3.7.6.5 CAPABILITY AND EXPERIENCE

Polk County is distinctive in that it has a local sales tax which funds Indigent Healthcare for medically vulnerable residents, generating nearly $55 million annually for Indigent Healthcare programming. The main provision for care is the Polk Healthcare Plan (PHP), which serves qualifying residents who have fallen through the cracks and have no other options for healthcare. The plan acts as a local healthcare safety net by offering members access to a

- Community Mobile Support Teams (As needed, Peace River Center): Assist law enforcement with crisis intervention and communicate with local Baker Act recipients to offer support.

The Polk County BoCC employs the Community Paramedics (CPs) for this program, through Fire and Rescue. The CPs 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. One of the main tasks of the CP is to successfully link the participant to their community behavioral health provider. The CP and Peer Specialist 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 like this program or the Specialized Community Treatment Team (SCCT) for those who need more intensive services.

Corizon Health

Corizon Health provides client partners with high quality healthcare and reentry services that will improve the health and safety of participants, reduce recidivism, and improve local communities. With decades of experience providing healthcare in jails, Corizon Health understands the inherently unique needs and challenges of providing effective care for incarcerated individuals. Corizon Health is attempting to compensate for the high rates of mental illness and the previously unmet medical needs of the inmate population prior to incarceration by forming strong partnerships with programs like this project. They recognize that a collaborative effort between the medical and behavioral healthcare providers is a key component of an effective delivery system and enhances the outcomes of participants. Upon release from jail this program will purchase a 60-day supply of the participant's psych meds from Corizon Health, along with any other medically required medication. 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.

Central Florida Behavioral Health Network (CFBHN)

Central Florida Behavioral Health Network (CFBHN) is the first and largest of Florida's seven Managing Entities (ME) for behavioral health services. It was 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. For this project, they pull data from the county sheriff and Corizon Healthcare twice a week to identify people meeting eligibility requirements. This allows for the HATCH team to discuss potential participants and their needs in advance. CFBHN also assists with gathering data for the project's return on investment to determine the cost savings for the county.

Tri-County Human Services (TCHS)

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

PRC will fund and train the Community Mobile Support Teams, who will be dispatched along with officers from the Sheriff's Office. In addition, PRC provides the case managers for this project. For participants that are homeless or at-risk, the case manager 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). 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 disorder.

Keystone Challenge Fund (KSC)
Keystone Challenge Fund is a non-profit organization established in 1991 in Lakeland, Florida. For 25 years, Keystone has maximized the availability of affordable housing for low and moderate-income homebuyers to connect families with homeownership. Keystone makes a direct impact on the community by maximizing the availability of affordable housing, increasing economic growth through job creation, as well as increasing the local tax base. Keystone provides free financial literacy courses every month to anyone interested in pursuing the path to homeownership. HATCH program participants are referred to these classes for money management tips and lessons.

Local Law Enforcement
Sheriff Grady Judd has been a strong advocate for the work progressively accomplished by the planning council and has voiced his opinion in favor of a new Community Mobile Support Team. The Central Florida Behavioral Health Network generates a list from their database which pulls and merges information from both the Sheriff's Office and Corizon Healthcare to identify potential program participants who meet eligibility requirements. That list is sent twice a week to the Program Manager to be included in weekly staffing discussions.

A key component of the HATCH expansion is the inclusion of the Community Mobile Support Team, who will provide an intervention option to individuals, as opposed to jail. The Community Mobile Support Team is a cross-system approach of law enforcement and mental health collaborations that builds on the success of mental health crisis training (Crisis Intervention Training) provided jointly by Peace River Center and the Polk County Sheriff's Office. The CMST works closely with deputies in two critical areas: 1. To assist in crisis intervention of individuals with mental health and/or substance use disorder issues they may encounter in the community with a goal of diverting individuals from unnecessary jail bookings as well as emergency room, crisis stabilization unit, and hospital use and linkage to community-based alternative services; and, 2. To make direct contact with each individual the Sheriff's Office has enacted a Baker Act within ten (10) days of the individual being admitted to a receiving facility, prioritizing individuals who have been Baker Acted multiple times. The CMST is key in having a reduction of harm, arrests, and use of jails and emergency departments and promotion of access to behavioral health services.

