

APPENDIX C – COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

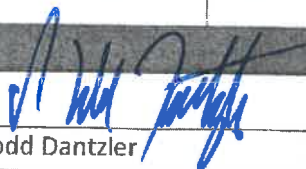
PROPOSAL INFORMATION					
Project Title:	Helping HANDS Housing Component				
County(ies):	Polk County				
Project Start Date:	June 1, 2018				
Type of Grant:	Planning Grant <input type="checkbox"/>		Implementation and Expansion Grant <input checked="" type="checkbox"/>		
GRANT POINT OF CONTACT					
Contact Name & Title:	Cathy Hatch				
Applicant:	Polk County, a political subdivision of the State of Florida				
Address Line 1:	330 West Church Street				
Address Line 2:	P. O. Box 9005, Drawer #AS07				
City:	Bartow	State:	Florida	Zip:	33830
Email:	CathyHatch@Polk-County.net				
Phone:	(863) 534-5524	Fax:	(863) 534-7519		
ADDITIONAL CONTACTS					
Contact Name:					
Co-Applicant:					
Address Line 1:					
Address Line 2:					
City:		State:		Zip:	
Email:					
Phone:		Fax:			
FUNDING REQUEST AND MATCHING FUNDS					
	Total Amount of Grant Funds Requested	Total Matching Funds (Provided by Applicant and partners):			
Program Year 1	\$400,000	\$400,000			
Program Year 2	\$400,000	\$400,000			
Program Year 3	\$400,000	\$400,000			
Total Project Cost					
CERTIFYING OFFICIAL					
Certifying Official's Signature:					
Certifying Official's Name (printed):	R. Todd Dantzer				
Title:	Chairman, Polk County Board of County Commissioners				
Date:					



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APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	RTO
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	RTO
C.	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	RTO
D.	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	RTO
E.	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	RTO
F.	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	RTO
G.	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	RTO
H.	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	RTO
I.	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	RTO
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	RTO

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) _____
FROM: (donor name) Polk County, a political subdivision of the State of Florida
ADDRESS: 330 West Church Street
PO Box 9005, Drawer A507, Bartow, FL 33830

The following ___ space, ___ equipment, ___ goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Helping Hands Support Program-Indigent Health Care</u>	<u>\$1,078,857</u>
(2) <u>Contracted Program Manager-Central FL Behavioral Health Network</u>	<u>\$ 121,143</u>
_____	_____
\$ _____	(3)
\$ _____	(4)
\$ _____	

TOTAL VALUE \$ 1,200,000

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

(Donor Signature) _____
(Date) *[Signature]* 1/22/18
(County Designee Signature) (Date)

**Appendix H (cont.)
BASIS OF VALUATION**

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ <u>121,143</u>
---------------	----------------------	---	----------------	---	-------------------
2. Volunteer -- Comparable annual salary \$ _____

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
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Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - January 19, 2018

County - Polk County, a political subdivision of the state of Florida

Type of Grant - Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ \$1,200,000

Match Committed:

Cash	\$ <u>121,143</u>
In-Kind	\$ <u>1,078,857</u>
Total	\$ <u>1,200,000</u>

Comments: Personnel used are through a contract with another agency and are included as cash match under contractual services.

Prepared By Judy Tewksbury

Approved By  1/22/18

3.8.5 TAB 5: STATEMENT OF THE PROBLEM

Polk County, Florida is in the heart of central Florida between the metropolitan areas of Tampa and Orlando. Spanning 2,010 square miles, Polk is a diverse locality containing both urbanized population centers and profoundly rural areas. Polk County experiences many of the challenges facing the larger populations of Tampa and Orlando, including the high incidence of alcohol, drug abuse, poverty and unemployment. Further, its rural populations are often isolated from critical substance abuse and mental health treatment services as well as educational and job opportunities.

Demographic Profile: Polk's population is estimated at 666,149 or 3.1% of Florida's total population. The population is projected to reach nearly 700,000 by the year 2020. Polk County is Florida's fourth largest county with a land mass the size of Rhode Island. It has 17 incorporated cities and 24 unincorporated populated areas ranging from tiny remote villages to metropolitan cities. Its county seat is located in Bartow, FL. (U.S. Census Quick Facts 2014).

Close to 8.14% of its population have less than a 9th grade education and 16% do not possess a high school diploma. When comparing educational attainment, Polk County trails behind Florida and the nation in both high school graduates and college graduates. Polk County has the 17th highest unemployment rate compared to all Florida counties, with 5.8% unemployment. The Lakeland-Winter Haven metropolitan statistical area (Polk's two largest cities) has the 5th highest unemployment rate compared to all other Florida MSAs.

In 2016, the median household income was \$44,146 and the median house value was \$110,400. Polk County has a disproportionately high number of low and middle income households while having a lower proportion of households with incomes greater than \$100,000 in comparison to Florida and the nation. Polk County's average wage remains below the state levels. Polk County has historically lagged behind the nation, the state of Florida and the larger cities of Miami, Jacksonville, Tampa and Orlando in hourly wages paid. When comparing income across geographies, Polk County averaged 79.7% of the national average median income, while Florida averaged 88.3%. Further, the County experiences substantially higher poverty rates. Nearly 16.4% of Polk County's population lives in poverty. (U.S. Census Quick Facts 2016)

In terms of racial and ethnic distribution, Polk County's diversity is similar to Florida, except that it is underrepresented among Asians. Polk's racial and ethnic distribution is as follows:

79.4% are white alone (non-Hispanic white), 15.8% are black alone (non-Hispanic African American), 21.1% are Hispanic and 16.3% other (Asian, Native Hawaiian and Other Pacific Islander, American Indian and Alaska Native). (U.S. Census Quick Facts 2016)

The economic, educational, transportation and housing challenges described above for the general population in Polk County are amplified for those with behavioral health conditions. Combine these challenges with a shortage of behavioral health resources

and it is easy to understand why individuals affected by behavioral health disorders find themselves cycling through the criminal justice system.

The 2017 Sequential Intercept Map identified significant gaps/problems that hinder the provision of behavioral health services to individuals in Polk County. Some of these are:

- There is no secure Addictions Receiving Facility (ARF) in Polk County
- Peace River Center's Crisis Stabilization Unit (CSU) is at capacity 36% of the time and is on emergency status more than 50% of the time
- CSUs at Winter Haven Hospital and Lakeland Regional Health are consistently at capacity
- Peace River Center no longer has funding for jail in-reach
- Psychotropic medications are costly and in some cases lead to restricted access
- Most individuals with mental illness do not have jail transition or discharge plans
- The county needs additional supportive housing options for SAMH individuals
- There is no follow-up for county probationers with mental health issues
- There is a need for more peer specialists

Target Population:

The proposed CJMHSA Reinvestment Grant Expansion Project will target adults age 18 or older who have a mental illness, substance abuse disorder or co-occurring mental health and substance abuse disorders who are in ,or at risk of entering the criminal justice system. This proposal specifically targets those who are transitioning from the jail back into the community.

We know that homelessness and other unstable living situations, a history of victimization or abuse and significant transitions such as a recent release from jail or reentry to the community from prison, places an individual at greater risk of entering or reentering the criminal justice system.

In 2017 the Polk County Board of County Commissioners (BoCC) chose to prioritize serving residents with behavioral health conditions who are transitioning from jail into the community. Sheriff Grady Judd also made these individuals a priority as he formed a special committee to study the needs of inmates with mental illness. The result of these prioritizations is a newly created jail transition program that is funded with county funds generated by a sales tax dedicated to healthcare for indigent residents of Polk County. This newly created pilot project will provide the framework for the work proposed in this application.

3.8.5.1.1 ANALYSIS OF CURRENT JAIL POPULATION

Screening Process: Corizon Health within the Polk County Sheriff's Office (PCSO) screens each inmate entering the jail using a comprehensive health screening that includes questions about mental health and substance use. It also records if an inmate takes psychotropic medication and arranges for the continuation of medication. Those who are identified as having serious behavioral health concerns are assigned to a Special Needs Unit (SNU) within the jail.

Percentages/stats: According to Derek Zimmerman, Corizon Health Services Administrator for the PCSO jail, there are between 500-600 inmates who daily are administered psychotropic medication while in jail – this is between 12-16% of the total jail population. According to screenings administered by health providers in Polk jails, approximately 60.5% of the population has a co-occurring disorder. The average length of stay in jail for the general population as a whole is 109 days.

Analysis of Factors: In October 2017 a data exchange was established between the Polk County Sheriff's Office (PCSO) and Central Florida Behavioral Health Network (CFBHN), the Managing Entity for the Department of Children and Families in Polk County. Each night PCSO sends the arrest data from the day to CFBHN who then compares arrest names and addresses to clients currently served by CFBHN providers in Polk County. Now we are able to identify how many of those arrested are currently known within our local behavioral health system. Baseline arrest data has also been captured for the past two years and the following information is now known:

Data:

In the charts that follow High Need/High Utilizer (HNHU) is defined as:

1. Adults with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. High utilization is defined as:
 - a. Adults with three (3) or more acute care admissions within 180 days; or
 - b. Adults with acute care admissions that last 16 days or longer.

During FY16/17 the total number of individuals arrested in Polk County was 21,115. Of those arrested, 1,786 were known to have received a state funded behavioral health (BH) service that year by a local BH provider. Of those arrested and known to a BH provider, 264 were homeless, 60 were deemed High Need/High Utilizers and 11 were FACT clients.

DATA FOR INMATES KNOWN TO BEHAVIORAL HEALTH PROVIDERS

Arrested vs Served by BH Provider

Fiscal Year	A	B	C	C/B	D	D/C	E	E/C	F	F/C
	Total Arrests	Persons Arrested	Served	Percent	Served (Homeless)	Percent	Served (HNHU)	Percent	Served (FACT)	Percent
15/16	23,761	18,592	1,657	8.91%	272	16.42%	58	3.50%	11	0.66%
16/17	28,011	21,115	1,786	8.46%	264	14.78%	60	3.36%	7	0.39%
17/18*	12,163	10,673	761	7.13%	100	13.14%	26	3.42%	2	0.26%

*FY 17/18 does not report a full year of data. Information was to date as of November 2017.

The arrest frequency of clients known to the behavioral health system is illustrated below. For the most recently completed FY16-17, of those individuals known to the behavioral health system 1,226 were arrested only once and 560 individuals were arrested two or more times.

Arrest Frequency (Served Clients)

Fiscal Year	Arrest Frequency	
	Arrest Frequency	Individuals Arrested
15/16	1	1,212
	2	332
	3	88
	4	21
	5	3
	6	1
16/17	1	1,226
	2	403
	3	108
	4	30
	5	10
	6	5
	7	2
	8	1
	9	1

Below illustrates the High Needs High Utilizer's (HNHU) arrest frequency for FY16/17. Of the 60 HNHU's, 39 were arrested once and 21 were arrested two or more times.

16/17	1	39
	2	15
	3	5
	5	1

Of those arrested and known to BH providers, the following data illustrates those with CSU admissions in addition to arrests. During FY 16-17 nearly 19% had CSU admissions with an average of three (3) CSU admissions per person, per year.

Fiscal Year	B	C	C/B	D	D/B	D(1)	D(2)
	Total Arrested & Served by BH	Served Homeless	Percent	CSU-unique admits	Percent	CSU Beddays	CSU non-unique admits
15/16	1,657	272	16.42%	314	18.95%	2479	858
16/17	1,786	264	14.78%	379	21.22%	3191	1137

Of those arrested known to BH providers, the following data illustrates those with Detox admissions in addition to arrests. During FY 16-17 nearly 17% had Detox admissions with an average of 3.4 detox admissions per person, per year.

Fiscal Year	B	E	E/B	E(1)	E(2)	F	G
	Total Arrested & Served by BH	DTX-unique admits	Percent	DTX Beddays	DTX non-unique admits	Total Acute Care Admits	Co-Occurring
15/16	1,657	224	13.52%	2000	624	514	24
16/17	1,786	300	16.80%	3372	1025	638	41

Risk Factors in Polk County

Risk Factor	Provider Stat	# Individuals	Additional comment
Frequent Crisis Admissions	State Hospital Referrals from Polk Co. FY 15-16	128 Referred	
	State Hospital Admissions from Polk County FY 15-16	94 Admissions 45 Civil / 49 Forensic	Avg Length of Stay: Civil 319 days Forensic 229 days
	State hospital Referrals July 1 – Aug.29, 2016	19	
	Currently waiting for State Hospital bed	16	
Snapshot of one day/ Point in Time Arrests/ Jail Stats	Polk Jail Population	2,618	Avg. Daily Pop. 2,423
	Average number inmates booked daily	80	
	Dual Diagnosis for Polk Jails general population	60.5%	
	Inmates receiving psychotropic medications	318	
	Current adult inmates psychiatrist assessed for MHSA issues	164	78.5% dual diagnosed
Homelessness and unstable living situations	Homeless Coalition of Polk Co./Coordinated Entry Housing Wait List for past 12 months	1014 reported to coordinated entry	25% were housed 203 are on priority wait list
	Homeless students identified by Polk Co. HEARTH program FY 16/17	3393 homeless students	282 homeless students 18 years or older
	Homeless families with students residing in shelter FY 16/17	300 students in homeless shelter	# of related homeless adults unknown
	Homeless students receiving transportation to school of origin(residing in shelter or temp. housing) FY16-17	464 students	By law homeless students are eligible for transportation to their school of origin
	Peace River Center Housing Emergency Solutions program FY15-16	53 families served	56 families turned away due to lack of funding
Victims of Domestic Violence & Rape	Peace River Center Lakeland Domestic Violence Shelter FY 15-16	293 sheltered	11,218 bed-nights Avg stay of 38 nights
	Peace River Center Rape Recovery FY 15-16	144 rape victims	

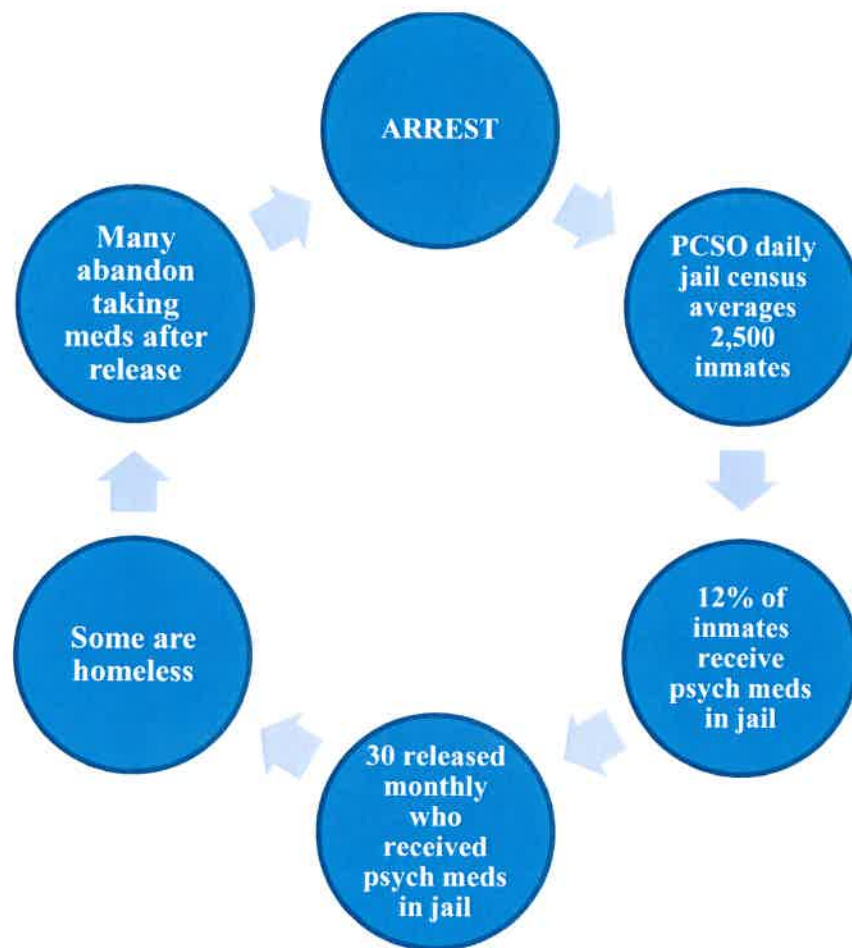
Analysis of observed factors: To summarize the problem, recidivism among those with mental illness and substance abuse is well documented by the data recently gathered and presented in the previous pages. Polk County Sheriff Grady Judd and Chief Mike Allen, Chief of Detention PCSO observed a trend among inmates receiving

psychotropic medications while in jail. Once in jail their condition improves due to adherence to their medication and the structure provided in jail, but after release they abandon taking medication, decompensate, reoffend and cycle through the system again. On average 30 inmates are released per month who were receiving psychotropic medications while in jail.

The risk factors identified for the Polk County target population are:

1. lack of access to psychotropic medications
2. no linkage to behavioral health and other health services and
3. a lack of community support and accountability

The cycle or recidivism is illustrated below.



As we continue to refine our data collection and analysis we expect to zero in on specific individuals who are touching and impacting multiple systems. We are currently working to secure the appropriate permissions to cross match the data presented in the tables above with our local Emergency Medical Services data as well. As we move

forward with this process, we expect to generate a list of specific individuals who represent offenders who also are high utilizers of crisis stabilization, detox, are homeless or any combination of these identified risk factors. By knowing who these individuals are, we will proactively seek engagement with them to offer them needed services.

3.8.5.1.2 CONCISE ANALYSIS OF TARGET POPULATION

Target population to be served are those found to have a mental illness (SMI) or co-occurring disorder who find themselves cycling through the jail two or more times a year. Addressing the housing needs of this population is consistent with priorities identified in the newly completed 2017 Sequential Intercept Mapping (SIM) which replaces the earlier Strategic plan.

Supportive Housing was identified among the top five priorities listed in the SIM. Among recommendations found in the SIM, the USF CJMHSA TAC also recommended that “Transition and discharge planning from the jail to behavioral health services in the community can be strengthened by establishing daily communication between jail and providers.” Transition planning is not complete without housing and as you will find as you read further, transition planning is the foundation of this application.

A total of 90 individuals are expected to be served over the span of three years.

