

# Application Form

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## *Organization Introduction*

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**A Word version you may use to draft your application is available here. You must submit your final application through this portal.**

**The scoring rubric is available to guide your application.**

**Pinellas Community Foundation is partnering with the City of St. Petersburg to support the creation of a series of community support Hubs.**

One organization (“the Lead Nonprofit”) will be chosen to design and operate the Hubs. The Hubs will have three main functions: licensed care from therapists, neighborhood outreach, and resource navigation/case management. Hubs will also have access to emergency funds to quickly address crisis situations.

The Lead Nonprofit should have experience providing mental health care to under-resourced communities, including communities of color and communities that have experienced trauma (including but not limited to violence and abuse, disasters, adverse childhood experiences, crime, interactions with the criminal/legal system, etc.).

In addition to mental healthcare, Hubs are meant to provide two other core services: case management and outreach. **You may apply with up to two partners that would strengthen your proposal in these core areas. However, partnerships are not required at the application stage. Please see the RFP FAQs for more information.**

The Hubs will roll out one by one, with the first Hub opening this summer. The process is meant to evolve over time. The Lead Nonprofit will learn from the rollout of the first Hub before opening the second.

The application prioritizes Lead Nonprofits who are well-connected to the St. Petersburg community. This application aims to understand your vision and potential, and the program is meant to support building your capacity.

Pinellas Community Foundation is also partnering with the City of St. Petersburg to support the creation of a Nonprofit Incubator, to launch in early Fall. This Nonprofit Incubator will be a primary source of support for the Lead Nonprofit in areas like financial management, program design, and administrative support.

### **Organization Name\***

New Visions of The Well

### **Incorporation Year\***

2018

## Organization Mission and Vision\*

What are your organization's mission and vision statements? This should be no longer than three to four sentences total.

The Well's mission is to connect, engage, equip, and empower individuals and communities to live safe, free, and well. We achieve this through training and development, alliance building, and strategic healing-centered civic, clinical and community practice. We acknowledge and affirm the legacies of trauma, resistance, resilience and the necessity of joy. We envision a community, liberated, happy, and living well.

We are strategically partnered with Gulf Coast Jewish Community Services, Inspired by Jewish values, to PROTECT the vulnerable, EMPOWER individuals, and STRENGTHEN families. We stand in solidarity with People Empowering and Restoring Communities (PERC) who is on a mission to help the offender become and remain an ex-offender, reunited with family through advocacy, education, programming, and comprehensive service delivery and referral.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional so as not to stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for this program. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

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## Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenses only) for your entire organization.

\$1,059,955.00

## Organization/Programming Background

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### History in St. Petersburg\*

Please describe your organization's history of providing services in the City of St. Petersburg. Be specific as to the amount of time you have been working within the city, and in what geographic area(s)/neighborhoods.

The Well, through partnership with the reputedly oldest Re-entry Coalition in the State of Florida (PERC) and Gulf Coast JFCS, has collectively provided mental health; housing; workforce; legal and social support; elder; child and family services to residents since 1960. Predating official establishment, our founders pioneered best practices in faith and clinical partnerships, contributed to improving court and health system processes,

led special initiatives for social justice organizations, and provided consultation for social service and family safety agencies.

In 2018, The Well was established through a non-profit capacity-building grant from FHSP, following recommendations from the clergy/community health initiative at PCUL. Drawing on the data and the experiences of four generations of residents, we offer culturally relevant and trauma-informed services, training, outreach, and care management, prioritizing Black, marginalized, trauma-impacted, and system-impacted communities (MTSC). Strategically located on the historic Deuces corridor in south St. Pete, we predominantly serve zip codes, 33707, 33711, 33701, 33705, and 33712, which exhibit the highest mental health, socioeconomic, and food insecurity needs in St. Pete, according to the 2022 Community Health Needs Assessment.

We have since expanded to include counseling, consultation, community health promotion initiatives, advocacy and awareness campaigns, community crisis intervention, family and peer support, and training for community members, leaders, and providers. In response to the dual pandemic in 2020, encompassing the devastating impact of COVID-19, racial tension, and increased crime and violence, our organization experienced significant growth. We became the preferred provider for civic, social justice, and faith-based organizations serving MTCS. Advancing equitable access, we established colocation in 11 sites throughout the city and expanded services to include reflective supervision, employee assistance, and clinical organizational support.

We have a growing collective of practitioners that play a crucial role in addressing the diverse needs of the community. We collaborate with organizations, individuals, and families across various settings, including client homes, schools, community centers, and health clinics. While we serve different geographies and neighborhoods in the city, we maintain a concentrated focus in south St. Pete neighborhoods where our headquarters are situated.

## People Served\*

Who does your organization primarily serve? Include age groups, racial/ethnic groups, and income levels. Also include the number of current clients you see annually.

We are dedicated to serving diverse individuals from various backgrounds, age groups, races, and income levels. Our focus is on marginalized communities impacted by trauma and systemic challenges. Through our comprehensive services, including training, clinic services, advocacy, assertive outreach, crisis support services we served 9,568 individuals, including 102 in intensive clinical services due to crime and violence. A quarter identified as male, 62% as female, and 13% chose not to disclose their gender. 86% identified as BIPOC, highlighting our commitment to address their unique challenges and dismantle systemic barriers. Approximately 73% fell below the poverty level, emphasizing our impact on economic accessibility. We prioritize supporting families with children, representing 63% of our clients, through targeted outreach and specialized programs.

To empower individuals who have experienced incarceration, 18% of our clients endorsed this background. Through strategic partnerships, we enhance our impact. GCJFCS serves 30,000 clients annually, including 6,212 in St. Petersburg last year and a projected 6,097 this year. Our client population reflects our diverse region, with 58% white, 28% Black, 10% Latinx, and 4% identifying as more than one race. 10% identify as LGBTQ+. 2% identify as neurodiverse/ having a disability.

PERC assisted 887 clients, including 240 St. Petersburg residents. These collaborations amplify our collective efforts.

We are committed to comprehensive data collection as crucial for understanding gender diversity, sexual orientation, ability, linguistic diversity, and other identity markers. We are committed to acquiring and

building a system that consistently captures this data, enhancing our ability to address clients' unique needs and advancing equity in all aspects of our work.

## Service Provision\*

What types of mental health services are provided to current clients? Please describe the specialties and/or therapeutic modalities used.

We acknowledge legacies of trauma, resistance and resilience. We know the power of leveraging the inherent strengths of people, while partnering in therapeutic processes. As a collective, our mental health services include: drop-in community wellness sessions; behavioral health screening, assessment, consultations (substance use (SA), psychiatric, medical, mental health, and general wellness); medication management & assisted treatment. We are an approved child-safety service provider and our substance abuse treatment services range from licensed, court-approved, and CARF accredited, which is essential for individuals navigating systems.

As residents and providers, we know some of the challenges of getting help, especially in high stress times. We've adapted our scope of practice, over time, to provide therapeutic systems and social service navigation; community and individual crisis response and intervention; therapist-aided peer support; individual, family and group counseling; mental health education/psychoeducation; assertive outreach and engagement; telehealth/telemedicine.

We are committed to providing trauma-informed, healing-centered interventions. We've adopted and adapted specific treatment modalities to attend to the various cultural and support needs of people experiencing trauma, marginalization, system involvement; or impacted by crime and violence.

Our therapeutic interventions includes: Supportive Therapy (ST), Trauma Informed Cognitive Behavioral Therapy (TF-CBT), Accelerated Resolution Therapy, EMDR, Acceptance and Commitment Therapy (ACT), Assertive Community Treatment Teams (ACTT), Creative Arts Therapy, Somatic Therapy, Solution Focused Therapy, and Child-Parent Psychotherapy. Locally and nationally, we are recognized for our Survivor Support services, serving social justice organizations. (See Appendix)

As part of our commitment to enhancing mental health care, we leverage high fidelity WRAP models to support client-centered safety and wellness plans that incorporate meaningful people and traditions. All people deserve quality mental health care tailored to their unique needs and experiences, inclusive of their diverse backgrounds and circumstances. We know, because We are St. Pete.

## Payment for Services\*

Please explain how you currently receive payment for mental health services.

How much do you charge per hour? If there is a range, please explain the range. If you accept insurance, please explain which insurance types you accept. **There is no expectation that your organization currently accepts insurance.**

We offer our services based on a generosity-based economy to create a more equitable and just process that allows us to serve those who may not have the financial means to pay for mental health care. Services are paid through various options: (a) insurance, (b) fee-for-service (set fee), (c) sliding fee scale, or (d) the GEN+ Plan. Our network providers accept most commercial insurance plans (CIGNA, Humana, Blue Cross Blue Shield, Headway, Alma) as well as Medicaid/Medicare. We receive funding from donors and local foundations to offset service costs for clients with limited financial abilities.

In the initial consultation, the financial situation of the client is discussed, as well as the different payment options available to them. If they have the ability to pay for services, they may choose to use their health insurance, the fee-for-service arrangement (set fee for services), or offer more generously by opting into the GEN+ PLAN. The GEN+ PLAN allows for clients to pay more than the service fee to help others. For asset-limited, income-constrained (using ALICE guidelines) members, we use the sliding scale fee schedule. Clients who are unable to pay for services may still receive mental health care through the GEN+ PLAN, which allows for their contributions solely based on their time and talent, with no expectation of a fixed fee for service or direct financial contribution.

