

## **Tab 5: Project Design and Implementation**

### **3.8.5.1.1 COMPOSITION PLANNING COMMITTEE**

The Public Safety Coordinating Council (PSCC) was designated the oversight committee for Polk County's original CJMHSA Reinvestment grant in 2006 and continues to meet today. Since Polk County received its original CJMHSA Reinvestment grant, the collaborations which began during that time have strengthened and have expanded into multiple councils/groups of stakeholders in which there is much crossover. In addition to the PSCC, the following stakeholder groups exist and are very active:

- Homeless Coalition of Polk County meets monthly
- Circuit 10 Regional Council meets monthly (local Behavioral Health leadership)
- Baker Act Review Committee meets monthly
- Trauma Informed Care Workgroup meets bimonthly
- Homeless Youth Task Force meets quarterly
- Polk Vision Quality of Life Committee meets monthly
- Citizen's Health Care Oversight Committee meets monthly

On September 6, 2016 the Polk County Board of County Commissioners approved the establishment of a Planning Committee within the Public Safety Coordinating Council. The committee will add required members who are not already active on the Public Safety Coordinating Council. The required members identified for this committee are listed in Appendix K.

Thus far, planning activities for the FICM project consisted of seven planning meetings with stakeholders over a period of eight weeks. One of the meetings was a technical assistance workshop led by Mark Engelhardt, Director of Florida's Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center at the University of South Florida's Florida Mental Health Institute, Department of Mental Health Law and Policy. Participants in planning meetings included the following stakeholders:

- Lt. Shawn Hoobin representing Sheriff Grady Judd, Polk County Sheriff's Office
- Jeff Bagwell, President & CEO, Keystone Challenge Fund (affordable housing)
- Joe Monroe, Strategic Planner, Keystone Challenge Fund
- Laura Lee Gwinn, Executive Director, Homeless Coalition of Polk County
- Laurie Williams, Staff, Homeless Coalition of Polk County
- Bill Gardam, President and CEO, Peace River Center (Behavioral Health)
- Bennie Allred, COO, Peace River Center
- Mary Jane Ogelsby, Director of Outpatient Services, Peace River Center
- Cedric Cox, Director, HUD & Supportive Housing Programs, Peace River Center
- Ann Marie Stewart, Forensic Programs, Peace River Center
- Nick Sudzina, Trial Court Administrator, Florida's 10th Judicial Circuit
- Anne Weeks, Senior Court Operations Consultant, Florida's 10th Judicial Circuit
- Desiree Meaton-Francisco, Manager, Problem Solving Court, 10th Judicial Circuit

- Robert Rihn, CEO, Tri-County Human Services (Behavioral Health Provider)
- Donn VanStee, CFO, Tri-County Human Services
- Jacque Henderson, Residential Services Director, Tri-County Human Services
- Teresa Even, Manager of Behavioral Health Services Outpatient Adult, BayCare
- David Clapp, Dir. Of Supportive Housing & Community Development, Central Florida Behavioral Health Network
- Joy Johnson, Director, Indigent Health Care Division, Polk County BoCC
- Marcia Andresen, Director, Social Services, Polk County BoCC
- Greg Alpers, Manager, Housing & Neighborhood Dev., Polk County BoCC
- Nancy Hurley, Housing Programs Compliance Manager, Polk County BoCC
- Ester Robledo, Housing Administrative Coordinator, Polk County BoCC
- Jeanna Cox, Senior Planner, Polk County BoCC
- Cathy Hatch, Community Health Care Planner, Polk County BoCC
- Andrea Clontz, CareScope Project Supervisor, Polk County BoCC
- Kelvin Almestica, Financial Analyst , Polk County BoCC

### **3.8.5.3.1 DESCRIPTION OF STRATEGIC PLAN**

(A copy of the Strategic Plan is Attachment 1 page 60.)

According to the *2012 Annual Report on the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Act*, the CJMHSA Technical Assistance Center concluded the following:

“In the absence of adequate intervention and treatment, a disproportionate number of individuals with mental illness and/or substance abuse are becoming involved in Florida's justice system. The fact that so many individuals cycle through local jails and courts creates a public health and safety issue for many counties as well as a significant drain on scarce resources. Community mental health and substance abuse services providers are unable to meet the treatment needs of this growing population with existing resources, and local corrections officials have become de facto treatment providers. When the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Act passed in 2007, lawmakers hoped the grant program it created would stimulate local innovation and state and county partnerships to develop systems of care to divert individuals with mental illnesses and substance use disorders from the criminal justice system.

*Those hopes have been realized in the three years of the grant program existence. The counties that received planning and implementation grants were able to develop strategies for more effective ways to address the growing number of people with mental illnesses and substance abuse disorders involved in the criminal justice system, as well as show that there are alternative treatment strategies that will improve public safety, help people with mental illnesses succeed in the community, and in the long run, save taxpayers money.”*

Polk County received Implementation funding in 2007 and was one of the counties whose findings were included in the italicized statement quoted above. The 2007 CJMHSAs Reinvestment Grant was key in establishing a system of diversion and early intervention in Polk County and strides have been made to build upon that foundation. Although the system has grown to include a fully functioning Behavioral Health Court serving 50 to 60 clients per year, there is still more work that needs to be done. We now aspire to build upon the diversion and early intervention strategies created in 2007 grant program. Critical issues continue to impact our community as described below.

Polk County's Strategic Plan is comprehensive, in that it considers these factors: untreated mental illness, inadequate housing, and scarce transportation linking the 17 municipalities with the unincorporated areas spread over 2, 010 square miles. The Plan also takes into consideration that Polk County trails behind Florida and the nation in both high school graduates and college graduates and Polk County has the 13th highest unemployment rate compared to all Florida counties, with 5.8% unemployment.

Polk County has enjoyed strong working relationships among the government, private and nonprofit entities. Consequently, the Strategic Plan has evolved over the past ten years through the synergy of these working relationships, and in response to the environment. Generally, the Plan is reviewed annually, and updated every two or more years.

For many of these years, the economy has been the major challenge. All of Florida, including Polk County has had to recover from the great recession of 2008. The financial downturn led to scarce resources and high unemployment. Many of the partners had to adjust the strategies in the Plan to adapt to the lack of financial resources and hiring freezes. With the beginnings of an upturn in the economy, the collaboration now endeavors to gain some of the ground that was lost in the recession, and begin to build upon the diversion and early intervention strategies created in 2007.

### **3.8.5.3.3 DESCRIPTION OF PROJECT DESIGN AND IMPLEMENTATION**

The project is designed to meet the two required objectives: Establish Programs and Diversion Initiatives; and Collaboration. These are not new objectives and in fact, these two objectives are currently in play within the Polk County CJMHSAs community. The third objective is new and was selected after much conversation among community stakeholders, Develop Housing Initiative in support of the CJMHSAs target population.

