

THE
STEPPING UP
INITIATIVE



Utilizing Data-Driven Strategic Approaches to Reduce the Number of People with Serious Mental Illness in Jails

Douglas County-Quarterly Packet

Reviewed on October 28, 2020

Agenda

1. Welcome
2. Update on automated reports/.com (Justine W.)
3. Data Discussion
 - a. 4 Goals Review
 - b. Sub-measures
 - c. Ad Hoc Data
4. Other Updates
5. Next Meeting: Wed. Nov. 25 at 10:30am- ZOOM
6. Conclude

Sequential Intercept Model (SIM) Priorities for Change

1. Increase utilization of mobile crisis and addition of co-responder model.
2. Coordinate and expedite court processes from arraignment to the next court appearance.
3. Timely medication management appointments upon discharge from corrections.
4. Forensic unit and continuum of forensic services for people with mental illness and violence.
5. Create a specialized psychiatric emergency department.
6. Coordinate release/discharge processes from jail.
7. Increase public awareness of Intercept 0 resources.
8. Increase utilization of peer support staff across Intercepts.
9. Create easier access to residential treatment and other community-based programs for persons who are in jail.
10. Increase capacity for community case management and in-reach into jail.

Stepping Up Key Measures

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(& 1.b: Incarcerated in Jail)	GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail
<p>Numerator: the number of adults booked into the jail with a <i>diagnosed</i> SMI during the month</p> <hr/> <p>Denominator: the average daily total population of the jail for the month</p> <p>Data Source: DCDC Date Provided: Monthly Review Frequency: Monthly Notes: This data does not include individuals who bond out or those who are sentenced to time served before receiving mental health evaluation.</p>	<p>Numerator: the monthly average LOS for those <i>discharged</i> from jail with a SMI</p> <hr/> <p>Denominator: the average daily total population of the jail for the month</p> <p>Data Source: DCDC Date Provided: Monthly Review Frequency: Monthly Notes: July 2018 – March 2019 used Mental Health Disorder: April 2019 definition changed to SMI</p>
GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail	GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
<p>Numerator: the # of individuals with a SMI who have a Type 1 and/or Type 2 Connections to Care made during incarceration - reported on during the month they were released from jail</p> <hr/> <p>Denominator: the # of individuals with a SMI without a Type 1 or Type 2 connection to care – reported on during the month released from care</p> <p>Data Source: DCDC (Collaborate & IRMA connected through data #) Date Provided: Monthly Review Frequency: Monthly Notes: Data through April 2019 reflects individuals with an MH disorder. Data from May 2019 to current reflect individuals with SMI</p>	<p>Numerator: The number (percentage) of individuals with a SMI who are re-booked into jail for new offenses within 12 months following their last release date</p> <hr/> <p>Denominator: The total number of individuals who are re-booked into jail within 12 months following their last release date</p> <p>Data Source: Date Provided: Monthly Review Frequency: Monthly Notes: Will be compared for the SMI population and non-SMI populations. To exclude transfers from state correctional facilities; bond revocation, probation violations</p>

Stepping Up Key Measures

Definitions

- **SMI (Serious Mental Illness):** Individuals diagnosed with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, (vi) Obsessive Compulsive Disorder, and (vii) Psychotic Disorder
- **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following:
 - Verbal or written information is shared about a service or program with the client
 - Written contact information about a service or program is shared with the client
- **Connection to Care/Service Type 2:** Linking to Service; defined as any one of the following:
 - Verbal or written communication is received confirming that the client and the agency have been connected
 - Verbal or written communication is received confirming that the client has an appointment
 - The client is aware of the agency and the agency is aware of the client's need for service.
- **Long Acting Injectable (LAI):** LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to antipsychotic medication
- **Recidivism** – Refers to a person's relapse into criminal behavior and is measured by criminal acts that result in being "re-booked" into jail within the 12 months of the person's last release date.
- **Mental Health First Aid (MHFA):** is an 8-hour public education training that introduces participants to risk factors and warning signs of mental health problems, builds understanding of the impact, and provides an overview of common treatments.
- **Crisis Intervention Training (CIT):** The Memphis Crisis Intervention Team (CIT) is innovative police based first responder program that has become nationally known as the "Memphis Model" of pre-arrest jail diversion for those in a mental illness crisis. This program provides law enforcement-based crisis intervention training for helping those individuals with mental illness. Involvement in CIT is voluntary and based in the patrol division of the police department. In addition, CIT works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers.
- **Medication-Assisted Treatment (MAT):** is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoses.
- BHIT: Behavioral Health Incident Tracking Form.