We believe that everyone has a valuable contribution, and when individuals are invited to participate, regardless of their financial situation, they are more likely to engage. This approach also allows us to build stronger relationships with our clients and create a more supportive, inclusive and equitable community. This approach is based on the belief that everyone deserves to receive the care they need to live healthy and fulfilling lives.

Our fees include: \$200 assessment; Psychiatric evaluations: \$260.00; \$103 medication management; \$126.00 counseling; \$50.00 per Consultation; \$30.00 group; \$18.00 per unit of care management; and \$15.00 per unit of peer support. Behavioral Medication-assisted treatment services \$115.70  
Please see the full fee schedule appendix for additional information.

## Other Programming\*

Please list any programming your organization provides, besides mental health services. **You will not be penalized if you do not provide additional services.**

Please write N/A if you do not provide additional services.

Community Interventions and Accompaniment: healing vigils, onsite emotional support, accompaniment services, and psychoeducation. We host a healing space for people impacted by loss or traumatic events, and provide community debriefing spaces.

Service Navigation and Support (Legal, Child Welfare, and Healthy Start): We provide care management, workforce clinical services, independent living support, peer support, connection to legal aid, and health promotion opportunities. We provide welfare consultation services, crisis intervention, advocacy, peer support, and training. We also provide pre and postnatal support for individuals navigating the complexities of carrying and caring while Black. We help navigate systems and find resources.

PERC provides a range of services, including comprehensive re-entry case management, substance abuse treatment, education classes, housing programs, collaborations with over 300 agencies, prevention strategies, and the IDEA Exchange Pinellas harm reduction program. Their case management includes job development and placement, skill training, transitional housing, substance abuse and mental health referrals, and education partnerships. They provide batterers intervention and HIV/AIDS testing and education programs. PERC's cognitive education classes cover life skills, anger management, and more. They lead comprehensive programs like workforce development, veterans support, and initiatives addressing gun violence. Their housing programs include transitional and tiny house veteran's village options. The IDEA Exchange Pinellas program offers syringe exchange, HIV counseling, overdose prevention, and more.

Training and development -We are an CE approved provider, offering clinical practicum and internships, continuing education, supervision and consultation for wellness professionals. See appendix for additional information.

## Clinician Support\*

Please describe your organization's approach to supporting its providers, including but not limited to offering clinical supervision, peer support, and managing vicarious trauma.

*Vicarious trauma* is defined as "the potential negative effects of exposure that providers have from working with clients who are recounting traumatic events and feelings they have experienced." This is not the same as burnout, but includes other consequences that may occur due to secondary exposure to trauma.

We recognize the importance of organizational culture in managing vicarious trauma and are committed to supporting our providers. Understanding the high risk of vicarious trauma, we implement safeguards at the organizational, client-interaction, and individual levels to support them. Our approach includes culturally responsive reflective supervision, specialized training for managing trauma (especially race-based or system trauma), community building and support, and opportunities for leadership and advancement.

Providers benefit from community building, collaboration, and support in their supervisory and peer relationships. In those interactions, our providers have opportunities for guidance, consultation, debriefing, and connection. We validate our providers' lived experiences of multi-layered trauma, which is why we offer specialized training and access to personal counseling to support them further. At the client-interaction level, we prioritize a safe physical space for our providers and manage caseloads to encourage work-life balance. We also welcome and facilitate opportunities for mindfulness, meaning-making, joy, and self-care, which aid both the organizational and individual levels.

Through collaborative community service, shared outreach activities, and professional networking, we create a sense of belonging and connectedness. This is especially important for providers who may have felt isolated, silenced, or marginalized. We encourage professional growth and advancement, allowing our providers to pursue their passions and interests as they develop within our organization, their own organization, or other community-based organizations aligned with our mission. Ultimately, we focus on psychosocial concepts of mastery, efficacy, and esteem building through communal events, which are protective factors for our MTCS personnel. Our aim is to foster a safe and supportive environment where they can feel heard, understood, and respected.

## History of Trauma Therapy\*

Describe your agency's experience working with clients who have experienced trauma (including but not limited to violence and abuse, disasters, adverse childhood experiences, crime, interactions with the criminal/legal system, etc.).

We understand the compounding impact of trauma, met with systemic barriers & power imbalances. In 2018, we focused on trauma specific interventions for children and families, providing counseling, seeking safety groups, child-parent psychotherapy, etc. We shifted our approach, adding community trauma debriefing sessions and trauma focused behavioral health consultations.

We supported clinicians getting trained in ART, EMDR and Somatic Therapies (2019). With consultation, we adapted trauma specific interventions to address the unique needs of those experiencing violence and abuse, disasters, adverse childhood/community/cultural experiences, crime, interactions with the criminal/legal system, race-based harm, and other forms of trauma. We then became part of the CSSJ, organizing survivors and providing therapy for all crime survivors.

Our adapted trauma services was highlighted in 2020 nationally, then the pandemic's devastating and disparate impact on residents of south St. Petersburg, the murder of George Floyd, and the eviction crisis required us to shift again. We were agile enough to provide telehealth and some therapy to residents marching in protest. We provided grief and loss sessions with BIPOC communities, prioritizing seniors, youth and faith communities.

In 2021, a wave of violence peaked. We shifted to trauma consultations with organizers who were experiencing vicarious trauma, due to eviction moratorium work. The Hidden Voices project launched with PERC at the helm, and we stood ready to provide therapeutic services for gun violence impacted individuals, in an effort to reduce continued harm.

With the launch of the CALL program, We provided training and referral availability. We remain a resource for individuals who deserve treatment not punishment. 2022 we initiated a partnership with the National Trauma Recovery Network and our work continues, as we lean into brining the first Trauma recovery center to the city of st. pete, first in the nation to support families with young children. We continue to partner with community advocacy orgs, providing therapy services for residents returning from incarceration, victims of domestic violence and sexual assault, survivors of torture and refugees.

## Cultural Competence\*

Please answer the following:

1. What does offering culturally competent services in St. Petersburg mean to your organization?
2. How do you establish cultural competence in your services?
3. How has your organization previously established and built trust within St. Petersburg, specifically in communities that have been under-resourced, including communities of color?

Providing culturally responsive services means that we value our community's diverse cultural beliefs, values, practices, and languages, and work to overcome barriers. In staffing and service, we demographically and in experience reflect the complex diversity of our community. It is demonstrated in the way that we honor and recognize traditions, and trust the experiences, ways of knowing and surviving of those that we serve. All experiences are welcome.

To meet the specific needs of the individual, we adapt our services. We practice humility and respect for our clients' worldviews, identities, manners of communication, health status, substance abuse, help-seeking, engaging in treatment, backgrounds, languages, abilities, and more. Our role is to support their agency in participating in and navigating through their own care.

Competence is elevated through our curiosity, reflectiveness, learning, naming & addressing power imbalances. We engage in ongoing training, continuous education, reflective practice and supervision, initiated at hire. We are a part of the Courageous Conversations, St, Pete Truth Racial Healing and the National Trauma Recovery Center Network, supporting and holding us accountable to this work.

We establish trust through our presence. Being located in the heart of the city, provides us with knowledge of the landscape, community assets, and resources, essential to connecting people to help.

We have established trusting relationships by being intentional in celebrating with our neighbors and supporting community initiatives, responding enthusiastically to their requests for our presence, consultation, and expertise. We involve community members in the development and delivery of services and seek feedback regularly to ensure that needs are met.

Our staff care deeply about the community and are a part of it, every day. We show up when traumatic events occur. We are accessible, affordable and approachable. We listen. We learn. We are known. We openly accept the 'whole' person, because their existence and wellbeing is important to us. We use genuine conversations to validate our clients' narratives by listening, holding space, and creating relationships. We are not only present for those times of crisis but also for times of celebration. By exalting positive clinical and social outcomes we help to leverage hope and highlight the social capital and resilience of our communities. This makes us a trusted organization.



## Demographics\*

Please describe the diversity of your organization's overall board and staff leadership regarding the following categories:

- Race/ethnicity
- Sexual/gender identity
- Neurodiversity or physical ability

This is not meant to be a long narrative. If you do not collect this data, briefly describe why. Acknowledgment of the impact of identities on life experience is a core part of this programming and the resolution of mental health issues. Discomfort with asking your board or staff these questions will not suffice as a reasonable explanation as to a lack of data.

### *Example*

Our board, consisting of 10 board members, is 50% white, 30% Black, and 10% Latinx. 60% of our board identifies as male, 40% as female.

10% of our board leadership identifies as LGBTQ+. 10% identify as neurodiverse.

The Well values diversity and representation in its board, staff, and advisory group leadership. Our Board demographics are as follows: 83% identifying as black, 83% as female, 16% as male, 16% as LGBTQ+, and 83% living with a physical or mental illness. 83% of the board has an ACE score of 4+ and 83% are neurodiverse. Our Executive Leadership staff is 100% BIPOC; 75% identifying as female and 25% as male, and 57% being neurodiverse

The Well operates various advisory boards and teams that reflect the community and issues we serve, including the National Integrative Wellness Collective, Healing While Black, Programs & Services, Social Justice, St. Petersburg Crime Survivors for Safety and Justice, Community Engagement, and the Center for Trauma Recovery & Healing Justice. The representation in these groups aligns with the issues they address.

Gulf Coast JFCS encounters individuals and families with diverse needs, reflected in our client population. We serve 58% white, 28% Black, 10% Latinx, and 4% individuals identifying as more than one race. Additionally, 10% identify as LGBTQ+ and 2% identify as neurodiverse or having a disability. Our program leaders, front-line managers, and staff also represent this diversity.