This Project is designed to effectively identify individuals with a history of criminal justice involvement who are at risk of recidivism into either to the criminal justice system or the State Hospital system and divert them into community services and treatment. Referrals for eligibility screening will be sought from community partners and will be sent to a centralized point of contact, the FICM Program Manager. Once eligibility is determined, the candidate is assigned to a case manager who will ensure all needs assessments are completed.

The FICM team (Program Manager and Case Managers) will review the needs assessments and will confirm that the assigned case manager is the best one suited to manage the participant. If the participant agrees to participate he/she will sign a participation agreement. Caseloads are limited to 15 per case manager, thus allowing for intensive contact and participants are expected to remain in the program approximately one year.

The CJMHSA Reinvestment grant process has given our community the opportunity to focus on the real issues facing this population. In all of our discussions the lack of housing was identified as a key issue. We seek to use the collaborations created during CJMHSA to make housing for this population a priority.

We have already begun conversations with the Polk County Housing and Neighborhood Development Division as well as with a private developer to brainstorm how to meet the demand for housing. Locally the Homeless Coalition of Polk County is encouraging community partners to look at establishing Housing First in Polk County. To that end, Mark Engelhardt has been engaged to present a training on the Housing First Model to our community in the coming weeks. And several organizations in Polk County recently sent staff to the Florida Housing Coalition conference in Orlando to learn of more innovative ideas to approach housing.

Housing expert, Jeff Bagwell and Keystone Challenge Fund are partners in this FICM Project. Jeff Bagwell is the President and Executive Director Keystone Challenge Fund, a non-profit corporation organized to advance the development and financing of affordable housing.

Keystone offers a Homebuyer Education and Credit Counseling Program that has been HUD approved since 2010 and is the only HUD approved program providing pre-purchase counseling and pre-purchase homebuyer education workshops in Polk County. Keystone is a partner in the Polk County and Pasco County Neighborhood Stabilization Programs (NSP1 and NSP3). Through NSP Keystone developed an 8 unit subdivision in Polk County with a focus on very low income homeownership and a rental housing community in West Bartow serving 14 very low income veterans.

Prior to assuming his position at Keystone, Jeff had 13 years of experience in mortgage related industries. He served for 10 years as a board member and for 2 of those years as the Chairperson for the Florida Housing Coalition. Jeff was appointed to the Governor's Affordable Housing Study Commission for 3 years. He has also served on the Board of Directors of the Heartland Community Land Trust, Inc., the City of Lakeland SHIP Local Housing Assistance Partnership Task Force, the Lakeland Affordable Housing Advisory Committee, the Consumer Credit Counseling Advisory Committee, the Florida Department of Community Partners Advisory Committee, the Board of Directors of the Tampa Bay Community Reinvestment Corporation, and previously co-chaired the Polk Vision Attainable Housing Committee.

Having Keystone Challenge Fund as a partner along with our own Housing and Neighborhood Development Division gives us the leadership needed to develop a successful housing initiative. We believe this initiative will complement the diversion and collaboration objectives of this project.

Implementation of the project is described in detail in the Timeline. FICM partner agencies and other community partners are committed to dedicating time and resources to implementation to ensure project success. Additionally, Mark Engelhardt, Director of USF CJMHSAs Technical Assistance Center will conduct a Sequential Intercept Mapping process with Polk's CHMHSAs stakeholders upon grant award.

**PROJECT GOALS, STRATEGIES, MILESTONES, AND KEY ACTIVITIES**

<b>Goal #1:</b>	75 referrals per year		
<b>Objectives</b>	<b>Strategy</b>	<b>Milestone</b>	<b>Key Activities towards meeting objectives</b>
Diversion	Identify individuals at risk of recidivism	Enrolling 50 individuals per year	Forensic Intensive Case Management (FICM) model
Collaboration	Working with community partners for referrals	Referrals from multiple community partners	Receiving a minimum of 75 referrals per year
Housing	To determine risk of homelessness	Immediate referral to emergency shelter	Linkage to the Coordinate Entry system
<b>Goal #2:</b>	100% of eligible individuals, who agree to participate, will have an intake assessment completed within 7 working days.		
<b>Objectives</b>	<b>Strategy</b>	<b>Milestone</b>	<b>Key Activities towards meeting objectives</b>
Diversion	Assess to determine appropriate clients	Meeting enrollment criteria	Forensic Intensive Case Management (FICM) model
Collaboration	The FICM team determines which service provider is the best fit/most appropriate case manager for each client	Assignment to a FICM team member	Initiate relationship between case manager and client
Housing	Identify housing needs	Assignment to a housing specialist FICM team member	Ensuring client has safe, affordable and appropriate housing within 90 days of enrollment into program
<b>Goal #3:</b>	85% of clients will have a case plan within 30 days of enrollment into program		
<b>Objectives</b>	<b>Strategy</b>	<b>Milestone</b>	<b>Key Activities towards meeting objectives</b>
Diversion	Intense engagement with client	Development of the case plan	Case plan goals & objectives promote stable life style in the community
Collaboration	Wrap around services with community agencies	Positive interaction with the community agencies	Avert increased spending by leveraging community resources
Housing	Case plan goals & objectives promote stable and safe housing arrangements	Housing is obtained	Collaborate with public and private housing partners to identify safe, affordable housing and leveraging community resources for securing permanent housing
<b>Goal #4:</b>	85% of clients will actively participate in their case plan		
<b>Objectives</b>	<b>Strategy</b>	<b>Milestone</b>	<b>Key Activities towards meeting objectives</b>
Diversion	Intense engagement with client	Successful completion of goals & objectives established on the case plan	Case plan goals & objectives promote stable life style in the community
Collaboration	Wrap around services with community agencies to promote successful completion of case plans goals & objectives	FICM team members collaborate with community agencies for continuity of care	Avert increased spending by leveraging community resources Unemployed clients will secure FT/PT employment within 180 days of enrollment Clients appropriate for SSI/SSDI/benefits be assisted with obtaining these benefits
Housing	Clients maintain safe and secure housing in the community	No eviction during length of time in program and one year following discharge from program	Collaborate with community partners for home education/credit repair/financial literacy to maintain safe & affordable housing
<b>Goal #5:</b>	75% of clients will be diverted from state hospital admission/the criminal justice system		
<b>Objectives</b>	<b>Strategy</b>	<b>Milestone</b>	<b>Key Activities towards meeting objectives</b>
Diversion	Intense engagement with clients to divert from state hospita/criminal justice system during length of time in program and one year following discharge from program	Successful completion of goals & objectives established on the case plan	Case plan goals & objectives promote stable life style in the community
Collaboration	Wrap around services with community agencies to promote successful completion of case plans goals & objectives	FICM team members collaborate with community agencies for continuity of care	Avert increased spending by leveraging community resources Clients will will maintain FT/PT employment during length of time in program and one year following discharge from program
Housing	Clients maintain safe and secure housing in the community	No eviction during length of time in program and one year following discharge from program	maintain safe & affordable housing during length of time in program and one year following discharge from program