TAB 6: PROJECT DESIGN AND IMPLEMENTATION

3.8.6.1 DESCRIPTION OF PLANNING COMMITTEE

The Public Safety Coordinating Council (PSCC) was designated the oversight committee for Polk County’s original CJMHSA Reinvestment grant in 2007 and continues to meet today. Since Polk County received its first 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 / Marchman Act Committee meets bimonthly
- 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

The Polk County Board of County Commissioners approved the establishment of a Planning Committee within the Public Safety Coordinating Council, now known as the Collaborative Justice Committee. Although the committee’s official list contains the names of only twenty (20) members, the number of individuals noticed for the meetings total ninety (90) which includes all the participants of the 2017 Sequential Intercept

Mapping workshop and others. On average there are thirty (30) individuals who attend Planning Committee quarterly meetings.

The composition of required members officially reported on this committee are listed in Attachment 4

The Collaborative Justice Planning Committee typically meets quarterly, but due to Hurricane Irma the schedule was interrupted and they met only three times during 2017. Meetings planned for 2018 will be held in February, May, August and November.

Activities of the Committee include hearing quarterly reports from two different grant funded forensic programs held by Polk County; the Forensic Intensive Case Management program and a SAMHSA Bureau of Justice grant, the Drug Court Enhancement Project which funds residential substance abuse treatment.

The committee members participated in the 2017 Sequential Intercept Mapping and participated in collecting data used during the mapping process. The Committee also participated in selecting the priorities for upcoming technical assistance to be received from the CJMHS Technical Assistance Center at the University of South Florida.

Thus far, planning activities for a new jail transition project consisted of eight planning meetings with stakeholders over a period of six months. Participants in planning meetings included the following stakeholders (members of the Collaborative Justice Committee are bolded and noted**):

- **Chief Mike Allen**, Dept. of Detention, Polk County Sheriff's Office
- **Lea Ann Thomas**, representing County Manager, Polk County BoCC**
- Bill Gardam, President and CEO, Peace River Center (Behavioral Health)
- **Bennie Allred**, COO, Peace River Center**
- **Judge Robert Williams**, Polk County Problem Solving Court**
- **Rex Dimmig**, Public Defender**
- **Brian Hass**, States Attorney**
- **Lisa Ewing**, County Probation Director**
- 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
- Beth Picora, Consumer and Family Affairs Specialist, Central Florida Behavioral Health Network
- Derek Zimmerman, Health Services Administrator, Corizon Health
- Breanna Campion, Training Captain, Polk County Fire Rescue
- Joy Johnson, Director, Indigent Health Care Division, Polk County BoCC

- Marcia Andresen, Director, Social Services, 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

3.8.6.3 STRATEGIC PLAN

Please see Attachment 5 for a copy of the 2017 Polk County SIM, the most recent Strategic Plan. Polk County's SIM/ Strategic Plan identifies five priority areas and an Action Plan containing objectives related to each of those areas. Below is a chart illustrating the achievements toward the plan thus far. Five priority areas were identified:

- | | |
|----------------------------------|------------------------------------|
| 1. Leadership and Implementation | 4. Central Receiving System |
| 2. Community Education | 5. Evidence-Based Diversion Models |
| 3. Supportive Housing | |

Description and Implementation Activities are described below. Items implemented are represented by a check mark √. The full strategic plan/ SIM can be found in Attachment 5.

Priority Area 1: Leadership and Implementation

Objective		Action Step Achieved	Action Step
1.1	Integrate the SIM into the Collaborative Justice Committee	√ √ √	<ul style="list-style-type: none"> • To invite all mapping participants into the Collaborative Justice Committee • To identify leaders and committee members • To invite county probation to participate in planning
1.2	Ensure coordination with other county committees	√	<ul style="list-style-type: none"> • To communicate with the Baker Act and Marchman Act Committee
1.3	Identify data and gaps—across intercepts		<ul style="list-style-type: none"> • To examine the Veterans Treatment Docket referrals
1.4	Execute the daily transfer of data from the jail to providers	√	<ul style="list-style-type: none"> • To contact CFBHN
1.5	Ensure community-based resources are updated for law enforcement		<ul style="list-style-type: none"> • To contact United Way, 211, CFBHN, and Heartland to discuss available resource list

Priority Area 2: Leadership and Implementation

Objective		Action Step Achieved	Action Step
2.1	Create a community education initiative within the Collaborative Justice Committee	√ √	<ul style="list-style-type: none"> • To identify the training needs of multiple organizations • To educate the community about CIT training (and alternative options to contacting law enforcement) • To promote CIT training in the community • To expand Mental Health First Aid (MHFA) community trainings • To explore opportunities for MH training for lawyers (CLE) • To expand SOAR training and track outcomes (SAMHSA OATS)

Priority Area 3: Supportive Housing

Objective	Achieved	Action Step
3.1 Expand supportive housing for the target population (adults with SAMH disorders)	√	<ul style="list-style-type: none"> To learn about funding and support services funding
3.2 Learn the evidence-based models of permanent supportive housing	√ In process	<ul style="list-style-type: none"> To understand the research on what models may work best for the target population
3.3 Expand supported employment		<ul style="list-style-type: none"> To examine evidence-based models on supported employment (SAMHSA Toolkits)
3.4 Communicate with the Public Housing Agencies	√ Homeless Coalition	<ul style="list-style-type: none"> To conduct a supportive housing inventory

Priority Area 4: Central Receiving System (CRS)

Objective	Achieved	Action Step
4.1 Pursue Central Receiving System (CRS) funding		<ul style="list-style-type: none"> To review the previous CRS grant proposal To determine availability of state funding To identify levels of funding To visit existing central receiving facilities
4.2 Expand access to treatment		<ul style="list-style-type: none"> Review gaps in the service array and waiting lists to care
4.3 Improve coordination of care and access to care (due to the large geographic area and limited transportation resources)		<ul style="list-style-type: none"> To educate DCF and legislators about the needs of this rural community
4.4 Address limited secure transportation		<ul style="list-style-type: none"> To explore secure transportation options

Priority Area 5: Evidence-Based Diversion Models

Objective	Achieved	Action Step
5.1 Research the literature on effective diversion models at each intercept	√	<ul style="list-style-type: none"> • Visit the CJMHSA TAC website—floridatac.org • Before/at the first appearance hearing, identify misdemeanor pending charges that have recently been found incompetent to proceed
5.2 Implement the Forensic Intensive Case Management Team (FICM)	√ √	<ul style="list-style-type: none"> • To obtain information on FACT/FICM teams and other team models • To link FICM program with individuals diverted from jail

Since the strategic plan is less than a year old it has not been updated. Thus far it has been an excellent tool to guide the development of programming that will serve individuals with behavioral health disorders who are at risk of entering the criminal justice system.

3.8.6.3.3 DESCRIPTION OF THE PROJECT DESIGN

The **Helping HANDS Project - Roots component** will add a housing and sustainability component to expand the newly developed Polk County Helping HANDS jail transition program. HANDS is an acronym for Healthcare: Access, Navigation, Delivery and Support. In order to understand this proposal one must first understand the Helping HANDS concept as it exists today.

The Helping HANDS program is a newly developed, innovative pilot project unique to Polk County. The Board of County Commissioners along with the Polk County Sheriff and the Citizen’s Health Care Oversight Committee called for and approved the development of a jail transition program to engage inmates with mental illness or substance use. This project, funded by Polk County Indigent Health Care sales tax is designed to align behavioral health services under one umbrella and streamline healthcare access for individuals leaving jail. In addition it builds a reliable and easily accessible support system within the community as a safety net for those in transition.

County funding for the Helping HANDS program has been approved for FY17/18 in the amount of \$935,900 and the projected start date is April 1, 2018. The program projects to serve between 250- 300 individuals annually.

Eligibility Criteria for Helping HANDS

1. Inmate is resident of Polk County
2. Inmate is diagnosed with Severe Mental Illness (SMI)
3. Inmate is receiving psychotropic medications in jail
4. Inmate has two or more arrests within the past 12 months

These criteria were arrived at by analyzing data collected during the cross system data exchange between PCSO and CFBHN combined with data provided by Corizon Health. The pool of eligible participants will be strictly monitored and eligibility criteria may be adjusted if referrals are too few or are too many. Adjustments to criteria could include adjusting the number of arrests in participants' history for example.

Corizon Health, the healthcare provider within the Polk County jail will identify inmates with SMI who are receiving psychotropic medications. A list of those inmates will be sent to the Helping HANDS Program manager who will determine if the inmate meets all eligibility requirements. Those who meet eligibility requirements will then be assigned to a Community Paramedic (CP) and a Peer Specialist (PS) who will provide in-reach into the jail and will enroll interested participants into the program. These two will function as a support team for each individual who chooses to participate in the program.

Upon release from jail the program will purchase a 30 day supply of the participant's psych meds from Corizon Health. Those meds will be delivered to them by their Community Paramedic (CP) within 48 hours of release from jail. In addition the CP provides a thorough health assessment, reviews all medications for drug interactions, counsels the client on health related issues and provides up to 6 weeks of initial case management while helping them establish connections in the community and navigate various healthcare systems. The CP will conduct needs assessments during the first six weeks and will make referrals to community resources.

The Community Paramedics are available 9am-9pm seven days a week and are on call 24 hours a day. Participants know that "their" paramedic is always available in a time of crisis and are encouraged to reach out even after the initial 6 week period has passed. Peer Specialists maintain contact with the participant and provide on-going support beyond the 6 week period.

One of the main tasks of the Community Paramedic (CP) and Peer Specialist (PS) is to successfully link the participant to their community behavioral health provider. The CP and PS work to facilitate the participant's first outpatient appointment within 4-6 weeks following release from jail.

The CP is also responsible for providing a thorough needs assessment and for referring participants to local resources such as the Forensic Intensive Case Management (FICM) Team, and the Specialized Community Treatment Team (SCCT) for those who need more intensive services. Both programs are dedicated to meeting the needs of this population. Polk County recently increased the capacity of the SCCT program by funding an additional fifty (50) spots in that program which are prioritized for jail transition participants. Both FICM and SCCT provide intensive case management to their participants. The Program Manager, Community Paramedics, Peer Specialists and other program case managers work hand-in-hand to link participants to all available community resources.

Polk County funds a variety of healthcare programs for the indigent population. The Helping HANDS program is one of seven programs funded under Polk County's Behavioral Health category of funding. These seven programs along with contributions required by state mandates combine for a total county allocation of almost \$6million for behavioral health services this FY17/18. One notable behavioral health service recently added to those funded by Polk County is Impower Telehealth, psychiatric counseling and medication management via computer/smartphone. CP's and PS are able to provide linkage to this telehealth service for participants who are unable to reach inpatient appointments.

Additional healthcare funding for primary care, dental, specialty care, outreach and prevention and the Polk HealthCare Plan (pseudo insurance) are provided by the county for income qualified residents. The total budget for Indigent Health Care in Polk County for FY17/18 is \$45,819,895.

Access to these county funded services and services funded by the Department of Children and Families (DCF) are linked together under the watchful eye of the Helping HANDS Program Manager (PM), a licensed mental health professional. The PM is provided via a contract with Central Florida Behavioral Health Network, Inc., the Managing Entity (ME) for State funded behavioral health services in Polk County. The program manager acts as liaison between the ME, Polk County and contracted provider of Peer Services and other community partners and focuses on cross-systems care management processes.

The PM will serve as the link to assist individuals in accessing benefits through the SSI Outreach Access and Recovery (SOAR) process (for those that are homeless or at risk) and to access services, when appropriate, through the CFBHN provider network. The PM will integrate other funding and/or grants into service provision as they come available, including this CJMHSAs Reinvestment grant if funded.

Thanks to the tax generated Indigent Health Care funding, Polk County is ahead of many counties in the availability of healthcare resources. But one resource that is not adequate to meet the need in our county is funding to assist with accessing and securing housing. Individuals need this type assistance to truly put down roots in the community and become self-sustaining.

The previous pages of narrative described the framework for the CJMHSAs Reinvestment proposal found below. The funding requested in this proposal is to provide an additional component to the framework of the jail transition program. We will refer to the component for which funds are requested as **Roots**

Roots is the component for which this application requests funding. The **Helping HANDS Roots Component** will expand the jail transition pilot project described above.

Roots Project goals are to:

1. assist target population in finding and accessing housing
2. assist target population in maintaining housing by facilitating access to all benefits for which they are eligible
3. assist target population by providing start-up costs associated with securing housing

A study of the *Priced Out* report, co-authored by the Technical Assistance Collaborative and the Consortium for Citizens with Disabilities Housing Task Force documents the nationwide housing affordability crisis experienced by people with disabilities. The following information was found for the Lakeland –Winter Haven area of Polk County.

Housing Market Area	SSI Monthly Payment	SSI as % of Median Income	% SSI for 1BR Apt.	% SSI for Efficiency Apt.	Year
Lakeland-Winter Haven	\$733	23.9%	87%	87%	2016

The data reported above demonstrates the need for rental assistance to assist the target population in accessing housing.

In the budget request we have included funds to help with incidental expenses. These expenses could include items such as replacement of identification and birth certificates or items related to housing such as basic furnishings. The methodology for arriving at the cost of rental housing and utilities in Polk was determined by using the HUD FY2018 Fair Market Rent Documentation System for a one bedroom unit in Polk County. Additionally, the utilities were determined using the Lakeland Electric portal which base charge is \$63.02 along with initial deposits for electric, water and garbage/recycling when applicable.

3.8.6.3.3.1 MEETING OBJECTIVES

The three objectives identified for the Roots project are

1. Expand the Helping HANDS Jail Diversion Program
2. Promote collaboration among stakeholders
3. Engage in training opportunities that support diversion activities

The following page highlights the objectives, main tasks, activities and parties responsible for establishing this program. A more detailed timeline follows.

Objective: Expand Helping Hands Diversion Program	
Task	Key Activity/ <i>Responsible Party</i>
Establish legally binding agreements with all participating entities to establish programs and initiatives for the Target Population	<ol style="list-style-type: none"> 1. Develop Contracts for Partners/<i>BoCC</i> 2. Develop Sub-contracts/<i>CFBHN</i>
Provide an information system to track individual during involvement with the Program for at least one year after discharge, including but not limited to , arrests, receipt of benefits, employment and stable housing.	<ol style="list-style-type: none"> 1. Identify the various systems involved in tracking/ <i>PCSO, Corizon, BoCC & CFBHN</i> 2. Train new staff on use of systems/ <i>BoCC & CFBHN</i>
Implement strategies that support the strategic plan for diverting the Target Population	<ol style="list-style-type: none"> 1. Receive Technical Assistance training on APIC Model for Helping HANDS/<i>All partners</i> 2. Use SOAR process for assisting participants in accessing SSI/SSDI benefits/ <i>CFBNH</i> 3. Establish Permanent Supportive Housing component and vouchering system for Helping HANDS program/<i>CFBHN</i>
Objective: Collaboration	
Task	Key Activity
Participating in regular planning council or committee meetings	<ol style="list-style-type: none"> 1. Prepare agenda, reports and presentation for Collaborative Justice meeting/ <i>BoCC Planner</i> 2. Attend Baker/Act Marchman Act meetings/ <i>All stakeholders</i> 3. Attend Circuit 10 Regional Council meetings/ <i>All stakeholders</i> 4. Attend Forensic Review monthly meetings/ <i>All stakeholders</i>
Assessing project progress based on timelines and review attainment of goals	<ol style="list-style-type: none"> 1. Hold monthly and/or quarterly stakeholder meetings/<i>BoCC & Stakeholders</i>
Make necessary adjustments to expansion activities	<ol style="list-style-type: none"> 1. Develop action steps when adjustments are needed/ <i>BoCC & CFBHN</i> 2. Assign person responsible for making the adjustment/ <i>CFBHN</i> 3. Report changes to stakeholders/<i>BoCC</i>
Task	Key Activity
Identify topics for needed trainings	<ol style="list-style-type: none"> 1. Develop survey/ <i>BoCC Planner</i> 2. Provide survey to stakeholders/<i>BoCC</i>
Establish Training and Education group	<ol style="list-style-type: none"> 1. Recruit members at stakeholder meetings/ <i>BoCC Health Care Planner</i> 2.
Plan and host at least one training event or select appropriate training for staff to attend	<ol style="list-style-type: none"> 1. Form event committee/ <i>BoCC staff</i> 2. Secure trainer & venue 3. Promote event

The key stakeholders responsible for expanding the Helping HANDS program are the Polk County Board of County Commissioner's Health and Human Services Division and Central Florida Behavioral Health Network, Inc. (CFBHN). CFBHN will in turn partner with provider agencies in their network to provide services identified in the Roots project.

Stakeholder Tasks: Polk County will contract with CFBHN to choose providers in their network who will provide two staff, a Supportive Housing Specialist to identify and secure housing, and a Benefits Specialist to focus on securing benefits for participants. Additionally the Roots component will provide voucher funding for first and last month's rent and up to six months of additional rent and utilities to assist in securing stable housing for those Helping HANDS participants who are homeless. This component will assist 30 participants annually locate and secure housing and receive approval for life sustaining benefits such as SSI/SSDI, SNAP or other benefits for which they are eligible.

Polk County's contract with Central Florida Behavioral Health Network, Inc. for the Helping HANDS Program Manager includes oversight of grants related to the program. CFBHN is a partner with Polk County in this grant application and will administer all aspects of the Roots component.

The Roots component will focus on housing placement and obtaining social security and insurance benefits for participants. This focus will complement the overarching focus of Helping Hands which is engagement in behavioral health treatment and social supports. The Supportive Housing Specialist and Benefits Specialist for this project will coordinate with a CFBHN funded PATH program: SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) funds services for people with serious mental illness (SMI) experiencing homelessness. SAMHSA's PATH program is a formula grant authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH, the first major federal legislative response to homelessness, is administered by the SAMHSA Center for Mental Health Services (CMHS).

For project participants that are homeless or at-risk the Benefit Specialist will utilize the SOAR process for obtaining benefits: SAMHSA's SSI/SSDI Outreach, Access, and Recovery Technical Assistance (SOAR TA) Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The goals of the SOAR program speak directly to one of SAMHSA's Strategic Initiatives- Recovery Supports. SOAR seeks to end homelessness through increased access to SSI/SSDI income supports, directly addressing SAMHSA's assertion: "To recover, people need a safe stable place to live." This is essential, and for many persons in recovery accessing benefits is a first step. But SOAR extends beyond and also encourages employment as a means to increase individual income and promote recovery in line with the SAMHSA assertion that: "to recover, people need meaningful work and the ability to enhance their skills through education."

SOAR is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorders.