The leaders of leaders at GCJFCS consist of 15% Black, 23% Hispanic/Latinx, 8% Two or More Races, and 54% White individuals. 77% identify as female and 23% as male. Front-line managers include 6% Black, 21% Hispanic/Latinx, 3% Two or More Races, and 70% White individuals. 88% identify as female and 12% as male. Individual contributors consist of 16% Black, 23% Hispanic/Latinx, 4% Asian, and 3% Two or More Races individuals.

The PERC board is composed of 46% Black and 53% white individuals, with 38% identifying as female and 62% as male.

The commitment to diversity and representation within our organizations ensures a more inclusive and comprehensive approach to serving the community.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization or any affiliated parties had any of the following occur:



1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?
4. Been considered non-compliant with a contract with a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

NO

## *Hub Operations*

**A local nonprofit organization will be selected to lead and design a series of social support Hubs.**

- Each Hub location will provide three core services: licensed care from therapists, neighborhood outreach, and resource navigation/case management.
- Each Hub location may also provide additional services, depending on specific needs of the neighborhoods where the respective Hubs are located. In this case, the Lead Nonprofit can coordinate with existing providers to meet those additional needs or contract with other community nonprofits to provide additional services at the Hubs or at other locations that reduce transportation barriers.
- The locations and total number of Hubs is yet to be determined. Hub locations will be chosen based on data and community identification of neighborhoods with high need and will take place in collaboration with the Lead Nonprofit. PCF and the City of St. Petersburg reserve the right to prescribe Hub locations to the Lead Nonprofit.
- While there are no questions about this in the application, Emergency Financial Assistance will be a component of Hub services. This assistance would be provided directly to vendors (i.e. the electric company) in the case that an individual has an urgent need for financial help.
- The anticipated allocation for the Hubs is \$5,136,200 through 2026. This includes funding for all Hub services and emergency financial assistance, as well as any capital improvements to Hub locations, if absolutely necessary.

## **Proposed Hub Design Process\***

**The selected Lead Nonprofit will be chosen in Spring 2023 with the expectation to begin initial Hub operations during Summer 2023.**

Please describe:

- What does designing the first Hub look like to you? Include the steps your organization would take to prepare and implement the Hub model.
- Which of the three core services (trauma-informed therapy, case management, and outreach) is your organization already equipped to provide?
- In addition to mental healthcare, Hubs are meant to provide two other core services: case management and outreach. You may apply with up to two partners that would strengthen your proposal in these core areas. If you would like to identify partnerships with other organizations in this application, please detail

how any partners would benefit your Hub model design. Specifically, please identify which core service(s) a partner will add to or strengthen in your design. **You should only identify partners that are currently engaged with you on this proposal and will be involved in Hub design from the beginning. For more information about partnerships, see the RFP FAQs.**

Your response may include a timeline.

The character limit for this question is set high. Do not feel obligated to use all characters, but please ensure that your answer is thorough.

The Well, as the lead nonprofit, will lead, design, and implement the HUB model. The design of the HUB will be community-centered and listening sessions have already begun. We will use the Trauma Recovery Center (TRC) model as a guide for designing the operational model for the HUB while soliciting input from the community about the types of services we should provide outside of the core services.

The Well and partners will conduct outreach to raise awareness of the HUB and make contact with referral points. The Well will be the first point of contact for HUB clients and will conduct an intake assessment. A care manager is then assigned. The care manager is an employee of one of our partners and co-located at the HUB. Care manager assignment is based on client need and expertise of the partner. The care manager works with the client to develop a support plan with a hierarchy of needs to ensure that basic needs are met and then work on longer term needs. Therapists from the Well are assigned to the case. This is a tiered therapeutic response based on individual scoring needs at intake.

All HUB participants (active or not) have access to drop-in support sessions at the HUB to provide flexibility and access for individuals as well as allowing adaptability by the HUB to serve a wide range of people with a variety of needs. Other programming services will be available for HUB participants based on their needs.

This model allows for multiple access points to the HUB and for community members to serve as ports of entry. It also allows for seamless integration of core services in one location so clients remain the center of services and are able to heal.

The steps The Well will take to prepare and implement the HUB include:

1. Celebrate HUB Activation: This includes an announcement and celebration of the HUB to the community partners, that includes community feedback and data collected to show the service needs and increase community engagement.
  - a. Initiate intermediate HUB operations to address immediate needs within the scope of the current organizational capacity (The Well, PERC, GCJFCS, etc.). Expanded services as outlined will be available later on.
2. Community Debrief: Review data and community feedback in a final community listening session and educate and prepare the community for the HUB.
3. Partner Alignment: Work with our partners to review the community feedback and data to ensure that all partners are aligned on how we serve the community, what services are needed based on community feedback, and what that looks like in the context of a HUB model.
4. Site Preparation: The physical site may need to be adapted to the needs of the community and services provided. Community members and service providers will be involved in this process. Additionally, every site will need to apply to become a formal access site through DCF.
  - . Staff Preparation: The Well has strong and knowledgeable staff across the professional spectrum to serve a variety of needs, however, the staff have not all worked together before. It is important that there are opportunities for staff cohesion, alignment on mission, vision, values, core training, etc.
    - a. Systems Preparation: All partners and organizations have been working in this space for a long time but have not worked together as an integrated co-located team, sharing data, etc. We will align with one system that will capture the clinical and care management as well as assertive outreach process. We want staff and organizational leadership to have an aligned understanding of the TRC model, navigation process, and service provision.

5. HUB Site Official Opening: site, staff, and system preparation is complete. HUB opens with staff to support client navigation, mental health services, and care management connection.
6. HUB Review: The TRC board will meet periodically to assess the effectiveness of the HUB and ensure that the needs of the community are being met. There is the existing Well Network where community members assess HUB navigation to ensure that the HUB and The Well are meeting the current and emerging needs of the community.

The Well has been using this model and has a history with our many partners – GCJFCS, PERC, CDAT and many others. We are well-equipped to provide the 3 core services. Because outreach is critical to the success of the HUB, all organizations will conduct outreach through their pathways. The Well will provide clinical mental health services. All organizations will provide resource navigation/case management specific to client needs. Community needs will be continually assessed using community-based participatory research methods, information gathered from informal networks, and data from service provision. We know that the needs of the community are significant and, thus, we are ready to quickly scale by utilizing our partners GCJFCS, and PERC, as well as our network of providers

### Identifying Service Needs\*

How would you go about identifying which suite of services are needed at each Hub, while avoiding duplication of services that are already available in St. Pete?

As active community members, we will engage our neighbors throughout the planning and implementation process. Conversations are already underway and what we have learned has shaped our understanding of mental health and social service needs. We are listening. We are also reviewing reports developed by 211 Tampa Bay, JWB CFBHN, DOH, etc. to enhance our awareness. Through strategic and authentic community relationships, we will continue to collect community feedback allowing us to understand and respond to the service needs. More formally, ongoing analysis of intake data, care management plans, outreach data, and treatment experiences will be collected to further inform the suite of services needed at each HUB.

The review process provides an opportunity to assess the effectiveness of the HUB in meeting the needs of the community. Seeking out feedback from served community members and other stakeholders, to identify any gaps in services or areas where additional support is needed. This is critical. We recognize that many gaps exist due to the systemic harm that has reduced trust in community based services.

As additional service needs are identified, we will scan the area to identify culturally responsive providers of the service. If they exist, we will work to integrate their staff in the HUB or, at minimum, establish a seamless referral protocol to ensure client centered practice remains at the forefront of the HUB. This will avoid duplication of services that are already available in St. Petersburg. If such a provider does not exist, we will look to see if a provider is available and is willing to be trained and supported to provide services in a way that will honor the experiences of those being served. If no such provider is available and/or willing we will then seek to identify a comparable service through our partner network or through a competitive bid process and access to telehealth services.

### Organization Strengths\*

The Hub model will require organizational agility and responsiveness to meet existing and emerging needs. What are your agency's strengths that are relevant to developing and implementing a Hub?

We are community embedded and centered. We are one of the few social/behavioral health organizations that is led by, reflective of and accessible to the community we serve. We are uniquely positioned to respond to existing and emerging community needs through our programmatic structure, which consists of The Institute (training and development), The Collective (Community/Alliance Building), and The Clinic (direct

service provision). These three components of The Well operate synchronously, leverage community strengths and social connection, and connect community members to social, mental, and behavioral health services while engaging and supporting a diverse pipeline of culturally responsive practitioners.

Our infrastructure allows for greater organizational agility and positions our team to meet clients where they are in lieu of fitting clients into a restrictive model. People can learn about our services through easy to access touchpoints, such as our connection and celebration spaces. These include spaces for community conversation, drop-in healing, immersive art healing experiences, and mental health education. We recognize that when we intentionally engage our community in moments of celebration, they will be more likely to reach out to us in moments when they need or are in crisis. Furthermore, our community partnerships allow us to expand our reach, thus, engaging individuals from a wider array of backgrounds with various identities and experiences within our community. For example, we connect with the strength of PERC who has a history and expertise serving citizens in the criminal legal system, and GCJWB who is successfully leveraging CALL to reduce the criminalization of mental health.

Our agency has a long history of agility and responsiveness to community needs. We use creative, culturally responsive approaches to providing services. Our expertise with maintaining multiple networks and programs will be essential to developing and implementing a HUB.

## Team Members\*

Please describe the key team members that would be overseeing the Hub model's implementation. Give a brief description of their history with your organization and the relevant experience they have to implement the Hub model. For example: work experience, certifications, etc.