Probation Violation:

Custodial Sanction:

Data Applications Used

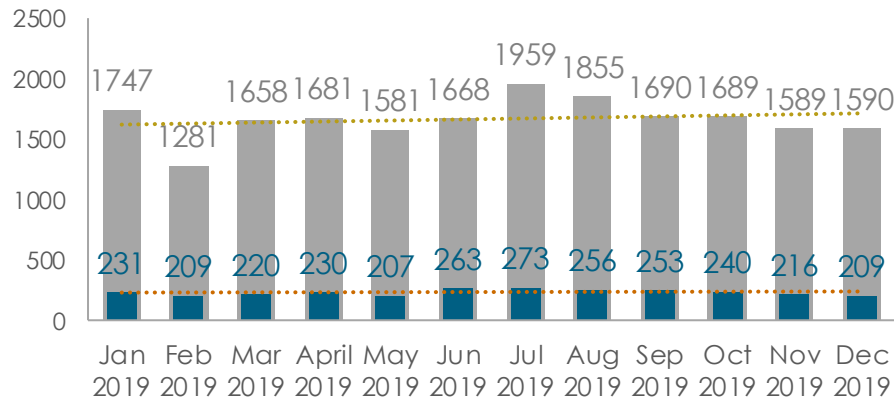
- IMS (Information Management System – Dotcom is Vendor): DCDC
- Collaborate: DCDC
- IRMA – Wellpath
- CAD: Law Enforcement Agencies

Stepping Up Key Measures

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(& 1.b: Incarcerated in Jail)

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Total Booking in the month vs.
Individuals with SMI booked in the month



Automated Report in Progress

GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail

GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

**Automated Report in Progress
Collaborate Database**

Automated Report in Progress

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail * (& 1.b: Incarcerated in Jail)**Objective 1: OPD and DCSO will increase the number of officers trained in Mental Health First Aid (MHFA). Page 10**

Strategy	Target	Notes/updates/completion date
a. OPD will bring MHFA Trainer in-house via train the trainer		Completed May 2020
b. OPD will increase opportunities for officers to receive MHFA training by providing 3 internal MHFA classes to officers in 2021.	2021	
c. OPD will work toward having 20% of sworn, active officers trained in MHFA.	2021	
d. DCSO will work toward having 95% of sworn, active officers trained in MHFA.	2021	

Objective 2: The 911 Call Center, OPD and DCSO will increase the number of identified staff trained in Crisis Intervention Training (CIT). Page 9 and 11

a. The 911 Call Center will work increasing the number of Operators and Dispatchers trained in CIT.	2021	
b. OPD will work toward training 40 additional officers in CIT.	2021	
c. DCSO will work having 70% of sworn, active officers trained in CIT.	2021	

Objective 3: Analyze Mobile Crisis Response (MCR) data “Jail Diversion” and “LE Source” and identify opportunities. Page 12 and 13

a. LFS will explore ability to provide data on jail diversion.	May 2020	Completed May 2020
b. Review jail diversion data; identify opportunities.	Oct.2020	
c. Review MCR utilization data by LE source; identify opportunities.	Oct. 2020	

Objective 4: LE agencies will work toward increasing the number of Behavioral Health Incident Tracking Forms (BHITF) on calls identified as “mental health.”

