facilities/Operations must call "All Clear."	Facilities / Operations must document.
CODE BLUE	Medical Emergency	All medically-trained staff (MDs, ARNPs, LPN, Supervisor of Med. Assts.) to scene. Others stay away.	Anyone can call. Person who called must also call "All Clear."	Person who called the code must document .
CODE PINK	Infant/Child/Elderly Missing or Abducted Call place where person last seen in page	Monitor all exits, stairways and report suspicious people. Call police if person not found within 5 minutes.	Anyone can call. Person who called must also call "All Clear."	Person who called the code must document.
CODE GRAY	Security Alert: Combative Person	CPI trained staff not currently with a client should go to area. Everyone else removes clients from room and blocks Entrances.	Anyone can call. CPI trained staff who took lead must call "All Clear."	CPI trained staff who took lead must document.
CODE SILVER	Hostage Situation Weapon Involved	Call police immediately. CPI trained staff to area. Everyone	Anyone can call. Operations must call "All Clear."	Operations must document.

Don't forget: Employees are always responsible for clients!

PURPLE	(Power Outages, Etc.)	be sent via e-mail, voicemail,	department can call. Operations must call	document.
CODE	Other Indicident.	Notifications / instructions may	Operations	Operations must
CODE YELLOW	Verbal Bomb Threat DO NOT PAGE	Contact police. Evacuate building. No cell phones, pagers or other electronic devices.	Anyone can call. Operations must call "All Clear."	Operations must document.
CODE BROWN	Hazardous Material: Chemical, Biological (Fecal) Clean Up	Person who calls code must block off area. Facilities responds. Everyone else stays away.	Anyone can call. Facilities must call "All Clear."	Facilities must document.
CODE BLACK	Severe Weather Warning	Everyone stays inside & away from windows. Watch will be sent via e-mail or voicemail.	Operations can call. Operations will call "All Clear."	Operations must document.
CODE ORANGE	Lockdown	intervention. Everyone reads e-mail for information and stays inside.	Operations can call. Operations will call "All Clear."	The person who called the code must document.
		else stays away & closes doors. Remove clients from situation. No physical		

	Voice Shot or page -	"All Clear."	
	depending on situation.		

When calling "All Clear," repeat it twice. Say, "Code_____. All Clear. Repeat: All Clear."

Appendix 3:

Agency Phone Message Change Instructions

Communication Formatting - Templates

Employees must follow the Directions for Living templates below for all digital and voicemail correspondence, including e-mail signatures and away messages. Please direct questions about these templates to your supervisor.

I. Landline and Mobile Voicemail Settings

All employees must follow these guidelines when creating voicemail messages (regular and away) for landline and cell phones. All variations require approval. See instructions on page 4.

Template for all non-CSFP staff

Hello, you have reached (First Name, Last Name) (Title) at Directions for Living. If this is a life-threatening emergency, please hang up and dial 911. If this is a mental health emergency, please contact the PEMHS Crisis Hotline at 727-791-3131. I am currently unavailable or on the other line. Please leave a message and I will get back to you as soon as possible. If you do not hear back from me within two business days, please contact my supervisor, (First Name, Last Name), at extension ####. Thank you.

Template for CSFP (non-Diversion) staff

Hello, you have reached (First Name, Last Name), (Title) at Directions for Living at extension ####. I am not available at this time. Please leave a message and I will return your call within two business days. If I do not return your call within this timeframe please contact my supervisor, (name, title), at (supervisor's phone number). If your situation requires immediate attention between the hours of 8am to 5pm, Monday through Friday, please contact our Client/Provider Helpline at 727-409-3736 and a representative will assist you. If this is an emergency after 5pm or on the weekend please call our agency on-call number, 727-408-0516. Thank you.

Template for CSFP Hillsborough (non-Diversion) staff

Hello, you have reached (First Name, Last Name), (Title) at Directions for Living at extension ####. I am not available at this time. Please leave a message and I will return your call within two business days. If I do not return your call within this timeframe please contact my supervisor, (name, title), at (supervisor's phone number). If your situation requires immediate attention between the hours of 8am to 5pm, Monday through Friday, please contact our Client/Provider Helpline at 813-460-4300 and a representative will assist you. If this is an emergency after 5pm or on the weekend please call our agency on-call number, 813-460-4599. Thank you.

Template for CSFP Diversion staff

Hello, you have reached (First Name, Last Name), (Title) at Directions for Living at extension ####. I am not available at this time. Please leave a message and I will return your call within two business days. If I do not return your call within this timeframe please contact my supervisor, (name, title), at (supervisor's phone number). If this is an emergency, please call our agency on-call number, 727-432-1467. Thank you.

Away Messages for all non-CSFP staff

Away messages must be used during periods of planned leave. For periods of unplanned leave, the supervisor should change the message following an absence of 3 days or more.

Hello, you have reached (First Name, Last Name) (Title) at Directions for Living. If this is a life-threatening emergency, please hang up and dial 911. If this is a mental health emergency, please contact the PEMHS Crisis Hotline at 727-791-3131. I am currently out of the office and will return on (day, date of return). If you require assistance while I'm away, please contact (designee name) at (phone number). Thank you.

II. E-mail Signature Settings

All employees must follow the guidelines below when creating an e-mail signature. All variations require approval. Absolutely no personalized quotes or salutations may be added to official agency e-mail signatures. Only black font with a white background is acceptable except for the URL

(<u>www.DirectionsForLiving.org</u>) which can be in the traditional hyperlink blue. All agency-issued cell phones must be included in your e-mail signature; if you do not have an agency-issued cell phone, simply delete the cell phone line entirely. See instructions on page 4.

** Please note: the separator symbol ("|") can be created by holding down SHIFT and hitting the backslash ("\") key on a standard keyboard.)

Template for Clearwater Center Staff

(First Name, Last Name, Credentials) (Title) Directions for Living 1437 S. Belcher Road, Clearwater, FL 33764 Cell: (###) ###-#### Office: (727) 524-4464 ext. #### | Fax: (727) ###-#### www.DirectionsForLiving.org

Template for Largo Center Staff

(First Name, Last Name, Credentials) (Title) Directions for Living 8823 115th Avenue North, Largo, FL 33773 Cell: (###) ###-#### Office: (727) 547-4566 ext. #### | Fax: (727) 547-4599 www.DirectionsForLiving.org

Template for CSFP Non-Diversion Staff

(First Name, Last Name, Credentials) (Title) Directions for Living Sponsored by Eckerd Community Alternatives 8550 Ulmerton Road, Suite 130, Largo, FL 33771 Cell: (###) ###-#### Office: (727) 456-0600 ext. #### | Fax: (727) 456-0642 www.DirectionsForLiving.org

Template for CSFP Diversion Staff

(First Name, Last Name, Credentials) (Title) Directions for Living Sponsored by Eckerd Connects8550 Ulmerton Road, Suite 145, Largo, FL 33771 Cell: (###) ###-#### Office: (727) 524-4464 ext. #### | Fax: (727) 507-4006 www.DirectionsForLiving.org

Template for CSFP Hillsborough Staff

(First Name, Last Name, Credentials) (Title) Directions for Living Sponsored by Eckerd Connects 5463 West Waters Ave. Suite 850, Tampa, FL 33634 Cell: (###) ###-#### Office: (813) 901-3400 ext. #### | Fax: www.DirectionsForLiving.org

III. Automatic E-mail Away Messages

Away messages must be used during periods of planned leave. For periods of unplanned leave, the supervisor must change the message following an absence of 3 days or more. See instructions on page 4. Your auto reply **should** include:

- Out of the office notice
- Anticipated date of return
- Designee to contact in your absence with his / her name, title, phone number and

e-mail address

Auto replies should not include:

- Details of your whereabouts
- Personal contact information

Example of acceptable auto-response:

Thank you for your message. I am currently out of the office and will return on Monday August 23, 2012. If this is an urgent or time-sensitive matter please contact my supervisor (Name, Title) at (Phone number) or (E-mail address). (*CSFP non-Diversion staff:* The client/provider helpline is available at 727-409-3736). If this is not a time-sensitive matter, I look forward to reviewing your e-mail upon my return.

Appendix 4:

Voice Shot Instructions

Voice Shot: <u>www.voiceshot.com</u>

Username: AOConner Password: 911Alerts PIN: 62348573

The Voice Shot website has good instructions. The right side of most pages has tips. You can also search help in the menu bar.

To record a message:

- 1. Call 888-597-7859
- 2. Enter our PIN: 62348573
- 3. Follow the voice instructions

4. Write down the name of the Sound File recorded

To create a campaign:

1. Log into VoiceShot.com

2. From the home page, select "Create a Voice Campaign"

3. Select "Create an Outbound Campaign"

- 4. From the Create a New Campaign Page:
- a. Enter the Campaign Name (example: November Safety Month)
- b. Select Live and Answering Machine with the Same Message
- c. The caller-id is already set up- it doesn't need to be changed

d. Click Save

5. On the "Select Sound File" page, choose the sound file you recorded from the drop down list. Click Save. On the next page, click Next.

6. If you want to test your campaign, on the "Campaign Test" page, enter the phone number you want to test call. Click Test. If you need to change anything about your campaign, click the options under "Campaign Checklist" on the left side of the page.

7. Once you're ready, click Next.

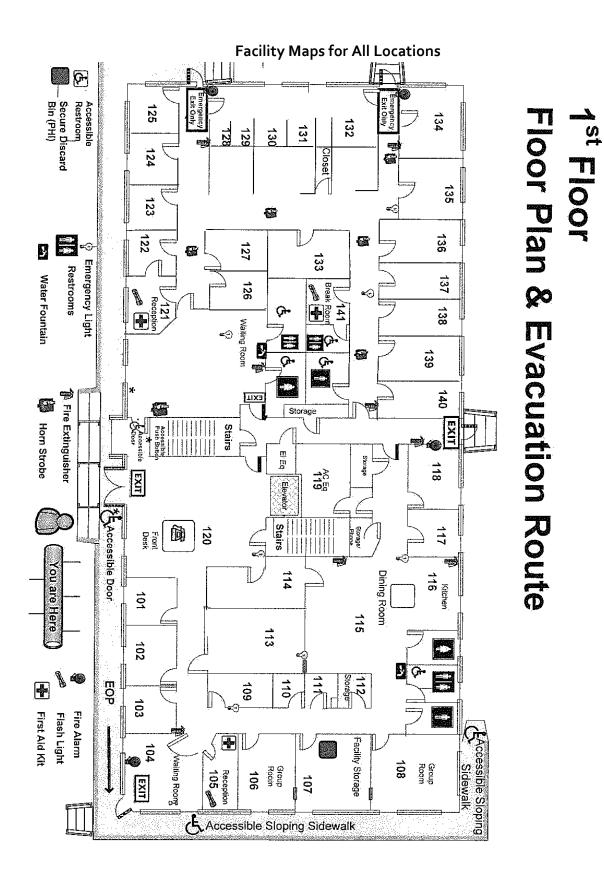
8. Select what date and time you want to start your campaign. Click save.

9. On the "Select Call List" page, put a checkbox next to the Call List you want to use. You can select more than one call list. Click Next.

