



Sheriff Bill Prummell

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Charlotte County Sheriff's Office

Integrity, Professionalism, Trust

Integrated Response for Intervention and Support (IRIS) team

I Purpose

- A. The Integrated Response for Intervention and Support (IRIS) team is a collaboration between law enforcement, Fire/EMS, and mental health professionals to help redirect individuals with mental illness from the judicial system and other high-cost health care systems to lower cost health care interventions. The purpose of this program is to address the growing issues surrounding mental health, homelessness, and substance abuse challenges our community faces. To deliver quality professional services to the community while minimizing the abuse of 911 and diverting emergency services response. The target population are people who contact 911, or by other means come in to contact with law enforcement and are presenting with a mental health or substance use concern. IRIS members will assist persons and families in crisis in the community and attempt to restore the person to a pre-crisis level. IRIS will be able to provide direct follow up until the crisis is diverted or resolved. Outcomes of IRIS interventions include:
- 1 Improving officer and client safety
 - 2 Redirecting client with mental health or substance use crisis from the judicial system and other high-cost health care systems to lower cost health care interventions
 - 3 Improve outcomes of police interactions with people with mental health or substance use concerns
 - 4 Reducing the number of repeat calls for service for persons with mental illness
 5. Reduction in arrests, reducing contact with an already over-burdened criminal justice system
 6. Reducing emergency room visits, thus reducing costs and drain to an overworked healthcare system
- B. IRIS also incorporates Mobile integrated healthcare - community paramedicine (MIH-CP) component. This is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. MIH-CP is provided by a wide array of healthcare entities and practitioners that are administratively or clinically integrated with EMS agencies, while CP is one or more services provided by EMS agencies and practitioners that are administratively or clinically integrated with other healthcare entities.
- C. The IRIS team supports the work of the law enforcement and Fire/EMS who encounter persons and families in crisis in the community. Assistance is offered at the scene to persons with mental illness, to those experiencing situational crises and health care management concerns. The target population is people who would benefit from intervention or linkage to additional community resources. Outcomes of IRIS interventions include:
1. Freeing officer/paramedic time for police and emergency duties
 - 2 Appropriate use of emergency rooms and emergency evaluation procedures
 - 3 More immediate stabilization of interpersonal and family crises
 - 4 Service to teens and children
 - 5 Linkage of persons to appropriate resources
 - 6 Crisis counseling and referral for members of the community at the scene of a traumatic incident
 7. Navigating patients to destinations such as primary care, urgent care, mental health or substance abuse treatment centers instead of emergency departments to avoid costly, unnecessary hospital visits

II. Referrals to the IRIS Team

A. Types of Calls

The following are typical situations which can benefit from IRIS assistance:

1. Repeat callers to 911 who are identified with mental and chronic health issues.
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 overdose
6. Provide follow up for emergency petitions done by law enforcement deputies.
7. Runaways.
8. Clients who are mentally ill and/or suffer from substance abuse and at high risk of becoming involved in the judicial system.
9. Provide resources and support to families and victims of traumatic events.
10. Death notification for traumatic events such as murders, suicides, and major accidents.
11. Wellness checks
12. Lift assists
13. Minor medical complaints

III. Possible dispositions include:

- A. Stabilization with a crisis/healthcare plan
- B. Referral to next day service
- C. Referral to long term service
- D. Transport to a program or shelter
- E. Contact with provider involved in client's treatment
- F. Placement in a crisis bed
- G. Placement in emergency shelter
- H. Emergency Petition
- I. Referral to other community treatment providers

IV. Project cost projections

Below are the combined agency annual costs (these cost estimates are subject to change annually) for personnel services, operating expenses, and equipment. For an itemized breakdown please see attached agency expense sheets.

A. Charlotte County Sheriff's Office	
a. Two team members:	\$243,164
b. Five team members:	\$607,907
B. Charlotte Behavioral Health Center	
a. Two team members:	\$229,771
b. Five team members:	\$574,425
C. Charlotte County Fire/EMS	
a. Two team members:	\$319,578
b. Five team members:	\$798,945
D. Combined Agency Totals	
a. Two team response:	\$792,513 – Pilot Program
b. Five team response:	\$1,981,277

Be Strong, Be Safe, and Never Quit!

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