3.7.6.5.2 AVAILABILITY OF RESOURCES

- Assistance with coordination of client services specific to effective linkage to clinical and non-

Case managers understand the importance of referring and linking the individuals to behavioral health services and supports to help prevent re-offense, re-arrests, decompensation, and hospitalization/re-hospitalization. Case managers seek and encourage the involvement of relatives, friends, and significant others, peers, and volunteers to increase the social support network of the client. They help clients set goals and ensure goals set by any providers of services tie together (coordinated care). If there is a crisis situation, case managers provide intervention “strategies” with providers to minimize hospitalization or incarceration.

Participants identified with housing needs will be assigned to the Housing Specialist, who works in partnership with the Tri-County 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. Support is offered so clients can successfully manage their recovery while living independently in the community, whether transitioning out of a homeless situation, group home, jail, or State Hospital. Self-direction is supported by helping identify barriers to safe and affordable housing and supporting individuals in creating or obtaining the community services necessary to overcome these barriers. The Housing Specialist has established connections with local landlords, community partners, funders, and housing managers to help navigate potential tenants in the right direction. They educate clients on a variety of topics to maintain housing, including requirements and responsibilities for renters, money-management, and even life-skills development.

The Community Mobile Support Team will be a second point of contact for an individual after they have called 911 and requested assistance. Although unlicensed, they will be qualified to provide an initial assessment, which will be up for discussion at the weekly staffing meeting. The addition of a Community Mobile Support Team to the prior CJMHS-awarded project enhances the participant’s ability to receive an immediate assessment following the 911 crisis call, potentially redirecting them from jail to necessary healthcare and treatment, instead. This is a team-based approach, with Support Team members already trained through Peace River Center and imbedded within the Sheriff’s Office, available to qualifying HATCH program participants.

All other positions and program services for this project are in place and will carry on serving Polk County without interruption. When Community Mobile Support Teams are incorporated, they will help identify those falling through the cracks from re-entering the criminal justice system. Individuals in crisis due to behavioral health issues will potentially find assistance upon accepting referral services from the Community Mobile Support Team. Those receiving services are less likely to reoffend.

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

1. Forensic Intensive Case Management (FICM) is a specific model tailored to effect criminogenic needs. The model is utilized in several states and usually includes:

Risk Containment, Risk Reduction, Stabilization and Compliance Tracking. [Blandford, A. M., & Osher, F. C. (2012). A Checklist for Implementing Evidence-Based Practices and Programs for Justice-Involved Adults with Behavioral Health Disorders. Rockville, MD: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation] http://gainscenter.samhsa.gov.

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

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

3. Coordination of Services - Services and responsibilities will be coordinated between relevant agencies working with the transitioning program participant. Source: Collaboration and Joint Ownership [Warwick, K., Dodd, H., & Neusteter, S. R. (2012). Case Management Strategies for Successful Jail Reentry. Washington, DC: Urban Institute]. A coordinated system has been designed to notify the Helping HANDS program when an inmate is scheduled for release. This notification triggers the order for the 30-day supply of medications and alerts the Community Paramedic when to expect the release to occur.

4. Motivational Interviewing – very successful best practice for this population - referred to as a consumer-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence, basically meaning, the offender must be engaged in the change process. Source: Enhanced Motivational Strategies

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

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

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

6. Cognitive-behavioral treatment (CBT) aims to change individuals' behavior by addressing their basic thinking patterns. Recognizing that flawed thought patterns and cognitive deficits or distortions can result in criminal behavior, CBT teaches new strategies to manage thoughts and emotions. The goal of treatment is to help individuals understand how to apply these new thought management strategies in multiple contexts in order to facilitate more successful reintegration into society upon release. Research indicates that CBT may be more effective with reentry populations when delivered as one piece of a more comprehensive intervention.