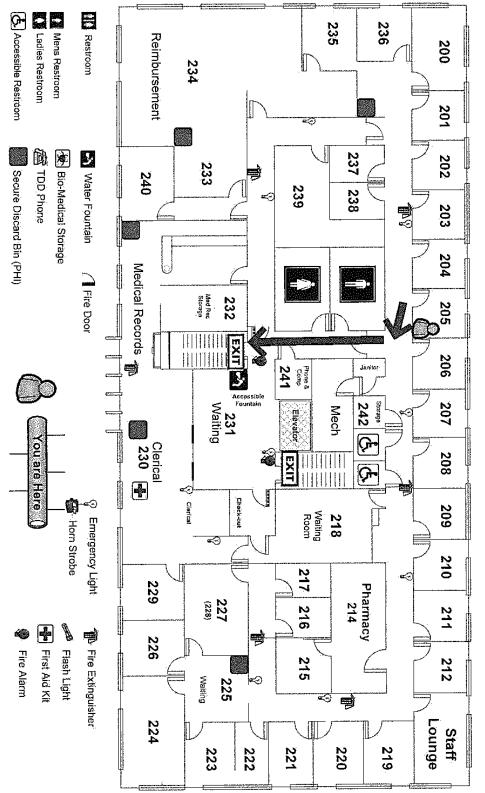
10. The "Campaign Summary" page provides an overview of the Campaign you've just created. Once you're ready to begin your campaign, click "Begin Campaign".

If a campaign has already been set up, which means the message has been recorded, the day and time of the campaign has been selected, and the call list has been selected, the campaign can be launched by phone. To launch a pre-setup campaign by phone, call 1-800-804-935. Enter PIN: 62348573.

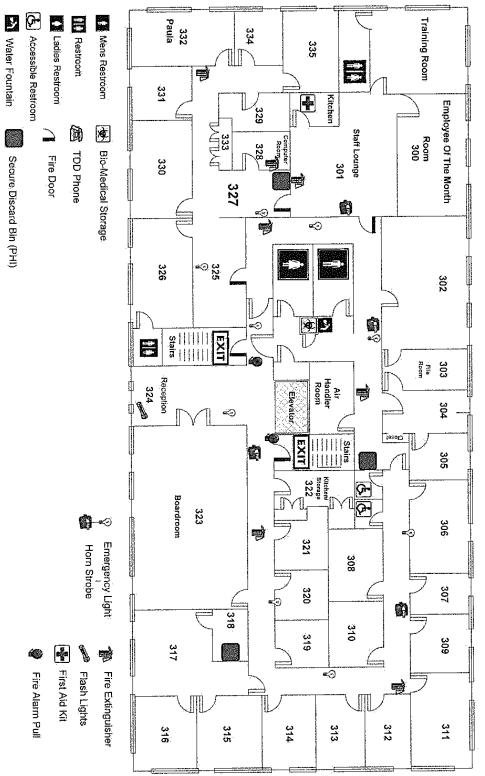
Appendix 5:

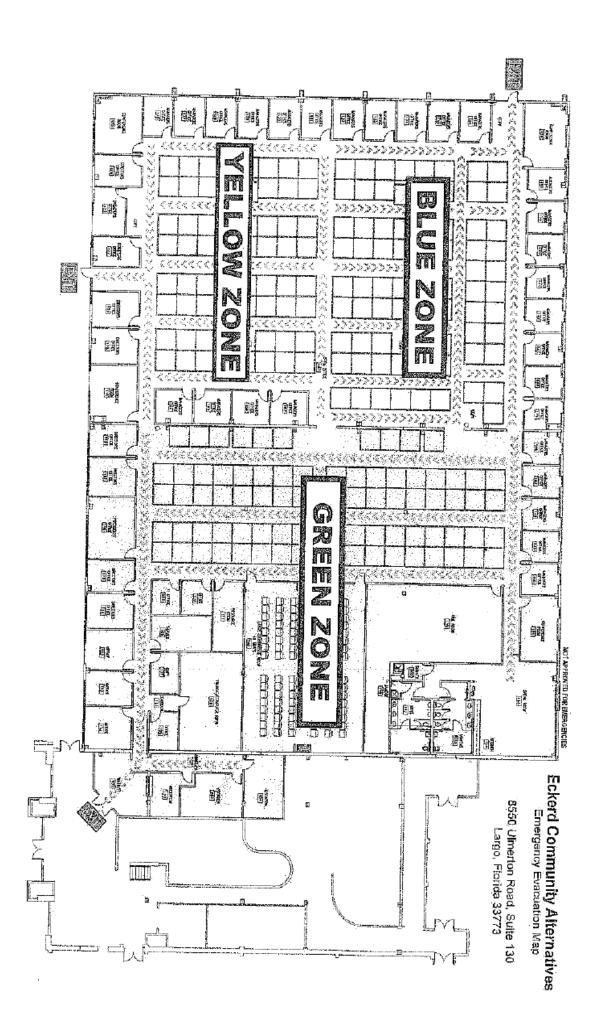


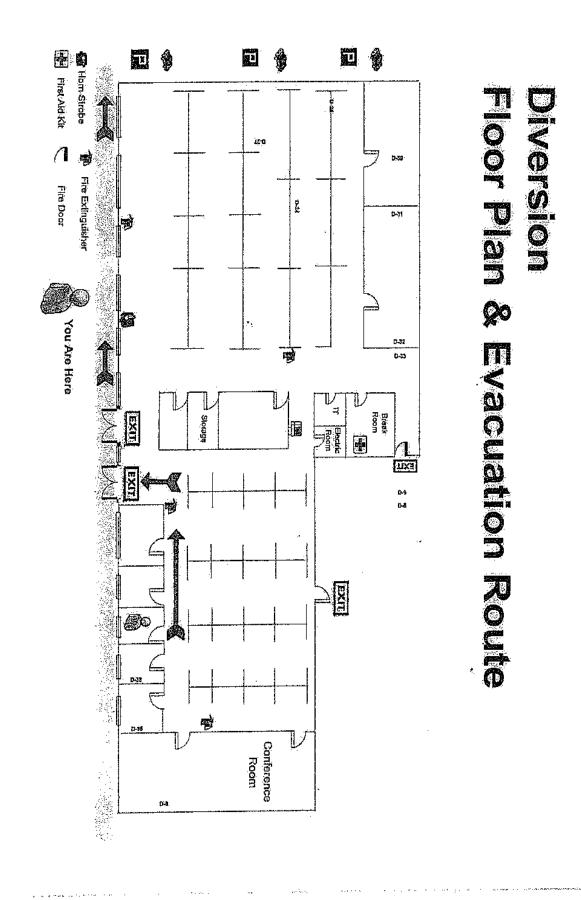
2nd Floor Plan & Evacuation Route

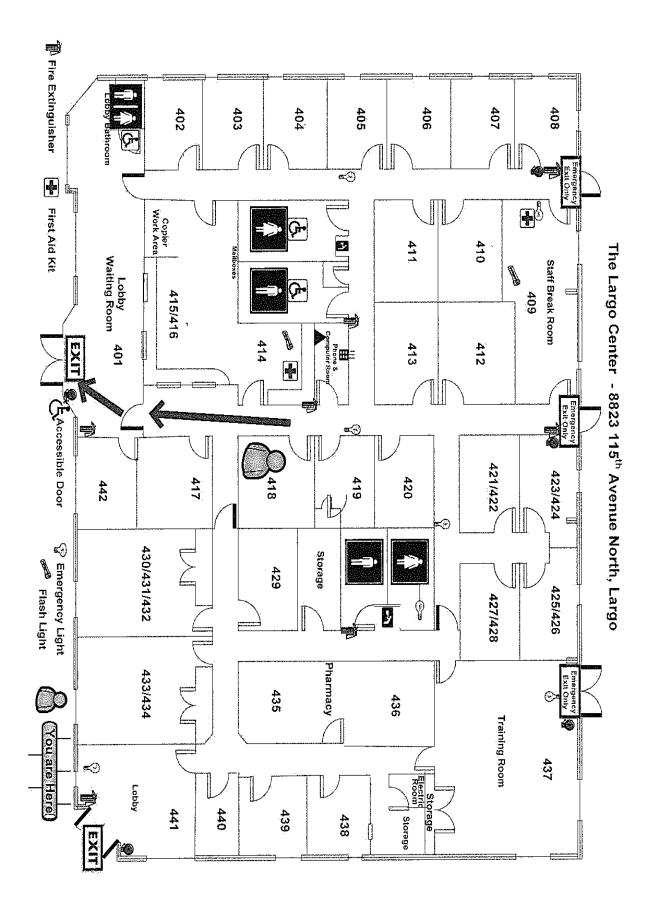


3rd Floor ରୁଚ **Evacuation Route**

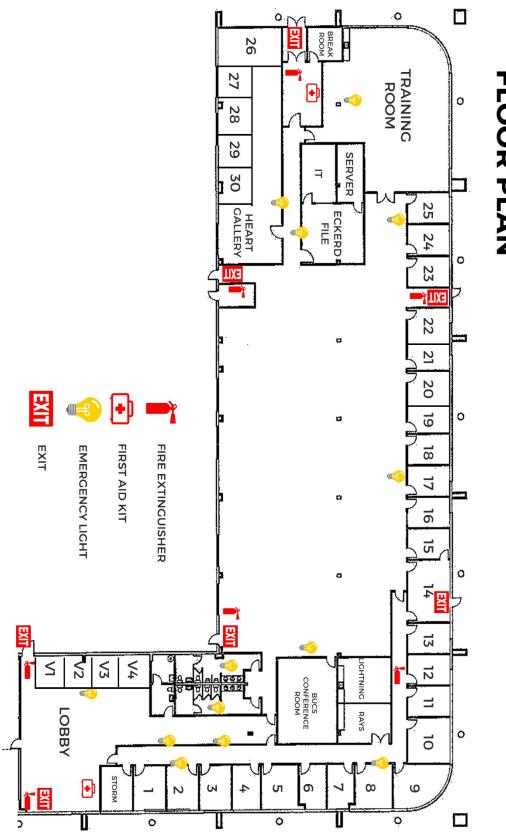












Appendix 6:

Insurance Contact Information (broker)

Stahl & Associates Insurance, Inc. Property and Casualty, Workers Comp, Liability Ken Williams, Senior Vice President Office (727)391-9791 Direct (727)489-0557 ken.williams@stahlinsurance.com

Sue Russell, Account Manager (727-489-0547) sue.russell@stahlinsurance.com

Stahl & Associates Insurance, Inc. Employee Benefits Jim Sullivan, Vice President Office (727)391-9791 Direct (727)489-0548 jim.sullivan@stahlinsurance.com

Appendix 7:

First Aid Kit Inventory / Checklist

Location of kit: ______ Inspector(s): _____

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

Please ensure that all items are not expired.