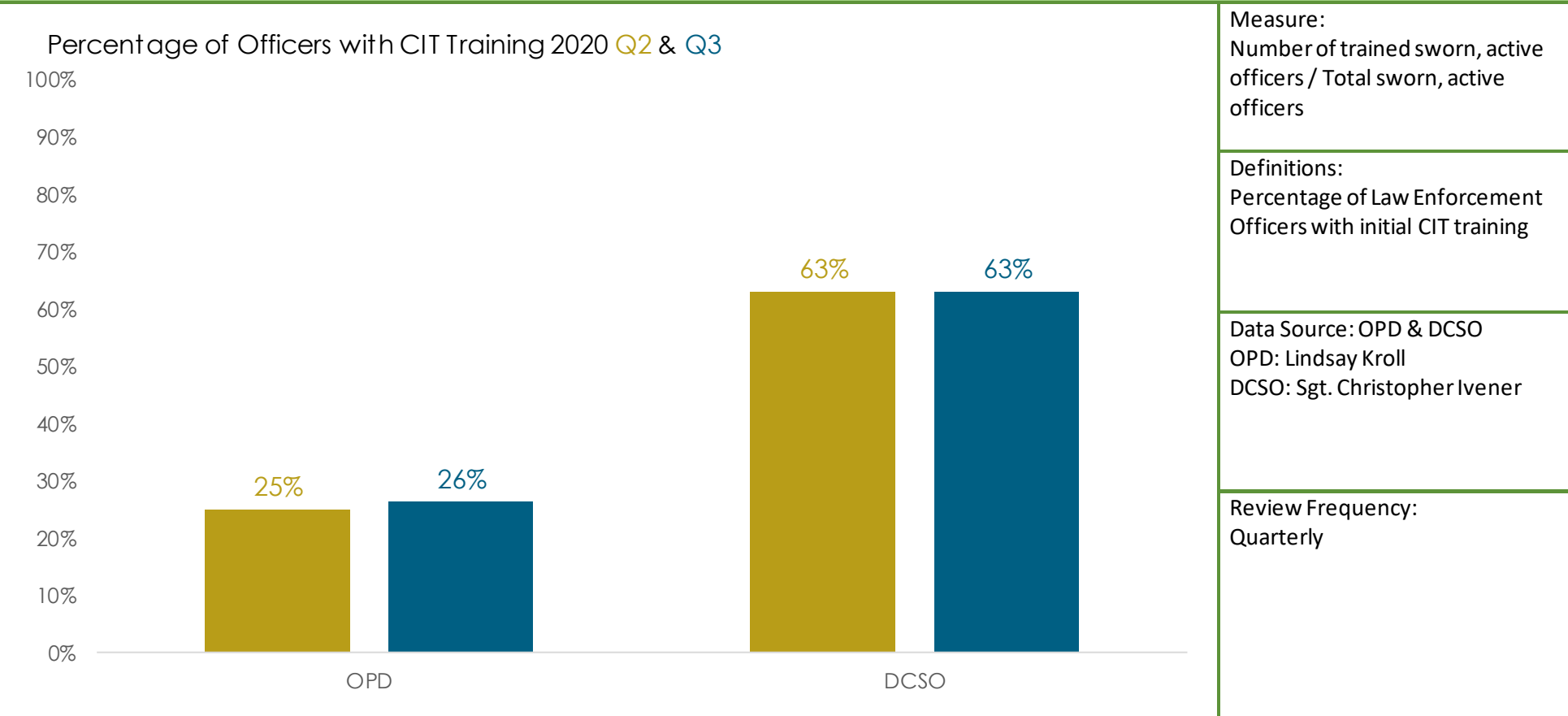
Page 14

a. Analyze the number of 911 calls coded as Mental Health compared to the number of BHITF's completed.	Oct. 2020	
b. OPD will continue to educate 911 Call Center on the importance of coding MH calls appropriately and will continue to message with officers the importance of completing tracking forms on contacts involving mental health conditions.	On-Going	

Objective 5: Streamline data collection and reporting through automation of reports with the assistance of the DCDC's database application vendor dotcom (no data measured)

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 1: OPD and DCSO will toward increasing the number of sworn/active officers trained in CIT, MHFA or both.



