

<b>Behavioral Health</b>		
<b>How can we ensure access to behavioral health services and improve behavioral health outcomes in Pinellas County?</b>		
<b>Goal BH 1:</b> Increase access to behavioral health services		
<b>Policy Component (Y/N):</b> No		
<b>Performance Measures</b>		
<b>Objectives</b>	<b>Data Source</b>	<b>Frequency</b>
Objective 1.1.1: By Dec 31, 2016, increase the percentage of Pinellas adults who always or usually receive the social and emotional support they need from 81.3% (2010) to 89.4%.	BRFSS	3 Years
Objective 1.2.1: By Dec 31, 2017, reduce the rate of non-fatal hospitalizations for self-inflicted injuries from 82.0 per 100,000 (2008-2010) to 65.6 per 100,000 among Pinellas youth 12-18.	Florida CHARTS	Annually
Objective 1.3.1: By Dec 31, 2017, decrease the suicide age-adjusted death rate in Pinellas from 17.7 per 100,000 (2009-2011) to 16.2 per 100,000.	Florida CHARTS	Annually
<b>Outcomes</b>		
Increased number of referrals to behavioral healthcare providers. 200 doctors educated on trauma-informed care principles. 4 new organizations distributing Trauma-Informed Care materials. Identify gaps in behavioral healthcare access.		

<b>Alignment with Local, State, and National Priorities</b>	
Obj. 1.3.1	Healthy People 2020 MHMD-1

**Strategy 1.1:** Strengthen the integration of behavioral and primary health care service delivery.

**Objective 1.1.1:** By Dec 31, 2016, increase the percentage of Pinellas adults who always or usually receive the social and emotional support they need from 81.3% (2010) to 89.4%.

**2014 – 2015 Action Plan**

Activity	Coordinating Agency	Proposed Partner Agencies	Timeframe	Process Measure
1 Improve the integration of primary and behavioral healthcare providers in Pinellas County.	BayCare Behavioral Health	TBD	July 2014 – June 2015	1. Identify a list of behavioral health providers who see low-income/uninsured patients and share resources with other local primary care doctors as needed.  2. Contact these providers to see whether they have relationships with local primary care doctors.

**2015 – 2017 Activities**

- Co-locate primary care providers in behavioral health care settings
- Co-locate behavioral health care providers in primary care settings
- Improve communication and coordination of care among providers through health information exchange
- Develop cross training programs for allied staff in primary and behavioral health care settings
- Develop an integrated system with the jails and linkage to community services upon release

**Strategy 1.2:** Integrate trauma-informed care practices across care settings with emphasis on Adverse Childhood Experiences (ACEs).

**Objective 1.2.1:** By Dec 31, 2017, reduce the rate of non-fatal hospitalizations for self-inflicted injuries from 82.0 per 100,000 (2008-2010) to 65.6 per 100,000 among Pinellas youth 12-18.

**2014 – 2015 Action Plan**

Activity	Coordinating Agency	Proposed Partner Agencies	Timeframe	Process Measure
1 Promote provider and agency education on trauma-informed approaches and practices via Pediatric Grand Rounds	Peace4Tarpon	National Center for Trauma-Informed Care, DOH-Pinellas	July 2014 – June 2015	Hold two trainings for providers at All Children's Hospital and/or other local pediatric care centers in Pinellas.
2 Peace4Tarpon Health & Wellness Committee, DOH-Pinellas, and Directions for Living will collaborate to distribute educational materials for providers in Pinellas County	Directions for Living	DOH-Pinellas, Peace4Tarpon	July 2014 – June 2015	300 TIC brochures distributed and 4 new distribution partners created.

**2015 – 2017 Activities**

- Pilot risk assessment and screening in Pinellas County Schools
- Develop cross training programs for allied staff in primary and behavioral health care settings

**Strategy 1.3:** Engage targeted at-risk populations to better understand behavioral health care needs and prevent barriers to access

Objective 1.3.1: By Dec 31, 2017, decrease the suicide age-adjusted death rate in Pinellas from 17.7 per 100,000 (2010-2012) to 16.2 per 100,000.