Initials	ltem	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

Appendix 8:

Referral Source List & Funder List

<u>Full Name</u>	Job Title	<u>Company</u>	<u>Business</u> <u>Phone</u>	<u>Mobile</u> <u>Phone</u>	<u>E-mail</u>
Mickey Thompson	Executive Director	2-1-1			mickit@211tampabay.org
Joyce Carpenter		АНСА			Joyce.Carpenter@ahca.myflorida.com
Gayle Ninis		АНСА	1-800-289- 7799		Gayle.Ninis@ahca.myflorida.com
Cheryl Rizzo		АНСА	1-800-289- 7799		
Heather Allman		АНСА			Heather.Allman@ahca.myflorida.com
John Clare		Baycare/Bayside Clinic			John.Clare@baycare.org
Yvette Covert	Network Specialist	Beacon/Psychcare	786-837- 2585		Yvette.covert@beaconhealthoptions.com
Theresa Martin		Blue Cross Blue Shield	904-371- 6962		tmartin@ndbh.com
Joanna Ortiz		Blue Cross Blue Shield			JOrtiz@ndbh.com
Meghan Lomas	Planning Section Manager	CABHI- Department of Human Services	(727) 464- 8273		mlomas@pinellascounty.org
Elisa N. DeGregorio	Grants Manager, Planning & Contracts Services	CABHI- Department of Human Services	(727) 464- 8434		edegregorio@pinellascounty.org
Yenneth Alvarez	Area Manager of Provider Relations	Cenpatico/Sunshine	813-286- 6146		<u>YAlvarez@centene.com</u>

Allison Travis	Contract Manager	CFBHN	813-740- 4811 X259		atravis@cfbhn.org
Joseph Ahrens		CFBHN			jahrens@cfbhn.org
Nathan Hartman		CFBHN			<u>nhartman@cfbhn.org</u>
Mary Wynhoff		CFBHN			marywynhoff@cfbhn.org
Steven Jorgenson		CFBHN			sjorgenson@cfbhn.org
Jason Saffels		CFBHN			jsaffels@cfbhn.org
Marcia G. Monroe,	Chief Clinical Officer	CFBHN		813.842.4211	
Lori Ledaite	Contracts Specialist	Eckerd Connects	(727) 456- 0600 ext 2206	Cell (727)401- 0583	Lledaite@eckerd.org
Melissa VanBruggen		Florida Department of Health in Pinellas	727-568- 8148X0		
Maria Marqueda	Contract Manager	Florida Department of Health in Pinellas	727-568- 8148		Maria.Maqueda@flhealth.gov
Sandra Lyth	CEO	InterCultural Advocacy (HOC)	727-445- 9734 x 211		<u>zhaisch@pcsonet.com></u>
Brian Jaruszewski	Chief Financial Officer	Juvenile Welfare Board of Pinellas County	727.453.5643	407.758.4734	
Marsha Ohmer	Provider Support Specialist	Magellan Complete Care	(813) 309- 8402		mdohmer@magellanhealth.com
Barbara Rowland	Sr. Contract Manager	Magellan Complete Care	863-209- 2824		barowland@magellanhealth.com
Julie Warren		Operation PAR	727-499- 2335 ext: 1312		jwarren@OperPar.org

Sgt. Kelly	Pinellas	PCSO-Mental	727-582-		kbush@pcsonet.com
Bush	County Sheriff's Office Mental Health Unit	Health Unit	6200		
Lt Zacahary Haisch		PCSO-Mental Health Unit			
Maxine Booker		PEMHS	727-545- 6477		mbooker@pemhs.org
Jerry Wennlund,	President/CEO	PEMHS	727.362.4305	727.902.8033	jwennlund@pemhs.org
Dagmar Blunt		Pin Cty Health & Human Services			dblunt@co.pinellas.fl.us
Felecia Henderson		Pin Cty Health & Human Services			fhenderson@co.pinellas.fl.us
Scott Glaeser		Pin Cty Health & Human Services			sglaeser@co.pinellas.fl.us
Lynn Harper		Pin Cty Health & Human Services			<u>lharper@co.pinellas.fl.us</u>
Lisa Brandes		Pin Cty Health & Human Services			lbrandes@co.pinellas.fl.us
Victoria Sailer	Grant Accountant	Pinellas County Homeless Leadership Board	727.582- 7164	727.643-7679	vsailer@pinellasHLB.org
Susan Finlaw- Dusseault	Director, Continuum of Care Services	Pinellas County Homeless Leadership Board	727.582.7921	727.417.2550	susanf@pinellashomeless.org
Bob Dillinger		SOAR-Public Defenders Office	727-464- 6866	727-464- 6865- Cassie Hadad Admin Assit	bdilling@co.pinellas.fl.us
Patty Vargas		SOAR-Public Defenders Office	727-464- 8497		pvargus@co.pinellas.fl.us
Ken Anderson	TANF Representative	TANF			kanderson@cfbhn.org

Ibelice	TANF local	TANF	(813) 740-		irivera@cfbhn.org
Rivera	help		4811 ext 234		
Susan	AVP Asst	Valley National	727-412-	(727) 742-	
Brockman	Branch		7665	6414	
	Manager				
Nick Patel.	SVP, Retail	USAmeribank	727-412-	727-492-4811	npatel@usameribank.com
	Market		7666		
	Manager				
Alexandria	BH Provider	Wellcare/CMS	813-915-	813-499-4062	Alexandria.Jones@Wellcare.com
Jones	Relations		2063		
Hilary Kim	Director of	Windmoor	727-541-		Hilary.Treanor@UHSINC.com
Treanor	Clinical		2646 X1700		-
	Services				

Appendix 9:

Vendor & Alternative Vendor List Contact Information

Vendor Status	Vendor ID	Vendor Name	Address 1	City	State	Zip Code
Active	ACE001	Ace Property Management Corporation of Tampa	3346 49th Street North	St. Petersburg	FL	33710-2165
Active	ACOWART	Andrea Cowart	2674 Megan Court	Palm Harbor	FL	34684
Active	ACSEDI	ACS EDI Gateway Inc	P. O. Box 201322	Dallas	ТХ	75320-1322
Active	ADAVELLA	Ashley D'avella	3333 Maitland Dr	Holiday	FL	34691
Active	AFFORDABLE REAL	Affordable Realty & Property Management	2900 18th Avenue South	St.Petersburg	FL	33712
Active	AGLORE	Angela Glore	4001 38th Ave S	St. Petersburg	FL	33711
Active	AHAZZARD	Allyson Hazzard	428 4th St NM	Largo	FL	33770
Active	AHF	AHF -Bayfund LLC	1201 Seminole	Largo	Florida	33770
Active	AIRWEST	Air West A/C Inc	2111 Sunnydale Blvd	Clearwater	FL	33765
Active	AJAX	Ajax Business Interiors	15360 US 19 North	Clearwater	FL	33764
Active	ALERE	Instant Technologies, Inc dba Alere Toxicology-Products Division	1342 Court Street	Portsmouth	VA	23704
Active	ALLCOUNTY	All County Property Management	5922 9th Ave North	St. Petersburg	FL	33710
Active	ALLIANCE	Alliance One Receivables Management Inc	PO box 2449	Gig Harbor	WA	98335-2449
Active	AMER3	Amerigroup	P.O. Box 933657	Atlanta	Ga	31193-3657
Active	AMTRUST	Amtrust North America, Inc	Po Box 6939	Cleveland	ОН	44101-1939
Active	ANGELA	Angela Sutton	815 Gulf Blvd	Indian Rocks Beach	Florida	33785
Active	ANGELS	Angels Against Abuse Inc	5404 Leilani Drive	St Petersburg Beach	Florida	33706
Active	ANT	Anthony L Gallo	621 23rd Ave North	St. Petersburg	FL	33704
Active	AREA	Area Printing Inc.	1389 Robinhood Lane	Dunedin	FL	34697
Active	ARROW	Arrow Environmental Services, LLC	8225 Tower Lane	Sarasota	FL	34240
Active	ASHLEY	Asley Agrippa	10269 121st Ave North	Largo	Florida	33773
Active	ASSOC	Associated Advertisers, Inc dba Military Medical News	55 E. Jackson Blvd	Chicago	IL	60604
Active	AUTOMAIL	Automated Mailroom, LLC	3629 W Cypress St	Tampa	FL	33607-4915
Active	AVESTA	Avesta Homes LLC	5118 56th Street	Tampa	FL	33610
Active	AVMED	AV-MED INC	Po Box 860363	Orlando	Florida	32886-0363
Active	BALCENA	Barbara Alcena Josue	11150 4th St N Apt 3612	St. Petersburg	FL	33716
Active	BAR001	Dwayne M. Barnes	PO Box 580095	Orlando	FL	32858

Active	BAYFR	Bayfront HMA Convenient Care LLC	PO Box 14279	Belfast	ME	04915-4035
Active	BECK	Colorgraphx, Inc	4721 110th Ave North	Clearwater	Florida	33762
Active	BHIVE	B Hive Awards & Advertising Specialties	1810 N. Hercules Ave	Clearwater	FL	33765
Active	BMACOLISTER	Brenda Mccolister	6165 58th ST N 5A	St Petersburg	FL	33709
Active	BOLEY	Boley Centers, Inc.	445 31st Street North	St Petersburg	FL	33713
Active	BRANDY DAVIDSON	Brandy Davidson	6604 Camden Bay Drive	Tampa	FL	33635
Active	BRIGHT	Bright House Networks	P. O. Box 31710	Tampa	FL	33631-3710
Active	BUREA	Bureau Of Elevator Safety	P. O. Box 6300	Tallahassee	FL	32314-6300
Active	BUTLE	Adrienne Butler	2242 14Th Avenue North	St. Petersburg	FL	33713
Active	CANDY	Candyman Management LLC	468 4th Ave South	St Petersburg	Florida	33701
Active	CAREB	Careerbuilder, LLC	13047 Collection Center Drive	Chicago	IL	60693-0130
Active	CARF	Carf International	6951 E. Southpoint Road	Tucson	AZ	85756-9407
Active	CASA	Community Action Stops Abuse, Inc	P.O. Box 414	St. Petersburg	FL	33731
Active	CCPARKS	City of Clearwater Parks and Recreation	100 South Myrtle Ave	Clearwater	Florida	33756
Active	CDUPONT	Carly Dupont	17725 Gulf Blvd	Redington Shores	FL	33708
Active	CENPATICO	Cenpatico	3057 Pahere Circle	Chicago	IL	60674
Active	CENPATICO2	Cenpatico	PO Box 6900	Farmington	MO	63640
Active	CENTRAL	John D. Quinn - Central Florida Party Rental	2690 DREW STREET	CLEARWATER	FL	33759
Active	CFBHN	Central Florida Behavorial Health Network, Inc.	719 Us Highway 301 South	Tampa	FL	33619
Active	CFC01	Commercial Fire & Communications Inc	P.O.Box 1350	Largo	FL	33779-1350
Active	CHA001	Clearwater Housing Authority	908 Cleveland Street	Clearwater	FL	33755
Active LLC- C	CHANGE	Change Healthcare Solutions, LLC	3055 Lebanon Pike Ste 100	Nashville	TN	37214
Active	CHE011	Chella Holdings, Inc	514 N. Franklin St. Suite 207	Tampa	FL	33602
Active	CHP001	Cambridge Hill Partners, Inc	PO Box 302	Newburyport	MA	01950
Active	CHENP	Chenango Property Inc	2764 Sunset Point Road	Clearwater	Florida	33759
Active	CHILDREN'S HOME	The Children's Home, Inc	10909 Memorial Highway	Tampa	FL	33615-2599
Active	CHRIS	Christopher R Hall	7822 Bally Money Road	Tampa	Florida	33610
Active	CITYOFPP	City Of Pinellas Park	P. O. Box 1337	Pinellas Park	FL	33780
Active	CITYSH	City Of Safety Harbor	750 Main Street	Safety Harbor	FL	34695
Active	CITYSTPETE	City Of St. Petersburg	Po Box 33034	St. Petersburg	FL	33733
Active	CLE01	City Of Clearwater	Utility Customer Service	Tampa	FL	33630-3020
Active	CLE02	City of Clearwater	PO Box 4748	Clearwater	FL	33758-4748