### 3.8.5.3.3.2 Organization & Key Stakeholder Responsibilities

Objective 1		Establish Programs and Diversion Initiative - FICM Program		
	Task	Performance Measure	Lead Person/Org	Projected Completion Date
1.1	Establish legally binding agreements with all participating entities	Number of partnerships formed as demonstrated by formal Memoranda of Understanding, including partnerships related to the exchange of information and data related to the target population. Agreements will include PCSO, Problem Solving Courts, Public Defenders Office, Homeless Coalition of Polk County, Peace River Center, Tri-County Human Services, Keystone Challenge Fund and Indigent Health Care Division.	FICM Project Manager: Polk BoCC	04/01/2017
1.2.a	Provide information system to track individuals during Program and for at least one year after discharge including arrests, benefits, employment and stable housing.	Number stakeholders trained on use of CareScope tracking system.	FICM Project Manager: Polk BoCC	04/01/2017
1.2.b	Provide information system to track individuals during program and for at least one year after discharge including arrests, benefits, employment and stable housing	Number of client records created in CareScope system.	Polk BoCC	01/01/2020
1.3.a	Implement strategies that support FICM project	Number of new FICM team members hired	1) Polk BoCC 2) Peace River 3)Tri-County	01/31/2017
1.3.b	Implement strategies that support FICM project	Number of partner contracts executed	Polk BoCC	01/31/2017
Objective 2		Collaboration		
	Task	Performance Measure	Lead Person/Org	Projected Completion Date
2.1	Participate in Grant Planning Committee	Number of Planning Committee Meetings Held	Health Care Planner Polk BoCC	ongoing
2.2	Assess progress based on timelines and review attainment of goals	Number of Quarterly Reports submitted and reviewed	FICM Project Manager	Quarterly and ongoing
2.3	Makes necessary adjustments to implementation activities as needed	Number of program revisions made	Polk BoCC	ongoing
Objective 3		Develop Housing Initiative		
	Task	Performance Measure	Lead Person/Org	Projected Completion Date
3.1	Build public and private partnerships	Establish a local housing initiative in support of target population	Polk BoCC	ongoing
3.2	Seek grant funding in support of housing initiative	Number of new housing grants submitted annually	Polk BoCC	ongoing

### **3.8.5.3.3 PLANNING COMMITTEE PARTICIPATION**

The PSCC stated meetings are the 4th Monday in March and September. Currently the Public Safety Coordinating Council meets The next regularly scheduled meeting of the Public Safety Coordinating Council is set for March 27, 2017.

Upon announcement of the grant award, the Polk County BoCC will request a called meeting of the Public Safety Coordinating Council to be held in January 2017 in order to activate the official Planning Committee. This committee will include all of the required members defined in the RFP (See Appendix K). The PSCC typically meets twice a year, but will meet an additional time during year one holding meetings in January, March and September.

The FICM Program Manager will provide quarterly reports by email to members of the Planning Committee and will attend each Planning Committee meeting to answer questions related to reports. Planning Committee members will hear reports and make recommendations for program adjustments as needed. Their recommendations will be recorded in the meeting minutes and distributed to the FICM community partners and FICM program staff.

### **3.8.5.3.4 COMMUNICATION OF AGENCIES**

Agencies will communicate during the life of the grant via many avenues. Communication between FICM partners will include emailed correspondence, including quarterly reports as well as conference calls and face to face meetings. Specific to this grant, the Public Safety Coordinating Council Planning Committee will meet face to face a minimum of twice a year and will include all required stakeholders including agency representatives. All agencies who are grant Program partners currently meet monthly as a part of the Circuit 10 Regional Council and will add quarterly FICM Program Assessment Meetings to their calendars.

FICM partners will meet as often as is required to meet stated objectives and time sensitive tasks such as establishing MOU's. The decision making process will be by consensus and will be informed by experts in CJMHSA and by an analysis of program data. Recommendations from the Public Safety Coordinating Council's Planning Committee will also inform decision making.

### **3.8.5.3.5 PARTICIPANT SCREENINGS, NEEDS ASSESSMENTS, AND TOOLS**

The Project Manager, who is the central point of contact, will receive referrals and conduct Eligibility Screening. Once an individual is determined eligible the FICM team (project manager and the four case managers) will meet to review screening, a case manager will be assigned to ensure that all needs-based assessments are completed. A variety of needs assessments are included to address the multiple risk factors associated with the target population described in the Risk Factor Table.

Individuals in the criminal justice system who have mental health and/or substance use disorders (co-occurring disorders) are characterized by diversity in the scope and



intensity of mental health, substance use, social, medical, and other problems. As a result, no single clinical approach and no single screening or assessment tool fits the needs of this population, and effective and comprehensive screening and assessment procedures are of paramount importance in defining the sequence, format, and nature of needed interventions.

Screening for co-occurring disorders (CODs) will be used to identify problems related to mental health, substance use, trauma/PTSD, criminal risk, other areas that are relevant in determining the need for specialized services (including treatment, case management, and community supervision), and the need for further assessment. Screening will also help to identify acute issues that require immediate attention, such as suicidal thoughts or behaviors, risk for violence, withdrawal symptoms and detoxification needs, and symptoms of serious mental disorders.

Screening for CODs is a brief, routine process designed to identify indicators, or “red flags,” for the presence of mental health, substance use, or other issues that reflect an individual’s need for treatment and for alternative types of supervision or placement in housing or institutional settings. Screening may include a brief interview, use of self-report instruments, and a review of archival records. Brief self-report instruments are often used to document mental health symptoms and patterns of substance use and related psychosocial problems.

Assessment differs from screening in that it addresses not only immediate needs for services, but also informs treatment planning or case planning. Thus, assessment examines a range of long-term needs and factors that may affect engagement and retention in services, such as housing, vocational and educational needs, transportation, family and social supports, motivation for treatment, and history of involvement in behavioral health services.

### **Proposed Screening and Assessment Tools:**

#### **Substance Use Assessment Tool**

Michigan Alcoholism Screening Test (MAST)

[www.projectcork.org/clinical\\_tools/html/MAST.html](http://www.projectcork.org/clinical_tools/html/MAST.html)

The MAST (Selzer, 1971) is a self-administered screening instrument that consists of 25 items related to drinking behavior, symptoms, and consequences of use. The MAST is a public domain instrument that was developed through funding by the NIAAA. The screen uses a yes/no format to inquire about problematic alcohol use and addiction throughout the lifetime (Toland & Moss, 1989). A total score is used to determine alcohol use severity. The MAST is among the most frequently studied substance use screening instruments in clinical settings (Teitelbaum & Mullen, 2000).