Dr. LaDonna Butler, LMHC-QS: President and CEO of The Well, nationally recognized leader in social service and behavioral health, Master Addictions Professional, Qualified Supervisor, Licensed Mental Health Counselor, and traumatologist.

Dr. Brittany Peters, LCSW-QS: Chief Clinical Officer, ensures high-quality services, expertise in quality assurance, compliance, clinical supervision, and safety management.

Dr. Katurah Jenkins Hall: Licensed psychologist, provides direct supervision and consultation on high-risk cases, expertise in leading multidisciplinary teams, and serves as a clinical safety officer.

Shalawa Morgan: Lead Peer Specialist, training, peer support, community education, outreach, and engagement and support navigation, certified as a Peer Recovery Specialist and Mental Health Aid instructor, lived experience as a survivor of crime and violence.

Dr. Eliza McCall-Horne and : Senior Vice President at Gulf Coast JFCS, expertise in clinical services and program management. They will represent Gulf Coast JFCS in coordinating Hub design, implementation, and start-up with The Well.

Nicole Guincho: Vice President of Clinical Services at Gulf Coast JFCS, specializes in clinical supervision and program administration.

Michael Jalazo: President & CEO of PERC leads all of PERCs programming.

Esther Matthews MSW, MLC: Director of Programs and Staff Development of PERC will directly supervise PERC programs and staff and lead their development

Amanda Bonham-Lovett LMSW, MPH: Program Director of IDEA Pinellas at PERC will oversee all of the PERC programming and services related to substance abuse and harm reduction.

See Appendix for Additional Team Information.

## Outreach, Intake, and Care\*

Walk us through a potential client scenario at the Hub. Please include:

- Building awareness among potential clients

- Intake process and providing care once a client is at the Hub
- Process of referring a client to other services.

The Well and its partners are already providing services in the neighborhoods in which residents have the most challenges. These communities are aware of The Well and its partners. Building awareness of the HUBs and bringing in potential clients will occur through existing programming and relationships in addition to expanded outreach. The case study below helps to illustrate awareness, intake, and referral processes of the HUB.

Amanda is employed as an early childhood education professional living in South St. Petersburg. She is a mother of two small children and actively engages with the community. Amanda regularly sees advertisements for The Well's Brunch of Us and Parent Cafes, which are events organized by the Well, lead nonprofit and provider at the HUB. Intrigued, she decides to attend these monthly gatherings, where she connects with other parents and gains valuable insights. She also purchases books from Cultured Books, a bookstore co-located in the Well, which further strengthens her ties to the HUB.

During the Brunch of Us event, Amanda opens up about feeling isolated, later disclosing that she recently left an abusive relationship. A peer, working the event, listens, offering her a safe space to share her concerns. Recognizing the importance of Amanda's well-being, they invite her to schedule a follow-up appointment to discuss her feelings further. Amanda feels relieved and clicks on a provided link in real-time to book her appointment. She instantly receives a confirmation for her appointment, which also notifies Lola, a dedicated provider at the HUB, about the scheduled meeting. She even opts into the text system, and gets immediate access to the weekly drop-in services.

Lola, well-versed in trauma-informed care, receives the notification and promptly begins preparing for Amanda's intake process. The HUB serves as the central nexus for coordinating Amanda's care and ensuring her needs are met comprehensively. When Amanda arrives for her appointment, Lola greets her warmly, creating a welcoming and supportive environment.

During the intake process, Lola conducts a thorough screening, actively listening to Amanda's concerns and gaining a deeper understanding of her situation. Based on the screening results, Lola and Amanda determined that counseling would be helpful, and she was immediately scheduled with her counselor. In addition, there were additional services, outside of the HUB, that could be beneficial. Lola provides a warm connection to CASA, our domestic violence partner. She also scheduled an appointment with USF's Family Studies Center, to start screening and therapeutic services for the children due to Amanda's concerns about their behavior. As Amanda prepares to leave the HUB, she takes a few books, diapers, and a bag of groceries. Some of these items are for her classroom and some for her home.

Throughout Amanda's journey, the HUB facilitates seamless collaboration and communication among the various providers involved in her care. She keeps Lola as her assigned peer, who works with her throughout the process. Lola shares relevant notes, documents, and updates with other providers within the HUB, enabling them to stay informed and aligned on Amanda's progress. Amanda even volunteers to help with the next Parent Cafe, allowing her to contribute to the community of support that she has now entrusted her story with. This multidisciplinary approach ensures continuity of care and maximizes the effectiveness of the services provided.

The HUB also leverages aggregate data to inform community resource development. By analyzing the data collected from cases like Amanda's, the HUB identifies trends, gaps, and areas of improvement in their services. This data-driven approach enables the HUB to adapt and tailor its offerings to better meet the evolving needs of the community.

Overall, through its inclusive events, trauma-informed care, collaborative approach, and data-driven decision-making, the HUB aims to provide comprehensive support to clients like Amanda, fostering a sense of belonging, empowering them with resources, and ultimately improving safety and overall well-being.

## Clients\*

Please describe the potential clients you would expect to see at a Hub (for example, age, race, personal history, and mental health needs). What uniquely qualifies you to provide services to these clients?

We expect to serve who we already see throughout our extensive interactions in the community. South St. Petersburg (33711 and 33712) has the highest mental health needs in the city. These zip codes plus 33714 and 33705 have the highest levels of socioeconomic need in St. Petersburg. Residents in 33712 have the highest food insecurity needs in the county. These areas have concentrated communities of African American and Black residents (52.7% in 33711; 69.5% in 33712; and 13.8% in 33714). 4.3% of Hispanic or Latinx residents live in 33711, 4.0% live in 33712, and 9.0% live in 33714 [15].

These are expected HUB clients:

Various age groups, ranging from children to older adults.

Disproportionately impacted communities, particularly African American and Black residents, as well as Hispanic or Latinx residents.

Individuals who have experienced trauma, violence, abuse, adverse childhood experiences, interactions with the criminal legal system, and other challenging circumstances. This includes returning citizens, individuals accessing mental health services for the first time, those with poor experiences in the mental health system, people in need of concrete services, people resistant to traditional mental health services, and those who are not self-referring (someone referred through outreach efforts, or through a system, neighbor, or by a family member).

Black and Brown residents in the community are disproportionately impacted by violence, crime, and mental health disparities. They face barriers to accessing resources due to financial constraints, limited health insurance, transportation issues, and systemic challenges.

We are uniquely qualified to provide services to these clients due to our history and practice built on serving these communities. Team members have race and experience concordance, live in the community served, and are provided supervision and support. HUB reflects the demographics and lived experiences of the individuals we serve, promoting cultural humility and community-centered approaches. Our reputation for providing trauma therapy and engaging in trauma work, including outreach and care management, further contributes to our ability to meet the unique needs of the clients we serve.

## Overcoming Stigma\*

Trust-building is a critical component of the Hub model and its success. Please describe how you have, or would, make your services attractive to the community considering the stigma around receiving mental health services and possible mistrust of providers. If you have data to help explain your answer, please include it in your response.

Our organization has successfully built trust and safety within our community while dispelling stigma. For us, overcoming stigma requires understanding and responding directly to the barriers and social determinants that affect our clients. We work to meet our clients' immediate needs and provide culturally responsive interventions. We build trust by honoring the beliefs, traditions, and customs that are important to our clients.

Research shows incorporating religious and spiritual elements decreases stigma for BIPOC. We embrace the communal, familial, and spiritual components of Black cultures. For example, we host Brown Girl Brunch and Survivor Dinners to normalize conversations about mental well-being in a healing environment. This promotes safety in familiarity, reflecting values, and the positivity of connection. We work very closely with leaders of local faith-based organizations and include alternative elements in our activities, such as affirmations, prayer, meditation, ritual, and spiritual healing.

We actively destigmatize help-seeking and promote acceptance, inclusivity, empowerment, and resiliency through community. In addition to individual services, we host community events that create a caring, connected environment in which to discuss mental health. We also involve families in treatment, education,

and support. Support networks are essential in buffering stigma and promoting treatment adherence. This positive, community-focused approach is critical in overcoming stigma.

Serving primarily Black clients, we acknowledge not only public stigma and self-stigma toward mental health/substance use and treatment but also the “double stigma” of racial discrimination and negative stereotypes that have led to systematic mistreatment of BIPOC. We specifically address cultural beliefs and anticipated discrimination and mistrust of providers.

Our clients are supported to talk openly about stigma and past experiences, good or bad with mental healthcare. We overcome stigma through the power of uplifting and inspiring community conversational spaces. People share their experiences for encouragement and to show others who are struggling that they are not alone, emboldening and filling them with hope.

## *Reference Questions*

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The following questions will not be formally scored but will help inform planning and implementation strategies.

### **Partnerships\***

Please name any existing partnerships or referral relationships your organization has with local care providers in the City of St. Pete, and how you work with each. For example, this may include case management services, psychiatry, other clinicians, and/or safety net services (food, housing, etc.). Our goal is to understand any partnerships that you may bring to this Hub effort.

The Well has extensive partnerships that encompass a wide range of services, including case management, behavioral health, employment support, primary care, educational resources, safety net services, legal assistance, domestic violence support, HIV education, and trauma-specific counseling.

The following is a list of some of our partner organizations.

Resurrection House: Case management services

Pinellas County Health Department: direct svcs for health svcs

USF Family Studies Center: Trauma specific clinical support for families with children 0-5.

Faith In Florida: Assertive outreach services to individuals and communities.