Notes & Action Steps

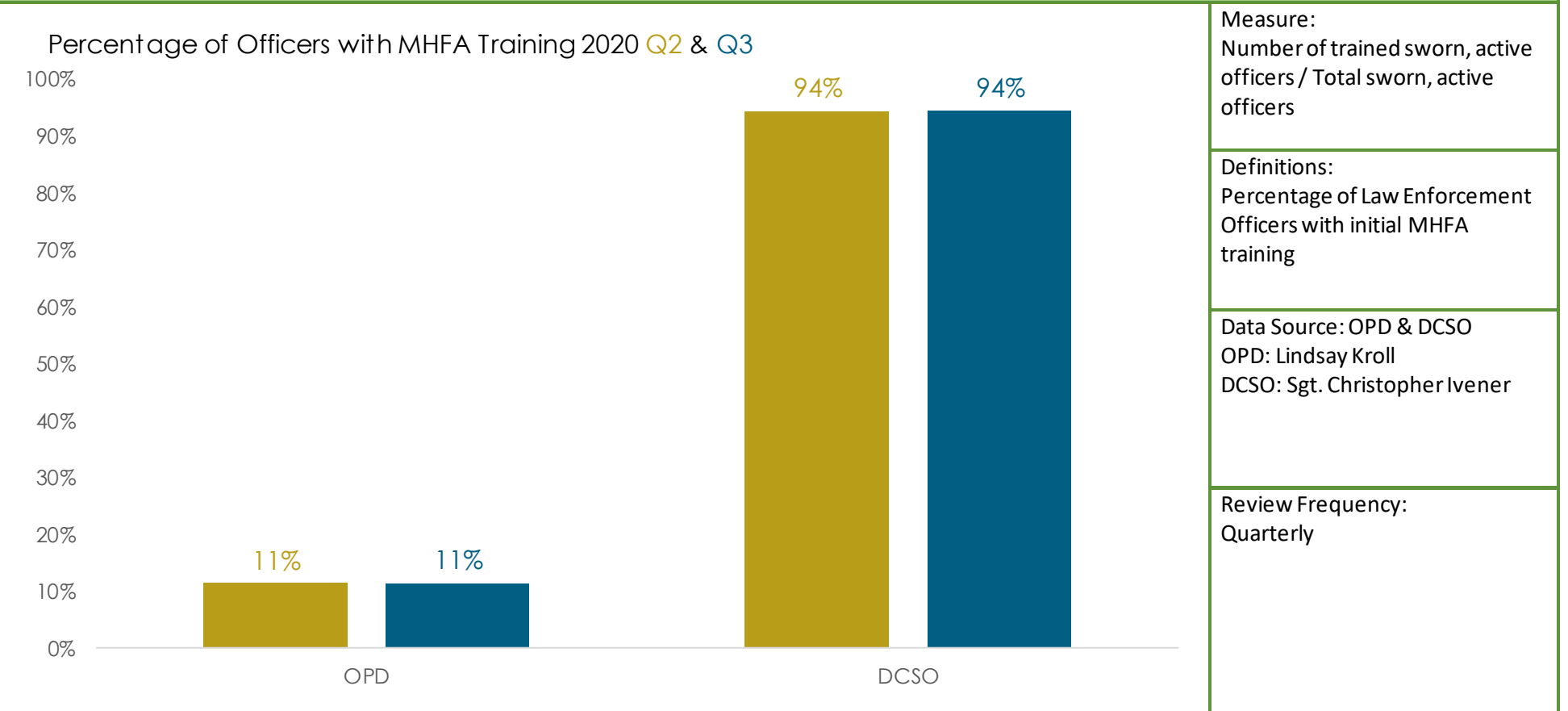
COVID 19 Impact

This is point in time data, gathered at the end of the reporting period.

DCSO data is the same as 2020 Q2

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 1: OPD and DCSO will toward increasing the number of sworn/active officers trained in CIT, MHFA or both.