The provision of Transitional Vouchers for housing is a consumer-directed system designed to assist individuals with behavioral health disorders as they transition from a more acute or restricted level of care to a lower level of care. It is intended to enable individuals to live independently in the community with treatment and support services based on need and choice while building a support system to sustain their independence, recovery and well-being. The goals are to prevent recidivism, provide safe and affordable housing, and improve community involvement and quality of life.

A focus of Roots is offering supportive housing which links decent, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community. It looks and functions much like any other brand of housing. People living in supportive housing have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities. The difference is that they can access, at their option, services designed to build independent living and tenancy skills, assistance with integrating into the community, and connections to community-based health care, treatment, and employment services.

Case Planning for participants will be provided by the Benefits and Housing Specialist and will include the development of goals, plans and activities to meet success. Goals will be based upon assessment and participant readiness. The focus will be on goals that are attainable and reasonable, using a strengths-based approach to determining goals and strategies. The participant will be encouraged to have at least one goal that can be accomplished easily and right away. Sample job Descriptions for these specialists can be found as Attachments 3 .

Planning Committee Involvement: Many Collaborative Justice (planning council) members were a part of the planning team involved in the research and development of the Helping HANDS program of which Roots is a component. The Collaborative Justice Committee meets quarterly where they receive updates and offer feedback on criminal justice programs and activities. Additionally many Collaborative Justice members serve together on other committees with overlapping purposes. These various committee meetings offer regular opportunities to communicate face to face. Other means of communication will include at minimum quarterly emails announcing meetings, distributing reports and collecting responses to questionnaires.

Stakeholder meetings specifically related to the Roots project will be called initially monthly and will be scaled back to quarterly meetings when the group is satisfied that the project is well established. The Helping HANDS team as a whole (including Roots staff) will meet weekly under the direction of the Helping HANDS Program Manager.

The **process for decision making** will be guided by monitoring program outcomes. Concerns will be discussed and addressed by coming to a consensus among stakeholders. If guidance is needed during implementation, project leaders will seek technical assistance from the USF Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center.

The screening of potential participants begins in jail during book-in where Corizon Health conducts a twofold health screen which includes a list of comprehensive health questions including behavioral health. If a behavioral health concern is suspected additional behavioral health screen is administered. Both screening forms are included as Attachment 1.

Screening and assessments: Within the Helping HANDS program further criteria will be in place to determine eligibility for the Roots component of the program. One screening tool used for determining the need for housing is the Vulnerability Index-Service Prioritization Decision Assistance Tool. When Roots is at capacity and no more vouchers are available, participants will be referred to the Homeless Coalition for Coordinated Intake & Assessment.

Fire Rescue Training Captain, Breanna Campion leads the Community Paramedic effort. Captain Campion and Community Health Care Planner, Cathy Hatch are currently gathering additional screening tools to be selected when all program leadership is in place. Resources identified thus far include the Congressional Research Service's Risk and Needs Assessment in the Criminal Justice System and the Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services developed by the University Of South Florida Louis De La Parte Florida Mental Health Institute. The SAMHSA toolkit for Permanent Supportive Housing Evidence –Base Practices is also being used to guide the Roots component of Helping Hands.

Coordination of Care: CFBHN will hire a licensed mental health professional to serve as the program manager. The responsibilities of the program manager include program coordination, data collection and analysis, providing support and consultation to address behavioral health concerns for eligible consumers, to work with community partners/stakeholders and help individuals' access services. The program manager will serve as the link to other services and programs and direct program and funding integration.

The Supportive Housing Specialist and Benefits Specialist for this project will work collaboratively with a CFBHN funded PATH program: SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) funds services for people with serious mental illness (SMI) experiencing homelessness. SAMHSA's PATH program is a formula grant authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH, the first major federal legislative response to homelessness, is administered by the SAMHSA Center for Mental Health Services (CMHS). The PATH program will provide additional expertise and resources for housing placement, and benefit application.

For project participants that are homeless or at-risk the Benefit Specialist will utilize the SOAR process for obtaining benefits: SAMHSA's SSI/SSDI Outreach, Access, and Recovery Technical Assistance (SOAR TA) Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The goals of the SOAR program speak directly to one of SAMHSA's Strategic Initiatives- Recovery Supports. SOAR seeks to end homelessness through increased access to SSI/SSDI income supports, directly addressing SAMHSA's assertion: "To recover, people need a safe stable place to live." This is essential, and for many persons in recovery accessing benefits is a first step. But SOAR extends beyond and also encourages employment as a means to increase individual income and promote recovery in line with the SAMHSA assertion that: "to recover, people need meaningful work and the ability to enhance their skills through education."

SOAR is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorders.

Law enforcement is assessing their current practices at intercepts 2, 3 and 4 to include processes that facilitate making referrals to the Helping HANDS program (including Roots). They are working to design a notification system that will notify the Helping HANDS program when an inmate is scheduled for release. This notification will trigger the order for the 30 day supply of medications and will alert the Community Paramedic when to expect the release to occur. They are also developing new processes for information sharing between the jail and the program and will have representation at all stakeholder meetings.

3.8.6.3.4 STRATEGIES TO SERVE TARGET POPULATION

The strategy used for the development of this project includes a combination of jail transition planning and linkage to community based, evidence-based treatment programs coupled with community services and programs designed to prevent the target population from recidivism. The APIC model has been used to guide the design of the project. Information about APIC (Assess-Plan- Identify-Coordinate) was found in the SAMHSA resource document, Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide.

3.8.6.4 PERFORMANCE MEASURES

Data will be collected for this project to ensure outcomes are met. Central Florida Behavioral Health Network, Inc. (CFBHN) (Suncoast Region's Managing Entity) provides contractual agreements for funding services as a safety net for indigents. Polk County Sheriff will provide their Sheriff Data to CFBHN to analyze cross systems of indigents who have received mental health and co-occurring disorder services and are incarcerated in the Polk County judicial system. Service, outcome, and satisfactions data are collected from CFBHN's subcontracted service provider.

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. Most project partners are familiar with CareScope as it is a system that is used to track other programs administered by Polk County. New partners will be trained in the use of CareScope.

CareScope staff will work with the Helping Hands Program Manager and partners to design a unique product application for tracking performance measures including number of arrests/rearrests, housing status and activity, employment status and activity, status of benefits eligibility and activity, and diversions from State Mental Hospital. CareScope will also track all service contacts with the client.

Below are the performance measures proposed for this project.

2.4.2.1 Percent of arrests or re-arrests among Program participants while enrolled in the Program. 50%

2.4.2.2 Percent of arrests or re-arrests among Program participants within one year following Program discharge. 20%

2.4.2.3 Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission. 25%

2.4.2.4 Percent of Program participants who reside in a stable housing environment one year following Program discharge. 67%

2.4.2.5 Percent of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission. 24%

2.4.2.6 Percent of Program participants employed full or part time one year following Program discharge. 24%

2.4.2.7 Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission. 70%

2.4.2.8 Percent of Program participants diverted from a State Mental Health Treatment Facility. 5%

(It is anticipated that more than 3% will be diverted from a State Facility, but past experience tells us that proving the diversion is challenging.)

2.4.2.9 Percent of Program participants engaged in behavioral health treatment. 50%

3.8.6.4.2 Methodologies

For the measure in **Performance Measures 2.4.2.1** , the total number of arrests among participants while enrolled in the Program DIVIDED BY the total number of arrests among program participants one year prior to Program admission shall be LESS THAN OR EQUAL TO 50%.

For the measure in **Performance Measures 2.4.2.2** , the total number of arrests among participants within one year post Program admission DIVIDED BY the total number of arrests among Program participants one year prior to Program admission shall be LESS THAN OR EQUAL TO 20%.

For the measure in **Performance Measures 2.4.2.3** , the total number of Program participants not residing in a stable housing environment at program admission who live in a stable housing environment within 90 days of Program admission DIVIDED BY the total number of Program participants not residing in a stable housing environment at Program admission shall be GREATER THAN OR EQUAL TO 25% .

For the measure in **Performance Measures 2.4.2.4.**, the total number of Program participants not residing in a stable housing environment at program admission who live in stable housing one year following Program discharge DIVIDED BY the total number of Program participants not residing in stable housing at Program admission shall be GREATER THAN OR EQUAL TO 67%.

For the measure in **Performance Measures 2.4.2.5.**, the total number of Program participants not employed at Program admission who are employed full or part-time within 180 days of Program admission DIVIDED BY the total number of Program participants not employed at Program admission shall be GREATER THAN OR EQUAL TO 24%.

For the measure in **Performance Measures 2.4.2.6**, the total number of Program participants not employed at Program admission who are employed full or part-time within 1 year of Program admission DIVIDED BY the total number of Program participants not employed at Program admission shall be GREATER THAN OR EQUAL TO 24%.

For the measure in **Performance Measures 2.4.2.7.**, the total number of program participants who were eligible for, but not receiving, social security or other benefits at program admission who are assisted with applying for such benefits at admission DIVIDED BY the total number of program participants who were eligible for, but not receiving, those benefits at program admission shall be GREATER THAN OR EQUAL TO 70%.

For the measure in **Performance Measures 2.4.2.8.**, the total number of program participants admitted to a State Mental Health Treatment Facility during the program year DIVIDED BY the total number of program participants admitted to a State Mental Health Treatment Facility for the prior 12 months shall be GREATER THAN OR EQUAL TO 5%.

For the measure in **Performance Measures 2.4.2.9.**, the total number of Program participants who engage in behavioral health treatment while in the Program DIVIDED BY the total number of Program participants admitted who do not engage in behavioral health treatment shall be GREATER THAN OR EQUAL TO 60%.

3.8.6.5 CAPABILITY AND EXPERIENCE

Polk County, the applicant is distinctive in that it has a local sales tax which funds Indigent Healthcare for needy residents. For this current FY17/18, \$45,819,895 has been budgeted by the County for Indigent Healthcare programming. 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 25,078 uninsured 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. Polk County has extensive experience successfully managing grants including two previously awarded CJMHPA Reinvestment grants in 2007 and 2016.

Polk County's partner in this proposal is Central Florida Behavioral Health Network (CFBHN). CFBHN is the first and largest of Florida's seven Managing Entities (ME) for behavioral health services. CFBHN a full service ME that founded over 20 years ago as an organization charged with managing State child and adult mental health and substance abuse treatment, prevention, and social service contracts on the west coast of Florida.

Incorporated in 1997 as a non-profit, CFBHN currently manages approximately \$188 million in behavioral health contracts that serves over 110,000 children and adults in 14 south-central Florida counties annually. CFBHN's Board of Directors represents the best in diversity and experience in terms of both type and number of appointments. The CFBHN Board is comprised of 26 members and includes a variety of elected officials,

providers, and community-focused stakeholders who are committed to ensuring that communities needs are addressed and that consumers and families in need are the primary focus.

As stated, CFBHN was specifically created to serve as the Managing Entity for child and adult mental health and substance abuse funding. The organization can be considered “grassroots” in the sense that it was created initially by community-based mental health and substance abuse providers. As part of its evolution as a manager of behavioral health services, CFBHN has also been involved with child welfare systems, justice-based programs, Medicaid match, and primary health care delivery.

CFBHN is financially sound and fiscally prudent. The organization offers a proven track record managing and reporting on city, county, state and federal contracts, currently overseeing approximately 80 subcontractors ranging from \$10,000 to over \$13,000,000 annually through an advanced, fully automated state-of-art data collection system that interfaces with its subcontractors and an internal financial and invoice reporting system.

CFBHN's contract managers negotiate contract terms and conditions and ensure compliance as well as agreeing to and documenting any changes or amendments to contracts that may arise during contract implementation or execution. Contract staff actively engages with other CFBHN departments including Information Management, Quality Improvement, and Network Development & Clinical Services to evaluate current performance measures and serve as the point of contact for provider agencies on contractual matters.

For this project, CFBHN will sub-contract outreach/social media and direct services to one of the well-established organizations within the CFBNH network of providers and will work with the county and other stakeholders to ensure compliance with the requirements of the grant and that outcomes are met.

The availability of resources for the Helping HANDS program is Polk County's Indigent Health Care fund of which a designation of \$935,900 for FY17/18 has been made. The Program Manager, three Peer Specialists, three Community Paramedics, start-up costs, a 30 day supply of psychotropic medications for program participants and funding for placement of 50 participants into the Winter Haven Hospital's Specialized Community Treatment Team are provided with year one funding. Funding for future years is budgeted to be \$1,310,900 annually and will include sustaining staff positions for the Forensic Intensive Case Management team when CJMHSR Reinvestment grant funding for that program ends in 2020.

3.8.6.6 EVALUATION AND SUSTAINABILITY

Effectiveness of this pilot project will be determined by interpreting the program outcomes and calculating their impact on multiple systems. Additional outcomes that will be tracked by the Helping HANDS program as a whole include a reduction in the number of jail days for the target population, a reduction in CSU admissions for the

target population, and a reduction in detox admissions for the target population. The potential for significant cost savings is real.

Below are illustrations of the potential cost savings across multiple systems.

Cost of Jail Day	Cost of CSU Day	Cost of Detox Day
\$56.44	\$371.69	\$218.60

JAIL Example

Average length of time an inmate is housed in Polk County jail is 109 days
Cost of one incarceration: 109 days x 56.44= \$6,151.96

The target population for this project each have 2 or more incarcerations in one year. By reducing incarcerations by 50% the cost savings will be remarkable.

CSU Example

For individuals in the target population who experience CSU admissions the average number of days in CSU is 8.4 days annually
Average annual CSU cost per person: 8.4 days x \$371.69 per day = \$3,116.40

DETOX Example

Average number of days in Detox for target population is 11.2 days annually
Average annual Detox cost per person: 11.2 days x \$218.60 per day =\$2,448.32

The State mandates that counties provide match funding for the cost of crisis admissions. Polk County pays for these State Mandates out of the Indigent Health Care fund. By reducing the number of Baker Acts/ Crisis Stabilization Unit (CSU) admissions and Marchman Acts/Detox admissions the cost spent on mandates should drop. The cost savings to the Indigent Health Care fund would make those dollars available for additional behavioral health programs. See Attachment 2 for IHC Behavioral Health Funding allocations.

We also anticipate that the number of individuals judicially committed to a state mental health treatment facility will decrease due to the availability of Community Paramedic and peer support to encourage adherence and access to treatment.

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.

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. 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.

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.

Other effective strategies that lead to sustainability might include policy changes, contract modifications, and community wide outcomes, deliberate modifications in traditions, and changes to the norm that will support future programming. Early involvement of key community stakeholders in project planning will support sustainability. The strategic planning process will:

- Re-evaluate the goals and objectives that the project and partner programs share as the program matures.
- Detect ways stakeholders' resources can help sustain the work of the project and locate opportunities for individual partners to assume ownership of shared functions post-grant
- Help identify the resources needed to sustain program outcomes. There has been a commitment of staff and funding from Polk County ... and CFBHN. These funds are recurring and as the project's effectiveness is evaluated additional funding may be provided.
- Make potential supporters---such as policymakers or legislators---aware of the project.
- Continually evaluate to recognize successes and gaps in the project. Part of the evaluation of the project will be to assess the overall concept of the project and a return on investment (ROI). The project hopes to produce a fewer days in jail, increase utilization of treatment services resulting in reduced detox and crisis stabilization units stays, and fewer arrests.
- Build staff capacity in order implement evidence-based services. This will include initial and on-going training at a ground level.
- Identify program elements that will be most effective within the community and elements that target the most visible and widely-recognized problems

Year One Timeline				
Action	Type	Responsible Party	Start Date	Completion Date
Expand Helping HANDS Program to include Roots Component	Objective	Polk Co. BoCC	June 1, 2018	Ongoing
Establish legally binding agreements Contracting with partners	Task	Polk Co. BoCC Indigent Health Care Staff	April 15, 2018	May 4, 2018
Present to BoCC for contract approval	Task	Indigent Health Care Staff	April 15, 2018	April 15, 2018
Hire Staff	Task	CFBHN	June 1, 2018	June 30, 2018
Helping HANDS Staff Meeting	Activity	Project Manager	July 1, 2018	Ongoing/ weekly
Planning Committee Reviews Strategic Plan & Program Outcomes	Task	Planning Committee	Quarterly	Ongoing quarterly
Request & Schedule USF Technical Assistance	Task	Polk Co. BoCC	June 15, 2018	June 30, 2018
Train Staff in CareScope Tracking System	Activity	CareScope Staff Polk Co. BoCC	July 2018	July 2018
Identify Potential Participants	Activity	Program Manager & Comm. Paramedics	June 1, 2018	Ongoing weekly
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 1	Quarter 1
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 2	Quarter 2
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 3	Quarter 3
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 4	Quarter 4
Complete Assessments within 10 days	Task	Housing and Benefits Specialists	June 1, 2018	Ongoing
Case Plans Developed & Documentation collected within 30 days	Task	Housing and Benefits Specialists	June 1, 2018	Ongoing
Participants Active in Housing Choice	Activity	Housing Specialist & Participant	June 1, 2018	Ongoing
30 Participants established in community	Milestone	Program Manager	June 1, 2018	May 31, 2019
Assess Progress of Program	Objective/ Collaboration	Polk BoCC, Planning Committee & Partners	July 1, 2018	Monthly thru Dec. then quarterly
Status Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Financial Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Track & Report performance measures	Task	Helping HANDS Roots Staff & Program Manger	Participant Enrollment Date	One year post discharge
Engage Training Opportunities in support of Diversion Activities	Objective	Community Health Care Planner and Planning Committee	June 1, 2018	May 31, 2019
Identify Topics for Trainings	Activity	Health Care Planner & Stakeholders	Quarterly	Ongoing
Establish Training and Education group	Task	Planning Committee	August 2018	August 2018
Provide/ enroll service	Milestone	Polk County Indigent	4 th Quarter	4 th Quarter

professionals in Diversion Training		Health Care Staff		
Year Two Timeline				
Action	Type	Responsible Party	Start Date	Completion Date
Helping HANDS Staff Meeting	Activity	Project Manager	July 1, 2019	Ongoing/ weekly
Planning Committee Reviews Strategic Plan & Program Outcomes	Task	Planning Committee	Quarterly	Ongoing quarterly
Identify Potential Participants	Activity	Program Manager & Comm. Paramedics	June 1, 2019	Ongoing weekly
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 1	Quarter 1
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 2	Quarter 2
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 3	Quarter 3
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 4	Quarter 4
Complete Assessments within 10 days	Task	Housing and Benefits Specialists	June 1, 2019	Ongoing
Case Plans Developed & Documentation collected within 30 days	Task	Housing and Benefits Specialists	June 1, 2019	Ongoing
Participants Active in Housing Choice	Activity	Housing Specialist & Participant	June 1, 2019	Ongoing
60 Participants established in community Years 1- 2	Milestone	Program Manager	June 1, 2019	May 31, 2020
Assess Progress of Program	Objective/ Collaboration	Polk BoCC, Planning Committee & Partners	July 1, 2019	Quarterly
Status Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Financial Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Track & Report performance measures	Task	Helping HANDS Roots Staff & Program Manger	Participant Enrollment Date	One year post discharge
Engage Training Opportunities in support of Diversion Activities	Objective	Community Health Care Planner and Planning Committee	June 1, 2019	May 31, 2020
Identify Topics for Trainings	Activity	Health Care Planner & Stakeholders	Quarterly	Ongoing
Provide/ enroll service professionals in Diversion Training	Milestone	Polk County Indigent Health Care Staff	4 th Quarter	4 th Quarter