PCUL: ACA Navigation Supports, Workforce Readiness, and Utility Assistance.

A1 Behavioral Health Services: Prioritized psychiatric care services, specifically for BIPOC patients.

Suncoast Center: Sexual assault services, counseling, and advocacy.

Alliance for Safety and Justice: Guidance and insights on trauma therapy and recovery services.

National Trauma and Recovery Center Network: Consultation on trauma therapy and recovery services.

Pinellas County Schools: Collaboration for educational support and resources.

St. Petersburg Free Clinic: Safety net services including food assistance, housing support, and healthcare.

Community Law Program: Legal services and guidance for individuals and families in need.

CASA: Domestic violence safety management services, including emergency housing, injunction support, care management, and advocacy..

HCA: Preferred provider for psychiatric crisis stabilization.

The Burg Cares: Community-level HIV supports and service navigation.

Additional trauma-specific counselors who accept Medicaid/Medicare and Caring Community Counseling Homeless Empowerment Program (HEP), the People of Manufacturing, St. Petersburg



## Support and Start-up Needs\*

What support does your organization anticipate needing to design and implement the Hubs, including but not limited to support from Pinellas Community Foundation? For example: software to track referrals and client records, assistance with building a budget, etc.

The Well will need start-up support in scaling its services to meet the expanded needs of the community. This will include HIPAA-compliant electronic health records to intake and track clients as well as referrals. Creating the infrastructure for the HUB will likely take support in the form of TRC consultants, an external evaluator to help develop an evaluation plan for the HUB, hardware, software, and digital subscriptions to applications to support interoffice communication, data tracking and analysis, and operations. Our goal is to create a digital space (website with an additional technology supplement) for our clients and the community to access data, information about The Well, and create an easy contact point for clients to connect with services or a provider, see a schedule of activities, the ability to schedule appointments and other services, etc.

## Software and Systems\*

If you use any, please describe the software and/or systems currently used to track client cases and/or referrals (i.e., medical records, connections you provide to other resources, etc.). Also include whether these systems work well for your organization.

Our clinic uses Theranest as an Electronic Medical Record system which provides a wide array of features that ensure smooth clinical operations. These features include HIPAA-compliant telemedicine and texting services, clinic management tools, insurance and payment processing, self-reporting databases, and Wiley treatment planners that assist our providers.

Although Theranest has proven to be an invaluable asset for our organization, we understand the importance of continuously improving our services. As a result, we have explored other top-rated software options to enhance our ability to track case management, community engagement, and educational services. Currently, we have been manually tracking our education and community engagement information using spreadsheets and general business software. However, as our organization has grown, we have recognized the need for a technology solution that is both effective and tailored to meet the unique demands of our mental health and social services.

To address this need, we have invested considerable effort in researching different software solutions and have taken advantage of free trial periods to assess their suitability. Among the various options, Bonterra Tech stands out as a promising solution. This software has been successfully utilized by leading non-profit organizations such as the NAACP, Feeding America, and the Special Olympics. Bonterra Tech offers a comprehensive suite of products that meet our requirements, including HIPAA-compliant case management, seamless service and referral coordination, non-profit fundraising and engagement tools, corporate philanthropy support, and efficient employee and volunteer management capabilities.

## Uploads

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### Current Organizational Budget\*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

NV 2023 Operating Budget For Board(2) (1).pdf

## Hub Start-Up Cost Budget\*

The total amount available for Hub implementation is \$5,136,200 through 2026. This includes all costs for clinical providers, hiring and start-up costs, software licenses, licensure sponsorships, and costs associated with partnerships and outside vendors the selected Hub provider may use. PCF understands the fluidity of the Hub model and that things may change over time. As such, please upload a budget that projects costs for **only the first year of the first Hub**. Excel and PDF files are allowed.

If you have included core partnerships as part of your Hub design, please be sure to include costs associated with the partnership in this budget.

If you have any notes related to your budget, please use the text box below.

NV The Well HUB Budget.pdf

## IRS Form 990\*

Please upload your most recently-filed Form 990. If you file a postcard and do not have anything to upload, please describe when you most recently filed. If you have received an extension to filing, please note so below.

Well 990.pdf

We previously filed a post card. We have an extension for this year,

## Board of Directors List\*

Please upload your current Board of Directors list with their company or community affiliation and city of residence.

Word, Excel, and PDF files are accepted.

The HUB Packet.pdf

## *Additional Information*

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### Additional Upload

If you have additional documents to support your application, you may upload them here. Please limit your upload to five pages. PDF files are accepted.

New Visions of the Well St. Pete Hubs Application (dragged).pdf

## *Agreements*

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### **Acknowledgement of Audit\***

The Lead Nonprofit will be considered a subrecipient of federal funding and will be bound by Uniform Guidance for Federal Awards. Since this grant exceeds \$750,000, your organization will be subject to Federal Single Audits. The cost of these audits may be billed to this grant, and should be included as part of your application's budget.

Should you be awarded funds, it is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, I acknowledge the need for a Federal Single Audit if my organization is awarded these funds.

### **Sensitive Information\***

All components of this application process will be made public on the PCF website. Is there any information contained in your proposal that is sensitive and should not be publicly disclosed? PCF cannot guarantee your request will be granted but will take it into consideration before publishing the proposal.

Thank you for your consideration. We understand and respect your request regarding sensitive information in the proposal. We would like to request that the following details remain confidential and not be publicly disclosed: our fee schedule, organizational budget or history, treatment specific interventions, and TRC model. We trust that PCF will take this into careful consideration before publishing the proposal. It is important for us to maintain the confidentiality of these components. However, we acknowledge that all other aspects of the application process will be made public on the PCF website.

## File Attachment Summary

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### *Applicant File Uploads*

- NV 2023 Operating Budget For Board(2) (1).pdf
- NV The Well HUB Budget.pdf
- Well 990.pdf
- The HUB Packet.pdf
- New Visions of the Well St. Pete Hubs Application (dragged).pdf

<b>New Visions of the Well 2023 Operating Budget</b>				
<b>REVENUE</b>				
<u>One Time Grants</u>				
Statefunding			\$ 1,115,000.00	
Foundation Dollars/ Small Capital Grant - PCF			\$ 15,000.00	
Queens & Teens			\$ 1,500.00	
			\$ 1,131,500.00	\$ 1,131,500.00
<u>Program Services</u>				
PCUL - Navigation Wellness Support			\$ 16,000.00	
USFSP - Cafés, Coparents, Community			\$ 24,000.00	
			\$ 24,000.00	\$ 24,000.00
<u>Donations</u>				
Donations			\$ 7,239.00	\$ 7,239.00
<b>TOTAL REVENUE</b>				<b>\$ 1,162,739.00</b>
<b>EXPENSES</b>				
<u>Advertising/Marketing</u>				
Marketing- General			\$ 6,000.00	\$ 6,000.00
<u>Facility Rentals</u>				
<u>Event Space</u>			\$ 3,000.00	
833 22nd Street South			\$ 8,580.00	
Rent Storage Unit			\$ 2,000.00	
			\$ 13,580.00	\$ 13,580.00
<u>Insurance</u>				
Property Insurance			\$ 2,500.00	
Liability Insurance			\$ 2,400.00	
			\$ 4,900.00	\$ 4,900.00
<u>IT Expenses</u>				

Internet/Phone/TV			\$ 7,200.00	
IT			\$ 1,200.00	
Telehealth			\$ 1,200.00	
			\$ 9,600.00	\$ 9,600.00
<u>Licensing</u>				
Taxes and Licenses			\$ 1,800.00	
National TRC Membership and Consultation			\$ 25,000.00	
				\$ 26,800.00
<u>Office/Admin Expenses General</u>				
Printing			\$ 4,000.00	
Meals/Meeting (1530 TRC)			\$ 3,600.00	
<b>Dues and Subscriptions - BTR/NCNW</b>			\$ 1,000.00	
<b>Project Equipment</b>			\$ 15,000.00	
<b>Office/ General Admin</b>			\$ 2,000.00	
<b>Donations</b>			\$ 1,500.00	
Miscellaneous Fees			\$ 1,000.00	
			\$ 28,100.00	\$ 28,100.00
<u>Payroll Expenses</u>				
Payroll Expenses - staff			\$ 703,000.00	
Grant Writer			\$ 3,400.00	
Outside Contract services			\$ 71,875.00	
Outside Contract services - WL			\$ 15,000.00	
Payroll Expenses			\$ 800.00	
			\$ 794,075.00	\$ 794,075.00
<u>Professional Services</u>				
Accounting fees			\$ 40,000.00	
Bank Fees			\$ 300.00	
			\$ 40,300.00	\$ 40,300.00
<u>Program Specific</u>				

<u>Queens and Teens</u>			\$ 1,500.00	
<u>Participant Expenses</u>			\$ 89,000.00	
Textured Conversations Series/ Brunch of US			\$ 6,000.00	
Healing While Black Conference			\$ 10,000.00	
Listening Sessions -Parent Café			\$ 24,000.00	
			\$ 130,500.00	\$ 130,500.00
<u>Staff Expenses</u>				
Continuing Education			\$ 2,500.00	
			\$ 2,500.00	\$ 2,500.00
<u>Supplies</u>				
Supplies			\$ 1,200.00	
			\$ 1,200.00	\$ 1,200.00
<u>Utilties</u>				
Utilties General			\$ 2,400.00	
			\$ 2,400.00	\$ 2,400.00
<b>EXPENDITURES</b>				<b>\$ 1,059,955.00</b>
Revenues			\$ 1,162,739.00	
Expenditures			\$ 1,059,955.00	
<b>NET INCOME</b>			<b>\$ 102,784.00</b>	