Notes & Action Steps

COVID 19 Impact

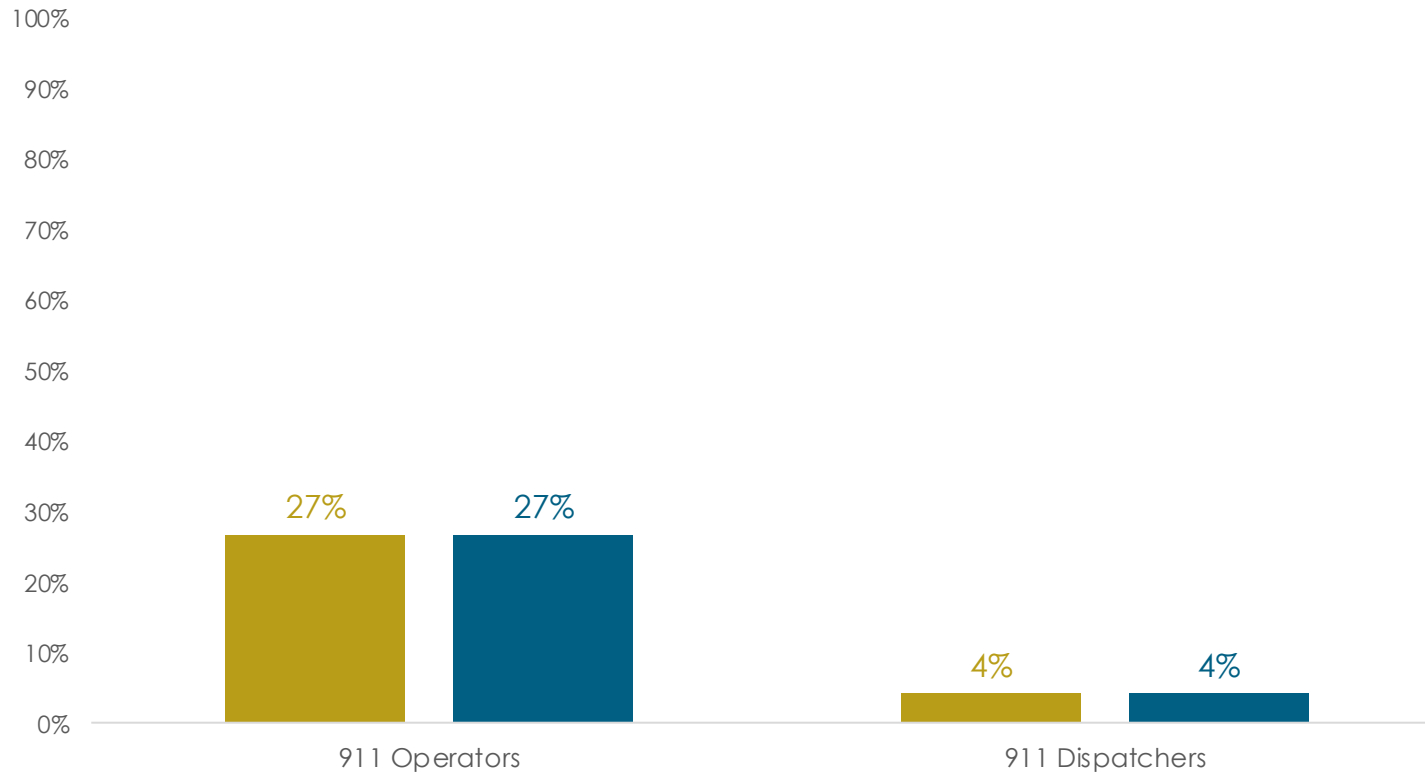
This is point in time data, gathered at the end of the reporting period.

DCSO data is the same as 2020 Q2

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 2: 911 Call Center will work toward having 100% of designated staff trained in CIT, MHFA, either, or both.

Percentage of 911 Center Employees with CIT Training: 2020 Q2 & Q3



Measure:
Number of trained 911 call center employees / Total FTEs

Definitions:
Percentage of 911 Call Center employees with CIT/MHFA training

Data Source:
Ryan Yarbrough-Douglas County 911 Call Center

Review Frequency:
Quarterly

Notes & Action Steps

None of the Call Center staff are trained in Mental Health First Aid.