### **Mental Health Assessment Tool**

Correctional Mental Health Screen (CMHS)  
(<https://www.ncjrs.gov/pdffiles1/nij/216152.pdf> )

The Correctional Mental Health Screen (CMHS; Ford & Trestman, 2005) is a brief self-report screening tool for mental disorders in correctional settings. The CMHS was developed using a large correctional inmate sample that included men (N = 1,526) and women (N = 670). An original composite screening measure included 56 items that examined DSM-IV Axis I and II disorders. Separate screening versions were developed for male offenders (CMHS-M; 12 items) and female offenders (CMHS-F; 8 items) and consist of dichotomous (yes/no) items. Six items are identical in both versions, and the remaining two to six items are unique to each version of the CMHS. The shortened item pool in the two CMHS screens was found to significantly predict depression; anxiety; PTSD; and DSM-IV Axis II disorders, excluding antisocial personality disorder.

Suicide Assessment Tool

### Beck Scale for Suicide Ideation (BSS)

<http://www.pearsonclinical.com/psychology/products/100000157/beck-scale-for-suicide-ideation-bss.html>

The BSS (Beck & Steer, 1991) is a 21-item self-report scale that examines thoughts, plans, and intent to commit suicide and includes five screening items. The BSS items inquire about the desire to live, suicidal intent, plans and preparation for suicide, and openness about sharing suicidal thoughts with others.

Posttraumatic Stress Disorder Assessment Tool

### **Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)**

<http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

The most recent version of the PCL, the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Weathers et al., 2013), includes 20 items that examine the expanded DSM-5 PTSD criteria. The PCL-M queries about symptoms related to traumatic military experiences and may be used with veterans or active service personnel.

The PCL has been widely used with offenders (Ball, Karatzias, Mahoney, Ferguson, & Pate, 2013; Owens, Rogers, & Whitesell, 2011; Pankow et al., 2012; Rowan-Szal, Joe, Bartholomew, Pankow, & Simpson, 2012; Wolff, Frueh, Shi, & Schumann, 2012), including use to monitor change in PTSD symptoms while offenders are involved in treatment (Ball et al., 2013; Wolff et al., 2012)

### **Readiness for treatment and Change Assessment Tool**

Circumstances, Motivation, Readiness, and Suitability Scale (CMRS)  
<http://www.emcdda.europa.eu/html.cfm/index3597EN.html>

The CMRS (DeLeon & Jainchill, 1986) was developed to assess risk for dropout from a therapeutic community (TC) program and to identify participants most likely to remain in

substance use treatment. The CMRS is a 42- item scale that takes approximately 30 minutes to complete. The instrument has four subscales, Circumstances, Motivation, Readiness, and Suitability, that measure (1) external pressures to seek treatment; (2) internal reasons to seek change; (3) perceived need for treatment to achieve change; and (4) acceptance of the TC approach, reflected by the willingness to make major lifestyle changes, long-term commitment to an intensive treatment program, and rejection or exhaustion of other treatment modalities or options. A shortened 18-item version of the instrument (CMR) includes three subscales: Circumstances, Motivation, and Readiness.

Sample instruments can be found in Attachments 4-10, pages 73 - 87.

### **3.8.5.3.3.6 COORDINATION OF CARE**

The coordination of care for treatment will be the responsibility of the FICM Case Manager. The FICM team consists of a Program Manager from Polk BoCC, two case managers from Peace River Center (PRC) and two case managers from Tri-County Human Services (TCHS). Both partner agencies are equipped to provide both mental health and substance abuse services, but PRC's main focus is mental health, while TCHS's main focus is substance abuse. Each partner brings resources unique to the needs of the target population. Additionally, each agency will insure that one of their FICM case managers has expertise in housing.

The Program Manager will assign those who meet eligibility requirements to a case manager base on the initial risk factors identified on the eligibility screening, placing those with primary substance use issues with a TCHS case manager and those presenting primary mental health issues with a PRC case manager. Participants identified with housing needs will be assigned to one of the housing specialists.

Case managers will use the CareScope system to assist with and track FICM referrals to community resources and services. Case managers will coordinate access to needed services with community providers tracking provider contacts in CareScope. Some essential community resources that have been identified for this program include the local managing entity, Central Florida Behavioral Health Network, who has just added Housing and SSI/SSDI Outreach Access and Recovery(SOAR) specialists to their staff.

Polk County's Indigent Health Care Division (IHC) will house the FICM Program Manager and will play an essential role in coordination of care as well. IHC reports the most significant healthcare problems in our county include behavioral health needs and limited access to care due to a lack of transportation combined with a healthcare provider shortage. In response to these needs IHC has created unique partnerships to help address these problems.

One of these partnerships is with Florida's 10th Judicial Circuit which operates Polk County Behavioral Health Court for adjudicated individuals with diagnosable behavioral health conditions. IHC provides funding to the court for psychiatric assessments and

services. Also funded is a residential transition treatment center for drug and alcohol abusers. These programs aid individuals in developing healthy lifestyles and stability while breaking the cycle of judicial involvement.

The largest percentage of IHC funding is spent on the Polk HealthCare Plan. The Plan provides a way for permanent county residents at or below 100% of poverty, with no health insurance to access care. IHC manages a network of over 150 providers for the Plan that includes primary care and specialty care physicians, four urgent care centers and five area hospitals. Sponsored services include primary and specialty care services, routine diagnostic testing, lab, radiology, hospital inpatient, outpatient and emergency services, and a Plan formulary. All of these providers currently use the CareScope system for tracking and reporting the provision of services.

The FICM Team's specialized knowledge and unique relationship with IHC will improved communication and coordination between personnel in the judicial system and personnel in the community behavioral health and indigent health care systems. Also, the enhanced communication and coordination will increase the number of diversions and improve the facilitation of their aftercare upon release for people suffering with mental illness and substance use addictions in the local jails.

Each case manager of the FICM Team will have a maximum case load of 15 at any given time. It is anticipated that the average length of enrollment in the program will be one year.

#### **3.8.5.3.3.7 LAW ENFORCEMENT INTERCEPT POINTS/CAPACITY**

The Kenneth C. Thompson Institute of Public Safety at Polk State College is the primary source of training for local law enforcement officers. The Institute has been awarded the "Accreditation with Excellence" award by the Commission on Accreditation for Law Enforcement Agencies, Inc. (CALEA). The Institute is only one of five law enforcement training academies in the nation to earn this award and was the first Institute to earn the Public Safety Training Academy Accreditation Program (PSTAA) from CALEA in 2007 becoming the first criminal justice training academy in the nation to earn this accreditation. Fortunately the Institute offers Crisis Intervention Training certification.