Active	CLE05	City Of Clearwater	610 Franklin St.	Clearwater	FL	33756
Active	CLEARHARBOR APT	Clear Harbor Apartments	11240 US Hwy 19	Clearwater	Florida	33764-7420
Active	CLEARWATER	Grant H. Grein Sr. Dba Clearwater Lock & Safe Company	1600 Gulf To Bay Blvd	Clearwater	FL	33755
Active	CLEARWATER POLI	Clearwater Police Department	645 Pierce Street	Clearwater	FL	33756
Active	CLECC	Greater Clearwater Chamber of Commerce Inc. dba Clearwater Regional Chamber of Commerce	401 Cleveland Street	Clearwater	FL	33755
Active	CMS VRE11	Cms VRE II Flagler LP dba Flagler Pointe Apartments	2540 Roy Hanna Drive South	St Petersburg	Florida	33712
Active	CNEWPORTRICHEY	City Of New Port Richey	P O BOX 2079	New Port Richey	FL	34656-2079
Active	COACHMAN	KRI Coachman dba (Coachman Apartments)	9821 Olde Eight Road	Northfield Center	ОН	44067
Active	COALITION	Coalition For The Homeless Of Pasco County, Inc.	P.O. Box 757	New Port Richey	FL	34656-0757
Active	COLL	Collman Properties Inc	423 Cleveland Street	Clearwater	Florida	33755
Active	COLONOAKS	Colonial Oaks, Inc	5255 62th Street North	Kenneth City	Florida	33709
Active	COMM2	The Community Foundation Of Tampa Bay	550 North Reo Street	Tampa	FL	33609
Active	CONT	Comtemporary Housing Alternatives of Florida, Inc.	2675 50th Avenue North	St Petersburg	Florida	33714
Active	CORNER	Cornerstone Realty Services	Po Box 7224	Seminole	FL	33775
Active	COX HEATING	COX HEATING & AIR CONDITIONING, INC.	2198 CALUMET STREET	CLEARWATER	FL	33765
Active	CRI01	Crisis Prevention Institute	10850 W. Park Place	Milwaukee	WI	53224
Active	CRICHARDSD	Constanza Richards	7880 10th Ave S	St. Petersburg	FL	33707
Active	CRITAICAL	Critical System Solution	2830 Scherer Dr Ste 300	St. Petersburg	FL	33716
Active	CROSS	ELMS Business Development Inc dba Crosstown Couriers	Po Box 10871	Tampa	FL	33679-0871
Active	CRUM	Crucita Mele	141 NE Monroe Circle	St. Petersburg	Florida	33702
Active	CSTPETERSBURG	City of St. Petersburg	1400 19th STREET N.	ST. PETERSBURG	FL	33713
Active	CTARPON	City Of Tarpon Springs	Po Box 5004	Tarpon Springs	Florida	34688
Active	CUYAHOGA	Cuyahoga Co Sheriifs Office	1215 W 3rd St	Cleveland	ОН	44113
Active	DCF	Department Of Children And Families	1317 Winewood Boulevard, Building 3, Room 454	Tallahassee	FL	32399-0700
Active	DEBORAH	Deborah A. Clement dba DC Photography Art	102 Emerald Lane	Largo	Florida	33771
Active	DELUDOS	Sheri Deludos & Associates, Inc.	2912 St. Croix Dr.	Clearwater	FL	33759
Active	DERONICA	Deronica Hampton	555 63rd Ave South	St.Petersburg	Florida	33705
Active	DESAI	Sangita Desai	9174 Waterwash Lane	Pinellas Park	FL	33782

Active	DFEAZELL	Doria Feazell	4133 39th Avenue South	St. Petersburg,	FL	33711
Active	DESTINY	Destiny Adoption Services & Consulting, Inc.	200 121St Ave W.	Treasure Island	FL	33706
Active	DFL2	Directions For Living	Sunshine Fund	Clearwater	FI	33764
Active	DIANE	Diane Nelson, Tax Collector	Po Box 4003	Seminole	FL	33775-4003
Active	DIRECT	Direct Express Rentals	1425 Central Ave	St Petersburg	Florida	33705
Active	DIRPC	Petty Cash Custodian	Petty Cash Custodian	Clearwater	FL	33764
Active	DONALD	Donald Jacobsen dba Jake's Properties	32565 Golden Lantern B208	Dana Point	Ca	92629
Active	DUKE	Duke Energy	P.O. Box 1004	Charlotte	NC	28201-1004
Active	EAST	East-West Electric Inc	2111 Sunnydale Blvd C	Clearwater	FL	33765
Active	ECC	Early Childhood Council Of Hillsborough County, Inc	4210 W.Bay Villa Ave	Tampa	Florida	33611
Active	ECKE1	Eckerd Youth Alternatives, Inc.	100 Starcrest Drive	Clearwater	FL	33758-7450
Active	ELAD	Elad-Reserve at Lake Pointe LLC / Reserve at Lake Pointe Apts.	5800 Lynn Lake Drive South	St. Petersburg	Florida	33712
Active	ELFTMANS	Susan P. Elftman - SEArchiture LLC	1296 Inverness Drive	Dunedin	FL	34698
Active	EMDEON	Emdeon	3055 Lebanon Pike Suite 1000	Nashville	TN	37214
Active	EMERALD	North Street Petersburg, LLC dba Emerald Pointe	111 73rd Avenue North	St Petersburg	Florida	33702
Active	EPINEIRO	Elizabeth Pineiro	217 Katherine Blvd Apt 2105	Palm Harbor	FL	34684
Active	ERAFFERTY	Emma Rafferty	4913 38th Way S Apt 202B	St. Pete	FL	33711
Active	ETHOS	Ethos Investigative Services, Inc.	P.O. Box 55246	St. Petersburg	FL	33732
Active	FAMF	Florida Asset Management Firm, LLC	5383 Primrose Lake Crcle	ТАМРА	FL	33647
Active	FAMILY	FAMILY TYES COUNSELING & CONSULTING, LLC	P.O. BOX 8010	CLEARWATER	FL	33758
Active	FAST	Lucke Enterprises, Inc. dba Fastsigns of Clearwater	2781 Gulf To Bay Blvd	Clearwater	FL	33759
Active	FAVILLO	Kariann Favillo	2012 DOVER CT	OLDSMAR	FL	34677
Active	FCBH1	Florida Council For Behavioral Healthcare	316 E. Park Avenue	Tallahassee	FL	32301-1514
Active	FCC02	Florida Council For Community Mental Health	316 E. Park Avenue	Tallahassee	FL	32301
Active	FCFCC	Florida Coalition For Children	411 E.College Ave	Tallahassee	FL	32301
Active	FDACS	FDACS	Fl Dept Of Agriculture & Consumer Services	Tallahassee	FL	32314-6700
Active	FDLE1	Florida Department of Law Enforcement	DCF Team	Tallahassee	FL	32302
Active	FDOS	Florida Department Of State	2661 Executive Center Circle	Tallahassee	FL	32301
Active	FINAN	Financial Services For Florida	3346 49th Street N	St Petersburg	Florida	

Active	FIREF	Fire Fighter, Inc.	P.O. Box 888	Land O'Lakes	FL	34639
Active	FIRST	First Nonprofit Companies	1 South Wacker Drive	Chicago	IL	60606
Active	FIRST BANK	First BankCard	P.O. BOX 2818	Omaha	NE	68103 2818
Active	FIRSTF	First Florida Management Services LLCP	600 Druid Rd East	Clearwater	Florida	33756
Active	FLADE	Florida Department Of Management Service	P. O. Box 5438	Tallahassee	FL	32399-5438
Active	FLDEP	Florida Department Of Children & Families	1317 Winewood Blvd	Tallahassee	FL	32399-0700
Active	FLOR1	Florida Certification Board	1715 South Gadsden Street	Tallahassee	FL	32301
Active	FLORIDA	Florida Notary Discount Association Co.	550 Hulet Drive Suite 105	Bloomfield	MI	48302
Active	FRANK	Frank M Enright	15181 Ford Rd # 133	Dearborn	MI	48126
Active	FRONT	Frontier Lighting Inc	2090 Palmetto Street	Clearwater	FL	33765
Active	FURAN	Michelle Furan-Sullivan	1525 Braemoor	Dundin	FL	34698
Active	GEMSUPPLY	Gem Supply Company Inc.	1312 W. Washington Street	Orlando	FL	32805
Active	GEO	Geoprofits Inc	7525 83rd St. North	Seminole	Florida	33777
Active	GEORGE	George Nicovic	1748 Longbow Lane	Clearwater	Florida	33764
Active	GMCB	Gmc Brandywine LLc	1699 68th Street North	St Petersburg	Florida	33710
Active	GOOD	Good Samaritan Misson, Inc	Po Box 2139	Balm	FL	33503
Active	GRAINGER	W.W. Grainger, Inc dba Grainger	100 Grainger Parkway	Lake Forest	IL	60045-5201
Active	GRANI	Granite Diagnostic Laboratories, Inc	2150 Alternate 19	Palm Harbor	FL	34683
Active	GRAYDI	Greater Ridgecrest Area Youth Development Initiative	12601 130th Ave N	Largo	FL	33774
Active	GREAT	Great America Financial Services Corporation	P.O. Box 660831	Dallas	ТХ	75266-0831
Active	GEI001	Great Explorations, Inc	1925 4th Street North	St Petersburg	FL	33704
Active	GREENWOOD	Greenwood Apartments	1003 West Ave	Clearwater	FL	33755
Active	GULF1	Gulf Coast Jewish Family and Community Services, Inc	14041 Icot Blvd.	Clearwater	FL	33760
Active	HARMONY	7025 HARMONY LLC	1350 N ORANGE AVENUE	WINTER PARK	FL	32789
Active	HARTFORD	The Hartford	Po Box 660916	Dallas	ТХ	75266-0916
Active	HAYES	Cherries LLC dba Hayes Florist	5444 Park Boulevard	Pinellas Park	FL	33781
Active	HILDA	Hilda's Inc	2101 Starkey Rd #T North	Largo	FL	33771
Active	HIMES	Gail Himes	3104 Meta Court	Largo	FL	33771
Active	HOLLY	Hollywood Police Department	3250 Hollwood Blvd	Hollywood	Florida	33021
Active	HOUCHINSB	Brittany Houchins	500 S. Belcher Road	Largo	FL	33771
Active	HOUSING	Housing Authority Of Tarpon Springs	500 S.Walton Avenue	Tarpon Springs	Florida	34889