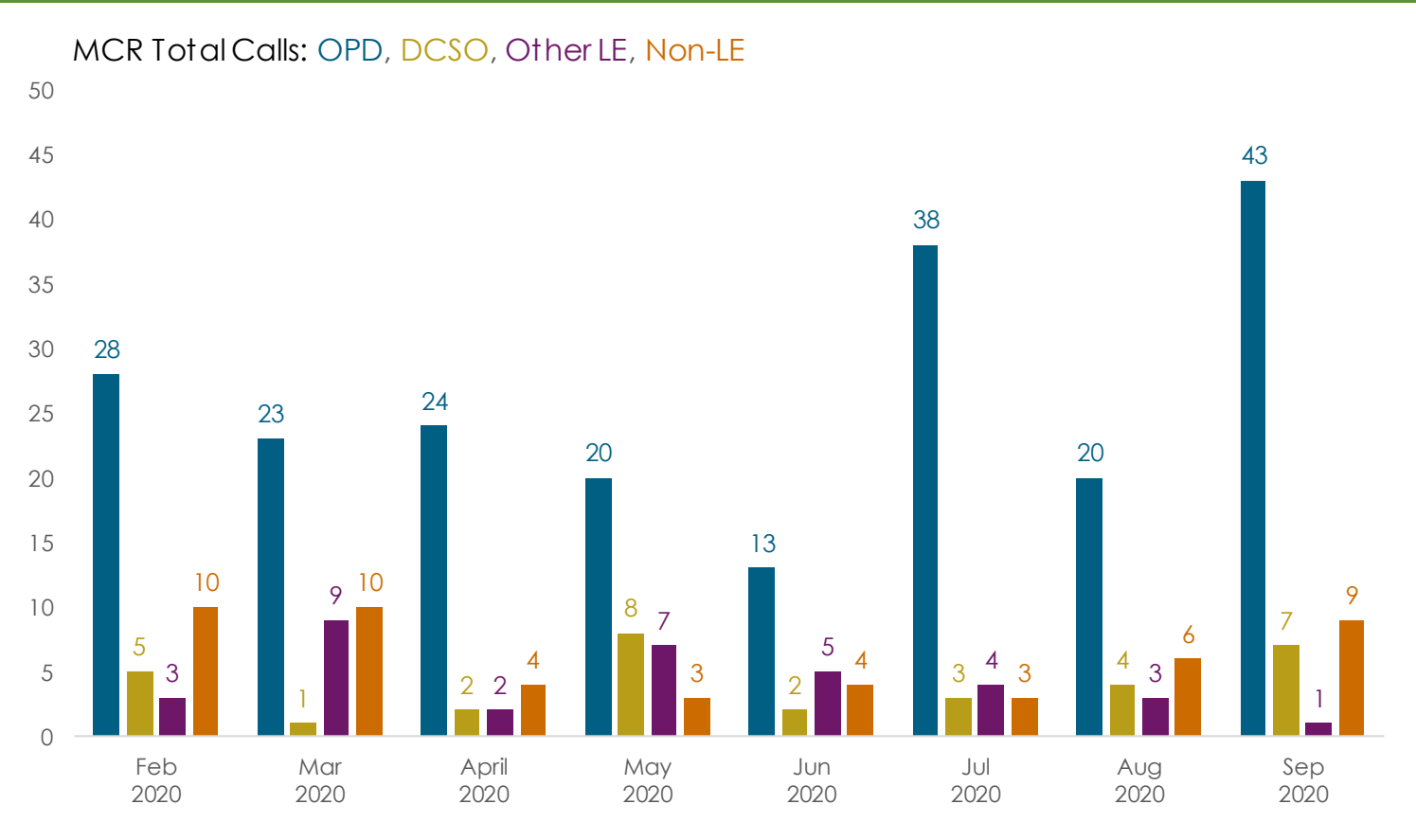
Data is the same as Q2:

14 total Operators and 27% are trained
49 total Dispatchers and 4% are trained

This is point in time data, gathered at the end of the reporting period.

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 3: Analyze Mobile Crisis Response (MCR) utilization data by LE source and determine 2020 goals in April 2020 (quarterly meeting).