	TOTAL		
CATEGORY	ALLOCATION		FTE
<b>Personnel Expenses</b>	HUB Allocation		
CEO	\$94,500		0.70
Chief Clinical Officer	\$110,000		1.00
Operations Director	\$42,000		0.70
Clinical Safety Supervisor	\$9,000		0.10
Intake coordinator	\$55,000		1.00
Case Manager/Navigators	\$144,000		3.00
Outreach/Peer	\$168,000		4.00
Clinical Therapists	\$195,000		3.00
Substance Abuse Counselor	\$42,000		1.00
PERC supervision	\$58,000		1.00
Gulfcoast supervision	\$58,000		1.00
Gulfcoast leader support	\$5,125		0.05
Fringe Benefits	\$254,963	26% of personnel cost	
<b>Personnel Total:</b>	<b>\$1,235,588</b>		

	TOTAL	
Operational Expenses	ALLOCATION	Comments
Outreach/Comm Events	\$18,000	
Emergency funds	\$150,000	
Psychiatric Services	\$80,000	Contract
HUB implementation	\$60,000	Consultant - year 1 only
Office supplies	\$1,500	
Cell phone	\$6,050	14 lines per month
Professional liability insurance	\$35,000	approx 4% of salaries
Laptops	\$21,560	Start up only - 14 laptops & bag @ \$1540 each
Training	\$2,800	\$200 for 14 personnel
Lease	\$18,000	
Utilities	\$4,000	
Software, licenses	\$20,000	Start up
Indirect costs (15%)	\$206,841	15%; allocated pro rata across partner organizations
<b>Operational Total:</b>	<b>\$623,751</b>	

**Program Total: \$1,859,338**



[Home](#) > [Tax Exempt Organization Search](#) > [New Visions Of The Well Inc.](#)

[< Back to Search Results](#)

# New Visions Of The Well Inc.

EIN: 83-1262405 | St. Petersburg, FL, United States

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> **Other Names**

## Determination Letter ⓘ

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A favorable determination letter is issued by the IRS if an organization meets the requirements for tax-exempt status under the Code section the organization applied.

> **Final Letters**

- [FinalLetter\\_83-1262405\\_NEWVISIONSOFTHEWELLINC\\_07182018.tif](#)

## Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC  
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## Form 990-N (e-Postcard) ⓘ

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Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

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> **Tax Year 2021 Form 990-N (e-Postcard)**

**Tax Period:**

2021 (01/01/2021 - 12/31/2021)

**EIN:**

83-1262405

**Legal Name (Doing Business as):**

New Visions Of The Well Inc

**Mailing Address:**

833 22nd Street South  
St Petersburg, FL 33712  
United States

**Principal Officer's Name and Address:**

833 22nd Street South  
St Petersburg, FL 33712  
United States

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

**Website URL:**

> **Tax Year 2020 Form 990-N (e-Postcard)**



## OUR BOARD MEMBERS – ALL ST. PETE!



**Russia Collins, LMHC**  
Board Chair  
USF, Infant Family Center  
St. Pete



**Martin Bimler**  
Board Secretary  
Kim Joyce & Associates  
St. Pete



**Dr. Kimberly Hickman**  
Vice Chair  
Veterans Administration  
St. Pete



**Kimberly Brown Williams**  
Board Member  
John Hopkins All Children's Hospital  
St. Pete



**Natasha Pierre**  
Board Member



**Demetrius Taylor**  
Treasurer  
Assurant  
St. Pete

# Supplemental Documents for ARPA Social Services Hub RFP

The Well

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# Appendix 1

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## **Appendix 2**

### **Expanded Therapeutic Service Provision Descriptions**

#### Culturally Responsive Behavioral Health Consultation Approach

In our culturally responsive behavioral health consultation approach (CRBHC), we acknowledge both shared and unique cultural and communal experiences that shape both needs and responses to treatment. Through normalized therapeutic education, assertive outreach, and community engagement, we strive to break down mental health stigma. Nearly 40% of individuals seeking support will cycle in and out of care over time without engaging in formal, long-term, sequential therapeutic interventions. A tailored, empathic, educational, and empowering power-touch session (three to six times within six months) has been shown to make a significant impact on raising (risk) awareness and increasing access to mental health and social services.

The CRBHC utilizes a variety of tactics, including active listening, collaboration, psychoeducation, and open communication, to create a welcoming, safe environment for clients. Consequently, participants are able to freely express their thoughts and feelings without fear of judgment.

#### Supportive Therapy

It can be difficult for our clients to engage in talk therapy as a result of psychosocial stressors, crime, and violence. For marginalized and isolated individuals, supportive therapy (ST) is often the first line of defense. By providing a safe, affirming, and supportive environment, counselors facilitate the healing process of trauma; the re-building of self-esteem; the activation of self-agency; the regulation of negative thinking; the management of emotional stress; and the development of helpful prosocial coping skills. Systemic change cannot be replaced by ST, but it has helped to combat isolation, build community, and increase collective power.

#### Acceptance and Commitment Therapy

ACT is an action-oriented, evidence-based therapeutic intervention based on six core tenets: acceptance, cognitive defusion, being present, self as context, values, and committed action. Through ACT, individuals can develop psychological flexibility, which allows them to take action in spite of difficult thoughts and feelings. A key objective of ACT is to help individuals live meaningful and valuable lives despite psychological pain. Individuals are encouraged to accept their thoughts and feelings as appropriate responses, and disregarded power is leveraged. Research supports client narratives that ACT reduces psychological distress (through acceptance of difficult

experiences), increases well-being, improves relationships, and increases engagement in valued activities. In addition to recognizing biases and system deficiencies, ACT emphasizes action-based solutions rather than focusing on rationality. ACT has been shown to be more effective than other therapies, such as Cognitive Behavioral Therapy (CBT), for addressing race issues, systemic barriers, and mental illness. By focusing on values and taking action, ACT empowers individuals to achieve their goals. As a result, a sense of agency and control is promoted.

### Accelerated Resolution Therapy

An effective treatment for trauma-related symptoms, such as violence, trauma, discrimination, and other forms of marginalization, has been shown to be Accelerated Resolution Therapy (ART) and Eye Movement Desensitization and Reprocessing (EMDR). Rapid symptom relief and long-term benefits are the goals of ART and EMDR. Through EMDR and ART, one can safely and controllably process and relive traumatic events and experiences. Reframing experiences, building resilience, and developing coping strategies can be accomplished through the techniques used. Moreover, the techniques can help reduce the intensity and frequency of flashbacks, nightmares, intrusive thoughts, and other symptoms associated with trauma. Art theory holds that memories of painful experiences are stored in our brains in a way that makes them hard to process and integrate. Individuals can reprocess traumatic memories with the help of art to make them less emotionally overwhelming. For instance, techniques such as visualization or progressive muscle relaxation can be used to help individuals manage their negative emotions and reduce physiological arousal when recalling traumatic memories. An ART therapist guides the patient to visualize distressing memories while engaging in rapid eye movements, deep breathing, and positive affirmations. This process is repeated until the patient can visualize the memory without distress.

### Eye Movement Desensitization and Reprocessing

Another therapy that uses eye movements for reprocessing traumatic memories is EMDR. While engaging in rapid eye movements or other bilateral stimulation during EMDR sessions, the therapist guides the patient to focus on a traumatic memory. This may include tapping or auditory tones. This process is thought to help the patient reprocess the memory so that it becomes less emotionally intense.

ART and EMDR both reduce symptoms of trauma-related disorders, including posttraumatic stress disorder (PTSD), anxiety, and depression. As well, ART is particularly effective in treating the underlying issues associated with trauma, including cognitive distortions and unhealthy behavior patterns.

## Community Healing Arts and Creative Arts Therapy

It is through community that we heal. HEAs (Community Healing Arts) and Creative Arts Therapy (CAT) leverage the power of the arts (visual, sound, drama, dance, and writing) to facilitate the exploration and expression of emotions, experiences, and perspectives. It is especially beneficial for individuals who have difficulty expressing themselves verbally or who have experienced trauma or marginalization to utilize these therapeutic interventions. Through CAT or HEA, individuals can process and integrate their emotions, experiences, and perceptions in a supportive and safe environment. As a result, they are able to tap into their inner resources, develop coping skills, and build resilience. In addition, to talk therapy and medication, these interventions can be tailored to meet the unique needs, values, and cultural backgrounds of individuals and communities (e.g., faith-based, goth, LGBTQ+, neurodiverse, etc.). In addition to allowing individuals to identify and achieve their life goals, this helps them live a more holistic life and create meaningful connections. The CAT or HEA is a powerful tool for self-empowerment and healing.

## Somatic Therapy

"Sometimes our stories get stuck in our body". Somatic Therapy (SOT) is a therapeutic approach that recognizes that trauma and stress can be stored in the body and using techniques like breathwork, movement, touch, and body awareness exercises, individuals can tune into their bodily sensations and emotions, release tension and stress, and promote a sense of safety, relaxation, and emotional regulation. SOT is particularly effective for individuals who have experienced trauma, including sexual abuse, physical violence, and other forms of violence and marginalization. It is also very helpful for people with chronic pain, anxiety, depression, and other mental and physical health issues. It also helps to increase understanding and awareness of the client's experience. This allows them to make changes and create a healthier relationship with themselves and their environment. It is integrated into many of our interventions, although it can be standalone, and is utilized in a variety of settings, including technology-assisted therapy.