Year Three Timeline				
Action	Type	Responsible Party	Start Date	Completion Date
Helping HANDS Staff Meeting	Activity	Project Manager	July 1, 2020	Ongoing/ weekly
Planning Committee Reviews Strategic Plan & Program Outcomes	Task	Planning Committee	Quarterly	Ongoing quarterly
Identify Potential Participants	Activity	Program Manager & Comm. Paramedics	June 1, 2020	Ongoing weekly
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 1	Quarter 1
Enroll 7 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 2	Quarter 2
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 3	Quarter 3
Enroll 8 Participants to Roots Component of Helping HANDS	Goal	Program Manager	Quarter 4	Quarter 4
Complete Assessments within 10 days	Task	Housing and Benefits Specialists	June 1, 2020	Ongoing
Case Plans Developed & Documentation collected within 30 days	Task	Housing and Benefits Specialists	June 1, 2020	Ongoing
Participants Active in Housing Choice	Activity	Housing Specialist & Participant	June 1, 2020	Ongoing
90 Participants established in community Years 1- 3	Milestone	Program Manager	June 1, 2020	May 31, 2021
Assess Progress of Program	Objective/ Collaboration	Polk BoCC, Planning Committee & Partners	July 1, 2020	Quarterly
Status Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Financial Report Submitted	Activity	BoCC Staff	Quarterly	Ongoing
Track & Report performance measures	Task	Helping HANDS Roots Staff & Program Manger	Participant Enrollment Date	One year post discharge
Engage Training Opportunities in support of Diversion Activities	Objective	Community Health Care Planner and Planning Committee	June 1, 2020	May 31, 2021
Identify Topics for Trainings	Activity	Health Care Planner & Stakeholders	Quarterly	Ongoing
Provide/ enroll service professionals in Diversion Training	Milestone	Polk County Indigent Health Care Staff	4 th Quarter	4 th Quarter



Collaborating for Excellence

Central Florida Behavioral Health Network, Inc.
719 South US Highway 301
Tampa, FL 33619

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Re: Polk County Roots Criminal Justice Mental Health and Substance Abuse Reinvestment Grant

Dear Chairman Dantzler,

I am writing to express CFBHN's support for and commitment to the Polk County Roots Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application. As reported by the national media and across the behavioral health industry, jails and prisons are the largest provider of behavioral health services within the United States. This is an unfortunate reality, and this proposal is designed to help support individuals with a behavioral health diagnosis who have been released from the Polk County Jail. This funding requested will allow the Polk County Health and Human Services Division, Emergency Medical Services, the Sheriff's Department, CFBHN, and community stakeholders to develop housing and benefits resources for individuals who received psychotropic medications while in jail and have been released. These resources are critical to help stabilize the individuals within the community and prevent arrests, incarceration, and reliance on long-term, high intensity behavioral health services. The central aim of the pilot project is to help individuals move toward real and meaningful recovery within the community.

Central Florida Behavioral Health Network, Inc. (CFBHN) is a full service Managing Entity (ME) that was conceived and developed over 20 years ago as an organization charged with managing state child and adult mental health and substance abuse treatment, prevention, and social service contracts in the 14 counties on the west coast of Florida. As the ME, CFBHN has approximately \$188 million contracted throughout the Suncoast Region, which supports the services identified above. The network is responsible for the management of the behavioral health system of care for the indigent within the counties under contract, which includes Polk County. Within Polk County, CFBHN has over \$11 million in contracts.

Should the proposal be funded, CFBHN will provide the following services in conjunction with the proposal for the Helping HANDS Program Roots component submitted by Polk County.

- Hire a licensed mental health practitioner to serve as the program manager who will oversee this project and the Helping Hands Jail Transition Project.
- Contract program services (housing and benefits specialist) with an existing provider within Polk County.



719 South US Highway 301 Tampa, FL 33619 • phone: 813-740-4811 fax: 813-740-4821 • www.cfbhn.org

- Ensure the contracted provider is following all contract requirements.
- Develop the Central Florida Health Data System (CFHDS) to allow the program data to be entered into the system.
- Utilizing the CFHDS, develop the voucher approval and data submission processes for incidentals including housing.
- Develop reports based on the data from the CFHDS and other data, where applicable, to ensure program measures are met.
- Ensure individuals enrolled in the pilot project are linked to the appropriate services, including behavioral health, employment, housing, and benefit services as outlined in the project.
- Work with subcontracted provider(s) to ensure compliance with program requirements and to offer support, training, and technical assistance when needed.
- The program manager is responsible for;
 - Work with all stakeholders to improve collaboration and integration within the community.
 - Develop reports and provide analysis that evaluate the pilot projects effectiveness and return on investment.
 - Provide support to all staff members within the pilot project.
 - Meet with community stakeholders to report on the progress of the pilot project and outcomes for the individuals served.
 - Work with community partners, CFBHN management, and contracts teams in reviewing the funding allocations and making recommendations for changes when appropriate.
 - Evaluate case management services with focus on cross-systems care management processes.
 - Ensure transitions between contracted providers and levels of care are seamless for those individuals served.
 - The program manager will support the peer specialist employed by the provider for the Helping Hands Jail Transition Project.

CFBHN is excited to support this proposal by Polk County. By leveraging the behavioral health resources currently contracted within the county and region, where appropriate, CFBHN is able to improve the system of care and outcomes for those served. CFBHN will work with the Polk County staff, sheriff's department, emergency medical services, and other community stakeholders to ensure the goals are aligned with the grant proposal, including efforts to track and report on outcomes. We believe our support and commitment will significantly improve the availability of behavioral health services for these individuals served within the county. CFBHN looks forward to working with the county on this exciting endeavor.

Sincerely,

Linda McKinnon, President & CEO
Central Florida Behavioral Health Network, Inc.





3157 N. Alafaya Trail
Orlando, FL 32826
www.impowerfl.org

January 19, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Dear Chairman Dantzler,

IMPOWER supports the application of the Polk County Board of County Commissioner’s Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program-Housing Component. The addition of a Benefits Specialist and Housing Specialist along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports including the 2017 Polk County Sequential Intercept Mapping, reports provided by Central Florida Behavioral Health Network as well as reports published by the Homeless Coalition of Polk County.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialists to the team participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,

Anna M. Baznik, President/CEO





Homeless Coalition of Polk County, Inc.

328 W. Highland Drive ♦ Lakeland, FL 33813 ♦ (863)687-8386

January 18, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Dear Chairman Dantzler –

The Homeless Coalition of Polk County supports the application of the Polk County Board of County Commissioner's Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program- Housing Component. The addition of a Benefits Specialist and Housing Specialist along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports including the 2017 Polk County Sequential Intercept Mapping and reports provided by Central Florida Behavioral Health Network. In addition, our Coordinated Entry system has identified over 1,000 households currently experiencing homelessness in Polk County. This number continues to rise each month, as the current capacity of our homeless services system is not enough to meet the needs of this population.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialists to the team participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,

Laura Lee Gwinn
Executive Director

BOARD OF DIRECTORS President Michael Brown ♦ Vice President Annie Gibson ♦ Treasurer Albert Kirkland, Jr. ♦ Secretary Jane Freeman
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Chris and Hap Hazelwood
2018 Friends of Tri-County

Tri-County Human Services Inc.

Provide Help and Hope to All Persons Affected by Behavioral Health, Substance Abuse and Other Life Challenges

January 16, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

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- Julie Pope-Dantzler
- Jerry Hill

Dear Chairman Dantzler:

Tri-County Human Services, Inc. supports the application of the Polk County Board of County Commissioner's Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program- Housing Component. The addition of a Benefits Specialist and Housing Specialist, along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports, including the 2017 Polk County Sequential Intercept Mapping, reports provided by Central Florida Behavioral Health Network as well as reports published by the Homeless Coalition of Polk County.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialist to the team, participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,

Robert C. Rihn, LCSW, CEO

CELEBRATING

44

YEARS
Est 1974

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Website: www.tchsonline.org





January 16, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Dear Chairman Dantzler,

Please accept this letter in support of the application by the Polk County Board of County Commissioner's Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program - Housing Component.

Unfortunately, our nation's prisons and jails have become the "de facto" mental care provider in our country. According to a Department of Justice report, approximately 45 percent of federal inmates, 56 percent of state inmates, and 64 percent of jail inmates display symptoms of a mental health condition. People with mental illnesses are overrepresented in all parts of the criminal justice system - in their contact with law enforcement, in the courts, in jails and prisons, and in parole and probation caseloads across the country.

The costs are high - to families, communities, law enforcement, and courts. Studies have found that people with mental illnesses stay in jail longer, return often and cost more to house than other inmates, and drain law enforcement resources.¹ And we have learned that interventions and treatments can result in significant cost benefits. A study of six jail diversion programs nationwide indicates that those who were diverted spent more time in the community than those who were not diverted.² More time in the community means less time in prisons, jails, psychiatric hospitals, detox or residential treatment - all of which suggest savings over time.

As you are aware, the need for housing and intensive support services for individuals with criminal records is a challenge in most communities across Florida, including Polk County. This need has been identified in several recent reports including the 2017 Polk County Sequential Intercept Mapping project that Peace River Center participated in as a community-based substance use, mental health and housing provider already serving many of these individuals safely in our community. The needs and problems facing this population are great and growing, and the addition of potential funding for housing, medications and enhanced services is welcomed.

¹ Cary Aspinwall and Casey Smith, "Sometimes a 461-mile road trip: Moving mental health patients a drain on law enforcement," TulsaWorld.com, January 30, 2012,

http://www.tulsaworld.com/news/article.aspx?subjectid=11&articleid=20120130_11_A1_WeusoI985959

² TAPA Center for Jail Diversion, What Can We Say About the Effectiveness of Jail Diversion Programs for Persons with Co-Occurring Disorders? (Delmar, NY: National Gains Center, 2004).

Post Office Box 1559, Bartow, FL 33831-1559
Telephone: (863) 519-0575 Fax: (863) 519-0728

The Helping HANDS program is a new and innovative program that targets inmates with substance use, mental health and a growing list of medical problems, to assist them with transition from jail back into the community. By design, this program will provide a 30-day supply of prescribed psychotropic medications. A newly created resource within Polk Fire Rescue of initially three Community Paramedics and a dedicated vehicle along with three Certified Peer Support Specialists, a housing specialist and benefits specialist will provide assistance to individuals released from jail in navigating and accessing community resources, such as Peace River Center, Tri-County Human Services and Winter Haven Hospital Center for Behavioral Health services as well as linking individuals to telemedicine services.

Based on data presented by county staff, a cost savings is expected to be realized through reduced number of jail days, access to stable housing, access to medications, and reduced emergency department, detox and crisis stabilization unit readmissions for the group served by Helping HANDS.

It is clear that we need to direct resources from containment to treatment for people with mental illness and substance use disorders. Thus, we are supporting development and funding for this important program.

Sincerely,



J. William Gardam
Chief Executive Officer

January 16, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830
Dear Chairman Dantzler,

The Winter Haven Hospital's Center for Behavioral Health supports the application of the Polk County Board of County Commissioner's Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program- Housing Component. The addition of a Benefits Specialist and Housing Specialist along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports including the 2017 Polk County Sequential Intercept Mapping, reports provided by Central Florida Behavioral Health Network as well as reports published by the Homeless Coalition of Polk County.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialists to the team participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,



Jeff Ware, LMHC
Clinical Director
Center for Behavioral Health
Winter Haven Hospital, Inc.



January 22, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Dear Chairman Dantzler,

NAMI Polk County supports the application of the Polk County Board of County Commissioner's Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program- Housing Component. The addition of a Benefits Specialist and Housing Specialist along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports including the 2017 Polk County Sequential Intercept Mapping, reports provided by Central Florida Behavioral Health Network as well as reports published by the Homeless Coalition of Polk County.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialists to the team participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,

Christel Graham

Christel Graham
NAMI Coordinator

Physical Address: 605 W. memorial Boulevard
Mailing Address: PO Box 2562

Lakeland, Florida 33815
Eaton Park, Florida 33840



Sheriff Grady Judd

Polk County

1891 Jim Keene Blvd. • Winter Haven, FL 33880-8010 • Phone: 863.298.6200 • www.polksheriff.org

January 16, 2018

R. Todd Dantzler, Chairman
Polk County Board of County Commissioners
330 West Church Street
Bartow, FL 33830

Dear Chairman Dantzler,

The Polk County Sheriff's Office supports the application of the Polk County Board of County Commissioner's Criminal Justice Mental Health and Substance Abuse Reinvestment Grant application for the Helping HANDS Jail Transition Program- Housing Component. The addition of a Benefits Specialist and Housing Specialist along with funds for six months of rent per client will greatly enhance the Helping HANDS jail transition program and will help meet one of the biggest needs inmates face when leaving jail.

The need for housing has been identified in several recent Polk County reports including the 2017 Polk County Sequential Intercept Mapping, reports provided by Central Florida Behavioral Health Network as well as reports published by the Homeless Coalition of Polk County.

The Helping HANDS program is an innovative program that targets inmates with behavioral health diagnoses to assist them with transition from jail back into the community. By design, this program ensures that participants continue receiving their psychotropic medications after release from jail by providing a 30 day supply delivered to their home by a Community Paramedic (CP). A Community Paramedic and a Peer Specialist are also assigned to assist the individual in navigating the systems of care and in accessing community resources needed for a successful transition. With the addition of a Housing Specialist and a Benefits Specialists to the team participants will be more likely to find and maintain stable housing after returning to the community.

A cost savings to the community is expected to be realized by a reduced number of jail days, a reduced number of crisis unit admissions and a reduced number of detox unit admissions for the group served by Helping HANDS. We lend our support to this effort.

Sincerely,

Micheal Allen, Chief
Polk County Sheriff's Office

"TEN STAR ACCREDITED AGENCY"

Intake Mental Health Screening

DEMOGRAPHICS		
Facility Name:	Inmate Number:	
Patient Name:	Race:	
SUICIDE POTENTIAL AND INMATE QUESTIONNAIRE		
1. Is this your first time in jail/prison? <i>(Do you anticipate receiving a lengthy prison sentence?)</i>	<input type="radio"/> Yes	<input type="radio"/> No
2. Have you recently experienced a loss, such as loss of job or death of a close family member/friend?	<input type="radio"/> Yes	<input type="radio"/> No
3. Are you worried about any major problems other than your legal situation?	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you ever been treated for alcohol or drug abuse?	<input type="radio"/> Yes	<input type="radio"/> No
5. Have you ever been arrested for a sex offense?	<input type="radio"/> Yes	<input type="radio"/> No
6. Have you ever been victimized (i.e. victim of physical or sexual abuse)?	<input type="radio"/> Yes	<input type="radio"/> No
7. Have you ever behaved violently, such as physical assault of another person?	<input type="radio"/> Yes	<input type="radio"/> No
8. Have you ever had a serious head injury? If YES, when:	<input type="radio"/> Yes	<input type="radio"/> No
9. Have you ever been placed in special education classes or services?	<input type="radio"/> Yes	<input type="radio"/> No
10. Shows signs of depression (crying, emotional flatness) (If YES, refer inmate to Mental Health)	<input type="radio"/> Yes	<input type="radio"/> No
11. Is acting/talking in a strange manner (Cannot focus attention, hearing/seeing things not /there) (If YES, refer inmate to Mental Health)	<input type="radio"/> Yes	<input type="radio"/> No
12. Subject is a juvenile (17 years of age or younger) (If YES, refer inmate to Mental Health)	<input type="radio"/> Yes	<input type="radio"/> No
13. Appears to have impaired intellectual or cognitive functioning? (If YES, refer inmate to Mental Health)	<input type="radio"/> Yes	<input type="radio"/> No
14. Appears to feel unusually embarrassed or ashamed regarding response to detention by family, friends, or community.	<input type="radio"/> Yes	<input type="radio"/> No
15. Appears overly isolated and/or removed from family and friends?	<input type="radio"/> Yes	<input type="radio"/> No
16. Appears overly anxious, afraid or angry?	<input type="radio"/> Yes	<input type="radio"/> No
17. Is apparently under the influence or alcohol or drugs? (If YES, refer immediately to medical for withdrawal/detox assessment and follow-up)	<input type="radio"/> Yes	<input type="radio"/> No
18. Arresting or transporting officer reports subject may be at risk?	<input type="radio"/> Yes	<input type="radio"/> No
19. Do you have thoughts about killing or hurting yourself right now?	<input type="radio"/> Yes	<input type="radio"/> No
20. Do you feel like there is nothing to look forward to in the future? (hopelessness/helplessness)	<input type="radio"/> Yes	<input type="radio"/> No
21. Holds a position of respect in community (i.e. professional, public official) and/or alleged crime is shocking in nature?	<input type="radio"/> Yes	<input type="radio"/> No
22. Have you ever tried to hurt or kill yourself? (If YES, refer to Mental Health)		
<u>Date(s)</u>	<u>Method</u>	<u>In Custody at Time of Incident</u>
_____	_____	_____
23. If YES to #22, did the self-injury occur within the past 3 years?		
		<input type="radio"/> Yes <input type="radio"/> No
24. Do you have any current mental health complaints? (If YES, refer to Mental Health)		
25. Has a psychiatric history? (Psychotropic medication or treatment by a mental health professional) (If YES, refer to Mental Health)		
Inpatient Treatment (Where) _____	When: _____	
Outpatient Treatment _____	When: _____	

Inmate Name: _____ Inmate Number: _____

Psychotropic Medication Use: Pharmacy/Clinic Name: _____

Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____


Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____

Drug Name: _____ Dose/Frequency: _____ Date of Last Dose: _____

26. Have any family members or significant other attempted or committed suicide, such as a spouse, parent, sibling, close friend or lover? Yes No

TOTAL

 **"YES" in any shaded areas = Contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates.** Follow site procedure for notifying Shift Commander.

