



# MANATEE COUNTY Emergency Medical Services **COMMUNITY HEALTH PROGRAM**



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# What is MIH-CP

Mobile Integrated Healthcare (MIH) extends healthcare delivery beyond traditional emergency response

Community Paramedicine (CP) utilizes specially trained paramedics to provide preventive and chronic care

Operates within existing EMS infrastructure with expanded scope of practice

Reduces unnecessary 911 calls and emergency department visits

Connects vulnerable populations to appropriate care resources





# COMMUNITY HEALTH PROGRAM



## COMPASS

- HUG
- SOCIAL SUPPORT
- OUTREACH



## CORE



## INDIGENT CASE MANAGEMENT



## COMMUNITY PARAMEDICINE TARGETED SERVICES

MANATEE COUNTY EMS **COMMUNITY HEALTH** UMBRELLA OF SERVICES

# Priority Populations

**Seniors (65+):** Falls, medication management, cognitive decline with behavioral issues

**Middle-aged Adults (40-64):** Chronic disease management, pain/addiction interface

**Young Adults (18-39):** Mental health crises, overdose follow-up, social determinant challenges

**High Utilizers:** Frequent 911 callers across all age groups

**Special Considerations:** Homelessness, social isolation, limited healthcare access





# Beyond A Tiered 9-1-1 System

Ambulance Services ALS / BLS

Preventative and Community Based Care  
Through Contractual Agreements

Board of County Commissioners  
Investment Priorities

- COMMUNITY HEALTH TEAM
  - Mental Health
  - Prescription Refills
  - Primary Care
  - Home Health
  - In-network Services
  - Transportation Resources
- 9-1-1 Tele Health : MDALLY



# COMMUNITY HEALTH PROGRAM OUTCOMES

**\$7.5**

**In Charges  
Reduced/Diverted**  
*\$143- Cost Per Visit*

**61.6%**

**Reduction in  
Emergency  
Services**

*341.7 Unit Hours Saved*

**677**

**CORE Clients**

*2680 Unduplicated  
Program Clients*



# What We Can Do in the Field

**Immediate Stabilization:** Vital signs, acute medical needs, crisis de-escalation

**Medication Management:** Reconciliation, education, disposal programs

**Referral Coordination:** Warm handoffs to behavioral health, primary care

**Follow-up Schedule:** Regular touchpoints to ensure continuity

**Family/Caregiver Education:** Supporting the support system

**Resource Connection:** MAT programs, counseling, peer support, housing assistance



The background image shows an EMT in an ambulance. The EMT is wearing a blue uniform and is using a tablet computer mounted in the ambulance. The tablet screen displays a software interface with various fields and buttons. In the background, there is a medical monitor showing vital signs like heart rate and blood pressure. The overall scene is dimly lit, focusing on the EMT's interaction with the technology.

# Building the Continuum of Care

- **Primary Care Partnerships:** Direct communication with PCPs
- **Behavioral Health Networks:** Established referral pathways
- **Hospital Systems:** ED diversion and discharge follow-up programs
- **Substance Use Treatment:** MAT programs, detox facilities, recovery support
- **Social Services:** Case management, housing, benefits enrollment
- **Data Sharing:** Electronic health records, care coordination platforms





# Case Study





## The Crisis: A System in Overdrive

### Patient Profile

38-year-old unhoused individual

Complex conditions: Type 1 diabetes, schizophrenia, bipolar disorder, depression

- History of IV drug use
- 11 hospitalizations in 6 months

### The Breaking Point

April 20: Hospitalized with severe hyperglycemia (blood glucose >600), hypothermia (90°F), critical weight loss

Team engaged patient—receptive but discharged without a plan

April 22: Suicidal crisis → Baker Act → Medical clearance → Discharged same day, again with no plan

### System Gap:

Multiple discharge failures despite advocacy



# The Transformation: MIH-CP in Action

## Patient Outcome

One month of coordinated care through Mobile Integrated Health-Community Paramedic (MIH-CP) program

- Zero ER visits in 30 days
- Zero hyperglycemic episodes
- 15 successful community resource connections
- Obtained Florida ID and insurance coverage
- Established primary care provider

### The MIH-CP Intervention

May 24, 2021: Community paramedics coordinate admission to VIPER program. Integrated care team approach: medication management, diabetes education, care navigation, family engagement