## Assertive Community Treatment Teams

Assertive Community Treatment Teams (ACTT) are an evidence-based, intensive approach to mental health service delivery that provides comprehensive, community-based support to individuals with severe and persistent mental illness. Our team is composed of multidisciplinary network members, including psychiatric nurse practitioners, care managers, peer specialists, and employment specialists. We support clients in their homes, communities, and workplaces to manage their MH symptoms, reduce hospitalizations, and improve their overall quality of life. ACTT also assists clients in accessing essential services and resources, such as housing, medical care, and legal assistance. ACT is particularly beneficial for individuals who have

experienced homelessness, incarceration, or addiction, as it offers a holistic approach to care that addresses the complex needs of these populations.

# Appendix 3

## Evidence-based Clinician Support Narrative

We approach clinician support through a culturally responsive, ecological systems framework, meaning we implement safeguards at the organizational, client-interaction, and individual levels that also reciprocate feedback and support our BIPOC providers.<sup>1</sup> We know that organizational culture is key in managing vicarious trauma, having an even greater impact compared to factors of the individual.<sup>2,3,4</sup> We also recognize the toll such secondary trauma takes on physical health and the high prevalence for individuals who have experienced trauma themselves.<sup>5</sup> We validate and support our MTCS providers' experiences of racism and discrimination as well as the vicarious trauma related to their clients' experiences,<sup>6</sup> which we directly support through specialized training. We also utilize culturally responsive reflective supervision and peer support groups<sup>7</sup> for guidance, consultation, debriefing, and connection. At the client-interaction level, we place importance on a safe physical space for our providers and also manage caseloads, encouraging work-life balance.<sup>5,9</sup>

Our efforts on the individual level include our providers having available personal counseling and self-monitoring by checking in with themselves before, during, and after trauma-related encounters; some of the measurable, structured methods we have available include screeners, such as the Professional Quality of Life Scale (ProQol) and the Secondary Traumatic Stress Scale (STSS),<sup>8</sup> as well as the Gibb's Reflective Cycle as a structured approach or starting point for mindful journaling about patient encounters.<sup>9</sup> Aiding both organizational and individual levels, we welcome and facilitate opportunities for mindfulness, meaning-making, humor, and self-care. We also encourage professional growth and advancement, allowing our providers to pursue their passions and interests as they develop within our organization, in the growth of their own organization, or in placement in other aligned community-based organizations. Ultimately, we focus on psychosocial concepts of mastery, efficacy, and

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<sup>1</sup> Newell, J. (2020). An Ecological Systems Framework for Professional Resilience in Social Work Practice. *Social Work*, 65(1), 65-73.

<sup>2</sup> Quitangon, G. (2019). Vicarious Trauma in Clinicians: Fostering Resilience and Preventing Burnout. *Psychiatric Times*, 36(7), 18-19.

<sup>3</sup> U.S. Department of Health and Human Services. (n.d.). Resource Guide to Trauma-Informed Human Services. Administration for Children and Families. <https://www.acf.hhs.gov/trauma-toolkit>

<sup>4</sup> Ashley-Binge, S., & Cousins, C. (2020). Individual and Organisational Practices Addressing Social Workers' Experiences of Vicarious Trauma. *Practice: Social Work in Action*, 32(3), 191-207.

<sup>5</sup> Lee et al. (2018). Exposure to Client Trauma, Secondary Traumatic Stress, and the Health of Clinical Social Workers: A Mediation Analysis. *Clinical Social Work Journal*, 46, 228-235.

<sup>6</sup> Louie, P., & Upenieks, L. (2022). Vicarious Discrimination, Psychosocial Resources, and Mental Health among Black Americans. *Social Psychology Quarterly*, 85(2), 187-209.

<sup>7</sup> U.S. Department of Veterans Affairs. (2023). Provider Toolkit. National Center for PTSD.

<sup>8</sup> The Center for Victims of Torture. (n.d.). ProQOL. Professional Quality of Life. <https://proqol.org/>

<sup>9</sup> University of Cambridge. (n.d.). Reflective Practice Toolkit. Cambridge University Libraries. <https://libguides.cam.ac.uk/reflectivepracticetoolkit/models>

esteem building through communal events, which are protective factors for our MTCS personnel,<sup>8</sup> and we foster a safe, supportive environment where they can feel heard, understood, and respected.



# Appendix 4

## Additional Partner Information

The Well, through a partnership with the reputedly oldest Re-entry Coalition in the State of Florida (PERC) and Gulf Coast JFCS, has collectively provided mental health; housing; workforce; legal and social support; elder; child, and family services to residents since 1960.

Predating official establishment, our founders pioneered best practices in faith and clinical partnerships, contributed to improving court and health system processes, led special initiatives for social justice organizations, and provided consultation for social service and family safety agencies.

In 2018, The Well was established through a non-profit capacity-building grant from FHSP, following recommendations from the clergy/community health initiative at PCUL. Drawing on the data and the experiences of four generations of residents, we offer culturally relevant and trauma-informed services, training, outreach, and care management, prioritizing Black, marginalized, trauma-impacted, and system-impacted communities (MTSC). Strategically located on the historic Deuces corridor in south St. Pete, we predominantly serve zip codes, 33707, 33711, 33701, 33705, and 33712, which exhibit the highest mental health, socioeconomic, and food insecurity needs in St. Pete, according to the 2022 Community Health Needs Assessment.

We have since expanded to include counseling, consultation, community health promotion initiatives, advocacy and awareness campaigns, community crisis intervention, family and peer support, and training for community members, leaders, and providers. In response to the dual pandemic in 2020, encompassing the devastating impact of COVID-19, racial tension, and increased crime and violence, our organization experienced significant growth. We became the preferred provider for civic, social justice, and faith-based organizations serving MTCS. Advancing equitable access, we established colocation in 11 sites throughout the city and expanded services to include reflective supervision, employee assistance, and clinical organizational support.

We have a growing collective of practitioners that play a crucial role in addressing the diverse needs of the community. We collaborate with organizations, individuals, and families across various settings, including client homes, schools, community centers, and health clinics. While we serve different geographies and neighborhoods in the city, we maintain a concentrated focus on the south St. Pete neighborhoods where our headquarters are situated.

## People Empowering and Restoring Communities (PERC)

People Empowering and Restoring Communities (PERC) has worked tirelessly in the Tampa Bay community for nearly 30 years through advocacy and action focusing on returning citizens from incarceration. We are community-based as an organization-beginning (and maintaining) a grassroots coalition approach. The Coalition has met on the fourth Thursday of every month since 1988 and is a place where like-minded providers network together to discuss what is going on in the 'reentry' universe, but more importantly to share programs and initiatives in such a way that we can help the underserved or those in need in our community through partnerships.

PERC has expanded its offerings to the community with four offices throughout Pinellas County and two offices in Pasco County and has served statewide- working with three gubernatorial administrations, the state legislature, the Florida Department of Corrections, and with a variety of communities looking to start reentry coalitions similar to ours.

PERC case managers provide comprehensive, intensive re-entry case management services, including but not limited to job development and placement, job retention skill training, transitional housing, assessments, evaluations, and referrals for substance abuse and mental health treatment, linkages for subsistence needs (beyond housing), partnerships for GED and adult basic education, and employment training – all outlined in a unique, individualized case plan that is updated regularly. This includes intensive levels of service pre-release to post-release, with services intensive and decreasing over time.

Beyond this, PERC is also a licensed out-patient substance abuse provider, licensed batterer's intervention program provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few. PERC also offers larger comprehensive programs as a lead agency or collaborative partner. Programs have included the St. Pete Works workforce development collaborative, the Pinellas Substance Abuse/HIV/AIDS/Responsibility Program (SHARP) providing Substance Abuse and HIV/AIDS education programming to high-risk young adults (age 13-25), the One Raft Evening Reporting Center working with high risk to re-offender high school and middle school students as part of the Pinellas County Juvenile Detention Alternatives Initiative, the Tampa Bay Career Pathways Collaborative employment program, the Red Tent Women's Initiative, the Veterans Treatment Court (employment component), and the United Way Workforce Development Cohort program with the Pinellas County Urban League. In recent years PERC successfully completed the Pinellas Reentry Court program in partnership with the Pinellas County Government, the Reentry to Independence Program with the Pinellas County Sheriff's Office, employment programs with the State of Florida and the City of St. Petersburg,

and the expansion of other programs throughout Pinellas and Pasco counties. Currently, PERC has expanded its services as a housing provider having added a Transition in Place program from the Veteran's Administration in support of our Tiny House Veterans Village housing and training program. It is working to address gun violence in St. Petersburg with our Hidden Voices program.

### Hidden Voices

In 2021 the Hidden Voices Project was created with a vision from Councilmember Figgs-Sanders and in collaboration with Urban Affairs Director Nikki Gaskin-Capehart, PERC CEO Michael Jalazo, and All Administrative Solutions President, Esther Matthews. The Initiative to End / Reduce Gun Violence would come under the Urban Affairs Department within the City of St. Petersburg.

The Objectives of this initiative were clear:

- Reduce Gun Violence
- Successfully Reintegrate returning citizens
- Community Asset Development and Resource Mapping
- Educate and Increase Community Engagement

The Hidden Voices Project implemented creative methods to change the community's perception of victims of gun violence and those returning citizens who have been charged with gun violence. We recognize that prevention strategies MUST be implemented to address the risk factors, including those within individuals (Mental Health), Families (Wrap Around Services), Schools (School-to-Prison Pipeline), Communities (Churches and Organizations), and the culture of the community (Connectivity).