Sherriff Grady Judd has made Crisis Intervention Training a priority in Polk County. Sheriff Judd believes that CIT training helps the deputies de-escalate crisis situations and know how to assess whether the person should be taken to jail or be diverted to a community treatment facility and then assigned to the mental health court.

He said there was a time when law enforcement officers would have said that intervening with people with mental illnesses and taking them to treatment facilities was not their job. But, today, he said it's not unusual for CIT-trained deputies to respond to a call from a family member concerned because someone isn't taking their meds and needs help in getting treatment.

“Our goal is to serve the people of Polk County every day. If we can defer the mentally ill into treatment, that’s a win for us, a win for the community and a win for the person with a mental illness.”

“I’m a tough on crime guy,” Judd said. “I believe that when you violate the law, you ought to go to jail, but, I’m just as passionate about not having those who are mentally ill in the jail. We need to have programs to help them and get them out of our jail and out of the criminal justice system.” (Florida Partners in Crisis, <http://flpic.org/success-stories/2009/8/31/sheriff-judd-and-polk-county-partnerships-create-success.html> )

The PCSO has a great capacity and is a key partner in this program. PCSO has agreed to assist with the screening process for the FICM program by noting criminal history on the Baker Act and Marchman Act documentation. Armed with this information, Crisis Unit staff will be able to make a referral to the FICM program for individuals who are released from crisis facilities. PCSO has also agreed to work with the Program Manager to identify lists of high risk /high use offenders. Additionally, Derek Zimmerman the manager of the Special Needs Unit has agreed to work with FICM to identify potential program candidates.

A sample of the Polk County Jail Health assessment tool is Attachment 5 page 73.

#### **3.8.5.3.4 STRATEGIES & PROGRAM DESIGN**

The program providers propose to use a range of promising/evidenced-based practices to meet the needs of this population based on data from the SAMHSA - GAINS Center; SAMHSA - National Registry of Evidence- Based Practices and Programs; National Institute on Corrections; and, National Institute of Corrections: Motivational Interviewing, as follows:

1. Forensic Intensive Case Management (FICM) is a specific model tailored to effect criminogenic needs. The model is utilized in several states and usually includes: Risk Containment, Risk Reduction, Stabilization and Compliance Tracking. [Blandford, A. M., & Osher, F. C. (2012). A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders. Rockville, MD: SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation] <http://gainscenter.samhsa.gov>.

Providing FICM services is critical to impacting this population – research shows that ex-offenders who spend more time with case managers show a higher likelihood of finding and keeping employment after release [Solomon, A. L., Visher, C., La Vigne, N. G., & Osborne, J. (2006). Understanding the Challenges of Prisoner Reentry: Research Findings from the Urban Institute’s Prisoner Reentry Portfolio. Washington, DC: Urban Institute. Retrieved from <http://www.urban.org/url.cfm?ID=411289>]

2. Intake Assessment - Needs and risks of the clients will be assessed at the beginning of service provision. A case plan will be developed based upon the risk

assessment identifying interventions and goals. Interventions will be targeted to the needs of the client and provided at appropriate times. Interventions and/or services that target the individual's assessed needs will be provided by a provider and the case manager will facilitate access to the services through formal collaborations with service provision agencies or coordinated referrals. Source; Risk Assessment and Targeted Interventions [Warwick, K., Dodd, H., & Neusteter, S. R. (2012). Case Management Strategies for Successful Jail Reentry. Washington, DC: Urban Institute].

3. Coordination of Services - Services and responsibilities will be coordinated between relevant agencies working with the transitioning program participant. Source: Collaboration and Joint Ownership [Warwick, K., Dodd, H., & Neusteter, S. R. (2012). Case Management Strategies for Successful Jail Reentry. Washington, DC: Urban Institute].

4. Motivational Interviewing – very successful best practice for this population - referred to as a consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence, basically meaning, the offender must be engaged in the change process. Source: Enhanced Motivational Strategies [Burke, P., Herman, P., Stroker, R., & Giguere, R. (2010). TPC Case Management Handbook: An Integrated Case Management Approach. Washington, DC: National Institute of Corrections. Retrieved from <http://nicic.gov/Library/024393>]

[Miller, W. R., & Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change (2nd ed.). New York: Guilford Press.; Blandford, A. M., & Osher, F. C. (2012). A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders. Rockville, MD: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation.;

Orbis Partners, Inc. (2005). Motivational Interviewing: An Introduction [Lesson Plan and Participant's Manual]. Washington, DC: National Institute of Corrections.]

5. Case Planning – Develop goals, plans and activities to meet success goals based upon assessment and participant readiness. Focus on goals that are attainable and reasonable; Use a strengths-based approach to determining goals and strategies; Have at least one goal that can be accomplished easily and right away

Source: Mullins, T. G., & Toner, C. (2008). Implementing the Family Support Approach for Community Supervision. Lexington, KY: Family Justice and the American Probation and Parole Association.]

6. Cognitive-behavioral treatment (CBT) aims to change individuals' behavior by addressing their basic thinking patterns. Recognizing that flawed thought patterns and cognitive deficits or distortions can result in criminal behavior, CBT teaches new strategies to manage thoughts and emotions. The goal of treatment is to help individuals understand how to apply these new thought management strategies in multiple contexts in order to facilitate more successful reintegration into society upon

release. Research indicates that CBT may be more effective with reentry populations when delivered as one piece of a more comprehensive intervention.

The FICM Team consists of four case managers and a program manager. The program is designed to give priority to individuals with the highest number of repeated arrests or crisis admissions who meet the criteria of having a behavioral health diagnosis. The program is designed to provide linkages promoting access to wrap around support and comprehensive behavioral health services available 24 hours a day, 7 days a week.

The case managers will have specific experience and training in forensic and housing services. The role of the FICM Team case managers is to:

- Assess the individual's skill capability and resource availability, strengths and weaknesses
- Planning the individual's best course of services
- Advocating for the individual toward obtaining resource accessibility
- Linking the individual with resources ensuring contact and follow-thru
- Monitoring the individual's progress toward specific objectives and goals

The combination of screening and assessment of psychosocial needs and criminal risk is essential to the treatment planning process and in determining the level and intensity of treatment services and supervision that are needed.

The role of the Program Manager (PM) is to act as the central point of contact for the program and coordinate the team including assigning participants to case managers. The PM will also be responsible for the oversight of data collection and reporting and will troubleshoot any problems arising with the CareScope system. The PM will schedule CareScope trainings as needed and will be the liaison between the Program and community partners. The PM will also be responsible for submitting timely quarterly reports and distributing them to DCF, program partners and the PSCC Planning Committee for review. The Program Manager job description and Case Manager qualifications are found as Attachments 2 & 3 pages 69-71.