**2014 – 2015 Action Plan**

Activity	Coordinating Agency	Proposed Partner Agencies	Timeframe	Process Measure
1 Collect suicide and behavioral health data for identified at-risk populations in Pinellas County.	Pinellas County Health & Community Services	Suncoast Health Council, DOH-Pinellas, Homeless Leadership Board, PEMHS, Operation PAR, LiveFree!, Data Collaborative Partners	July 2014 – June 2015	Completed report on suicide and behavioral health data.
2 Analyze data collected in Activity 1 and create action plans to address any areas of need.	Pinellas County Health & Community Services	Suncoast Health Council, DOH-Pinellas, Homeless Leadership Board, PEMHS, Operation PAR, LiveFree!	July 2014 – June 2015	Complete analysis and determine whether an action plan is needed.

## Behavioral Health

**How can we ensure access to behavioral health services and improve behavioral health outcomes in Pinellas County?**

**Goal BH 2:** Reduce substance abuse among children and adults

**Policy Component (Y/N):** Yes

### Performance Measures

Objectives	Data Source	Frequency
Objective 2.1.1: By Dec 31, 2017, reduce the number of accidental drug or toxin related deaths in Pinellas from 201 (2012) to 181.	District 6 Medical Examiner Annual Report	Annually
Objective 2.2.1: By Dec 31, 2016, reduce the number of Pinellas youth who report lifetime drug use from 31.1% (2012) to 27.9%.	Florida Youth Substance Abuse Survey	Biennially
Objective 2.3.1: By Dec 31, 2017, reduce the rate of Neonatal Abstinence Syndrome in Pinellas from 27.1 per 1,000 births (2009-2011) to 24.4 per 1,000 births.	Florida Agency for Healthcare Administration (AHCA)	Annually

### Outcomes

Increased use of the Prescription Drug Monitoring Program (PDMP).

### Alignment with Local, State, and National Priorities

Obj. 2.2.1	Healthy People 2020 SA- 2.4
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**Strategy 2.1:** Advocate for changes in policy and practices related to substance abuse, including more stringent regulations for prescription drugs classified as controlled substances.

**Objective 2.1.1:** By Dec 31, 2017, reduce the number of accidental drug or toxin related deaths in Pinellas from 201 (2012) to 181.

**2014 - 2015 Action Plan**

Activity		Coordinating Agency	Partner Agencies	Timeframe	Process Measure
1	Coordinate a legislative agenda and sponsor legislation that requires physicians to use the PDMP.	LiveFree!/Pinellas County Justice & Consumer Services	FADAA Sheriff's Association FAC League of Cities FMA	July 2014 – June 2015	Compose amendment and seek legislative sponsor.
2	Convene a single substance abuse advisory group/oversight committee for Pinellas County.	LiveFree!/Pinellas County Justice & Consumer Services	PDAB Paraphernalia work group Pinellas County Medical Association	July 2014 – June 2015	Hold at least one meeting of the new oversight group.

**Strategy 2.2:** Raise awareness among providers, parents, youth, and businesses on emerging substance abuse trends to improve and inform practices.

**Objective 2.2.1:** By Dec 31, 2016, reduce the number of Pinellas youth who report lifetime drug use from 31.1% (2012) to 27.9%.

**2014 – 2015 Action Plan**

Activity	Coordinating Agency	Partner Agencies	Timeframe	Process Measure
<p>1. Develop and implement a campaign to educate parents, businesses, and youth on medical marijuana and the dangers of emerging designer drugs and prescription drugs</p>	<p>Pinellas County Justice and Consumer Services</p>	<p>LiveFree! Coalition, Drug Free America Foundation (DFAF)</p>	<p>July 2014 – December 2014</p>	<p>1. Educational materials distributed/parents educated. 2. Number of businesses educated. 3. Number of youth led groups who receive campaign materials.</p>

**Strategy 2.3:** Increase access to substance abuse services for prenatal and postpartum women.

**Objective 2.3.1:** By Dec 31, 2017, reduce the rate of Neonatal Abstinence Syndrome in Pinellas from 27.1 per 1,000 births (2009-2011) to per 24.4 per 1,000 births.