 **"YES" in un-shaded areas contact Mental Health immediately OR follow site procedure for management of potentially suicidal inmates IF:**

- 7 or more Total "YES" responses **OR**
- Credibility of the inmate is questionable **AND/OR**
- Screener believes inmate is at risk based on his/her clinical judgment and/or assessment of inmate during screening interview (Document rationale in Interdisciplinary Progress Notes in inmate medical record) **AND/OR**
- Inmate picked up or recently released from hospital ER, Mental Health Facility or Drug program

CURRENT MENTAL STATUS (Check all that apply)

Alert, Oriented x Disoriented Hallucinations: Yes No

Delusions: Yes No Highest Grade Completed: _____

Affect:	Mood:	Speech:	Appearance:	Activity:
<input type="checkbox"/> Appropriate	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Neat & Clean	<input type="checkbox"/> Appropriate
<input type="checkbox"/> Flat	<input type="checkbox"/> Depressed	<input type="checkbox"/> Slurred	<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Unable to sit still
<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Elated	<input type="checkbox"/> Pressured	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Slow
	<input type="checkbox"/> Scared/Crying			<input type="checkbox"/> No eye contact
	<input type="checkbox"/> Hostile			

DISPOSITION

<u>Referrals</u>	<u>Housing Recommendation</u>
<input type="checkbox"/> None Indicated <input type="checkbox"/> Emergency Mental Health Follow Up (MH Referral Required) <input type="checkbox"/> Routine Mental Health Follow UP (MH Referral Required) <input type="checkbox"/> ASAP Provider Follow Up for Mental Health Medications (MH Referral Required) <input type="checkbox"/> Medical Follow-up for Potential Drug/ETOH Withdrawal	<input type="checkbox"/> General Population <input type="checkbox"/> Implement site procedure for management of potentially suicidal inmates (describe): _____ <input type="checkbox"/> Other Placement (describe): _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain mental health services. I consent to routine mental health care provided by facility healthcare professionals.

Inmate Signature: _____

SCREENED BY: _____ DATE: _____ TIME: _____

REVIEWED BY: _____ DATE: _____ TIME: _____

Intake and Receiving Screening

Last Name:		First:		MI:	ID:	
Date:		Time: <input type="radio"/> AM <input type="radio"/> PM		DOB:		
Sex: <input type="radio"/> Male <input type="radio"/> Female		Alias:				
Have you ever been incarcerated: <input type="radio"/> No <input type="radio"/> Yes, most recent:				Where:		
Intake refused: <input type="radio"/> No <input type="radio"/> Yes If yes complete Refusal Form.						
Interpreter used: <input type="radio"/> No <input type="radio"/> Yes		Name:		Service:		
Inmate transfer: <input type="radio"/> No <input type="radio"/> Yes Records received:						
Private insurance: <input type="radio"/> No <input type="radio"/> Yes (Name):						
VITAL SIGNS <input type="checkbox"/> One or more refused						
Height	Weight	Temperature	Pulse <input type="radio"/> A <input type="radio"/> P <small>*Recheck if indicated</small>	Respirations <small>*Recheck if indicated</small>	Blood Pressure <small>*Recheck if indicated</small>	Pulse Ox (optional) <small>*Recheck if indicated</small>
<input type="radio"/> Act <input type="radio"/> Rptd	<input type="radio"/> Act <input type="radio"/> Rptd	<input type="checkbox"/> Not taken	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck	<input type="checkbox"/> *Recheck
Body Mass Index (BMI): (Weight x 703) / (Height in inches x Height in inches):						
If >25 do random fingerstick:						
Physical Build/Characteristics:						
<input type="checkbox"/> Average <input type="checkbox"/> Thin <input type="checkbox"/> Slender <input type="checkbox"/> Muscular <input type="checkbox"/> Large in stature <input type="checkbox"/> Overweight <input type="checkbox"/> Obese						
CRITICAL OBSERVATIONS						
Urgent/Emergent Medical Referral: <input type="radio"/> None identified						
			For Jails: <input type="radio"/> Accept <input type="radio"/> Reject		<input type="radio"/> Yes, check all that apply	
<input type="checkbox"/> Severe injury		<input type="checkbox"/> Life threatening illness		<input type="checkbox"/> Uncontrolled bleeding		
<input type="checkbox"/> Head trauma with mental status changes		<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Patient immediately referred to ER and must have "clearance" to return to facility						
Urgent/Emergent Mental Health Referral: <input type="radio"/> None identified <input type="radio"/> Yes, check all that apply						
<input type="checkbox"/> Active hallucinations		<input type="checkbox"/> Active delusions		<input type="checkbox"/> Actively Suicidal		
<input type="checkbox"/> Other: _____						
Responsiveness: (Choose one)						
<input type="radio"/> Alert <input type="radio"/> Lethargic <input type="radio"/> Verbal stimulus <input type="radio"/> Painful stimulus <input type="radio"/> Unresponsive (call 911) Describe: _____						
Oriented to Person, Place and Time: <input type="radio"/> Yes <input type="radio"/> No						
Skin Observations: Check all that apply and describe below:						
<input type="checkbox"/> No abnormal skin conditions visualized						
<input type="checkbox"/> Tattoos		<input type="checkbox"/> Blisters		<input type="checkbox"/> Draining areas		
<input type="checkbox"/> Surgical scars		<input type="checkbox"/> Open lesions		<input type="checkbox"/> Pallor		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Lice/Pediculosis		<input type="checkbox"/> Jaundice		
		<input type="checkbox"/> Sores		<input type="checkbox"/> Lacerations		
				<input type="checkbox"/> Needle marks		
				<input type="checkbox"/> Tracks		
Describe: _____						
Mobility Restrictions/Physical Disabilities /Impairments: <input type="radio"/> No <input type="radio"/> Yes, check all that apply						
<input type="checkbox"/> Deformity		<input type="checkbox"/> Cast		<input type="checkbox"/> Paraplegic		
<input type="checkbox"/> Wheel chair		<input type="checkbox"/> CPAP		<input type="checkbox"/> Brace		
<input type="checkbox"/> Blind		<input type="checkbox"/> Deaf		<input type="checkbox"/> Amputation		
<input type="checkbox"/> Splint		<input type="checkbox"/> Quadriplegic		<input type="checkbox"/> Crutches/Cane		
<input type="checkbox"/> Other: _____		Comments: _____				
HISTORY						
Major surgery or medical hospitalization within past year: <input type="radio"/> No <input type="radio"/> Yes, check all that apply and include date						
<input type="checkbox"/> Brain surgery _____		<input type="checkbox"/> Heart surgery _____		<input type="checkbox"/> Abdominal surgery _____		
<input type="checkbox"/> MI		<input type="checkbox"/> Transplant _____		<input type="checkbox"/> Due to traumatic injury _____		
				<input type="checkbox"/> Stroke _____		
<input type="checkbox"/> Other _____						
Female History						
Date of LMP: _____ <input type="radio"/> Unknown <input type="radio"/> N/A						
Are you currently pregnant: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe / don't know						
Pregnancy test: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Scheduled		Test result: <input type="radio"/> (+) <input type="radio"/> (-)		Fingerstick result (if pregnant):		

Last Name:

First:

MI:

ID:

MEDICATION REPORTED

None Unknown See below See attached

Name / Dose	Frequency/Last Taken	Prescribed by and Reason	Verification Through
	Freq: <input type="text"/> Last: <input type="text"/>		<input type="radio"/> Practitioner <input type="radio"/> Pharmacy <input type="radio"/> Unable to verify
	Freq: <input type="text"/> Last: <input type="text"/>		<input type="radio"/> Practitioner <input type="radio"/> Pharmacy <input type="radio"/> Unable to verify
	Freq: <input type="text"/> Last: <input type="text"/>		<input type="radio"/> Practitioner <input type="radio"/> Pharmacy <input type="radio"/> Unable to verify
	Freq: <input type="text"/> Last: <input type="text"/>		<input type="radio"/> Practitioner <input type="radio"/> Pharmacy <input type="radio"/> Unable to verify

Allergies: Do you have any allergies (food, medications, environmental)?

No Yes See attached

Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis)	Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis)

SUBSTANCE USE / ABUSE

Ever been hospitalized for substance abuse: No Yes

Dates:

Detoxification or outpatient treatment: No Yes

Dates:

Alcohol Use: Do you drink alcohol: No Yes Type: Last use:

How much: How often:

If 2 or more Ever had alcohol withdrawals, tremors, seizures or DTs when you stopped drinking: No Yes (CIWA) when:

"Yes" answers complete Have you ever felt you should cut down on your drinking? No Yes

CIWA and Have people annoyed you by criticizing your drinking? No Yes

mental health Have you ever felt bad or guilty about your drinking? No Yes

referral Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover: No Yes

Substance / Drug Use / Rx: Do you use drugs: Yes No

Do you use injectable drugs: No Yes Last injectable use:

Rx or Street	How often?	How much?	Last use?
Heroin			<input type="checkbox"/> Hx of withdrawal
Narcotics			<input type="checkbox"/> Hx of withdrawal
Benzodiazepine			<input type="checkbox"/> Hx of withdrawal

Methamphetamines Cocaine Other:

COMMUNICABLE DISEASES

HIV/AIDS Do you have HIV infection or AIDS: No Yes

Are you taking medications: No Yes

TB Symptoms: Do you have any of the following: Weight loss: Yes No Night sweats: Yes No

Ask each question Appetite loss: Yes No Fever: Yes No Persistent cough 3+ weeks: Yes No

Coughing up blood: Yes No Weak/tired: Yes No

TB Skin Test: Prior +PPD: No Yes Plant PPD now: Yes No Date & Time: Location: LFA RFA

Manufacturer: Lot: XDate: Planter's initials:

Last Name:

First:

MI:

ID:

MEDICAL PROBLEMS

Do you have any current ongoing medical problems we should know about: Yes, complete applicable No, proceed to BH section
Do you have any special dietary needs: No Yes, describe: _____

Asthma How long: _____ Last asthma attack: _____ ER visit in last 90 days: Yes No
If yes, when: _____ Hospitalization in the last year: No Yes, when: _____
Have you ever had a tube put down your throat so that a machine breathes for you? No Yes, when: _____
Currently on steroids: Yes No Peak Flow: Yes No, reason: _____
Peak flow #1: _____ Peak flow #2: _____ Peak flow #3: _____

COPD / Emphysema O₂ dependent: Yes No Peak flow: _____ Not done, reason: _____

Cardiovascular/ Cerebrovascular Angina Yes No Atrial fibrillation Yes No Stents Yes No
Pacemaker Yes No Heart attack Yes No Internal defibrillator Yes No
Ask each question Bypass surgery Yes No Endocarditis Yes No CHF Yes No
Blood clot in lungs or legs: Yes No Last CVA: _____ Last TIA: _____
Are you taking Warfarin, Coumadin or Jantoven: Yes No Are you taking another blood thinner: Yes No
Date of onset: _____ Last episode: _____
Comments: _____

Hypertension How long: _____
Are you currently taking three or more anti-hypertensives: Yes No

Diabetes How long: _____ Fingertstick: _____ Not done, reason: _____
Are you currently taking medication(s): Yes No Are you taking insulin: Yes No
If Fingertstick > 300, ask the following: Nausea: Yes No Vomiting: Yes No
Excessive thirst: Yes No Urine ketones (if taken) Yes No Not taken, reason: _____
Have you ever been hospitalized for your diabetes: No Yes, dates: _____
Comments: _____

Epilepsy/Seizure Last seizure: _____
More than one seizure a month: Yes No Two or more anticonvulsants: Yes No

Gastrointestinal GERD: Yes No Hiatal hernia: Yes No
Have you ever vomited blood: No Yes Frequency: _____ Last: _____
Comments: _____
Have you ever had dark, black stools from bleeding: No Yes Frequency: _____ Last: _____
Comments: _____

Cancer Do you currently have cancer: No Yes Are you currently being treated for cancer: No Yes
Type: _____ Comments: _____

Dialysis Type: Hemodialysis Peritoneal Number of times per week: _____
Last dialyzed: _____

HCV Yes No

Other: _____

BEHAVIORAL HEALTH

Do you have any current mental health complaints: Yes No Do you feel vulnerable because you are incarcerated: Yes No
Have you ever been diagnosed with a mental illness: No Yes, check which illness: Schizophrenia Bipolar Other
History of outpatient treatment: Yes No Within the last year: Yes No History of psychotropic medications: Yes No
History of psych hospitalization: Yes No Within the last year: Yes No
History of hearing things: Yes No History of seeing things: Yes No
History of suicide attempts: Yes No Last attempt: _____

Last Name:

First:

MI:

ID:

Are you thinking of suicide now: No Yes, if yes: _____ Do you have a plan: Yes No

Emergent Mental Health Placed on Suicide Watch

Family/friends history of suicide: Yes No Recent significant loss: Yes No

Do you feel like there is nothing to look forward to (hopeless/helpless): Yes No

Have you ever hurt yourself on purpose: Yes No Are you thinking of hurting yourself now: Yes No

Are you thinking of hurting others now: Yes No

Ever been hospitalized for head trauma: Yes No Criminal history of violent behavior: Yes No

History of sexual victimization: Yes No History of sex offenses: Yes No

History of: Special education placement Development disability Intellectual disability

PERSONAL INFORMATION

Gay Lesbian Bisexual Transgender Intersex

Do you identify as, or do others perceive you to be: Gender Non-conforming Straight or heterosexual

Other: _____

ADDITIONAL OBSERVATION

General Appearance: No apparent distress Other: _____

Oral Screening: Unremarkable Missing teeth Abscesses Lesions Dentures loose Swelling

Dentures/partials Other: _____

DISPOSITION

Placement: GP Infirmery Suicide Watch Isolation Observation Other: _____

Referral: H & P Routine Expedited Nursing Sick Call Routine Expedited

Practitioner Sick Call Routine Expedited Behavioral Health Routine Expedited

Chronic Care Clinic Routine Expedited Dental Referral Routine Expedited

Notification: Immediate supervisor Practitioner on call ER for transport

Consent for treatment signed: Yes No, reason: _____

Access to care reviewed: Yes No, reason: _____

Grievance process explained: Yes No, reason: _____

Implement (check all that apply): CIWA COWS BWS-C Pregnancy test if reports opiate use

ADDITIONAL COMMENTS

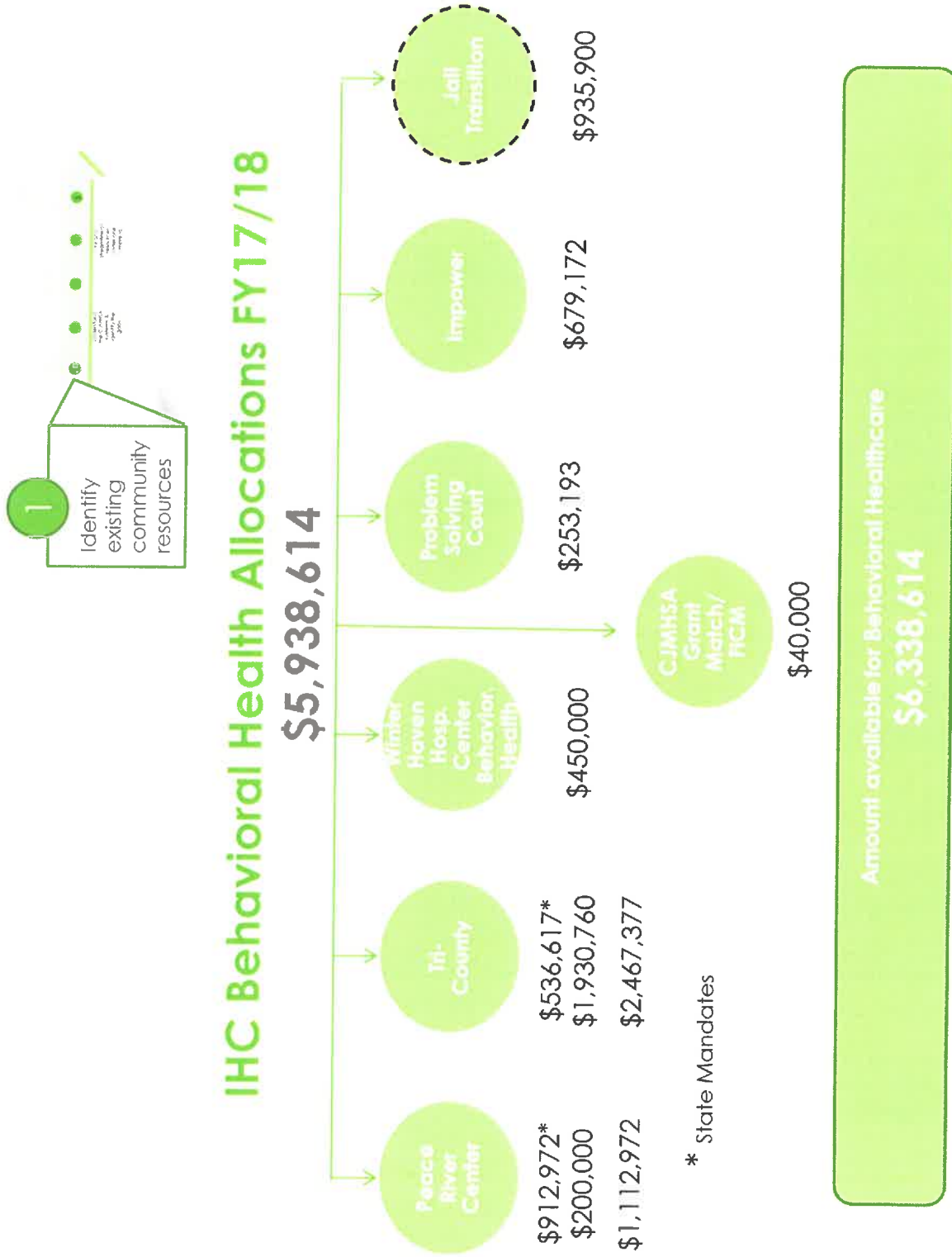
I understand that withdrawal from alcohol and other drugs could be fatal. I have been provided with information related to alcohol and drug withdrawal and the information I provided related to my alcohol and drug use is accurate and complete. My information is correct and I accept the provision of medical, dental and mental health care.