#### **3.8.5.4 PERFORMANCE MEASURES**

##### **Process for Collecting Data**

This project will utilize CareScope, an electronic health information system, to capture the relevant client data. The advantage of using CareScope is the flexibility of adoption. CareScope is HIPPA compliant, utilizing encryption, log in credentials, record security and security groups which limit access.

CareScope is the electronic records system already in use by Polk County's Indigent Health Care Division. Project partners are familiar with CareScope as it is a system that is used to track other programs administered by Polk County.

CareScope staff will work with the FICM Program Manager and FICM partners to design a unique product application for tracking FICM performance measures including number

of arrests/rearrests, housing status and activity, employment status and activity, status of benefits eligibility and activity, diversions from State Mental Hospital and number of housing grants applied for annually. CareScope will also track all service contacts with the client. CareScope staff will be responsible for training FICM providers in the use of CareScope.

Please see Project Goals and Objectives chart for Performance Measures on page 19. Performance measures are included among key activities.

### **3.8.5.5 CAPABILITY AND EXPERIENCE**

#### **Polk County BoCC, Indigent Health Care Division**

Polk County is distinctive in that it has a local sales tax which funds Indigent Healthcare for needy residents. The main provision for care is the Polk HealthCare Plan (PHP) which serves qualifying residents that have no other choice for healthcare or insurance. The plan provides members with access to a network of primary and urgent care providers, five area hospitals and emergency services. Last year the Polk HealthCare Plan served 6,304 indigent members below 100% FPL.

For other indigent Polk residents who are between 100% - 200% FPL the county has developed a network of community partners who are able to connect these residents to free or discounted clinics, specialty care services and dental services. All total, the number of residents served last year by Indigent Healthcare funding was 42,867 individuals.

Polk County BoCC manages various funding sources to include federal, state, and local dollars. Governmental accounting procedures are utilized and adhered to all federal, state and local regulations. The applicant is in a fundable status for all grant making purposes with no outstanding legal, technical, or financial issues.

#### **Tri-County Human Services (TCHS)**

Tri-County Human Services is a 501(c)(3) nonprofit community behavioral health organization that has provided Polk, Hardee and Highlands Counties with quality behavioral health care services for over 20 years in variously located licensed residential and outpatient co-occurring treatment settings. Additionally, Tri-County coordinates with other community health service providers. Tri-County is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Tri-County Human Services is committed to providing the following to Polk County FICM participants: Case Management, Co-Occurring Residential Treatment, Outpatient Services, Prevention Services, Psychiatric Services and Medically Assisted Treatment Services.



Tri-County Human Services has provided in-kind match described in Appendix H.

### **Peace River Center (PRC)**

Peace River Center is a 501(c)(3) nonprofit organization licensed by the State of Florida and accredited by the Joint Commission on the Accreditation of Healthcare Organizations (TJC). Serving over 24,000 individuals a year across Polk, Highlands and Hardee Counties, Peace River Center (PRC) offers a variety of treatment options to individuals of all ages (children, adults and seniors) in many different settings. As a comprehensive integrated behavioral system of care our mental health, substance use and medical services have been designed to meet a wide range of community needs through: Inpatient Crisis Stabilization and Residential Treatment, Group Homes, Outpatient Therapy and Counseling (individual, group and family) , Outpatient Psychiatry, Family Preservation Services, Psychiatric Medication Management, Case Management, Forensic Case Management, Targeted Case Management, Psychosocial Rehabilitation and Vocational Services, Club Success, Domestic Violence Shelters, Rape Recovery Resource Center and Rape Crisis Services, Florida Assertive Community Treatment Team (FACT), CAT Team (Community Assertive Treatment), FITT (Florida Intensive Treatment Team) and Mobile Crisis Response Team services and Critical Incident Stress Debriefing Services.

PRC has been a forerunner in providing wrap-around and recovery services for many years including vocational/supported employment, educational and transportation services, independent living skills, discharge planning, medication management, wellness and recovery, and assistance in obtaining income support and benefits. Group therapy, individual therapy, family therapy services are provided utilizing the environment in which individuals live.

Services offered by Peace River Center to Polk County Problem Solving Court participants include Inpatient Crisis Stabilization Unit, Outpatient Counseling, Psychiatric/Medical Integrated Services, Adult Residential Treatment, Case Management, Forensic Case Management, Substance Abuse, Domestic Violence and Rape Recovery programs, and 24-hour Crisis Hotline services.

Peace River Center has provided in-kind match described in Appendix H.

### **Keystone Challenge Fund (KSC)**

Keystone Challenge Fund is a non-profit organization established in 1991 in Lakeland, Florida. For 25 years, Keystone has maximized the availability of affordable housing for low and moderate income homebuyers to connect families with homeownership. Through construction, rehabilitation and down payment assistance, Keystone has participated in over \$400 million in residential real estate development. As a result,

nearly 4,000 families have become homeowners. Keystone is committed to serving the community by improving lives through homeownership. Among the families who received assistance, more than 1,200 were single parents. The programs offered by Keystone have been possible through longstanding partnerships with local governments and agencies including the City of Lakeland, Pasco County, Polk County, City of Winter Haven, and the Housing Finance Authority of Polk County.

Since 1995, Keystone has administered more than \$23 million in down payment assistance through the State Housing Initiative Partnership (SHIP). In 1996, Keystone advanced their affordable housing initiative by becoming a Community Housing Development Organization (CHDO) of Polk County. Over 190 homes were developed for low income homebuyers. Keystone makes a direct impact on many communities by maximizing the availability of affordable housing, increasing economic growth through job creation, as well as increasing the local tax base. Keystone's CHDO program develops new properties, as well as purchases and rehabilitates existing properties. In 2009, Keystone was awarded the role of Developer in the Neighborhood Stabilization Program (NSP) in Polk and Pasco County. In Polk County, over 250 homes were rehabilitated and sold to low and moderate income families.

Keystone provides free Homebuyer Education courses every month to anyone interested in pursuing the path to homeownership. The education program is approved by the Department of Housing and Urban Development (HUD). It allows potential homebuyers to learn about the demands of homeownership and find out how to take advantage of financial resources. Additionally, Keystone offers pre-purchase counseling sessions for homebuyers. The counseling allows new homebuyers to address their questions while covering important topics including closing documents, mortgage and down payment assistance, budgeting, maintaining a new home, and life insurance. Additionally, credit counseling is available for homebuyers to repair their credit before purchasing a home.

Keystone Challenge Fund has provided in-kind match described in Appendix H.