**2014 – 2015 Action Plan**

	Activity	Coordinating Agency	Partner Agencies	Timeframe	Process Measure
1	Work with OB-GYNs to provide warnings to their patients on the dangers of substance use/abuse while pregnant and provide supports to address underlying issues.	Healthy Start Coalition	Operation PAR, Healthy Start Coalition, Birth Hospitals, BayCare, DOH-Pinellas, Motivating New Moms	July 2014 – June 2015	Increase number of providers reached (Baseline TBD).
2	Collect current data on drugs to which newborns are most frequently exposed.	Substance Exposed Newborns task force	DOH-Pinellas Healthy Families	July 2014 – June 2015	Create a report with results and analysis of data.

**2015 – 2017 Activities**

- Promote the use of evidence-based screening practices for prenatal substance abuse by OB/GYNs and other prenatal and postpartum providers
- Promote pregnancy testing by providers prior to prescribing prescription drugs classified as controlled substances



## Behavioral Health

**How can we ensure access to behavioral health services and improve behavioral health outcomes in Pinellas County?**

**Goal BH3:** Reduce violence among children and families

**Policy Component (Y/N):** Yes

### Performance Measures

Objectives	Data Source	Frequency
Objective 3.1.1: By Dec 31, 2017, reduce the rate of Pinellas children under 18 experiencing child abuse from 24.0 per 1,000 (2012) to 16.9 per 1,000.	Florida Department of Children and Families	Quarterly
Objective 3.2.1: By Dec 31, 2017, reduce the domestic violence rate in Pinellas from 772.8 per 100,000 (2009-2011) to 695.5 per 100,000.	Florida CHARTS	Annually

### Outcomes

Greater number of DOH-Pinellas staff educated on DV prevention and preventive practices.; common screening policies/practices for violence and trauma

### Alignment with Local, State, and National Priorities

Obj. 3.1.1	Healthy People 2020 IVP 37; IVP 38
Obj. 3.2.1	Healthy People 2020 IVP 39.1; IVP 39.2; IVP 39.3; IVP 39.4

**Strategy 3.1:** Promote community programs that maximize healthy development and interaction among children, families, schools, and communities.

**Objective 3.1.1:** By Dec 31, 2017, reduce the rate of Pinellas children under 18 experiencing child abuse from 24.0 per 1,000 (2012) to 16.9 per 1,000.

**2014 – 2015 Action Plan**

	Activity	Coordinating Agency	Partner Agencies	Timeframe	Process Measure
1	Distribute Child Safety Booklets to the community, including OB offices, child care providers, CHCs, home visiting programs, and health departments.	JWB	DOA Department of Children & Families Suncoast Center Domestic Violence Task Force	July 2014 – June 2015	Distribute plan to local birthing hospitals (St. Pete General; Bayfront Baby Place; Morton Plant Hospital - CLW; & Mease Countryside) and at least ten daycare providers.
2	Continue to hold violence/abuse response training for school health staff	DOH-Pinellas	-Juvenile Welfare Board -Child Protective Investigative Division (of the Pinellas County Sheriff's Office) -Haven of Religious Community Services	July 2014 – June 2015	Hold a minimum of one violence/abuse response training for school health staff.
3	Research violence screening tools that target families of children 0-5.	Family Study Center at USFSP	-ELC, Healthy Start, Early childhood mental health committee of FAIMH, JWB, CASA, Haven of RCS, FAIMH	July 2014 – June 2015	Identify a violence screening tool as well as organizations trained in its administration, and create a plan for its implementation.

**Strategy 3.2:** Promote awareness, training, and advocacy to improve and inform practices related to domestic violence.

**Objective 3.2.1:** By Dec 31, 2017, reduce the domestic violence rate in Pinellas from 772.8 per 100,000 (2009-2011) to 695.5 per 100,000.

**2014 – 2015 Action Plan**

	Activity	Coordinating Agency	Partner Agencies	Timeframe	Process Measure
1	Educate community healthcare providers on domestic violence policies and preventive practices.	Domestic Violence Task Force (DVTF)	DVTF Members DOH-Pinellas	July 2014 – June 2015	Hold at least one Being a Better Bystander training at a Pinellas health department location.

**2015 – 2017 Activities**

- Implement and expand plan developed between Operation PAR and the Domestic Violence Task Force for use in substance abuse treatment and outpatient settings, to include training staff about effective interventions
- Reinvest in the Elementary/Middle Peacemaker program model via Haven/CASA.