Patient's Signature Interviewer's Name (Printed) Interviewer's Signature Date

Secondary review

(if indicated)

Name (Print) Signature Date



Sample Job Description-Housing Support Specialist/Coach

Support individuals to successfully manage their recovery so that they can live independently in the community, whether transitioning out of a homeless situation, group home, jail or State Hospital. Support self-direction by helping identify barriers to safe and affordable housing and support individuals in creating or obtaining the community support and services necessary to overcome these barriers to maintain stable housing.

Location: _____

Core Responsibilities/Essential Functions:

- ☑ Works in partnership with the PATH Provider to serve as an advocate and provides access to services such as financial assistance, legal aid, housing, job placement or education, primary healthcare, mental health and or substance treatment.

- ☑ Completes SOAR applications.

- ☑ Complete comprehensive assessments of households assisted and develops a service plan to address the supports needed to achieve housing stability and self-sufficiency.

- ☑ Conduct educational groups that will increase individual living skill development and wellness.

- ☑ Maintain regular communication with tenants, landlords, community partners, funders, and management.

- ☑ Perform program orientations to educate and inform clients of program requirements and responsibilities.
- ☑ Assists clients with developing money management strategies for appropriate budgeting.
- ☑ Completes all required documentation, including but not limited to progress reports, client eligibility, enrollment, tracking and related documentation.
- ☑ Document all clients' contacts, care and response, maintain records and collect data and prepare reports as mandated by program procedure within program standards and timeframes.
- ☑ Attend scheduled interdisciplinary team meetings or clinical supervisory sessions to discuss quality of client care.
- ☑ Assist with Life Skills Development.
- ☑ Assist with benefit applications (will obtain and maintain resources and stability).
- ☑ Participates in other meetings/events as assigned.
- ☑ Performs related work as required / assigned.

Knowledge, Skills, and Abilities:

The requirements listed below are representative of the knowledge, skill, and/or ability required to perform this job successfully.

- ☑ Knowledge of mental/substance use illnesses and the mental/substance use health systems in _____ County;
- ☑ Knowledge of community resources in the _____ County;
- ☑ Ability to engage consumers and facilitate recovery and support
- ☑ Ability to share personal struggles and dilemmas and maintain boundaries for support and resource facilitation;
- ☑ Ability to work cooperatively with a team;
- ☑ Ability to develop, implement, and maintain organized systems of filing and record keeping;
- ☑ Ability to function independently and have flexibility, personal integrity, and the ability to work effectively with members, staff and support agencies;
- ☑ Ability to work in a fast-paced environment with demonstrated ability to juggle and prioritize multiple competing tasks and demands and to seek supervisory assistance as appropriate;
- ☑ Ability to facilitate and mentor fellow consumers in their own recovery process.
- ☑ Ability to travel to community agencies and work in the mental health/substance use system to understand and continue to learn recovery skills and practices.
- ☑ Ability to adhere to a flexible work schedule to include some evenings, weekends, and holidays;
- ☑ Basic understanding of MS applications (Word, Excel, Outlook, etc.) or willing to learn
- ☑ Ability to practice adequate self-care

Pre-requisite Requirements:

- ☑ Certified as Recovery Peer Specialist with lived experience in either mental health or substance use with the lived experience of forensics is preferred. Certification can be obtained after hiring.
- ☑ Prior experience working with incarcerated and chronically homeless individuals is preferred.
- ☑ Position subject to Level II Criminal Background Check;
- ☑ Must possess valid Florida Drivers' License, industry accepted driving history and maintain vehicle insurance required by State of Florida.

Supervision:

Work is performed under the direction of _____. This position does not provide supervision to others.

The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to position.

Sample Job Description

Benefits Specialist

Overall purpose of the position: The purpose of this position is to complete and submit thorough SSI/SSDI application packets using the SOAR model while following all County and Federal policies and guidelines.

Duties and responsibilities

- Interpret and apply complex county and department policy/procedures in order to complete and submit SSI/SSDI application packets using the SOAR model and including outside agencies and community resources as necessary. Requires use of multiple complex IT systems, strict adherence to complex [Program name] program procedures; development of case management plans, approvals and other pertinent information used to document contacts, resources used in compliance with local, State and Federal guidelines.
- Gather all information, data, and materials necessary to form records. Ensures all data is accurate and secure by following standard operating policies and procedures. Maintains files and data by reviewing entries in client records.
- Analyzes multiple sources of client information to assess needs and determine eligibility for services. Develop a case plan/client profile and place client in programs as necessary.
- Communicate professionally, courteously, and effectively, both orally and in writing to supervisor, clients, and vendors on a daily basis.
- Complete outreach activities to improve unit effectiveness and customer service delivery for SOAR Team. Through training efforts, ensures the quality and effectiveness of service delivery by unit to the community and the department.
- Other duties as assigned

Job Specific Competencies

Knowledge

- Working knowledge of Federal, State, County, and community health and social service programs for which most clients are eligible: eligibility requirements, application procedures, and other relevant program polices. (Desired)
- Working knowledge of the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) disability income benefits administered by the Social Security Administration (SSA). (Essential)

Skills and abilities

- Skill in dealing with clients in crisis and under stressful conditions.
- Skill in interviewing clients to assist in compliance with program guidelines.
- Skill in interviewing clients to identify health needs.
- Skill in crisis intervention techniques.

Behavioral

- Ability to collect, organize and evaluate data and develop logical conclusions.
- Ability to work effectively with others.
- Ability to communicate effectively, both orally and in writing. Bilingual in Spanish preferred.

Minimum Qualifications

Education - Graduation from High School or possession of a GED Certificate (Required)

Experience

- Four years of experience assessing client eligibility for health and social service programs. (Required)
- Experience completing and submitting SSI/SSDI application packets, preferably using the SOAR model. (Preferred)

License/Certification

- SOAR Works SSI/SSDI Outreach, Access and Recovery (SOAR) Online Course completion. (Required)

Working Conditions

Office Environment. May also include field visits to meet with clients in the community

**CRIMINAL JUSTICE, MENTAL HEALTH &
SUBSTANCE ABUSE REINVESTMENT GRANT
PLANNING COUNCIL**

PLEASE PRINT

Brian Hass

 STATE ATTORNEY OR DESIGNEE

 Pamela Hoffman, Rex Dimmig, Patrick Long
 PUBLIC DEFENDER OR DESIGNEE

 Judge Robert Williams
 CIRCUIT COURT JUDGE

 Judge Robert Williams
 COUNTY COURT JUDGE

Hans Lehman, LPD & Larry Holden, DPD

 POLICE CHIEF OR DESIGNEE

 Major Kim Marcum, PCSO
 SHERIFF OR DESIGNEE

 Pat Deshommes, DOC
 STATE PROBATION CIRCUIT ADMINISTRATOR

 Nick Sudzina
 LOCAL COURT ADMINISTRATOR

 John Hall
 COUNTY COMMISSION CHAIR

 Lisa Ewing
 COUNTY DIRECTOR OF PROBATION

 Robert Rihn, CEO, Tri-County Human Services
 LOCAL SUBSTANCE ABUSE TREATMENT
 DIRECTOR

 Bennie Allred, COO, Peace River Center
 COMMUNITY MENTAL HEALTH AGENCY
 DIRECTOR

 Larry Helms
 DCF - SUBSTANCE ABUSE PROGRAM OFFICE
 REPRESENTATIVE

 Andrea Anderson
 PRIMARY CONSUMER OF MENTAL HEALTH
 SERVICES

 Andrea Anderson
 PRIMARY CONSUMER OF SUBSTANCE ABUSE
 SERVICES

 Fran Maron
 PRIMARY CONSUMER OF COMMUNITY-BASED
 TREATMENT FAMILY MEMBER

 Laura Lee Gwinn, Executive Director, HCPC
 AREA HOMELESS PROGRAM REPRESENTATIVE

 Chief Michael Allen, PCSO
 DIRECTOR OF DETENTION FACILITY

 N/A
 DJJ - CHIEF OF PROBATION OFFICER

STRATEGIC PLAN COVER PAGE

Statement of Critical Issues:

Critical issues noted in the Strategic Plan include but are not limited to the following:

- There is no secure Addictions Receiving Facility (ARF) in Polk County
- All three local Crisis Stabilization Units are consistently at full capacity
- Peace River Center no longer has funding for jail in-reach
- Psychotropic medications are costly and in some cases lead to restricted access
- Most individuals with mental illness do not have jail transition or discharge plans
- The county needs additional supportive housing options for SAMH individuals
- There is no follow-up for county probationers with mental health issues
- There is a need for more peer specialists

Regional Partnership and Participants

The planning activity was led by Mark Engelhardt, Karen Mann and Katelind Halldorsson of the CJMHS Technical Assistance Center along with consultant Michele Saunders. Thirty-five (35) cross-systems stakeholders from across the following agencies participated in the Polk County Criminal Justice, Mental Health and Substance Abuse Strategic Planning process held on May 18-19, 2017.

10th Judicial Circuit	Lakeland Regional Health
BayCare Winter Haven Hospital	Office of the Public Defender
Central Florida Behavioral Health Network	Peace River Center
Consumer and Family Representatives	Polk County BoCC
Corizon Health	Polk County Sheriff's Office
DACCO	Polk County Problem Solving Court
Department of Children and Families	Polk County Veterans Affairs
Homeless Coalition of Polk County	Tampa Veterans Affairs
Lakeland Police Department	Tri-County Human Services

Vision: to end repetitive incarcerations of individuals with mental illness and substance use

Mission: to transform services for persons with mental illness and substance use disorders who contact the criminal justice system

Values: Recovery oriented, Accessibility, Quality Services, Innovation, Collaboration

Service Models: Evidence based practices to include Forensic Intensive Case Management, APIC Model, Supportive Employment, Permanent Supportive Housing, SOAR, Crisis Intervention Training, Motivational Interviewing, FACT Team, and other evidence based and promising practices.



Sequential Intercept Mapping Polk County, Florida

May 18-19, 2017

Facilitated by:

The Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida



Criminal Justice,
Mental Health,
and Substance Abuse
Technical Assistance Center

Polk County Sequential Intercept Mapping Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the Polk County Sequential Intercept Mapping (SIM) narrative and map.

General List of Abbreviations

ACT	Assertive Community Treatment Team
ADC	Average Daily Census
ADP	Average Daily Population
ALF	Assisted Living Facility
ARF	Addictions Receiving Facility
BA	Baker Act
CIT	Crisis Intervention Team
CJMHS	Criminal Justice, Mental Health, and Substance Abuse
CJMHS TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
CSU	Crisis Stabilization Unit
DCF	Department of Children and Families
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
ER	Emergency Room
FACT	Forensic Assertive Community Treatment
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
FICM	Forensic Intensive Case Management
HCV	Housing Choice Voucher
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
LE	Law Enforcement
LMHP	Licensed Mental Health Professional
MA	Marchman Act
MD	Medical Doctor
MH	Mental Health

MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
RNP	Registered Nurse Practitioner
SAMH	Substance Abuse and Mental Health
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation

Polk County Abbreviations

ACTS	Agency for Community Treatment Services, Inc.
APD	Auburndale Police Department
BHC	Behavioral Health Court
BPD	Bartow Police Department
CDBG	Community Development Block Grant
CFBHN	Central Florida Behavioral Health Network, Inc.
CRT	Crisis Response Team
DOD	Department of Detention
DPD	Davenport Police Department
FIT	Family Intensive Treatment Team
HCPD	Haines City Police Department
JASA	Jail Alternatives for Substance Abuse
LAPD	Lake Alfred Police Department
LHPD	Lake Hamilton Police Department
LPD	Lakeland Police Department
LWPD	Lake Wales Police Department
PATH	Project for Assistance in Transition from Homelessness
PCSO	Polk County Sheriff's Office
PRC	Peace River Center
PTS	Pretrial Services Program
SAMHSA OAT	Substance Abuse and Mental Health Services Administration's Online Application Tracking
SRT	Short-Term Residential Treatment
VTD	Veterans Treatment Docket
WHPD	Winter Haven Police Department

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Polk County, Florida: Transforming Services for Persons with Mental Illness and Substance Use Disorders in Contact with the Criminal Justice System

Introduction

This report provides a summary of the *Sequential Intercept Mapping (SIM)* held in Polk County, Florida on May 18 and 19, 2017. The SIM provided a strategic plan for a targeted population, namely adults with substance abuse and/or mental health disorders (SAMH) involved in the criminal justice system in Polk County, FL. However, the SIM is an integrated tool that can facilitate other community plans, such as behavioral healthcare, criminal justice, or plans to end homelessness. Polk County Board of County Commissioners hosted the SIM. The Circle B Bar Reserve (4399 Winter Lake Rd., Lakeland FL 33803) was the site of the mapping.

This report includes:

- A brief review of the background for the SIM
- A detailed summary of the information gathered at the SIM, presented by intercept
- A sequential intercept map developed by the SIM participants
- An action planning matrix developed by the SIM participants
- Recommendations to assist Polk County in achieving its goals

Background

The Polk County Board of County Commissioners, Criminal Justice, Mental Health, and Substance Abuse (CJMHTA) Reinvestment grantee requested the SIM as a top priority in the implementation of a new three-year grant awarded by the Florida Department of Children and Families (DCF) SAMH. The SIM will assist Polk County with the activities and products listed below.

- Creation of a map of the current criminal justice system indicating points of “interception” where jail diversion or reentry for individuals with SAMH disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within existing systems of behavioral healthcare, law enforcement, and the judiciary
- Development of a strategic action plan to address the criminal justice diversion and treatment needs of adults (18+) with SAMH disorders involved with the criminal justice system

The SIM was comprised of 35 participants representing cross-systems stakeholders including SAMH treatment providers, human services, corrections, advocates, family members, consumers, law enforcement, county courts, and the judiciary. A complete list of participants is available in Appendix A at the end of this report. Mark Engelhardt, Karen Mann, Katelind Halldorsson, and consultant Michele Saunders from the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC) facilitated the mapping. Cathy Hatch representing the Polk County Board of County Commissioners, Anne Weeks representing the 10th Judicial Circuit, and Bennie Allred representing Peace River Center (PRC) organized the logistics of the mapping and provided valuable background information.

Objectives of the Sequential Intercept Mapping

The SIM has three primary objectives:

- Development of a comprehensive map of how people with SAMH disorders flow through five distinct intercept points of Polk County's criminal justice system:
 - Intercept 1: Law Enforcement and Emergency Services,
 - Intercept 2: Initial Detention and First Appearance,
 - Intercept 3: Jails and Courts,
 - Intercept 4: Reentry, and
 - Intercept 5: Community Corrections.
- Identification of resources, gaps in services, and opportunities at each intercept for individuals (18+) with SAMH disorders involved in the criminal justice system (target population).
- Development of priorities to improve the system and service-level responses for individuals in the target population.

The Polk County SIM map is on page 21.

Keys to Success

Existing Cross-Systems Partnerships

Polk County's history of collaboration between the behavioral healthcare and criminal justice systems is reflected in a number of existing local efforts that were identified prior to and during the SIM. Examples include:

- Criminal Justice, Mental Health, and Substance Abuse Planning Council
- Public Safety Coordinating Council
 - Collaborative Justice Committee
- Baker Act and Marchman Act Committee
- Polk Vision
- Polk's Forensic Intensive Case Management (FICM) project
- Polk SOAR Steering Committee
- Tenth Judicial Circuit Problem-Solving Courts
 - Behavioral Health Court (BHC)
 - Veterans Treatment Docket (VTD)
 - Post-Adjudication Drug Court (misdemeanor and felony)
 - DUI Drug Court
 - Adult Drug Court Diversion

Consumer Involvement

- Four individuals at the mapping represented SAMH consumers in Polk County and shared their perspectives, including experiences with barriers in the behavioral health and criminal justice systems.

Representation from Key Decision Makers

The SIM included broad cross-systems representation and involved many key decision makers. Opening remarks by the Honorable Judge Robert Williams and Commissioner John Hall set the stage and established a clear message as to the importance of the SIM and commitment to an action plan.

Data Collection

Cathy Hatch, Polk County Health and Human Services Division, organized the gathering of data prior to the mapping to complete the SIM Planning Data Collection Tool. Information and data contained in this report was derived from that tool and from participants during the mapping. Recommendations contained in this report are based on information shared by participants during the SIM.

Polk County Sequential Intercept Map Narrative

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, MD for the National GAINS Center for Behavioral Health and Justice Transformation funded by SAMHSA. During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the five distinct intercept points of the criminal justice system. Additionally, there was a brief discussion regarding Intercept “0” or early intervention services, which addresses prevention and the civil, voluntary, and involuntary Baker Act and Marchman Act systems.

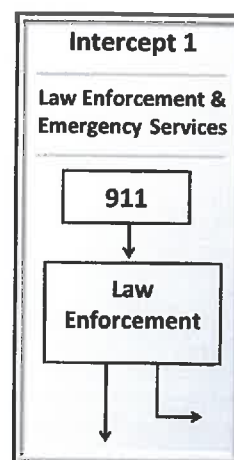
This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Polk County SIM map, especially with regard to acronyms used on the map. The county’s CJMHS Planning Council may choose to revise or expand information collected and presented during the mapping.

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911

- If an individual is in an apparent behavioral health crisis and involved with a possible law violation, the 911 center is the first point of emergency contact and system response.
- The following law enforcement agencies have their own 911 centers (dispatch):
 - Polk County Sheriff’s Department (PCSO)
 - Lakeland Police Department (LPD)
 - Bartow Police Department (BPD)
 - Lake Alfred Police Department (LAPD)
- PCSO operates the primary dispatch center for the county.
 - If the PCSO dispatch experiences a system error, LPD operates the secondary dispatch center for the county.
- Prior to dispatching a law enforcement officer to the location, the dispatcher asks the caller a series of questions and notes if the call involves a suicide attempt or overdose.



- For calls in which a possible injury has occurred, Emergency Medical Services (EMS) accompanies law enforcement to the scene.

