



Integrated Response for Intervention and Support

****Updated, 9/21/2021****

Purpose:

The purpose of this program is to address the growing issues surrounding mental health, homelessness and substance abuse challenges our community faces. It is the intent of this program to minimize and prevent non-emergency related calls for service from being handled by public safety agencies. These efforts will address the needs of the community with the proper tools and personnel, who have the training and experience to best serve and assist those in need.

Overview:

- A team, consisting of law enforcement, mental health and emergency medical professionals, will respond to calls for service that do not require an emergency response. The team will provide services to our vulnerable community, as well as resources, that best address their needs. This will prevent unnecessary and undesired consequences from occurring, which often lead to nonproductive ends such as arrest, injury and death, civil litigation, lack of community trust and ultimately lack of services for the individual of concern. This holistic approach, requires a network of community professionals working together to address these issues. This aids in maintain emergency resource availability.

IRIS Community Partners

- Charlotte County Sheriff's Office
- Charlotte Behavioral Health Care
- Charlotte County Fire & EMS
- The Center for Progress and Excellence
- Punta Gorda Police Department
- Charlotte County Schools
- Bayfront Health
- Charlotte County Human Services
- Charlotte County Health Department
- Jesus Loves You Ministry
- Charlotte County Homeless Coalition
- Gulf Coast Partnership
- HCA Healthcare (Fawcett Memorial Hospital)

Mrs. Jones

- On August 24, 2021 at 9:54am, Mrs. Jones called 911 and advised she had fallen but is uninjured. Dispatch sends Engine 1 to the call. Engine 1 arrives and finds Mrs Jones on the floor she appears awake, alert and oriented saying she is uninjured. After a quick evaluation, Engine 1 crewmembers lifts Mrs. Jones off the floor and places her in a chair. Engine 1 then leaves the scene and returns to their station.

Mrs. Jones cont.:

On August 29, 2021, a neighbor calls 911 requesting a welfare check as Mrs Jones is not answering her door and has not been seen for 2 days. Dispatch sends Dep. Smith for a welfare check on Mrs. Jones. Upon arrival, Dep Smith finds a locked residence and he is unable to see inside. He requests Fire & EMS respond to assist with gaining access to Mrs. Jones' home. Upon gaining access, Dep Smith locates Mrs Jones on the floor. She is unable to get up and is confused. After helping Mrs. Jones up, further investigation reveals Mrs Jones took too much of her prescription pain medication. Mrs Jones is then transported to the local hospital, medically evaluated and treated. While at the hospital she reports thoughts of self harm and is Baker Acted. She is then transported to CBHC for inpatient admission by Ambitrans.

Mrs. Jones' Costs:

- This is what we've seen in Charlotte County.
- CCEMS transport \$750, Emergency Room medical clearance \$1500, Ambitrans transport to CBHC (County Contract) and CBHC overnight inpatient admission \$670-\$850. This 1 incident costs Mrs. Jones \$2920.
- County pays \$10k month to Ambitrans for transport.

2020 Call Data

- Lift Assists 1309
- Overdoses 392
- Mental Health 1649* (represents MH related calls)
- Well-Being Checks 166
- These are calls identified specifically but does not include other calls where these problems/issues exists.

Potential IRIS Routed Calls

1. Repeat callers to 911 and high system users.
2. Clients who are identified as high utilizers of the public health system.
3. Persons with known mental illness disconnected from services and causing concern in the community.
4. Suicidal attempts and completions.
5. Drug overdoses.
6. Follow up for emergency petitions done by law enforcement deputies.
7. Habitual runaway juveniles.
8. Clients who are mentally ill and/or suffer from substance abuse and at high risk of becoming involved in the judicial system.
9. Victims and witnesses of traumatic events.
10. Death notifications.
11. Well-being checks.
12. Lift assists.
13. Chronic non-life-threatening medical complaints.

Savings:

- While the exact costs are unknown, it is widely documented that similar programs save significant dollars for the communities that have them in place. In addition, it relieves strain on manpower and resource availability for many municipal and county service providers. What can't be accounted for is the dollars saved from lawsuits stemming from unfortunate events precipitated by situations being handled by the wrong governmental entity.
- CAHOOTS of Eugene, Oregon, reports it saves the city roughly \$8.5 million in public safety costs annually and \$14 million for Ambulance/Emergency Room treatment. They also state, out of 24,000 calls, police backup was requested only 250 times.
- STAR Program of Denver, Colorado, reports in its first six months, the Support Team Assisted Response program, has responded to 748 incidents. None required police or led to arrests or jail time.

Personnel Costs with Equipment:

- Deputy: \$121,581.50
- Mental Health Counselor: \$83,117.50
- LMHC Supervisor (Master's Level): \$93,617.00
- Fire/Medic: \$160,651.00
- Team Total: \$458,967

IRIS Pilot Budget (2 Teams)

A.	Charlotte County Sheriff's Office	
a.	Two team members:	\$243,164
B.	Charlotte Behavioral Health Center	
a.	Two team members + Supervisor:	\$259,852
C.	Charlotte County Fire/EMS	
a.	Two team members:	\$301,302
D.	Combined Agency Totals	
a.	Two team members:	\$804,318

IRIS Pilot Program Goals

Compile accurate data regarding the types and number of calls that are diverted to the IRIS Program. This will allow for further documentation of the need and growth of this service. This coverage would require a 5 teams. The ultimate goal is to service the citizens of Charlotte County with a strategic, holistic system approach that is dedicated to connecting them to appropriate services. These services would address mental wellness, medical and/or substance abuse concerns access to additional resources, and education. These services will improve emergency services efficiency, eliminate redundancies and saving money for taxpayers.