Active	ILLINOIS	ILLINOIS STATE POLICE	260 North Chicago Street	Joliet	IL	60432
Active	ILLINOIS	ISO Claims Services, Inc dba	_	Jonet	IL	00432
Active	INSUR	iiX Insurance Information Excahnge	1716 Briarcrest Drive Suite 200	Bryan	ТХ	77802
Active	ICA001	InterCultural Advocacy Institute, Inc	612 Franklin St.	Clearwater	FL	33756
Active	IPEAKE	Inez Peake	1419 E Seneca Ave	Tampa	FL	33612
Active	IPFS	IPFS CORPORATION (Insurance)	P.O. BOX 730223	Dallas	ТХ	75373-0223
Active	IRON	Iron Mountain, Inc	P. O. Box 27128	New York	NY	10087-7128
Active	ISLANDBU	Island Business Solutions, Inc.	P.O. Box 67121	St. Petersburg	FL	33736
Active	J7 SPORTS	J7 Sports Event Management	644 West Graves Blvd	Orange City	Florida	32763
Active	JACKSON	Jackson & Coker Locumtenens, Llc	3000 Old Alabama Road Ste 119-608	Alpharetta	GA	30022
Active	JAYBRIGGS	Jay Briggs	714 1st Street Apt B	Indian Rocks Beach	Florida	33785
Active	JBEDWARDS	HBH Promos, Inc dba JB Edwards	1969 Sunset Point Road	Clearwater	fl	33765
Active	JWB01	Juvenile Welfare Board	14155 58Th Street North	Clearwater	FL	33760
Active	KADAMS	Keith Adams Quality Auto Repair Llc	16603 US HWY 19 NORTH	Clearwater	FL	33764
Active	KAPLAN	Kaplan Early Learning Company	Po Box 890575	Charlotte	NC	28289-0575
Active	КАТ	Katmandu Enterprises LLC	133 Carlyle Circle	Palm Harbor	Florida	34683
Active	KEL	Kel Properties LLC	PO Box 2037	Plattsburgh	NY	12901
Active	KING	King of the Road Mobile Home Park	5701 Haines Rd N	St. Petersburg	FL	33714
Active	KIRJ	Kirby Jones dba JoJoz LLC	411Cleveland # 267	Clearwater	Florida	33755
Active	KLINGMANJ	JAMIE KLINGMAN	ATHLETES WHO CARE, INC.	ΤΑΜΡΑ	FL	33607
Active	LAK02	Lakeside Occupational Medical Centers, Inc	P.O. Box 17780	Clearwater	FL	33762-0780
Active	LAKESHORE	Lakeshore Custom Wood Products, Inc	5210 Shadowlawn Ave	Tampa	FL	33610
Active	LANDI	Landings at Cross Bayou Apartments	6835 54th Avenue North	St Petersburg	Florida	33709
Active	LANDRY	Largo Landry LLC dba Madison at Largo	601 Rosery Rd NE	Largo	FL	33770
Active	LARRY	Lawrence Palin	413 161st Avenue	Redington Beach	Florida	33708
Active	LARSON	Larson & Larson, P.A.	11199 69th Street North	Largo	FL	33773
Active	LCONSTANT	Luisny Constant	5510 North Himes Ave Apt 1403	Tampa	FL	33614
Active	LE CLUB LLC	Le Club LLC		Pinellas Park	FL	33781
Active	LEADERSHIP	Leadership Pinellas	P.O. Box 5986	Clearwater	FL	33758-5986
Active	LEON	Leon Co. Sheriffs Office	Po Box 727	Tallahassee	Florida	32302
Active	LEROY	Leroy A Green	3525 29th Ave South	St Petersburg	Florida	33711

		Gary D. Collins dba Lexilo				
Active	LEXILO	Enterprises LLC	647 50th Avenue South	St Petersburg	Florida	33705
Active	LIGHTWAVE	Lightwave Management Resources, Inc	4707 - 140Th Avenue N.	Clearwater	FL	33762
Active	ШР	LJP Solutions LLC	3112 24th Street North	St Petersburg	Florida	33713
Active	LOTT1	April Lott	1964 Cove Lane	Clearwater	FL	33764
Active	LOTT2	Summer Lott	4207 S. Dale Mabry Hwy	Tampa	FL	189.70
Active	LYMAN	Timothy J. Lyman	PO BOX 840314	ST AUGUSTINE	FL	32080-0314
Active	M&B PRINTING	M&B Printing	P O Box 324	Newton	NC	28658
Active	MAGELLAN	Magellan	Po Box 785346	Philadelphia	PA	19178
Active	MANATEE	Manatee Co Sheriff's Office	600 301 Blvd West Suite 202	Bradenton	Florida	34205
Active	MARKG	Mark Gerondale	14028 Marguerite Drive	Madeira Beach	Florida	33708
Active	MATTHEWS	Matthews Benefit Group, Inc.	701 94Th Avenue North	St. Petersburg	FL	33702
Active	MCBRIDE	McBride Kelly & Associates	501 S dakota Ave Suite 5	Tampa	FL	33606
Active	MCKESSON	McKesson Medical-Surgical Inc.	Po Box 634404	Cincinnati	Oh	45263-4404
Active	MEDCO	Medcom	P.O. Box 10269	Jacksonville	FL	32247-0269
Active	MEHRA	MehraVista Health	2918 W. Harbor View	Tampa	FL	33611
Active	MELROSE	Melrose on the Bay Apartments	16321 Bolesta Rd	Clearwater	FL	33760
Active	MHC01	Mental Health Corporations Of America	1876-A Eider Court	Tallahassee	FL	32308
Active	MHRRG	Mental Health Rick Retention Group c/0 Strategic Risk Solutions	126 College Street Ste 400	Burlington	VT	5401
Active	MISH	Mish Mish Land LLC	PO Box 11582	St. Petersburg	FL	33733
Active	MOES	Moes Southwest Grill	11140 Starkey Rd	Largo	FL	33773
Active	MQURESHI	Maraika Brinkman Qureshi	1933 Rodney Drive	Los Angeles	CA	90027
Active	MYOFFICE	My Office Products	Po Box 306012	Nashville	TN	37230-6012
Active	N & N	N & N Office Furniture	953 N.E. Osceola Ave Suite 102	Ocala	Florida`	34470
active	NBAWI	Nasr A. Bawi	PO Box 7539	Clearwater	FL	33758
active	NEIGHB	Neighborly Care Network	13945 Evergreen Ave	Clearwater	Florida	33762
Active	PARINC	Operation Par, Inc.	6655 66Th Street North	Pinellas Park	FL	33781
Active	PEB0001	Pacifica Emerald Bay LLC	3901 38th Avenue South	St. Petersburg	FL	33711
Active	PEMHS	PEMHS, Inc	11254 58Th St. North Bldg A	Pinellas Park	FL	33782-2213
Active	PINELLAS	Pinellas-Allens Creek Associates LLC dba The Columns at Allen's Creek	2100 Powers Ferry Rd Se Ste 200	Atlanta	GA	30339
Active	PMS001	Property Management Specialist, Inc	PO Box 22429	St Petersburg	FL	33742

Active	PSG001	Painite Services Global, LLC	201 E. Kennedy Blvd Suite 950	Tampa	FL	33602
Active	PVINC	Pinellas Village Inc -Catholic Charities	8384 Bayou Boardwalk	Largo	Florida	33777
Active	QUEST	Quest Diagnostics Incorporated	PO Box 822557	Philadelphia	PA	19182-2510
Active	RAN	Randall Hendricks dba Briar Hill Apartments	7800 Belcher Rd Suite 114	Pinellas Park	Florida	33781
Active	RELIAS	Relias Learning, LLC dba Essential Learning	111 Corning Road	Cary	NC	27518
Active	ROSIE'S PLAYSCH	Rosie's Playschool III	2869 54th Ave North	St. Petersburg	FL	33714
Active	RUSTIC	Alan Investments Inc - Rustic Acres Mobile Home Park	4535 Juniper Dr	Palm Harbor	FL	34685
Active	SAM02	Sam'S Club/Synchrony Bank	P.O. Box 530981	Atlanta	GA	30353-0981
Active	SAN01	Sani-Chem Janitorial Supplies, Inc. dba Sani-Chem Cleaning Supplies	1950 Calumet Street	Clearwater	FL	33765
Active	SAS	Solutions For Administrative Services	6655 66Th Street North	Pinellas Park	FL	33781
Active	SCC001	Suncoast Center, Inc. dba Suncoast Center for Community Mental Health	4024 Central Avenue	St. Petersburg	FL	33711
Active	SCHWENDEMAN	Schwendeman Enterprise LLC	2940 Meadowood Dr	New Port Richey	FL	34655
Active	SEARCHITECTURE	Susan P. Elftma - SEArchitecture LLC	1350 Cr 1 #2876	Dunedin	FL	34697
Active	SECURE	Secure Environmental Electronics Recycling, Inc	6902 7th Ave E	Tampa	FL	33619
Active	SELSOU	Trust Management Group, Inc - Select Source	300 Primera Blvd	Lake Mary	FL	32746
Active	SHINEC	ShineCO INC	5029 Central Avenue	St Petersburg	Florida	33710
Active	SHOPPING	SHOPPING CENTER MARKETING GROUP, INC.	4625 East Bay Drive	Clearwater	FI	33764
Active	SIMPLE	Simple Delights Catering and Desserts, Inc	396 Lewis Blvd SE	St. Petersburg	FL	33705
Active	SIRSP	Sir Speedy	1878 Drew St.	Clearwater	FL	33765
Active	SMART	Smart Choice Services, Inc. dba Smart Choice Realty	11134 US HWY 19 #3C	Port Richey	FL	34668
Active	SOD	Sodexo, Inc & Affiliates	200 6th Ave South	St Petersburg	Florida	33701
Active	SOSTE	Stewart Oxygen Service of Central Florida, Inc	8994 Seminole Blvd.	Seminole	FL	33772
Active	SOUND	Sound Realty Services LLC	5409 16th Street North	St Petersburg	Florida	33703
Active	SPCAP	SP Clearwater Apartments		Clearwater	Florida	33755
Active	SPFC	St.Petersburg Free Clinic	863 3rd Ave North	St. Petersburg	Florida	33701
Active	STACYF	Stacy Finstad	Po Box 1313	Bradenton	Florida	34206
Active	STAHL	Stahl & Associates Insurance, Inc.	110 Carillon Parkway	St. Petersburg	FL	33716

Active	STELLA	Stella Grace, Inc	Po Box 1248	Pinellas Park	Florida	33780
Active	STERI	Stericycle, Inc.	P.O. Box 6582	Carol Stream	IL	60197-6582
Active	SUMMIT	Summit Consulting	P. O. Box 988	Lakeland	FL	33802
Active	SUN	Suncoast Federal Credit Union	26232 Us 19 North	Clearwater	Florida	33760
Active	SUNPRINT	Sun Print Management, LLC	5441 Provost Drive	Holiday	FL	34690
Active	SUNSHINE ACAD	Sunshine Academy of Clearwater	511 S Hercules Ave	Clearwater	FL	33764
Active	SVDP	Society of St Vincent de Paul South Pinellas	401 15th Street North	St. Petersburg	FL	33705
Active	TAN001	Steven Tannehill dba Stann1 LLC	6487 29th Avenue North	St. Petersburg	FL	33710
Active	TARA SCALISE	Tara Scalise	6818 4th Avenue North	St. Petersburg	FL	33710
Active	TBPARTY	William J. Carmen, Jr dba Tampa Bay Party and Balloon	1196 MISSION CIRCLE	CLEARWATER	FL	33759
Active	TERBO	The Terbo Group Inc	1410 Santa Anna Drive	Dunedin	FL	34698
Active	TERESA	Teresa Ann Falter	13033 Cumberland Drive	Largo	Florida	33773
Active	TRISHA	Trisha E. Bergold	3303 N. Decatur Ave	Tampa	Florida	33603
Active	WAL001	Teicia Walker	452 E. 35th Street	Paterson	NJ	
Active	WAL002	Lynette Wallace	2961 First Avenue South Ste D	St. Petersburg	FL	33713
Active	WCG001	WestCare Gulfcoast Florida, Inc (non 1099 payments)	100 2nd Avenue	St. Petersburg	Florida	33701
Active	WESTCARE	WestCare Gulfcoast Florida, Inc (1099 services)	PO Box 12019	St. Petersburg	FL	33733-2019
Active	WILLS	William J Shonefelt	3776 Siena Lane	Palm Harbor	Florida	34685
Active	WINDMOOR	Windmoor Healthcare	11300 Us 19 N.	Clearwater	FL	33764
Active	WRICKERT	Wayne C Rickert dba High Point Village Mobile Home Park	6030 150th Avenue North Lot 43	Clearwater	FL	33760
Active	YOURMEM	Your Membership.com, Inc	Po Box 123461	Dallas	ТХ	75312-3461
Active	YULAN	Yulan Liu	1549 Belleair Lane	Clearwater	Florida	33764

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. Theses 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: 1-800-231-0493

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 varies 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 to 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 hosts mock drills to ensure continued understanding of the requirements outlined in the planned.