Initial Contact

- In most instances, PCSO sends one officer in response to a call. LPD dispatches two officers, one of which is Crisis Intervention Team (CIT) trained.
- Upon arrival to the scene, the law enforcement officer must determine if the individual in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
- When an officer takes an individual to a Baker Act receiving facility (Peace River Center CSU, Winter Haven Hospital, Lakeland Regional Health), the “hand-off” takes approximately five minutes. At an emergency room, it takes approximately 30 minutes.
- If an individual does not meet the Baker Act or Marchman Act criteria, but meets the criteria for an arrest, law enforcement transports the individual to the Polk County Jail.
- If an individual meets criteria for a Baker Act and a misdemeanor arrest, the individual is transported to the nearest receiving facility.
- If an individual meets criteria for a Baker Act and a felony arrest, the individual is transported to jail and arrangements are made by jail personnel to have the person evaluated under the Baker Act.
- If an individual does not meet the Baker Act or Marchman Act criteria and a crime has not been committed, law enforcement provides a list of specific referral services.
 - United Way maintains the referral services and resource list.
 - The resource list includes a number of substance use and mental health service providers, and various other social services.

Crisis Response Team (CRT) operated by Peach River Center (PRC)

- The CRT operates 365-days-a-year (24/7) with funding from Central Florida Behavioral Health Network (CFBHN).
- Crisis counseling services are provided to Polk County residents by phone and in-person (mobile services in the field).
- The CRT is supported by licensed mental health professionals.
- CRT members are CIT-trained.
- Any citizen can call the CRT for assistance.
- The CRT and law enforcement have a collaborative relationship.
- The CRT often receives requests from law enforcement to perform a mental health evaluation.
 - The CRT has responded to more than 14,000 crisis calls during the past 12 months and conducted more than 4,000 on-site mental health evaluations.
- The average response time of the CRT varies due to the size of the county and sparsely populated areas.
 - With the opening of Peace River Center’s new crisis stabilization unit (CSU) in Lakeland, scheduled for fall 2017, an additional CRT will be in place.
- The CRT provides assistance on the telephone if necessary.

Transportation

- The transportation plan (and MOU) covers three counties: Polk, Highlands, and Hardee.
- Law enforcement provides the majority of Baker Act and Marchman Act transports in the

county.

- EMS provides transportation for Baker Act and Marchman Act on occasion.
- Law enforcement's policy is to handcuff an individual during transportation to a Baker Act receiving facility or Marchman Act facility (Mary Lyons Center operated by TriCounty Human Services, Inc.).
- Polk County does not contract with a private transportation provider for Baker Act or Marchman Act in lieu of law enforcement.
- The transportation plan stipulates that an off-duty law enforcement officer may provide transportation in order to allow on-duty officers to remain available for other official business.

Baker Act

- Law enforcement transports individuals under a Baker Act to the nearest Baker Act receiving facility.
- Law enforcement transports individuals requiring medical clearance to a hospital.
 - The emergency room physician may initiate the Baker Act examination process at the hospital.
- Polk County had 5,399 adult involuntary Baker Act examinations in FY2015-16 (Baker Act Reporting Center, USF).
- The Polk County Clerk's Office reported 1,857 unduplicated Baker Act filings in FY2015-16.
- The Polk County Clerk's Office reported 389 unduplicated Marchman Act filings in FY2015-16.

Marchman Act

- Marchman Act initiations in Polk County occur infrequently.
- Law enforcement transports adults (18+) under a Marchman Act to TriCounty Human Services Inc.'s (TriCounty) detoxification facility in Bartow for screening, assessment, and treatment.
- Law enforcement transports juveniles to the Agency for Community Treatment Services, Inc. (ACTS), located in Tampa, FL.

Law Enforcement

Sheriff's Office

- Polk County Sheriff's Office (PCSO)
- PCSO has a contract to provide law enforcement services in the following municipalities:
 - Dundee
 - Eagle Lake
 - Frostproof
 - Ft. Meade
 - Mulberry
 - Polk City

Municipal Law Enforcement

- Auburndale Police Department (APD)
- Bartow Police Department (BPD)
- Davenport Police Department (DPD)
- Haines City Police Department (HCPD)

- Lakeland Police Department (LPD)
- Lake Alfred Police Department (LAPD)
- Lake Hamilton Police Department (LHPD)
- Lake Wales Police Department (LWPD)
- Winter Haven Police Department (WHPD)

Crisis Intervention Team (CIT) Training

- One-hundred and eighty-seven (187) officers in the nine municipal police departments are CIT-trained.
- The PCSO, in conjunction with providers, trains all officers, in the jail and on the street, in the 40-hour CIT program.
- There are four CIT classes scheduled for 2017.
- In the year 2016, PCSO held a one-and-a-half-hour refresher course for all sworn and certified CIT officers.
- PCSO hosts the 40-hour CIT training and invites all local municipalities. PCSO has a goal to maintain CIT training among 100 percent of its officers.
- All members who work at the Sheriff's Office receive two-hours of mental health training during their orientation program (including Florida Department of Law Enforcement (FDLE), Polk County Department of Detention (DOD), reserves, and alumni).

Number of CIT-trained officers:

Municipality/Sheriff's Office	Number(#) of CIT-trained Officers
Polk County Sheriff's Office (PCSO)	1,014
Auburndale Police Department (APD)	9
Bartow Police Department (BPD)	2
Davenport Police Department (DPD)	8
Haines City Police Department (HCPD)	39
Lakeland Police Department (LPD)	93
Lake Alfred Police Department (LAPD)	2
Lake Hamilton Police Department (LHPD)	0
Lake Wales Police Department (LWPD)	4
Winter Haven Police Department (WHPD)	30

Crisis Services

Peace River Center (PRC) Crisis Stabilization Unit (CSU) (Bartow)

- The PRC CSU in Bartow is a 30-bed facility (22 adult beds, eight youth beds).
- The average daily census is approximately 22 individuals.
- The average length of stay is just under four days.
- PRC CSU is at capacity about 36 percent of the time and on emergency status more than 50 percent of the time.
 - The PRC CSU may exceed capacity by ten percent (per Agency for Health Care Administration (AHCA) licensure).
 - If the PRC CSU is on emergency status, the CSU will continue to receive law enforcement

Baker Acts (LE-52s); however, transfers from other receiving facilities will be suspended until emergency status has ended. Efforts to prevent the PRC CSU from exceeding capacity include: temporarily moving patients to PRC's Short-term Residential Treatment facility (which is located on the same campus) and evaluating/assessing individuals' need for continued involuntary status.

- When necessary, Winter Haven Hospital receives the overflow patients in their 30-bed in-patient psychiatric unit.
- The PRC CSU has a 30-bed short-term residential treatment (SRT) center at the same site.
 - The average length of stay is approximately 120 days for individuals who are at risk of state hospitalization.
 - The SRT cannot operate without the CSU.

Peace River Center (PRC) Crisis Stabilization Unit (CSU) (Lakeland)

- This facility will open in the fall 2017.
- PRC's Lakeland CSU is planned to be a 20-bed facility (10 youth beds, 10 adult beds).

Winter Haven Hospital (ER) operated by BayCare

- The Winter Haven Hospital psychiatric unit is a 30-bed, in-patient acute facility for ages 18 and older.
- Winter Haven Hospital is consistently at capacity (28-to-29 beds are occupied at any given time).
- The average length of stay is approximately three-to-four days.
- Individuals who are indigent and require medical care may remain in the facility.

Lakeland Regional Health

- Lakeland Regional Health has 52 adult and nine youth in-patient psychiatric beds.
- The average length of stay is approximately three days (3.2) for adults and two days (2.3) for youth.
- Lakeland Regional Health is consistently at capacity.
- This facility receives individuals from out of county (Pinellas, Volusia).

Detoxification

Mary Lyons Center operated by TriCounty Human Services, Inc.

- The Mary Lyons Center is a licensed 20-bed detoxification facility.
- The average length of stay is approximately five days.
- The average daily census is 17 individuals.

Diversion Options

Mobile Crisis Team operated by PRC

- Non-profit

Gaps

- There is no secure addictions receiving facility (ARF) in Polk County.
- There is a need to identify available resources for individuals with substance use and mental

health disorders.

- There is a need for education in the community about the availability of a CIT officer and general community knowledge on CIT.
- There is no data collection regarding CIT diversions to treatment in lieu of jail. Nor is data collected to indicate if the individual in crisis has mental health issues.

Opportunities

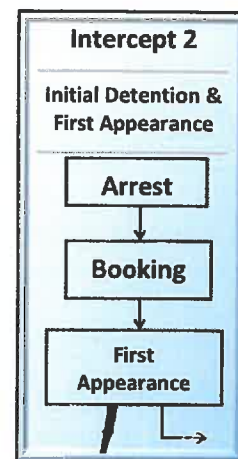
- The Polk County Jail does not receive individuals who need detoxification only.
- The new PRC CSU in Lakeland, opening in fall 2017, will provide an additional 20 beds (10 adult beds and 10 youth beds).
- The central receiving system remains a future possibility.

Intercept 2—Initial Detention & First Appearance

Arrest and Booking

Booking and Intake

- An individual who does not meet the admission criteria for the CSU or detoxification facility, but has committed an offense, is arrested and taken to central booking at the Polk County Jail.
- PCSO contracts with Corizon Correctional Healthcare (Corizon) to provide all medical services at the Polk County Jail.
- The Corizon personnel conduct a medical and mental health screening on all individuals booked into the jail.
 - Corizon’s screening tool includes questions regarding suicidal thoughts, pharmacy and medical provider information, mental health history, and prior involuntary commitments (under the Baker Act).
- PRC is contacted if an individual is confirmed to be receiving mental health treatment and on medication (to ensure medication stability).
- An estimated 25 percent of individuals self-report mental health problems at intake.



10th Judicial Circuit Pretrial Services Program (PTS)

- PTS interviewers are present at the jail twenty-four hours a day, seven days-a-week to meet detainees, review arrest histories, and make recommendations.
- PTS completes background investigations on defendants. These background investigations, provided to judges, are useful tools used for decision-making. PTS can order a psychological evaluation if deemed necessary.

First Appearance

- The first appearance hearing occurs within 24 hours of booking.
- Individuals attend the first appearance hearing through a video conference.
- The public defender is made aware of acute mental health issues through visits with their clients and access to information and communication with the forensic team or behavioral health court.

- If the individual is on pretrial release, the judge reviews the PTS information packet to identify if there are mental health issues. If the individual is not on pretrial release, the judge observes the individual's behavior for signs of mental illness.
- When a defendant presents with a mental health issue, the bailiff notifies the judge, who will then hear the case immediately.
- Mental health service providers are not present at first appearance.

Gaps

- PTS officers may miss the opportunity to interview individuals at booking because individuals cycle through quickly.
- The judge does not receive Corizon screening information at first appearance.
- Mental health service providers are not available at first appearance.
- Funding is no longer available to allow PRC personnel to visit the jail to identify clients.
- At the time of the mapping, the jail did not share client information with PRC on a regular basis.
- There is a need for dedicated peer navigators.

Opportunities

- CFBHN plans to collect daily booking data (public information) from the jail in conjunction with PCSO and send it to providers.
- Polk County has an accomplished Pretrial Services Program (PTS).

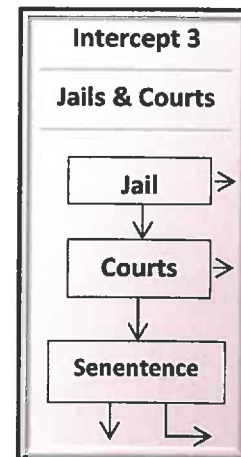
Intercept 3—Jails & Courts

Polk County Jail

- In FY15-16, there were 28,528 individuals (27,242 adults and 1,286 pre-adjudicated juveniles) booked into the Polk County Jail.
- The FY15-16 average daily census in the jail is approximately 2,518 individuals.
- An estimated 20 percent of the individuals in the jail are female.
- The average length of stay is approximately 35 days.

Psychiatric Services (within the jail)

- Individuals transferred from the state hospital to the jail receive close monitoring.
- The jail convenes a monthly meeting with the Public Defender's Office and State Attorney's Office to discuss cases involving individuals determined to be incompetent to stand trial and other high profile inmates.
- Corizon's mental health personnel communicate with families of inmates and with the Forensic Assertive Community Treatment (FACT) Team.
- Individuals who are in jail and considered to be eligible for a Baker Act assessment are transported to the PRC CSU or Lakeland Regional Health's CSU for assessment and subsequently returned to jail when stabilized.



In-Jail Medications

- Jail personnel link individuals with community pharmacies through a release of information.
- The jail will provide medication if the prescriptions are filled within 30 days.
- Individuals transferred to jail from a state hospital continue to receive the same medication initiated at the hospital.
- Medications for individuals admitted to jail from the community (not a state hospital) are verified by community pharmacies or providers and may be subject to change or substitution if the medications are not on the Corizon formulary.

Prevalence of Mental Illness and Co-occurring Disorders

- Corizon's mental health personnel in the jail includes one part-time psychiatrist (or psychiatric advanced registered nurse practitioner) and three licensed clinical social workers.
- During the months of January, February, and March 2017, Corizon's mental health personnel provided services to 2,799 individuals in jail.
- Co-occurring disorders is prevalent among 78 percent of the jail population (as identified by the psychiatrist).
- In FY2015-16:
 - Approximately 902 adults and 190 juveniles received mental health assessments by licensed mental health staff.
 - Approximately 164 adults received mental health assessments by a psychiatrist.
- In May 2017, there were 2,618 individuals in jail.
 - Approximately 12 percent (318 individuals) were on psychotropic medications.

Additional In-Jail Services

- Alcoholics Anonymous
- Narcotics Anonymous

Specialty Courts

Behavioral Health Court (BHC)

- The BHC is a case management program.
 - There are two case managers (court administration employees) who can oversee a caseload of 60 clients each.
 - The BHC links clients to available providers (PRC, Winter Haven Hospital operated by BayCare, TriCounty Human Services).
 - Individuals are able to receive services sooner than the average client due to ongoing criminal justice/service provider partnerships.
 - Winter Haven BayCare provides psychological services within seven days.
 - Many of the individuals served in this court are indigent.
- The BHC can serve up to 120 individuals per year.
- In FY 2015-16, the BHC served 26 clients.
- In FY 2015-16, 15 individuals graduated from the BHC.
- The average program duration for misdemeanor cases is six months and 12 months for felony cases.
- Veterans Treatment Docket (VTD) is a specialized docket within the BHC.

- The VTD is seeking to gain additional referrals from attorneys.
- An estimated ten percent of the population in Polk County are veterans.
- The Polk County Jail is in the process of implementing additional screening questions at intake to identify veterans.

Post-Adjudication Drug Court (felony)

- The Post-Adjudication Drug Court can serve up to 150 individuals at a time.
- In FY 2015-16, this court admitted 40 individuals.
- In FY 2015-16, 20 individuals graduated from this court.

Post-Adjudication Drug Court (Misdemeanor)

- The Post-Adjudication Drug Court can serve up to 50 individuals per year.
- In FY 2015-16, this court admitted 21 individuals.
- In FY 2015-16, nine individuals graduated from this court.

DUI Drug Court

- The DUI Drug Court can serve up to 60 individuals per year.
- In FY 2015-16, this court admitted 28 individuals.
- In FY 2015-16, 20 individuals graduated from this court.

Adult Drug Court Diversion

- The Adult Drug Court Diversion can serve up to 40 individuals per year.
- In FY 2015-16, this court admitted seven individuals.
- In FY 2015-16, seven individuals graduated from this court.

Gaps

- There is no mental health training available for attorneys in Polk County.
- There is a need for more veteran outreach to identify clients for the Veterans Treatment Docket of the Behavioral Health Court.
- Limited or no funding for female-specific programming in the jail.
- Medications are costly and, in some instances, lead to restricted access.

Opportunities

- The jail convenes a monthly meeting with the Public Defender's Office and State Attorney's Office to discuss cases involving individuals determined to be incompetent to stand trial and other high profile inmates.
- All detention deputies are CIT-trained.
- The Public Defender's Office, in conjunction with TriCounty Human Services, evaluates individuals and makes recommendations for diversion (if pre-trial) and sentencing (if post-trial). These evaluations are primarily for individuals with substance use issues.

Intercept 4—Reentry

Jail Reentry/Discharge Planning

Jail Alternatives for Substance Abuse (JASA) operated by TriCounty Human Services, Inc.

- JASA is a program focusing on males who have a substance use or co-occurring SAMH disorder.
- JASA is a formalized in-jail treatment program providing transition assistance to male inmates.
- Community providers, such as New Beginnings, serves clients post-release.
- There is a 12-week reentry preparation component to JASA.
- JASA makes referrals to community providers.

New Beginnings operated by TriCounty Human Services

- New Beginnings is a 30-bed co-occurring residential treatment facility, located on jail property, for males.
- New Beginnings is a transition program assisting individuals during reentry.
- Peer specialists are on staff.

Peace River Center (PRC)

- PRC provides case management and discharge planning for individuals soon to be released from jail who will be served by Forensic Assertive Community Treatment team (FACT), Forensic Intensive Case Management team (FICM), or Family Intensive Treatment Team (FIT).

Veterans

- Veterans receive discharge planning including assistance applying for and obtaining benefits with the assistance of a SOAR-trained professional.

Gap

- A substantial number of individuals with mental illness do not have transition or discharge plans.

Opportunities

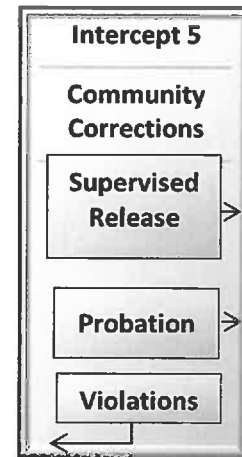
- Corizon works with individuals who are nearing discharge and who are on psychotropic medications to make referrals to TriCounty Human Services, PRC, and Winter Haven Hospital (operated by BayCare) to continue their care regimen.
 - Due to a lack of insurance, most individuals are “walk-ins” at Winter Haven Hospital Center for Behavioral Health post-release.
- There is an opportunity to implement an evidence-based practice or best practice, such as the APIC Model (Assess, Plan, Identify, Coordinate), during jail transition and reentry planning.