### **3.8.5.6 EVALUATION AND SUSTAINABILITY**

Internal and external evaluations will be used to monitor the progress of the FICM Project. Polk County and FICM staff will work with the FMHI Technical Assistance Center for support and evaluation. The FICM Project manager will be the main point of contact for the program and will be responsible for the oversight of data collection and analysis. The Project Manager will present data and reports based following timelines and will review attainment of goals with stakeholders quarterly. Stakeholders will recommend necessary adjustments to implementation activities as needed based on these reports. Stakeholders include the Public Safety Coordinating Council's Grant

Planning Committee, Partner Agencies and Polk County Board of County Commissioners.

Polk County BoCC will also provide an evaluator who is outside the FICM program to evaluate processes and determine compliance with contract requirements. Maria Hernandez is a Certified Inspector General Auditor (CIGA) and a member of the Association of Certified Fraud Examiners (ACFE). Maria will perform operational and compliance audits on contractors providing services under the FICM program. In order to enroll a total of 150 participants it is estimated that we will screen up to 300 individuals for eligibility during the grant period.

Many factors will shape the long-term sustainability of Polk County's Mental Health, Criminal Justice Expansion FICM Project, including the effectiveness and efficiency of the programs, the commitment of the partnerships, the strength of the community's support, and continued diminished economic adversities.

Last year 28,309 inmates were booked in the PCSO jails. The cost of PCSO detention last year was \$50,504,365, 34.7% of PCSO budget. This did not include the cost of Court Services which totaled \$6,653,115 or Law Enforcement which totaled \$88,504,365. Although Sheriff Judd is known for his cost effective approach to detention, more effective diversion programs such as FICM will only drive costs down.

The proposed strategy to achieve maximum impact in the system is to identify our community's frequent users, matching data across corrections, homeless services, and crisis unit admissions to develop a list of shared clients who meet the specified thresholds of high service use. Already we have data from the PCSO identifying 362 individuals who have been arrested 4 or more times during the last 2 years. In order to have the greatest impact in reducing system use and realizing cost savings we will focus on outreach to those with multiple risk factors or multiple episodes of recidivism.

According to the Polk County Sheriff's Office the cost per day for housing an inmate is \$55.80. The average number of days in jail is estimated to be 90 days. We anticipate that 100 of the 150 individuals served by FICM will be individuals at risk of reoffending. The estimated cost of each episode of incarceration is \$55.80 per day x 90 days resulting in a cost of \$5,022 per episode. Of the 100 at risk of reoffending, we expect to successfully divert 75. The cost avoidance of successfully treating and diverting one offender with history offending 7 times in 2 years is \$35,154. For an individual with a history of 4 offenses in 2 years the cost savings is \$17,577. For the breakdown of top offenders and recidivism rates, see Risk Factors Chart. If participants average recidivism rate is 2 offenses per year the cost savings for this part of the project is projected to be \$753,300.

The cost of treating an individual with mental illness in a State Hospital in 2014 was \$243 per day for civil commitment and \$320 per day for forensic commitment. The average length of stay of persons discharged from the Florida State Hospital is 467 days and the Median Length of stay is 299 days. At the Civil state hospital daily cost

(\$243.00) the estimated cost savings per admission (at 299 days) = \$72,657. We estimate that 50 of the 150 participants in FICM will be those who are at risk State Hospital admission, and of those 50, we expect to successfully divert 38 from admission. Our anticipated success with this population is dependent upon our local Short-term Residential Treatment program, operated by Peace River Center. Peace River Center will have two of the FICM staff who will work closely with the Baker Act Receiving Facilities to identify and divert those who are at risk. Using the calculations above, diverting 38 individuals from State Hospital Admission will yield a savings to the system of \$2,760,966.

Combining the projected cost savings from jail diversions and hospital diversions the total cost savings over the period of the project is \$3,514,266.

The Planning Committee along with the BoCC will be proactive in seeking new funding for sustaining this effort and will appoint a Finance Subcommittee to focus on identifying potential funding sources to support, sustain and expand the capacity of treatment, housing, and transportation for the CJMHSA target population.

The Finance Subcommittee will engage grant writers from all stakeholder agencies to identify and research potential grant collaborations to provide ongoing sustainability. Members of the Finance Subcommittee will include Polk County BoCC's Strategic Planning Team who will use eCivis grant management software to identify future sources of grant funding. The primary mission of the Finance Subcommittee will be to steadily scan the environment, and evaluate these potential funding streams.

Whereas the Planning Committee will work to leverage local funding, it recognizes that other governmental funding will likely be a major financial support over time for mental health treatment and other support services. These allocations will almost certainly include federal funding through block grants or other special funding to the state in future monies.

### 3.8.5.6.3 PROJECT TIMELINE

<b>Pre-Award Timeline 2016</b>				
<b>Action</b>	<b>Type</b>	<b>Responsible Party</b>	<b>Start Date</b>	<b>Completion Date</b>
Partners Meet	Activity/Planning	Polk Co. BoCC	07/11/2016	7/11/2016
Write/Submit LOI	Milestone	Polk Co. BoCC	07/14/2016	7/19/2016
Partners Meet	Activity/Planning	Polk Co. BoCC	07/19/2016	07/19/2016
TAC Conf.Call	Activity/Planning	Polk Co. BoCC	07/20/2016	7/20/2016
Technical Assist. Workshop/ Mark Engelhardt	Activity/Planning	Polk Co. BoCC	08/16/2016, 10:30am	8/16/2016 2:30pm
Partners Meet	Activity/Planning	Polk Co. BoCC	8/24/2016	8/24/2016
Partners Meet	Activity/Planning	Polk Co. BoCC	8/31/2016	8/31/2016
Partners Meet	Activity/Planning	Polk Co. BoCC	9/08/2016	9/8/2016
Partners Meet	Activity/Planning	Polk Co. BoCC	9/14/2016	9/14/2016
Application Submitted	Milestone	Polk Co. BoCC	9/21/2016	9/21/2016
Grant Committee Review Conf Call	Activity	Polk Co. BoCC	10/13/2016	10/13/2016
Grant Awards Announcement	Milestone	Polk Co. BoCC	11/04/2016	11/04/2016
Request Called Meeting of PSCC	Activity	Polk Co. BoCC	November 2016	November 2016
Partners Meet	Activity/Planning	Polk Co. BoCC	November 2016	November 2016
Distribute Press Release	Activity	Polk Co. BoCC	November 2016	November 2016
Tracking System Refinement	Activity	Polk Co. BoCC	November 2016	January 31,2017
Staff Recruitment	Activity	1) Polk Co. BoCC 2) Peace River 3) Tri-County	November 2016	January 31, 2017