### IDEA Pinellas

As a community-based prevention program, IDEA Exchange Pinellas offers an innovative, comprehensive approach to individual and population health and well-being. IDEA Pinellas is based on the principles of harm reduction, which, at the individual level, is aimed at reducing negative consequences associated with drug use, and at the broader policy level, serves as a movement for social justice built on a belief in supporting those who use drugs with a pathway for sobriety. This approach allows providers to meet clients "where they are at," addressing conditions of use along with the use itself, fostering an environment of trust and non judgment. Once this environment of acceptance is achieved, staff have a greater ability to provide services for this hard-to-reach population and offer a spectrum of services, interventions, and referrals. Services are based on the individual's unique needs and willingness to access secondary services. Primary services support the client's immediate needs, including ensuring a one-to-one exchange of syringes where participants shall receive one sterile needle and syringe unit in exchange for each used one along with tracking and

monitoring of the needles, and access to safe syringe disposal. Ancillary services will be provided, based on the individual's willingness, and include secondary prevention interventions, such as Hepatitis/HIV screening and vaccination; onsite HIV counseling and testing, or referral to services; health insurance enrollment assistance; non-coercive referral to drug treatment; overdose prevention and education and kits; behavioral health assessments and referrals to mental health services; care coordination and referrals to outside medical care; linkage to supportive housing; health education about safe injecting and sex practices; and community outreach through social marketing.

## Gulf Coast Jewish Family and Community Services

Gulf Coast Jewish Family and Community Services, Inc. (Gulf Coast JFCS) has been changing lives for thousands of Floridians since 1960. While inspired by Jewish values, we are a non-religious human services agency whose mission is to protect the vulnerable, empower individuals, and strengthen families. What distinguishes Gulf Coast JFCS from other human service agencies is the diversity of programming, emphasis on client-centered, trauma-informed care, and decades of positive community impact in St. Petersburg. Programs serve people of all ages, faiths, cultures, and identities, and proudly serve many high-need, at-risk, or under-resourced populations. Gulf Coast JFCS addresses human suffering across a broad spectrum of the population, from infants to seniors, through the following program service areas:

- Children and Family Services connect children in need with support to ensure stability, safety, and well-being.
- Behavioral Health Services provide the tools necessary to function well in society for individuals with behavioral and mental health challenges.
- Employment Services assist unemployed non-custodial parents, residents of South St. Pete, and others across Hillsborough and Pinellas with gaining employment skills to find jobs, advance in their careers, and support their families.
- Elder Services support elderly and disabled individuals with services that enable them to live independently, safely, and with dignity.
- Jewish Family Services provide Holocaust survivors and local Jewish families with essential services that connect them to the Jewish community and improve their lives.
- Refugee Services ensure that refugees and survivors of torture receive the essential services they need to adapt to life in America successfully.

Gulf Coast JFCS embraces the essential elements of culturally competent organizations by 1) valuing diversity, 2) having the capacity for self-assessment, 3) understanding the dynamics of difference and how cultures interact 4) institutionalizing cultural

knowledge, and 5) adapting to diversity in our attitudes, structures, policies, and services.

Justice, Equity, Diversity, and Inclusion (JEDI) are embedded in our agency's values and explicit in our Strategic Plan and goals. It is demonstrated not just in training our staff, but in how we deliver our services. We offer linguistically and culturally appropriate programming for all our diverse populations. Whether serving refugees, supporting Holocaust survivors, assisting children and families, or providing mental health treatment, we deliver services that consult with and respect individuals. Our agency's Jewish values further inform our work and underpin our service approach. "Tikkun Olam," or "Repair the World," assures that society functions properly for all. As such, equity is embedded in all our programs.

# Appendix 5

## Hub Design and Implementation Timeline and Gantt Chart

 The Well GANTT Chart

# GANTT CHART



PROJECT TITLE	Social Services Hub - The Well, PERC, Gulf	Lead Non-Profit	The Well
PROJECT MANAGER	Dr. LaDonna Butler	DATE	05/01/2023

WBS NUMBER	TASK TITLE	TASK OWNER	START DATE	DUE DATE	DURATION	PHASE ONE				PHASE TWO			PHASE THREE				PHASE FOUR			
						June				July			August				Beyond			
						1.1	1.2	1.3	1.4	2.1	2.2	2.3	3.1	3.2	3.3	3.1.3	3.4.1	3.4.2	3.4.3	4.1
<b>1</b>	<b>Hub Planning</b>	ALL	6/1/23	6/30/23																
1.1	Scope & Goal Setting		6/1/23	6/15/23	14															
1.2	Budget		6/1/23	6/15/23	14															
1.3	Communication Plan		6/16/23	6/30/23	14															
1.4	Risk Management		6/16/23	6/30/23	14															
<b>2</b>	<b>Activation of the Initial Hub Services</b>	The Well	7/1/23	07/24/23	30															
2.1	Hub Announcement		7/3/23	7/17/23	14															
2.1.1	Marketing/Outreach for New Hub/Community Debrief		7/3/23	7/17/23	14															
2.1.2	Event Planning		7/3/23	7/17/23	14															
2.1.3	Community Review & Data Collection		7/3/23	8/3/23	30															
2.2	Community Debrief		7/3/23	7/17/23	14															
2.2.1	Event Planning		7/3/23	8/3/23	30															
2.2.2	Community Review & Data Collection		7/19/23	8/3/23	14															
2.3	Stakeholder Alignment (Partners & Subcontractors)		7/3/23	8/3/23	30															
2.3.1	Event Planning / Multiple Meetings		7/3/23	8/3/23	30															
2.3.2	Hold meetings and educate attendees		7/3/23	8/3/23	30															
2.3.3	Solicit Feedback from Partners		7/3/23	8/3/23	30															
<b>3</b>	<b>Hub Launch &amp; Execution</b>	The Well, PERC, Gulfcoast	8/1/23	8/30/23	30															
3.1	Site Preparation		7/3/23	8/3/23	30															
3.1.1	Construction Refresh / ADA compliance		7/3/23	8/3/23	30															
3.1.2	DCF Certification for Site(s)		7/3/23	8/3/23	30															
3.1.3	Community Open House / Walk Through		8/16/23	8/30/23	14															
3.2	Staff Preparation		7/17/23	8/1/23	14															
3.2.1	Orientation / Culture Workshops		7/17/23	8/1/23	14															





## Appendix 6. Additional Team Information

**Dr. LaDonna Butler:** As the President and Chief Executive Officer of The Well, she is a nationally recognized leader in social justice, service, and behavioral health entities. She holds a Doctorate in Counselor Education, is a Master Addictions Professional, a Qualified Supervisor, Licensed Mental Health Counselor, and traumatologist. She is one of the 4% of Black clinicians credentialed to provide specialized therapy for children 0-5. Dr. Butler provides executive leadership for the HUB model, integrating it into existing programs and community initiatives, serves as a clinical safety officer, offering guidance and supervision in clinical practices, and consulting with the community and national organizations.

**Dr. Brittany Peters, LCSW-QS:** Serving as the Chief Clinical Officer, directly oversees HUB operations. With extensive experience as a Licensed Clinical Social Worker, she ensures the delivery of high-quality services. Dr. Peters brings expertise in quality assurance, compliance, clinical supervision, and safety management to the implementation of the HUB model.

**Dr. Katuraha Jenkins Hall:** As a licensed psychologist, Dr. Jenkins Hall plays a crucial role in providing direct supervision and consultation on high-risk cases within the HUB model. Her expertise in leading multidisciplinary teams contributes to the comprehensive management of complex situations. She will serve as a clinical safety officer.

**Joy Haugabook:** Haugabook, Masters in Human and Organizational Development and experience in large-scale public operations, coordinates HUB operations. In her role as the operations lead for The Well, she ensures the efficient functioning of the HUB model.

**Felicia Pizana and Keisha Baker:** As clinical care managers/navigators - co-leads, Pizana (Master's degree in clinical counseling) and Baker (BSW) provide comprehensive support to clients. They leverage their training and credentials in Targeted Case Management (TCM) and case management supervision for social support navigation.

**Shalawa Morgan:** Serving as the Lead Peer Specialist, plays a crucial role in training, peer support, community education, outreach, and engagement and support navigation. Her certification as a Peer Recovery Specialist and Mental Health Aid instructor, combined with lived experience as a survivor of crime and violence, enhances her ability to connect with and support peers effectively. Her prior role as property manager, aides with specific knowledge of housing supports.

**Busara Pitts, MA:** Former Principal in Pinellas County Schools, serves as the intake specialist and coordinator. Her experience in leading processes, teams, and supports contributes to the success of the HUB model. Pitts excels in engaging individuals at the door, creating a positive and supportive environment.

**DeShawn Mims:** Mims, as the lead outreach and assertive outreach practitioner at PERC, plays a critical role in engaging individuals impacted by crime, violence, or navigating the criminal legal system. With extensive experience in organizing and mobilizing care for complex survivors, Mims ensures that individuals unaware of the program are identified and connected to HUB services.

In addition to these team members, the partnership with Gulf Coast JFCS includes **Dr. Eliza McCall-Horne, Senior Vice President, and Nicole Guincho, Vice President of Clinical Services.** Dr. McCall-Horne brings extensive experience in clinical services and program management, while Guincho specializes in clinical supervision and program administration. Their expertise provides strategic guidance and support in implementing the HUB model, and identifying opportunities where existing Gulf Coast JFCS services can support each HUB.