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:

Eckerd/ECA Support	Spectrum Building	Hillsborough5463 W.
Center	8550 Ulmerton Road	Waters Ave
100 N. Starcrest Drive	Suite 130	Suite 850
Clearwater, FL 33765	Largo, FL 33773	Tampa, FL 33634
(727) 461-2990	Phone (727) 456-0600	(813) 901-3400
	Fax (727) 461-1729	

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
- o 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 addressed 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, asses 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	Martin Peters,
	submit their emergency plan with a current phone list of	Chief of Staff
	personnel.	
	2. Schedule a mock "emergency conference call" with ECA, DCF,	Jess Sternthal, Associate
	and case management agencies' administrative personnel to review emergency procedures.	Executive Director
	3. Review evacuation plan with all child welfare families and	LSF- Lisa Mayrose
	relative care givers during monthly case management visits.	Directions – Anthony
		Comito
		YFA – Keith Mukherjee
	4. Review evacuation plans with all foster families during	Laurallyn Segur,
	quarterly re-licensing home visits.	Director of Licensing
	5. Review the hurricane supply box to ensure that supplies are	Diketa Stephens,
	adequate. The box includes: flashlights, batteries, weather radio, garbage bags for covering computers, etc.	Executive Assistant
	6. Confirm alternate worksite in the event the building is	Jess Sternthal, Senior
	damaged and unable to be used.	Director of Operations
	7. Develop procedure to ensure access to emergency	Pamela Griffith, Vice
	cash/purchasing cards in event needed.	President of Finance
	8. Confirm with Eckerd Information Technology office that back-	Ray Wright, VP of
	up systems are operational.	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.	Martin Peters, Chief of Staff/Keith Gauthier, Risk Manager
	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.	Diketa Stephens, Executive Assistant
	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.	Diketa Stephens, Executive Assistant
	4. Establish a delegation of authority and order of succession in the event one or more personnel are unable to conduct their duties.	Brian Bostick, Executive Director
	5. Establish media contact for pending disaster.	Terri Durdaller , Public Relations Manager
	6. Call an emergency conference call with ECA, DCF, and case management agencies' administrative personnel to review procedures.	Martin Peters, Chief of Staff/Keith Gauthier
	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.	Holly Way, Director of Support Services
	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.	Diketa Stephens, Executive Assistant
	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	All staff

is required to ensure the desks and offic	es 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	Jess Sternthal,
	tree process to ensure all employees and their families are safe.	Associate Executive
		Director
	2. Conduct a safety inspection of the building	Eckerd Facility
		Manager
	3. Facilitate conference call (time pre-determined) with case	Jess Sternthal,
	management agencies, department personnel, and ECA	Associate Executive
	management staff. Priority on the call is to establish if all staff and	Director
	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	Diketa Stephens,
	submitted by case management agencies.	Executive Assistant
	5. Coordinate safety checks to each foster home and conduct safety	Laurallyn Segur,
	checks for each child residing in the home. Identify needs of foster	Senior Director of
	parents.	Licensing Jennifer
		Dean, Director of
		Out of Home Care
	6. Call each residential facility and verify the safety of the children	Jennifer Dean,
	and the condition of the facility.	Director of Out of
		Home
		Care
	7. Notify Circuit 6 Administrator and Contract Manager of the status	Jess Sternthal,
	of children served on a daily basis (data from the Hurricane	Associate Executive
	Database).	Director/Brian
		Bostick, Executive
		Director
	8. Coordinate solicitation of donated or purchased items to meet	Sonya Graham,
	the identified needs.	Senior Director of
		Growth and
		Transformation
	9. Secure hurricane resource distribution site.	Sonya Graham,
		Senior Director of

	Growth and
	Transformation
10. Coordinate distribution of supplies and equipment.	Diketa Stephens,
	Executive Assistant
	and Sonya Graham
	Growth and
	Transformation
11. Communicate with ICPC on a daily basis of the children listed on	Sonya Graham,
the ICPC database.	Growth and
	Transformation
12. Update the Department (contract management) of issues	Jess Sternthal,
identified.	Associate Executive
	Director /Martin
	Peters, Chief of Staff

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

Brian Bostick – Executive Director	Jess Sternthal – Associate Executive	Holly Way – (727) 456-0600 ext 2139				
Office (727) 456-0600 ext 2288	Director	cell (727) 269-3776				
Cell (727) 359-3646	Office: (727) 456-0600 x 2068					
	Cell: (727) 247-3326					
	Alternate: (386) 290-2780					
Jennifer Dean – Director Out of	Laurallyn Segur – Senior Director of	Sonya Graham – Senior Director of				
Home Care	Licensing and Recruitment	Growth and Transformation				
Office (727)56-0600ext. 2223	Office (727) 456-0600 ext 2002	Office (727) 456-0600 ext 2028 cell				
cell (727) 608-7463	Cell (727) 215-8776	(727) 608-8187				
Sonya Graham – Senior Director	Pamela Griffith – VP of Finance	Traci Reed – Director of Quality				
of Growth and Transformation	Office (727) 456-0600 ext 2004	Office (727) 461-2990				
Office (727) 456-0600 ext 2132	Cell (727) 429-2806	Cell (813) 951-0055				
cell (727) 272-0319						
Diketa Stephens – Executive Admini	istration Assistant					
Office (727) 456-0600 ext 2201 cell	Office (727) 456-0600 ext 2201 cell (727) 608-7451					

Case Management Agencies Contact Information

Lutheran Services Florida, Inc.	Directions for Living	Youth and Family Alternatives
Patricia L. Leonard, Assoc. Vice	April Lott, CEO	Mark Wickham, CEO
President of Quality	Office (727) 524-4464	Office (727) 835-4184
Management Lutheran Services	Cell (407) 592-5574	Cell (585)314-5830
Florida, Inc.	Anthony Comito, Director of	Keith Mukherjee, Program
Office (813)676-9513	Child Safety Pinellas	Director
Cell(813) 380-1768	Office (727) 456-0600 ext 2074	Office (727) 569-1740, X 252
Alternate (239)248-7787	Cell (727) 430-0414	Cell (813) 784-4348
Lisa Mayrose, Program Director	Back-up:Edina Gurdic, Assistant	Back-up: Gretchen Marzicola
Office (727) 456-0600 Ext 2006	Program Director	Office - (813) 901-3400
(727)434-0800	Office (727) 456-0600 ext 2015	Cell - (813) 789-1126
Back-up:	Cell Edina Cell	
Meghann Dobey, Assistant		
Program Director		
Office (727) 456-0600 Ext 2147		
Cell (727) 422-8410		
Alternate: (727) 480-6251		

Department of Children and Families Contact Information

Emergency Coordinator	Interim Regional	Lourdes Benedict	Danette Brewer
Jim Rood	Managing Director	Circuit 6 Community	Government Analyst I
Office (813) 337-5828	Lisa Mayrose	Development	Office (813) 337-5740
Cell (813) 267-2197	9393 North Florida	Administrator	Cell (813) 927-5263
	Avenue	Office (727) 373-7702	

	Tampa, FL 33612 Office (813) 337-5910	Cell (727) 224-6040	
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Out of Home Providers

Achieve Development DBA Achieve Deveopment Group Home Nelson Hurdle Executive Director	ALPHA House of Pinellas County, Inc. Jennifer Stracick Executive Director 727-822-8190	Bayside Boys Home Namon Wright 813-531-5025	Brookwood Florida, Inc. Pamela Mesmer Executive Director 727-822-4789
813-241-7266 Camelot Community Care, Inc. Catherine Coscia Clinical Director 727-452-6657	Carlton Manor, Inc. Paul Buxbaum Executive Director 727-343-3662 x223	Devereux Florida, Inc. Carol Deloach Assistant Executive Director 407-362-9210 x77246	Everyday Blessings Nicholas Keuler Clinical Director 813-982-9226 x237
Family Resources, Inc. Stacey Welton VP Residential 727-521-5203	Florida Sheriff's Youth Ranch William Frye VP of Programs 386-842-5501 x1214	HOPE Youth Ranch, Inc. Reverend Jose Suarez 727-232-0119	Kin-Ship Services, Inc. Trevor Quittschreiber Director 941-321-1027
Lighthouse Youth Services Namon Wright 813-531-5025	Miracles Outreach Community Development Center Michelle E. Walker Executive Director 813-416-1316	National Mentor dba Florida Mentor Carole Yount Program Manager 813-281-0123 x24	Other Mother's Group Home (APD) Karen Hunger Director 813-752-0966
Personal Enrichment Through Mental Health Services, Inc. Jerry Wennlund Chief Operating Officer 727-362-4305	Ridgeland Group Home (APD) Carol Josephs President 813-810-6257	Sequel Care of Florida Marcy Crosby Manager of Agency Licensing 727-638-0728	The Children's Home, Inc. James A. Hart Acting President/CEO 813-864-1500
The Salvation Army – a Georgia Corp Captain Timothy Gilliam Area Commander 727-550-8080	United Urban Outreach dba Jordan Rivers Center Dr. Cepeda McKay 813-900-1416	Youth & Family Alterna- tives, Inc. RAPP House Mark Wickham 727-835-4184	4KIDS of Tampa Bay, Inc. Kathleen Bourne 727-322-7641

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

	Communication Listing Newspaper	
St. Petersburg Times/ Clearwater Times Bureau Phone: (727) 445-4111	St. Petersburg Times/ Pasco Times Bureau Phone: (727) 869-6288	The Tampa Tribune Phone: (813) 259-7711 Phone: (813) 221-5788 (news)
Phone: (727) 446-6397 (news room) Fax: (727) 893-8675 northpin@sptimes.com	Phone: (727) 869-6235 (news room/ West Pasco) Phone: (813) 909-4606 (news room/ Central & East Pasco)	room) Fax: (813) 259-7676 news@tampatrib.com
C4 Detershown Times	Fax: (727) 893-8675 pasco@sptimes.com	
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	SunCoast News Phone: (813) 815-1068 Fax: (813) 847-2902 news@suncoastnews.com	
Events, calendar@tampabay.com	TV Stations	
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	WFLA-TV (Channel 8/ News Channel 8) Phone: (813) 259 7711 Newsroom: (813) 221 5788 news@wfla.com	WTVT-TV (Channel 13/ FOX 13 News) Phone: (813) 870- 9630 Phone: (800) 334-9888 Fax: (813) 871-3135 news@wtvt.com
WTSP-TV (Channel 10/ 10 Connects) Phone: (727) 577-1010 Fax: (727)576-6924 news@wtsp.com	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	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
JWB-TV (BHN Channel 622; Knology & Verizon Channel 22) Phone: (727) 547-5600 Phone: (727) 547-5677 Fax: (727) 530-7416 bkirby@jwbpinellas.org		· · · · · · · · · · · · · · · · · · ·