**Result:** 90 days sober, medically stable, connected to ongoing support

### System Solution:

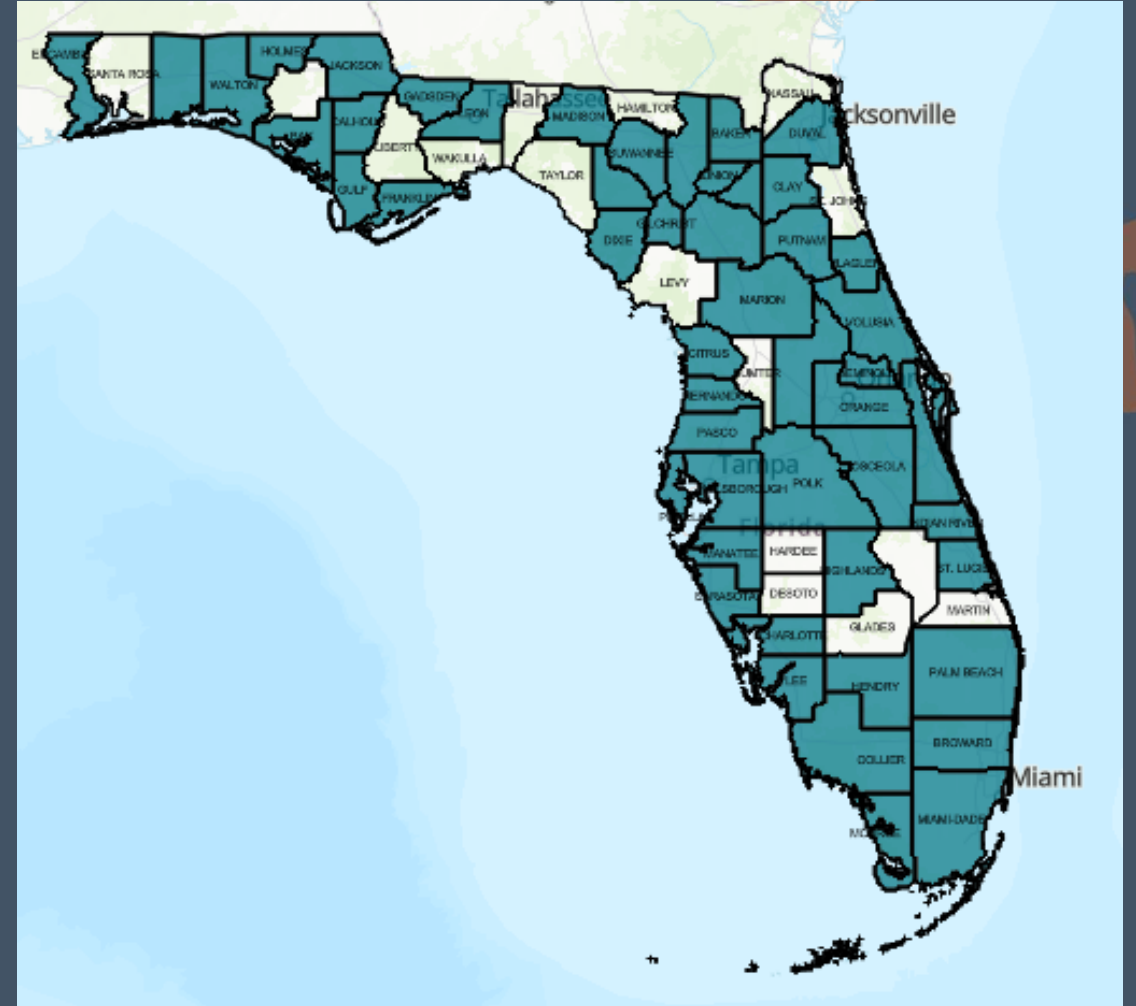
Mobile Integrated Health-Community Paramedic program bridges the gap between crisis and care



# MIH-CP: AN UNTAPPED RESOURCE

MIH-CP programs exist in most communities but remain underutilized for behavioral health interventions

- Already embedded in every community
- 24/7 availability and rapid response
- Established trust with vulnerable populations
- Infrastructure already in place
- Minimal investment to activate for behavioral health



<https://experience.arcgis.com/experience/c49610641c2b45a9a9327a0ec3f195a1/page/Page>





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