<b>Year One Timeline</b>				
<b>Action</b>	<b>Type</b>	<b>Responsible Party</b>	<b>Start Date</b>	<b>Completion Date</b>
Establish FICM Program	Objective	Polk Co. BoCC	January 1, 2017	Dec. 31, 2017
MOU's established	Activity	Polk Co. BoCC	January 1, 2017	April 1, 2017
Hire FICM Staff	Milestone	1) Polk Co. BoCC 2) Peace River 3) Tri-County	January 1, 2017	January 31, 2017
FICM Staff Meeting	Activity	FICM Project Manager	February 2017	Ongoing/ weekly
PSCC & Grant Planning Committee meets	Activity	Polk Co. BoCC	January 2017 March 2017 September 2017	January 2017 March 2017 September 2017
Schedule SIM Process USF TAC	Activity	Polk Co. BoCC	January 2017	January 2017
Train Staff in CareScope Tracking System	Activity	CareScope Staff Polk Co. BoCC	February 1, 2017	February 28, 2017
Outreach/Marketing FICM Program	Activity	FICM Project Manager	February 1, 2017	Quarterly/ongoing
Identify Potential FICM Participants	Activity	FICM Project Manager	February 1, 2017	Ongoing weekly
Refer 75 Participants to FICM	Goal	Community Partners and FICM Team	February 1, 2017	Dec. 31, 2017
Enroll 50 FICM Participants	Milestone	FICM Project Manager	February 1, 2017	Dec. 31, 2017
Complete intake Assessments within 7 days of enrollment	Goal	FICM Case Managers	February 1, 2017	Ongoing
Case Plans Developed within 30 days	Goal	FICM Case Managers	February 1, 2017	Ongoing
Participants Active in Case Plan	Goal	FICM Team and Participant	February 1, 2017	Ongoing
Assess Progress	Objective/ Collaboration	Polk BoCC, PSCC and Partners	March 2017	March 2017
SIM 2- day Workshop	Objective/ Collaboration	Polk BoCC	March 2017	March 2017
SIM Completed	Milestone	USF CJMHSA TAC	April 2017	April 2017
Program Status Report Submitted	Activity	FICM Project Manager	April 15, 2017	Ongoing quarterly
Financial Report Submitted	Activity	FICM Project Manager	April 15, 2017	Ongoing quarterly
Develop Housing Initiative	Objective	Polk Co. BoCC	June 2017	Ongoing quarterly
Identify Housing Grants	Activity	BoCC Strategic Planning Team	January 2017	Ongoing
Submit two new housing grants	Activity	BoCC Strategic Planning Team	January 2017	December 2017
Track & Report performance measures	Activity	FICM Case Managers & Project Manager	Participant Enrollment Date	One year following participant discharge date

<b>Year Two Timeline</b>				
<b>Action</b>	<b>Type</b>	<b>Responsible Party</b>	<b>Start Date</b>	<b>Completion Date</b>
FICM Staff Meeting	Activity	FICM Project Manager	January 2018	Ongoing/ weekly
PSCC & Grant Planning Committee meets	Activity	Polk Co. BoCC	March 2018 September 2018	March 2018 September 2018
Identify Potential FICM Participants	Activity	FICM Project Manager	January 1, 2018	Ongoing weekly
Refer 75 Participants to FICM	Goal	Community Partners and FICM Team	January 1, 2018	Dec. 31, 2018
Enroll 50 new FICM Participants	Milestone	FICM Project Manager	January 1, 2018	Dec. 31, 2018
Complete intake Assessments within 7 days of enrollment	Goal	FICM Case Managers	January 1, 2018	Ongoing
Case Plans Developed within 30 days	Goal	FICM Case Managers	January 1, 2018	Ongoing
Participants Active in Case Plan	Goal	FICM Team and Participant	January 1, 2018	Ongoing
Intensive Case Management Activities	Activity	FICM Project Manager & Case Managers	January 1, 2018	Ongoing daily
Assess Program Progress	Objective/ Collaboration	Polk BoCC, PSCC and Partners	January 2018	Ongoing quarterly
Program Status Report Submitted	Activity	FICM Project Manager	April 15, 2018	Ongoing quarterly
Financial Report Submitted	Activity	FICM Project Manager	April 15, 2018	Ongoing quarterly
Develop Housing Initiative	Objective	Polk Co. BoCC	January 2018	Ongoing, quarterly
Identify Housing Grants	Activity	BoCC Strategic Planning Team	January 2018	Ongoing
Submit two new housing grants for target population	Activity	BoCC Strategic Planning Team	January 2018	December 2018
Track & Report performance measures for each participant	Activity	FICM Case Managers & Project Manager	Participant Enrollment Date	One year following participant discharge date

<b>Year Three Timeline</b>				
<b>Action</b>	<b>Type</b>	<b>Responsible Party</b>	<b>Start Date</b>	<b>Completion Date</b>
FICM Staff Meeting	Activity	FICM Project Manager	January 2019	Ongoing/ weekly
PSCC & Grant Planning Committee meets	Activity	Polk Co. BoCC	March 2019 September 2019	March 2019 September 2019
Identify Potential FICM Participants	Activity	FICM Project Manager	January 1, 2019	Ongoing weekly
Refer 75 Participants to FICM	Goal	Community Partners and FICM Team	January 1, 2019	Dec. 31, 2019
Enroll 50 new FICM Participants	Milestone	FICM Project Manager	January 1, 2019	Dec. 31, 2019
Complete intake Assessments within 7 days of enrollment	Goal	FICM Case Managers	January 1, 2018	Ongoing
Case Plans Developed within 30 days	Goal	FICM Case Managers	January 1, 2018	Ongoing
Participants Active in Case Plan	Goal	FICM Team and Participant	January 1, 2018	Ongoing
Intensive Case Management	Activity	FICM Project & Case Managers	January 1, 2019	Ongoing daily
Assess Program Progress	Objective/ Collaboration	Polk BoCC, PSCC and Partners	January 2019	Ongoing quarterly
Program Status Report Submitted	Activity	FICM Project Manager	April 15, 2019	Ongoing quarterly
Financial Report Submitted	Activity	FICM Project Manager	April 15, 2019	Ongoing quarterly
Develop Housing Initiative	Objective	Polk Co. BoCC	January 2019	Ongoing, quarterly
Identify Housing Grants	Activity	BoCC Strategic Planning Team	January 2019	Ongoing
Submit two new housing grants for target population	Activity	BoCC Strategic Planning Team	January 2019	December 2019
Track & Report performance measures for each participant	Activity	FICM Case Managers & Project Manager	Participant Enrollment Date	One year following participant discharge date
Submit Final Program Status & Financial Reports to BoCC for approval	Activity	FICM Project Manager	Within 60 days following the ending of the date of the Grant Agreement	Within 60 days following the ending of the date of the Grant Agreement
Submit Final Program Status & Financial Reports to DCF	Milestone	FICM Project Manager	Within 60 days following the ending of the date of the Grant Agreement	Within 60 days following the ending of the date of the Grant Agreement