Radio

FM AM

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

FM		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	
		1430	WLKF - Talk	
102.5	WHPT - Classic Rock	1450	WWJB - News / Talk Radio	
102.7	WRGO - Oldies	1460	WBAR - Country	
103.5	WTBT - Country	1470	WLVU - Religious	
104.7	WRBQ - Oldies	1490	WSIR - Talk	
		1490	WWPR - Oldies	
105.5	WDUV - Easy Listening	1500	WPSO - Greek Radio Station	
106.3	WJQB - Oldies	1520	WXYB - Greek Radio Station	
106.5	WCTQ - Country	1550	WAMA - Spanish	
107.3	WXGL - Classic Rock	1590	WRXB - Urban	

107.9	WSRZ - Oldies	1620	WBUL - USF Student Radio

Pinellas County Resources

Emergency Numbers

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

	(FEMA)1-800- 621-3362	

Pinellas County Fire Departments

City of Largo,	Largo Fire Rescue	City of Seminole Fire	Clearwater Fire & Rescue
901 Ponce De Leon Blvd Belleair, FL 33756-1034	201 Highland Ave Largo, FL 33779	Rescue Department 11195 70 Ave N	610 Franklin St Clearwater, FL 33756
		Seminole, FL 33772-6311	
Dunedin Fire Dept	Gulfport Fire Department	Madeira Beach Fire Dept	Oldsmar Fire & Rescue
1042 Virginia St	2401 53rd St S	300 Municipal Dr	225 Pine Ave N
Dunedin, FL 34698	Gulfport, FL 33707	Madeira Beach, FL 33708	Oldsmar, FL 34677
East Lake Tarpon Special Fire Control District	Lealman Special Fire Control District		
3375 Tarpon Lake Blvd	4017 N 56th Ave		
Palm Harbor, FL 34685	Saint Petersburg, FL 33714		
Palm Harbor Special Fire Control & Rescue District	Pinellas Fire & Rescue District	Pinellas Park Fire Department	Safety Harbor Fire Department 700 Main St
250 W Lake Rd	304 1st St, Indian Rocks Beach, FL 33785	11350 N 43rd St	Safety Harbor, FL 34695
Palm Harbor, FL 34684	Deach, 1 1 55765	Pinellas Park, FL 33780	
South Pasadena Fire Department	St Pete Beach Fire Dept	St. Petersburg Fire& Rescue	Tarpon Springs Fire Rescue
-	7301 Gulf Blvd		444 S Huey Ave
911 Oleaner Way S	St Pete Beach, FL 33706	400 Dr. M.L. King St S	Tarpon Springs, FL 34689
South Pasadena, FL 33707		St Petersburg, FL 33701	
Town Of Belleair Fire Dept	Treasure Island Fire Department		
901 Ponce Deleon Blvd	180 108th Ave		
Belleair Bluffs, FL 33770	Treasure Island, FL 33706		

Clearview United Methodist	Daystar Life Center	First Church of the Nazarene –	Good Samaritan Church-	He Cares Wed and Fri – 10:00am-
	Mon,Tues,Thurs,Fri			12:00pm 548-1535
Mon & Thurs hours may vary 9:30-10:00a	9:00am-12:00 pm and 1:00-2:00pm	Tues 9:00am-12:00pm in special zip code areas	Mon, Tues and Thurs 9:00am-12:00pm	
may vary 9.30-10.00a	1.00-2.00pm	in special zip code areas	9.00am-12.00pm	
522-4673	825-0442	544-3608	544-8558	
Helping Hands	People that Love	RCS Food Bank	Salvation Army- Mon-	Salvation Army
Mon-Fri 10:00am 724-	Mission	Mon-Fri 8:00am-	Fri 9:0011:00am 1:00- 3:30pm 822-4954	Tarpon Springs –
1290	Mon-Fri 10:45am-	4:00pm	5.50pm 622-4754	Mon-Wed-Fri
	2:00pm	443-4031		need appointment
	820-0775			
				934-4476
Solid Rock Church –	St. Giles	St Petersburg Free	St. Vincent DePaul –	SunCoast Haven of
Wed and Thurs 9:00- 11:00am and Sat 9;00-	Mon-Thurs	Clinic (We Help) Mon- TH 8:30-3:30 Fri 8:30-	must call first	Rest Rescue
10:00am	0.00.10.00	11:30 821-1200	Mon-Fri 9:00-4:00	Mon-Fri 10:00-
521 (20)	9:30-12:30		825-0725	12:00 and 1:00-
521-6306	must have ID		020 0720	3:00 545-8282
	545-2664			
Wesley United				
Methodist Church				
Mon, Wed, Fri 9:00am- 12:00pm 896-4797				

Pinellas Food Resources

Pinellas Shelters

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

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

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

Pinellas County Hospitals

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

Mease Dunedin Hospital	U.S. Veterans Center
601 Main St, Dunedin, FL Main #: (727) 733-1111	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	

Pasco County Resources

Emergency Numbers

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

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

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

Pasco County Hospitals

Columbia New Port Richey Hospital	North Bay Medical Center
5637 Marine Pkwy	6600 Madison St

New Port Richey, FL 34652	New Port Richey, FL 34652
813-848-1733	813-842-8468
New Port Richey Surgery Center	Columbia Dade City Hospital
5415 Gulf Dr	3100 Fort King Road
New Port Richey, FL 34652	Dade City, FL 33525
813-848-0446	352-521-1100

Pasco Food Resources

Calvary Temple	First Christian	Faith United Methodist	Helping Hands	Isaiah 61 Outreach
Church of God	Church (In Bear	Mon-Thursday 10;00 -	Ministry M-W- Fr	M, Tu, W, F
(Sat only) 8:30-11:00am 849-2762	Creek) Call for appointment 862-2488	noon (Call for appointment) 856-5000	10:00- 2:00 376-7733	10:00-2:00 938-1137
Joining Hands Mission	Lakeview Baptist	Salvation Army – Mon-	Seventh Day Adventist	United Methodist
Mon-Thurs	Church Thursday only 10:00-2:00	Fri	- Wed 11:00-3:00	Church
9:00-12:00	856-5772	9:00 -12:30	848-4567	Tues-Fri
Fri		847-6321		9:00 -12:00
10:00-12:00				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) 800-921-8102 Acct # 305-160-1762-051013-5

Pinellas County Utilities (Water -Largo only) 727-464-4000 Acct # 100101392417

Spectrum (Internet

Service) 877-824-6249 Ste 145 - Acct # 0050541016-01 Sec. code 5606 CW - Acct #0050549103-01 Sec. code 7075 Largo - Acct # 0050543109-01 Sec code 4184 State of Florida-Dept of Mgmt Services SUNCOM (Land lines & fax machines) 888-478-6266 Acct #'s OP8

0P8-20977,7627,7003 CW Telephone Service 0P8-24990,16489,7178159 St. Petersburg Telephone Service 0P8-7927 Switched Long Distance

Verizon Wireless

800-922-0204 Acct # 223331355-00001

Appendix 12:

Community Contact List

Communication Listing

	Newspaper			
St. Petersburg Times/ Clearwater	St. Petersburg Times/ Pasco Times	The Tampa Tribune		
Times Bureau	Bureau	Phone: (813) 259-7711		
Phone: (727) 445-4111	Phone: (727) 869-6288	Phone: (813) 221-5788 (news		
Phone: (727) 446-6397 (news room)	Phone: (727) 869-6235 (news room/	room)		
Fax: (727) 893-8675	West Pasco)	Fax: (813) 259-7676		
northpin@sptimes.com	Phone: (813) 909-4606 (news room/	news@tampatrib.com		
	Central & East Pasco)			
	Fax: (727) 893-8675			
	pasco@sptimes.com			
St. Petersburg Times	SunCoast News			
Phone: (727) 893-8111	Phone: (813) 815-1068			
Phone: (727) 893-8215 (news room)	Fax: (813) 847-2902			
Fax: (727) 893-8675	news@suncoastnews.com			
news@sptimes.com				
News Tips: local@sptimes.com				
Events: calendar@tampabay.com				
	TV Stations			
Bay News 9	WFLA-TV (Channel 8/ News Channel	WTVT-TV (Channel 13/ FOX		
Phone: (727) 329-2400 Phone: (888)	8)	13 News) Phone: (813) 870-		
437-1239 Fax: (727) 329-2434 (news	Phone: (813) 259 7711 Newsroom:	9630 Phone: (800) 334-9888		
room)	(813) 221 5788	Fax: (813) 871-3135		
Fax (727) 329-2278 (neighborhood	news@wfla.com	news@wtvt.com		
news)				
news@baynews9.com				
WTSP-TV (Channel 10/ 10 Connects)	WFTS-TV (Channel 28/ABC Action	PCC-TV/ Pinellas County		
Phone: (727) 577-1010	News)	Connection TV (BHN		
Fax: (727)576-6924	Phone: (813) 354-2828	Channel 622; Knology		
news@wtsp.com	Phone: (877) 833-2828 Tip line: (866)	Channel 18; Verizon Channel		
	428-NEWS	44)		
	Fax: (813) 875-2828	Phone: (727) 464-4809		
	newstips@wfts.com	Phone: (727) 464-4600		
		tv@pinellascounty.org		
JWB-TV (BHN Channel 622; Knology				
& Verizon Channel 22)				
Phone: (727) 547-5600				
Phone: (727) 547-5677				
Fax: (727) 530-7416				
bkirby@jwbpinellas.org				

Radio

FM AM

88.5	WMNF - Multiple Formats	570	WTBN - Christian Talk
	Formats	620	WDAE - Sports Talk
88.9	WYFE - Christian		
89.1	WSMR - Christian	680	WRMD - Spanish Tropical
89.7	WUSF - Classical / NPR	760	WLCC - Spanish
		820	WMGG - Spanish
90.5	WBVM - Catholic / Classical	860	WGUL - Talk Radio
90.9	WAQV - Christian	910	WTBN - Christian Talk
91.1	WKES - Christian	970	WFLA - News / Talk Radio
91.3	WSEB - Christian	1010	WBZZ - Sports / Talk Radio
91.5	WJIS - Christian	1040	WWBA - News / Talk Radio
91.7	WFTI - Religious	1110	WTIS - Religious
91.9	WXJC - Religious	1130	WWBF - Oldies
92.1	WLTQ - Adult Contemporary	1150	WTMP - Adult Contemporary
92.5	WYUU - Country	1220	WQSA - Weather (NOAA)
		1230	WONN - Adult standards / Devil Rays
93.3	WFLZ - Dance / Top 40	1250	WHNZ - Health &
94.1	WSJT - Light Jazz	1250	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
		1430	WLKF - Talk
102.5	WHPT - Classic Rock	1450	WWJB - News / Talk Radio
102.7	WRGO - Oldies	1460	WBAR - Country
103.5	WTBT - Country	1470	WLVU - Religious
104.7	WRBQ - Oldies	1490	WSIR - Talk
		1490	WWPR - Oldies
105.5	WDUV - Easy Listening	1500	WPSO - Greek Radio Station
106.3	WJQB - Oldies	1520	WXYB - Greek Radio Station
106.5	WCTQ - Country	1550	WAMA - Spanish
107.3	WXGL - Classic Rock	1590	WRXB - Urban