The combination of screening and assessment of psychosocial needs and criminal risk is essential to the case planning process and in determining the level and intensity of treatment services and supervision that are needed. The Program Manager will evaluate the success of the program based upon performance goals, outcomes and service data.

7. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves (SAMHSA)

3.7.6.6 EVALUATION AND SUSTAINABILITY

The Polk County BoCC has invested in this project by providing $124,300 in cash match for every grant-funded year. Internal and external evaluations will be used to monitor the progress of this project. Polk County and the HATCH team will work with the FMHI Technical Assistance Center for evaluation consultation. The Program Manager will be the main point of contact for the program and will be responsible for the oversight of data collection and analysis. The Program M

Committee, Partner Agencies, the Collaborative Justice Committee, and Polk County Board of County Commissioners (BOCC). The planning council meets quarterly, and meetings are sch

The sustainability of this project will be partially based on the success of program participants and their ability to remain focused on their case plans. If future funding cannot be secured, program participants could potentially contribute a fee for services to ensure program continuation.

days and the median length of stay is 299 days. Considering the Civil state hospital's daily cost of $293.00, the estimated cost savings per admission (at 299 days) equals $87,607. It is estimated that 70 of the 210 participants in HATCH will be those who are at risk of State Hospital admission, and of those 70, 21 can be successfully diverted from admission by offering referrals to wraparound services. Anticipated success with this population is dependent upon the local Short-term Residential Treatment program, operated by Peace River Center. Case managers from Peace River Center will work closely with the Baker Act Receiving Facilities to identify and divert those who are at risk.

The Project Manager will keep monthly statistics regarding enrolled participants and their rates of success. This on-going project will adjust as needed to best fit the needs of the target population. Broadening the program by adding a Community Mobile Support Team will expand the reach for referrals and educate an additional audience regarding available services.

The HATCH team will be proactive in seeking new funding for sustaining this effort and have appointed 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 engages with grant writers from all stakeholder agencies to identify and research potential grant collaborations to provide ongoing sustainability. Members of the Finance Subcommittee 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. More abundant funding opportunities for substance abuse and mental health services seem to be presenting, especially multi-year grants focused on long-term change. The Finance Subcommittee will focus on program continuation while researching these funding opportunities. The Finance Subcommittee's last meeting took place via online platform on February 25, 2021.

Whereas the Finance Subcommittee Committee will work to leverage local funding, it recognizes that other governmental funding will likely be a major financial support over time for mental health treatment and other support services. These allocations will almost certainly include federal funding through block grants or other special funding to the state in future monies. Committee members will continuously check for newly released proposals for funding at Grants.gov, the Office of Criminal Justice, the University of Southern Florida, and the eCivis search database.

This project will reduce the number of at-risk population arrests and reduce individuals judicially committed to a state mental health treatment facility by diverting them and using intensive case management and referral services. Provided a reliable support system, program participants will be more likely to integrate back into the community as productive citizens. They will be placed in jobs and assisted with housing needs, all while guidance is offered regarding professional and community expectations. Case plans will be formed with attainable goals and participants will see case managers

anywhere from daily to weekly, based on need. The entire HATCH team meets weekly to discuss all cases and any possible diversion from state mental health facilities. When participants are showing signs that intervention may be necessary to avoid state hospitalization, the local crisis support units and short-term residential treatment facilities are used as diversions. Those individuals are likely to be seen daily by their case managers and Peer Specialists, while also being linked to additional wraparound services, including the Community Paramedic. When mental health needs and housing needs can be met, program participants can avoid state hospitals and finally work on self-improvement and ending the incessant cycle of criminal justice involvement that is all too common today.