Measure:
Number of Mobile Crisis Response calls by month

Definitions:
Mobile Crisis Response is activated by 3 sources: Law Enforcement, Shelters, and the BH Helpline

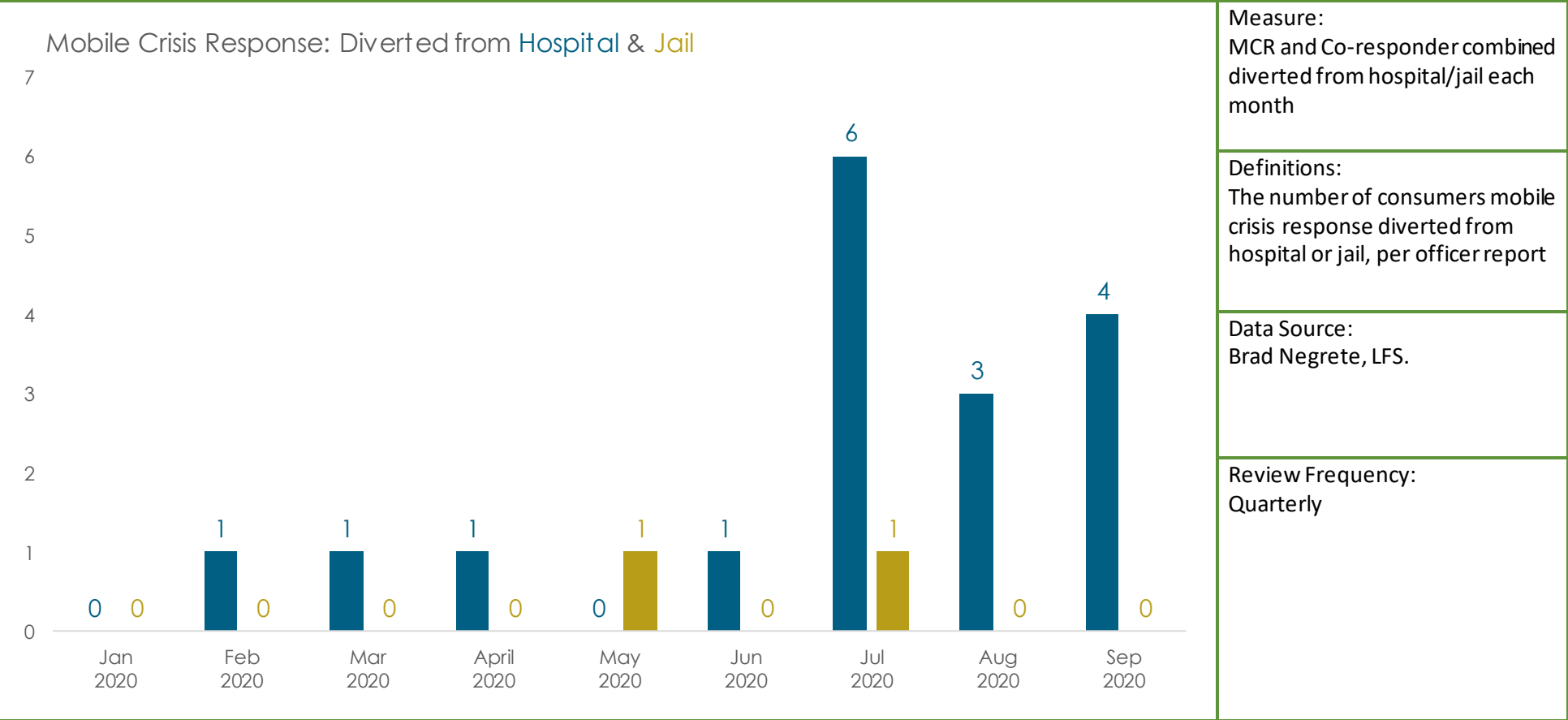
Data Source:
Brad Negrete, LFS.

Review Frequency:
Quarterly

Notes & Action Steps
 Law Enforcement: Omaha Police Department and Douglas County Sheriff’s Office
 Other Law Enforcement: Dodge CSO, Blair PD, FBI, Fremont PD, Ralston PD, State Trooper, Washington CSO, Valley PD
 Non-Law Enforcement: Nebraska Family Helpline, Shelter Open Door Mission, Shelter Sienna Francis, Shelter Stephen Center, other-no referral source.
Decrease in OPD’s use of activating MCR is likely due to OPD’s need to reprioritize work due to COVID 19