107.9	WSRZ - Oldies	1620	WBUL - USF Student Radio

Pinellas County Resources

Emergency Numbers

Emergency	Pinellas County	Florida Highway	Federal	Duke Energy	National Poison Control
Management	Sheriff's	Patrol (FHP)	Emergency		
	Department	(813) 631-4020	Management	1-800-700-8744	1-800-222-1222
(727) 464-3800	(727) 582-6200		Agency		

	(FEMA)1-800- 621-3362	

Pinellas County Fire Departments

City of Largo,	Largo Fire Rescue	City of Seminole Fire	Clearwater Fire & Rescue
901 Ponce De Leon Blvd Belleair, FL 33756-1034	201 Highland Ave Largo, FL 33779	Rescue Department 11195 70 Ave N Seminole, FL 33772-6311	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		

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
Helping Hands Mon-Fri 10:00am 724- 1290	People that Love Mission Mon-Fri 10:45am- 2:00pm 820-0775	RCS Food Bank Mon-Fri 8:00am- 4:00pm 443-4031	Salvation Army- Mon-Fri 9:0011:00am 1:00-3:30pm 822- 4954	Salvation Army Tarpon Springs – Mon-Wed-Fri need appointment 934-4476
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 Food Resources

Pinellas Shelters

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

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

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

Pinellas County Hospitals

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

Mease Dunedin Hospital	U.S. Veterans Center
601 Main St, Dunedin, FL Main #: (727) 733-1111	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	Hillsborough	Florida Highway	Federal	Duke Energy	National Poison Control
Management	County Sheriff's Department	Patrol (FHP) (813) 631-4020	Emergency Management	<u>1-800-700-8744</u>	1-800-222-1222
<u>(813) 272-6900</u>	(813) 247-8000		Agency (FEMA)1-800- 621-3362		

Hillsborough County Fire Departments

Hillsborough County Fire Rescue - Station # 17	Hillsborough County Fire Rescue Station 4	Hillsborough County Fire Station 39	Hillsborough County Fire Rescue
410 E College Ave, Ruskin, FL 33570 (813) 272-6600	11826 E 92nd Hwy, Seffner, FL 33584 (813) 272-6600	7371 Montague St, Tampa, FL 33635	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		<u>(813) 744-5541</u>	(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	Town and Country	McClain Group	The Ark of	Tabernacle of
4546 Kelly Rd	SDA Church	Homes	Reconciliation	God Christian
Tampa, Florida 33615				Church
				13302 Lynn Road

813-884-5794	4926 Webb Rd Tampa, FL 33615	4608 Emerabld 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 813 884-1232	Bethel Temple Assembly of God 1510 W. Hillsborough Ave Tampa, FL 33603 813-238-2348	Tampa HillsboroughAction Plan1502 A E. HumphreyTampa, FL 33604813-935-2095	Christian Assembly 7809 N Orleans Tampa, Florida L 33604 813-966-2813	Forest Hill United Methodist 904 W. Linebaugh Ave Tampa, Florida 33612 813-935-3200
Dress for Success 1705 N Howard Ave Tampa, Florida 33607 813-299-3558	New Bright and Morning Star 1805 N Albany Ave Tampa Bay, FL 33607 813-766-4852	Francis House 4703 N. Florida Ave Tampa Bay, FL 33603 813-237-3066	Zion Lutheran Church 2901 N. Highland Ave Tampa, Florida 33602 813-223-4658	Homeless Helping Homeless 3010 N. Florida Ave Tampa Bay, FL 33603 813-415-3586
Most Holy Redeemer 10110 N. Central Ave Tampa, FL 33612 813-933-2859	Metropolitan Ministries 2202 N. Florida Ave Tampa, Florida 33602 813-209-1200	Bayshore Baptist Church 3111 W. Morrison Ave Tampa Bay, Florida 33629 813-253-3411	YMCA Community 110 East Oak Avenue Tampa, FL 33602 813-224-9622	Trinity Café 2801 Nebraska Ave Tampa, FL 33602 813-223-4108
Palm Ave Baptist Tower Inc. 215 Palm Ave Tampa, Florida 33602 813-223-2686	Jesus is the Life 206 W. 131st Ave. Tampa Bay, Florida 33612 813-900-2170	Hillsborough CountyFamily939 N. Florida AveTampa, FL 33612813-209-0504	St. Luke Ame Church 2709 N. 25th Street Tampa Bay, FL 33605 813-248-6753	The Spring of Tampa Bay P.O. Box 5147 Tampa, FL 33675 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	Hillsborough County	Trinity Café	Our Sisters Our	Homeless
Tower Inc.	Family	1603 N. Florida Ave	Friends	Helping
215 Palm Ave	939 N. Florida Ave	Tampa, Florida 33602	1709 E. Genesee St.	Homeless
Tampa, FL 33602	Tampa, FL 33612		Tampa, Florida 33610	3010 N. Florida
1 /	1 /		1 /	Ave
813-223-2686	813-209-0504	813-223-3781	813-965-5117	Tampa, Florida 33603
				813-415-3586
Zion Lutheran	Bible Truth	Commission	Open Arms Ministry	Francis House
Church	Ministries	Ministries	of Hyde Park	4703 N. Florida
2901 N. Highland Ave	4902 N. 22nd Street	2017 N 60th St	500 W. Platt St.	Ave
Tampa Bay, FL 33602	Tampa, FL 33610	Tampa, FL 33619	Tampa, Florida 33606	Tampa, Florida 33603
813-223-4658	813-231-9177	813-664-0585	813-253-5388	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	Simmons Center
4801 N. 22nd St., Tampa	1202 W. Grant St., Plant City
Shields Middle School	Pizzo Elementary School
15732 Beth Shields Way, Ruskin	11701 Bull Run Dr., Tampa
Cypress Creek Elementary School	Hammond Elementary School
4040 19th Ave., Ruskin	8008 N. Mobley Rd., Odessa
Strawberry Crest High School	Sessums Elementary School
4691 Gallagher Rd., Dover	11525 Ramble Creek Dr., Riverview
Bartels Middle School	Brandon High School
9020 Imperial Oak Blvd., Tampa	1101 Victoria St., Brandon
Smith Middle School	Burnett Middle School

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

Hillsborough County Hospitals

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

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

Pasco County Resources

Emergency Numbers

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

Land O'Lakes		
(813) 996-6982		

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.

CENTER RD • NEW PORT RICHEY
SCHRADER ELEMENTARY 11041 LITTLE RD • NEW
PORT RICHEY
SEVEN OAKS ELEMENTARY SCHOOL 27633 MYSTIC
OAKS BLVD • WESLEY CHAPEL
SEVEN SPRINGS MIDDLE SCHOOL 2441 LITTLE ROAD
• NEW PORT RICHEY
ST LEO UNIVERSITY 33701 STATE ROAD 52 • ST LEO
SUNLAKE HIGH SCHOOL 3023 SUNLAKE BLVD •
LAND O' LAKES
THOMAS WEIGHTMAN MIDDLE 30649 WELLS RD •
WESLEY CHAPEL
TRINITY ELEMENTARY SCHOOL 2209 DUCK SLOUGH
BLVD • NEW PORT RICHEY
TRINITY OAKS ELEMENTARY 1827 TRINITY OAKS
BLVD • NEW PORT RICHEY
VETERANS ELEMENTARY 26940 PROGRESS PKWY •
WESLEY CHAPEL
WESLEY CHAPEL HIGH 30651 WELLS RD • WESLEY
CHAPEL

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

Pasco County Hospitals

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

Pasco Food Resources

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

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

Resources:

http://www.pascoemergencymanagement.com/ http://www.pinellascounty.org/emergency/default.htm http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx

CEDTICICATE OF LIADILITY INCLIDANCE

DATE (MM/DD/YYYY)

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CONTRACT 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. ISUBROGATION 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 MARE: ONIO Security Insurance Co AND INSURER SENSE AND OG IF HIS PORDING COVERAGE NA NUMERE: CertificAte Aldoscape, LLC, DBA: Palm Island INSURER C: Instruct of Certific THAT THE POLICIES OF INSURANCE LISTED BELOWTHAVE BEEN ISSUED TO THE INSURED AMEND ADD VE FOR THE POLICY PERIOD NOTIFICATE WOLDER: THE OSCINES OF INSURANCE LISTED BELOWTHAVE BEEN ISSUED TO THE INSURED NAMED ADOVE FOR THE POLICY PERIOD
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If yes, describe under
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 CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Directions for Living ACCORDANCE WITH THE POLICY PROVISIONS.
1437 S Belcher Rd AUTHORIZED REPRESENTATIVE
Clearwater FL 33764 372C

ACORD 25 (2016/03)

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

Budget Category/Line Item	Pro	gram Budget - Total	Pin	ellas CARES Grant
Personnel (salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)	\$	272,779	\$	272,779
Equipment (computers, furniture, etc., less than \$3,000 per item)	\$	166,425	\$	166,425
Supplies (office materials, program related purchases, program necessities to deliver services, etc.)	\$	19,883	\$	19,883
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	\$		\$	13
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	\$	141	\$	- 94
Training (staff development, conferences, long distance travel)	\$	493,353	\$	241,128 493,353
Design, Printing, Marketing & Postage (for direct program related services only)	\$	1,000	\$	1,000
Capital (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)	\$	~	\$	
Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)	\$	264,183	\$	264,183
Indirect Costs (pre-negotiated federal rate, de minimus rate of 10%, or none)	\$	121,762	\$	121,762
TOTAL	\$	1,339,385	\$	1,339,385

1061,937.80

80

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 Super

Position Description: The Licensed Clinical Supervisor will work in a team approach utilizing a solutionfocused, 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 ondemand 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 devise 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 ondemand 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 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 provide 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 skeep 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 ellents 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 vitality 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 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.

ADMINSTRATION (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 preestablished 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



PCF CARES Nonprofit Fund

Logistical Partner Organizations

Logistical Partner Organizations	Primary Contact	Contact Information
Community Health Centers of Pinellas	Joe Santini	727-434-8626
USF St. Pete	Dr. Patti Helton	
Hispanic Outreach Center	Jaclyn Boland	727.445.9734
Juvenile Welfare Board Neighborhood Family Centers: 1. CAP (Tarpon Springs) 2. Clearwater 3. GRAYDI 4. Lealman and Asian Neighborhood 5. Sanderlin 6. High Point 7. Mattie William	 David Archie Terry Jones Michelle McFarlane Donna McGill Celeste Thomas Margo Adams Janet Hooper 	1.727.934.58812.727.442.53553.727.595.16844.727.528.78915.727.321.94446.727.533.07307.727.791.8255
Juvenile Welfare Board Community Councils: 1. Mid-County 2. South County 3. North County	 Yaridis L. Garcia Millicent Battle Joanne M. Reich 	 727.453.5662 727.453.5660 727.453.5624
St. Petersburg College all campuses (Tarpon Springs, Clearwater, Seminole, Gibbs/St. Pete, Epicenter)	Marilyn Shaw	
Angels Against Abuse	Sandy Kearney	727-804-7710
Department of Health	Melissa VanBruggen or Dr. Choe	727-512-3404
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	727-939-1400
Oldsmar Cares	813-415-7373	

PHONE: (727) 524-4464 | FAX: (727) 524-4474 | WEB: WWW.DIRECTIONSFORLIVING.ORG

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