IRIS Sustainability Budget (5 Teams)

A. Charlotte County Sheriff's Office	
a. Five team members:	\$607,907
B. Charlotte Behavioral Health Center	
a. Five team members + Supervisor:	\$509,204
C. Charlotte County Fire/EMS	
a. Five team members:	\$803,255
D. Combined Agency Totals	
a. Five team members:	\$1,411,672

Funding Sources

- A. 1. DOJ Grant \$100,000
- B. 2. BOCC
- C. 3. ARRF Funds
- D. 4. CCSO/CCEMS/CBHC/Hospitals

We continue to look for additional funding opportunities.

Mrs. Jones and IRIS Remix:

Mrs. Jones' story with IRIS in place: On August 24, 2021, Mrs. Jones calls 911. Dispatch sends IRIS for a lift assist. She is assisted by the IRIS Team into a chair. Due to the nature of this team, she receives a basic medical evaluation from the paramedic to determine medical stability and identify any other concerns/underlying issues that led to her fall. Additionally, the IRIS Team will get Mrs. Jones' list of medications, which they then identify prescription pain medication that can be abused and often cause drowsiness or sedation. The IRIS Team determines that Mrs. Jones has been taking more pills than prescribed. Mrs. Jones also tells the IRIS Team she missed her appointment for occupational therapy, and she has been feeling depressed and has had thoughts of harming herself. She also states she does not want to leave her house lately.

Mrs. Jones is able to get a complete risk assessment and with assistance from IRIS, is set up with appointments for her occupational therapy as well as mental health counseling for depression. A referral is made to her insurance provider, home health assistance is arranged to assist with her medications and fall prevention.

The IRIS Team response reduces unnecessary transports to the emergency room and from the emergency room to CBHC. There is no emergency room visit and no follow up call to address her medication and mental health concerns as they are handled on the original call.

IRIS Team Benefits:

- ❑ Getting the right help to those in need.
- ❑ Freeing law enforcement to focus on crime and other police matters.
- ❑ Freeing Fire/EMS to focus on emergency response.
- ❑ Freeing Emergency Rooms to handle emergency cases, limiting overcrowding and wait times.
- ❑ Freeing Courts to focus on true crime cases and minimizing back logs.
- ❑ Freeing space in the jail for criminals that need to be there, avoiding overpopulation.
- ❑ Avoiding catastrophic situations.
- ❑ Overall costs savings to LEO, CCFEMS and taxpayers.

Areas of Projected Costs Savings

- Law Enforcement
- Fire/EMS
- Charlotte County (taxpayers)
- Hospital
- CBHC
- Individual

Some Florida agencies with Co-Responder Teams

1. Collier County Sheriff's Office
2. Palm Beach County Sheriff's Office
3. Gainesville Police Department
4. Alachua County Sheriff's Office
5. Orange County Sheriff's Office
6. Orlando Police Department
7. Pinellas County Sheriff's Office
8. Clearwater Police Department
9. Broward Sheriff's Office
10. Tampa Police Department

Questions??

Benefits of Co-Responder Teams

1. An alternative to arrest and harm during encounters with law enforcement
2. Additional options when responding to non-criminal calls for service
3. Helps build a crisis continuum of care
4. Provide a mental health solution to a mental health situation
5. Florida currently ranked lowest in the country for money spent per person on mental health
6. Increased Cost Avoidance and/or Cost savings
7. Speed of identifying needs and addressing with appropriate care
8. Time savings for emergency response personnel and equipment
9. Reduce repeat calls for service
10. Reduce number of psychiatric hospitalizations
11. Reduce number of Baker Acts
12. Provide a holistic approach including family, mental health professionals, community service providers and medical professionals
13. Provides a non-confrontational approach while lowering stigma associated with service
14. Provides a program with ability to document MH needs of community

Co-Responder Teams



Crisis Response Teams Reduce Stigmas Around Mental Illness

Pinellas County SO

Every day, Pinellas County Sheriff's Office Crisis Response Teams (CRTs) respond to calls from individuals in crisis. These teams are composed of law enforcement and mental health professionals who work together to provide crisis intervention and support to individuals in need. The CRTs are a vital part of the county's mental health services and help to reduce the stigma associated with mental illness.

Dominique is one of the Mental Health Unit's new members since it expanded last year. In 2016, the Pinellas County Sheriff's Office acquired two Mental Health Units to help deal with mental illness. While the unit previously focused on follow-up meetings, it has been re-organized to provide more active call response teams and follow-up teams that have mental health professionals present.

Dominique brings with her a wealth of knowledge and experience involving mental illness from her work in a psychiatric hospital, crisis stabilization unit at a state facility, and drug court. Her unit's background combined with Deputy Judge's law enforcement training makes them an effective duo.

"It's very funny that she is riding with me," Deputy Catigi said. "It's great to have someone knowledgeable in the mental health field. I know some things about mental health since I've been in the unit for more than two years, but I don't have all the training and experience she has. I've learned so much from Deputy Judge over the past few months."

Typically, when a co-responder team goes out to a call, the sheriff's deputies assess the situation first to ensure it is safe, and then the CRT steps in to evaluate the situation and ask questions. Together, the team determines whether or not the individual should be taken into custody under the Baker Act and what kinds of mental health services they could benefit from.