Intercept 5—Community Corrections

County Probation

- At the time of the mapping, there were approximately 2,000 individuals on County Probation.
- The county probation caseload varies between 90 and 120 individuals per probation officer.
- There were 900 violations of probation among inmates in jail in May 2017.
- Each week, there are approximately 25-to-30 probationers in jail awaiting violation of probation (VOP) hearings (county probationers).
- Of the 2,000 county probationers, approximately 50-to-60 probationers have had their probation status revoked resulting in a sentence averaging between 30 and 60 days in jail. The majority of VOP inmates are felony offenders.
- There is a specialized caseload for probationers participating in a specialty court. There are two county probation officers assigned to those cases.
- County Probation is considering expanding their caseload specializations.
- If mental health evaluation/treatment is a condition of probation, officers make a referral to PRC. Probation officers will make such a referral even if a VOP order has been filed. Probation officers refer individuals to PRC in order to assist the probationer to become compliant prior to the VOP hearing.
- County Probation does not ask probationers about their health insurance.



Supportive Housing

- Non-profit entities, such as Lake Wales Care Center, provide supportive housing.
- Talbot House and Lighthouse Ministries provide shelters and temporary housing.

Additional Resources

Benefits (SOAR—SSI/SSDI Outreach, Access, and Recovery)

- The Polk SOAR Steering Committee meets once a month after the Homeless Coalition meeting.
- SOAR Training:
 - Winter Haven Hospital Specialized Community Care Team is SOAR trained.
 - FICM case managers are SOAR-trained (four staff).
 - PATH team members are SOAR-trained.
 - Specialized Community Care Team (SCCT) staff is SOAR trained. SCCT is located at Winter Haven Hospital's Center for Behavioral Health.
- SOAR applications are tracked through the SAMHSA's Online Application Training (OAT).
 - In 2016, the Social Security Administration approved nine out of 15 SOAR applications.

Polk HealthCare Plan (PHP)

- Polk County offers indigent health care to residents at or below 200 percent of the Federal Poverty Level (FPL). Individuals at or below 100 percent of FPL who meet eligibility requirements may qualify for Polk HealthCare Plan membership. This plan provides basic dental

- and primary care services with linkage to other specialty care and free clinics.
- Behavioral health services are available via the county's Indigent Health Care program to residents at or below 200 percent of the FPL.

Gaps

- There is no follow-up or tracking for county probationers with mental health issues.
- The county needs additional supportive housing options for SAMH individuals aged 18 to 55.
- There is a need to expand employment opportunities for the target population.
- The county should collaborate with NAMI to utilize more peer supports.

Opportunities

- The Specialized Community Care Team, operated by BayCare, serves Polk County residents who are uninsured and have serious mental health needs and/or are on psychotropic medication.
 - The program serves Florida Department of Corrections (FDC) probationers and county probationers and accepts self-referrals.
 - The program is funded through the half-cent sales tax designated to fund health care for uninsured residents.

Polk County Priority Areas

Based on the SIM discussion, the participants developed a list of five priorities that will become the focus of the action plan.

Top Priorities

1. Leadership and Implementation
2. Community Education
3. Supportive Housing
4. Central Receiving System
5. Evidence-Based Diversion Models

Polk County Action Plan

Action Planning Process

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. The plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks.

The Action Plan is presented on the following pages (one priority described on each page).

Priority Area 1: Leadership and Implementation

Objective	Action Step	Who	When
1.1	Integrate the SIM into the Collaborative Justice Committee	Collaborative Justice Committee (sub-committee of the Public Safety Coordinating Council)	Next meeting- (Collaborative Justice Committee is meeting quarterly)
1.2	Ensure coordination with other county committees	Desiree Meaton-Francisco (10 th Judicial Circuit) Cathy Hatch (Polk County BoCC) Central Florida Behavioral Health Network (CFBHN)	Ongoing
1.3	Identify data and gaps—across intercepts		
1.4	Execute the daily transfer of data from the jail to providers		
1.5	Ensure community-based resources are updated for law enforcement		Resource list—ongoing

Priority Area 2: Community Education

Objective	Action Step	Who	When
<p>2.1 Create a community education initiative within the Collaborative Justice Committee</p>	<ul style="list-style-type: none"> • To identify the training needs of multiple organizations • To educate the community about CIT training (and alternative options to contacting law enforcement) • To promote awareness of CIT training among community members • To expand Mental Health First Aid (MHFA) training in the community • To explore opportunities for MH training for lawyers (CLE) • To expand SOAR training and track outcomes (SAMHSA OAT System) 	<p>NAMI of Polk County Polk Vision Monthly meeting with Corizon, the Public Defender's Office, State Attorney's Office, and CFBHN (SOAR)</p>	<p>Next NAMI meeting Statewide SOAR meeting in Tampa</p>

Priority Area 3: Supportive Housing			
Objective	Action Step	Who	When
3.1	Expand supportive housing for the target population (adults with SAMH disorders)	Polk County Board of County Commissioners—Housing and Neighborhood Development Program	Next Collaborative Justice Committee meeting
3.2	Learn the evidence-based models of permanent supportive housing	Laura Lee Gwinn (Executive Director of the Homeless Coalition of Polk County)	
3.3	Expand supported employment	Cedric Cox (Peace River Center) Jason Saffels (CFBHN)	
3.4	Communicate with the Public Housing Agencies	Collaborative Justice Committee should oversee overall progress on this priority.	

Priority Area 4: Central Receiving System (CRS)

Objective	Action Step	Who	When
4.1 Pursue Central Receiving System (CRS) funding	<ul style="list-style-type: none"> To review the previous CRS grant proposal To determine availability of state funding To identify levels of funding To visit existing central receiving facilities 	Peace River Center (lead applicant on the previous CRS grant proposal) TriCounty Human Services Polk County Government Lakeland Regional Health BayCare Winter Haven Hospital Lake Wales Medical Center Heart of Florida Regional Medical Center	Next grant cycle
4.2 Expand access to treatment	<ul style="list-style-type: none"> Review gaps in the service array and waiting lists to care 		
4.3 Improve coordination of care and access to care (due to the large geographic area and limited transportation resources)	<ul style="list-style-type: none"> To educate DCF and legislators about the needs of this rural community 	Law Enforcement in Polk, Highlands, and Hardee County Emergency Medical Services Rural Health Workgroup	
4.4 Address limited secure transportation	<ul style="list-style-type: none"> To explore secure transportation options 		

Priority Area 5: Evidence-Based Diversion Models

Objective	Action Step	Who	When
5.1	<p>Research the literature on effective diversion models at each intercept</p>	Collaborative Justice Committee	Ongoing
5.2	<p>Implement the Forensic Intensive Case Management Team (FICM)</p>	<ul style="list-style-type: none"> • Visit the CJMHSAC website—floridatrac.org • Before/at the first appearance hearing, identify misdemeanors pending charges that have recently been found incompetent to proceed • To obtain information on FACT/FICM teams and other team models • To link FICM program with individuals diverted from jail 	

Recommendations

The two-day Sequential Intercept Mapping was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM, the USF CJMHSa TAC recommend the following actions:

1. Based on existing collaborations, clearly identify leaders who will implement the SIM Action Plan (priorities).
2. Transition and discharge planning from the jail to behavioral health services in the community can be strengthened by establishing daily communication between the jail and providers. CFBHN has indicated that they are in the process of sending daily arrest data to their network providers. There needs to be a regular interagency discharge-planning group with Corizon.
3. Consider alternative transportation contracts of Baker Act and Marchman Act clients to ease demand from law enforcement for individuals who are nonviolent.
4. Community education and service expansion should identify evidenced-based models (e.g., CIT – More than Training, Permanent Supportive Housing, Supported Employment).

In summary, it is encouraging to observe the local leadership and commitment to taking the criminal justice and behavioral healthcare systems to a new level” in Polk County. This plan, like other plans, requires follow through.

For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

Mark A. Engelhardt, MS, MSW, ACSW
Director CJMHSa TAC at mengelhardt@usf.edu or call 813-974-0769

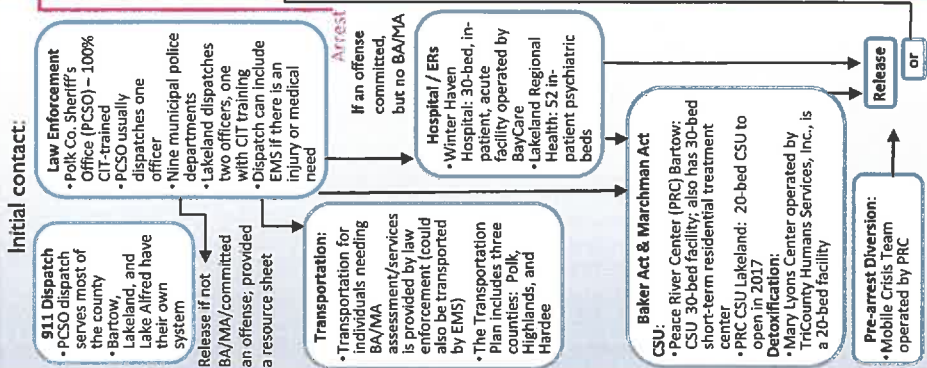
Karen Mann, CJMHSa TAC Program Director at kem2@usf.edu

Katelind Halldorsson, CJMHSa TAC Researcher at katelind@usf.edu

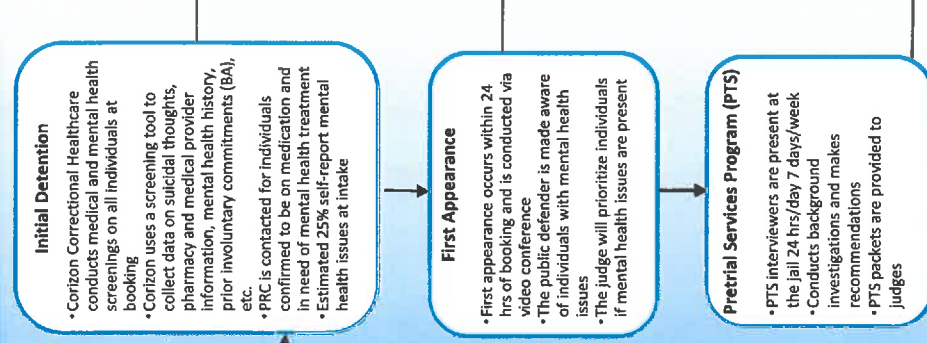
Please visit the USF CJMHSa Technical Assistance website at www.floridatac.org

Sponsored by DCF Contract # LH289

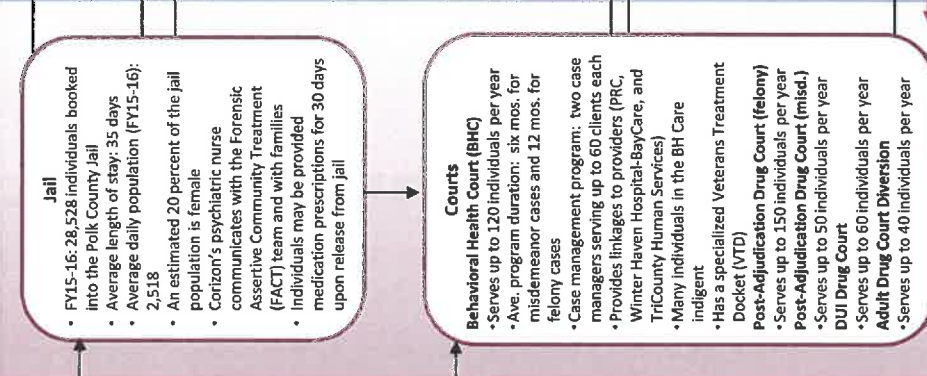
Intercept 1 Law Enforcement/Emergency Services



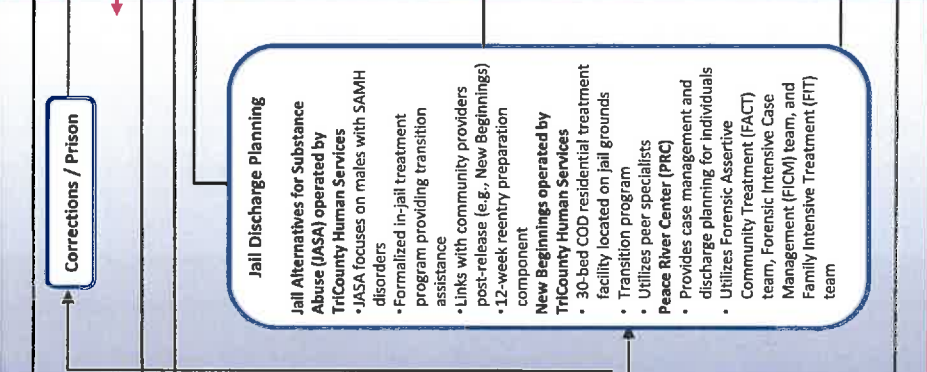
Intercept 2 Initial Detention / First Appearance



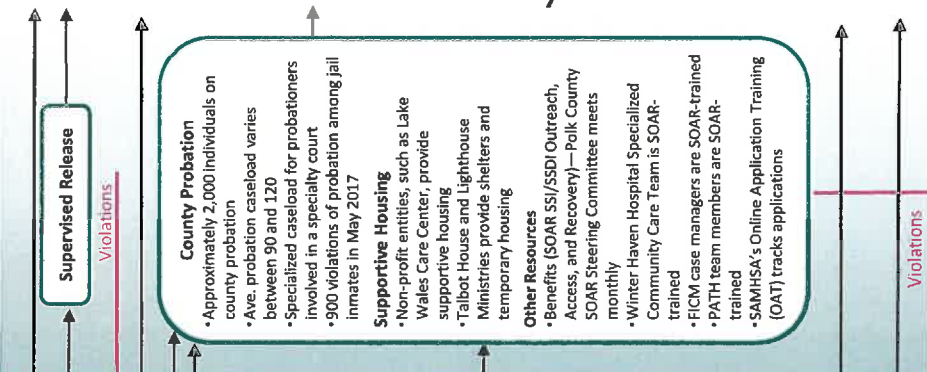
Intercept 3 Jails / Courts



Intercept 4 Reentry



Intercept 5 Community Corrections



Community

Community

Appendix A: Participant List

Last Name	First Name	Organization	Email
Allen	Chief Mike	Polk County Sheriff's Office	mallen@polksheriff.org
Allred	Bennie	Peace River Center	ballred@peacerivercenter.org
Anderson	Andrea	TriCounty Human Services	aanderson@TCHSonline.org
Barfield	Karen	CFBHN	kbarfield@cfbhn.org
Bishop-Arrindell	Arlene	Corizon Health	Arlene.Bishop-Arrindell@corizonhealth.com
Even	Teresa	BayCare Winter Haven Hospital	Teresa.Even@baycare.org
Gardam	Bill	Peace River Center	bgardam@peacerivercenter.org
Gonzalez	Carlos	Polk County BoCC	carlosgonzalez@polk-county.net
Hall	Commissioner John	Polk County BoCC	johnhall@polk-county.net
Hatch	Cathy	Polk County BoCC	cathyhatch@polk-county.net
Helms	Larry	Department of Children and Families	Larry.Helms@myffamilies.com
Henderson	Jacque	TriCounty Human Services	jhenderson@tchsonline.org
Henry	Jeff	Polk County Sheriff's Office	jhenrv@polksheriff.org
Hoffman	Pamela	Office of the Public Defender	phoffman@pd10.org
Hoobin	Lieutenant Shawn	Polk County Sheriff's Office	shoobin@polksheriff.org
Horstman	Steve	Polk County Sheriff's Office	shorstman@polksheriff.org
Howell	Staci	Lakeland Regional Health	staci.howell@mylrh.org
Johnson	Joy	Polk County BoCC	joyjohnson@polk-county.net
Lehman	Hans	Lakeland Police Department	hans.lehman@lakelandgov.net
Marcum	Major Kim	Polk County Sheriff's Office	kmarcum@polksheriff.org
Marron	Fran	Problem-Solving Court	fhparrow@hotmail.com
Mason	Sergeant Christopher	Polk County Sheriff's Office	cmason@polksheriff.org
McGhee	Paula	Polk County BoCC	paulamcgee@polk-county.net
Meaton-Francisco	Desiree	10th Judicial Circuit	dfrancisco@Jud10.flcourts.org
Moore	MaryBeth	Polk County BoCC	MarybethMoore@polk-county.net
Ortiz	Judy	Homeless Coalition of Polk County	judy@polkhomeless.org
Piecora	Beth	CFBHN	cpiecora@cfbhn.org
Richardson	Lisa	DACCO	lisar@dacco.org

Last Name	First Name	Organization	Email
Rihn	Robert	TriCounty Human Services	rrihn@TCHSonline.org
Silverstein	Phil	10th Judicial Circuit	psilverstein@jud10.flcourts.org
Sweat	Nichole	Lakeland Regional Health	nicole.sweat@myLRH.org
Weeks	Anne	10th Judicial Circuit	aweeks@Jud10.FLCourts.org
Weems, Jr.	John	Problem Solving Court	johnwylieweemsjr@yahoo.com
Whitford	Kristi	Tampa VA	kristi.whitford@va.gov
Williams	The Honorable Judge Robert	10th Judicial Circuit	rwilliams@jud10.flcourts.org

Appendix B: Resources page

Web Resources and Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC)

<http://www.floridatac.org/>

Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLPP)

<http://www.usf.edu/cbcs/mhlp/>

Florida Department of Children and Families (DCF)- Mental Health and Substance Use

<http://www.myfamilies.com/service-programs/mental-health>

Policy Research Associates (PRA)

<https://www.prainc.com/>

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

<https://www.samhsa.gov/gains-center>

The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/>

Center for Mental Health Services

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs>

Center for Substance Abuse Prevention

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>

Center for Substance Abuse Treatment

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>

Homelessness Programs and Resources

<https://www.samhsa.gov/homelessness-programs-resources>

National Center for Trauma Informed Care (NCTIC)

<https://www.samhsa.gov/nctic/about>

National Clearinghouse for Alcohol and Drug Information

<https://www.addiction.com/a-z/samhsas-national-clearinghouse-for-alcohol-and-drug-information/>

National Registry of Evidence-based Programs and Practices (NREPP)

http://www.nrepp.samhsa.gov/01_landing.aspx

Partners for Recovery

<https://www.samhsa.gov/partners-for-recovery>

<https://www.samhsa.gov/grants/grant-announcements-2017>

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
Florida Partners in Crisis	http://flpic.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	http://www.endhomelessness.org/pages/housing_first
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Criminal Justice Reference Service	https://www.ncjrs.gov/
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/index.html
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/