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

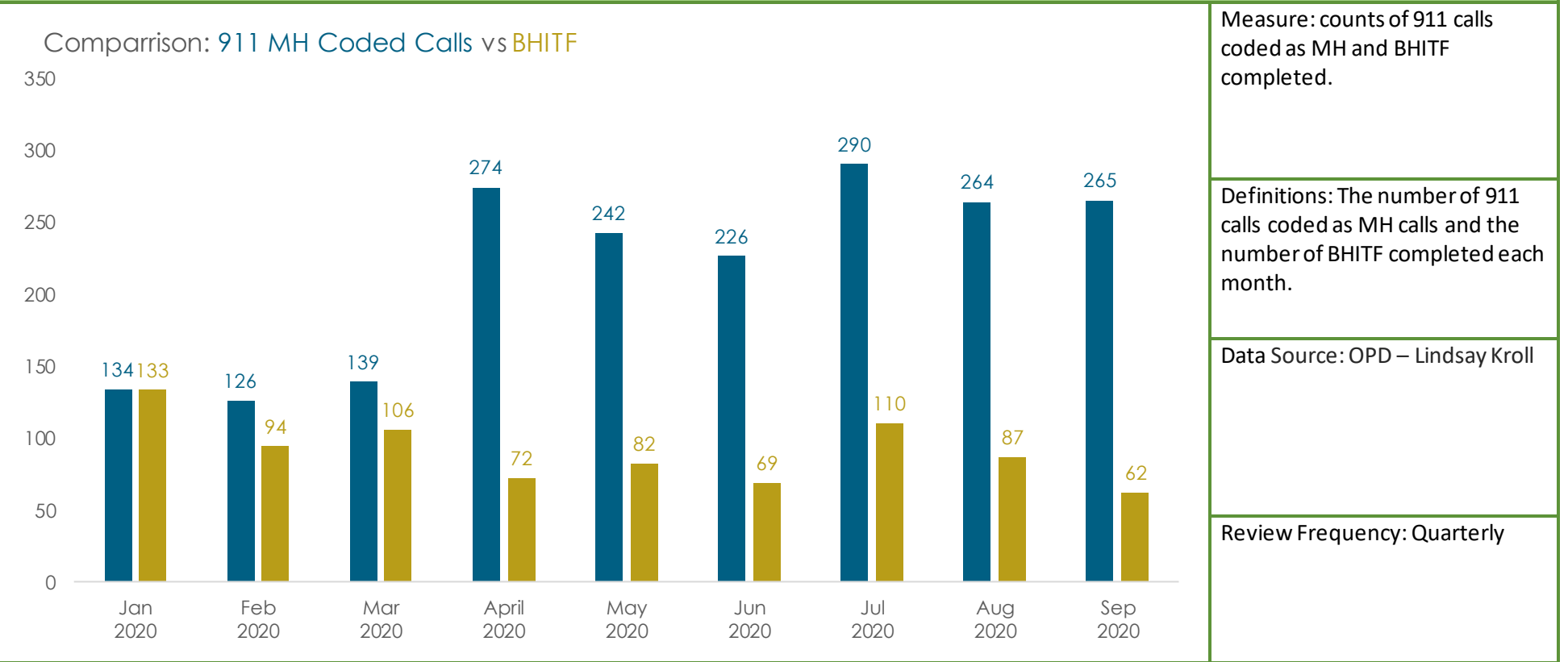
Objective 3: Analyze Mobile Crisis Response (MCR) utilization data by LE source and determine 2020 goals in April 2020 (quarterly meeting).



Notes & Action Steps

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 4: LE agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).



Notes & Action Steps
 BHITF = Behavioral Health Incident Tracking Forms
 SCSO and other LE agencies not included in data above, data is for OPD only

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 1: DCDC will work toward having 40% of Correctional Officers trained in CIT. Page 16**

Strategy	Target	Notes/updates/completion date
a. COVID Impact		July 2020 = at 30%

Objective 2: DCDC will work toward having 100% of Correctional Officers trained in MHFA. Page 16

a. DCDC will bring MHFA Trainer in-house via Train the Trainer.	TBD	July 2020 = at 24% COVID 19 Impact
b. DCDC will explore use of CARES funds to fund train the trainer training.	Fall 2020	

Objective 3: Collect baseline data on the amount of time individuals are waiting to access competency evaluations/restorative treatment at LRC. Page 17

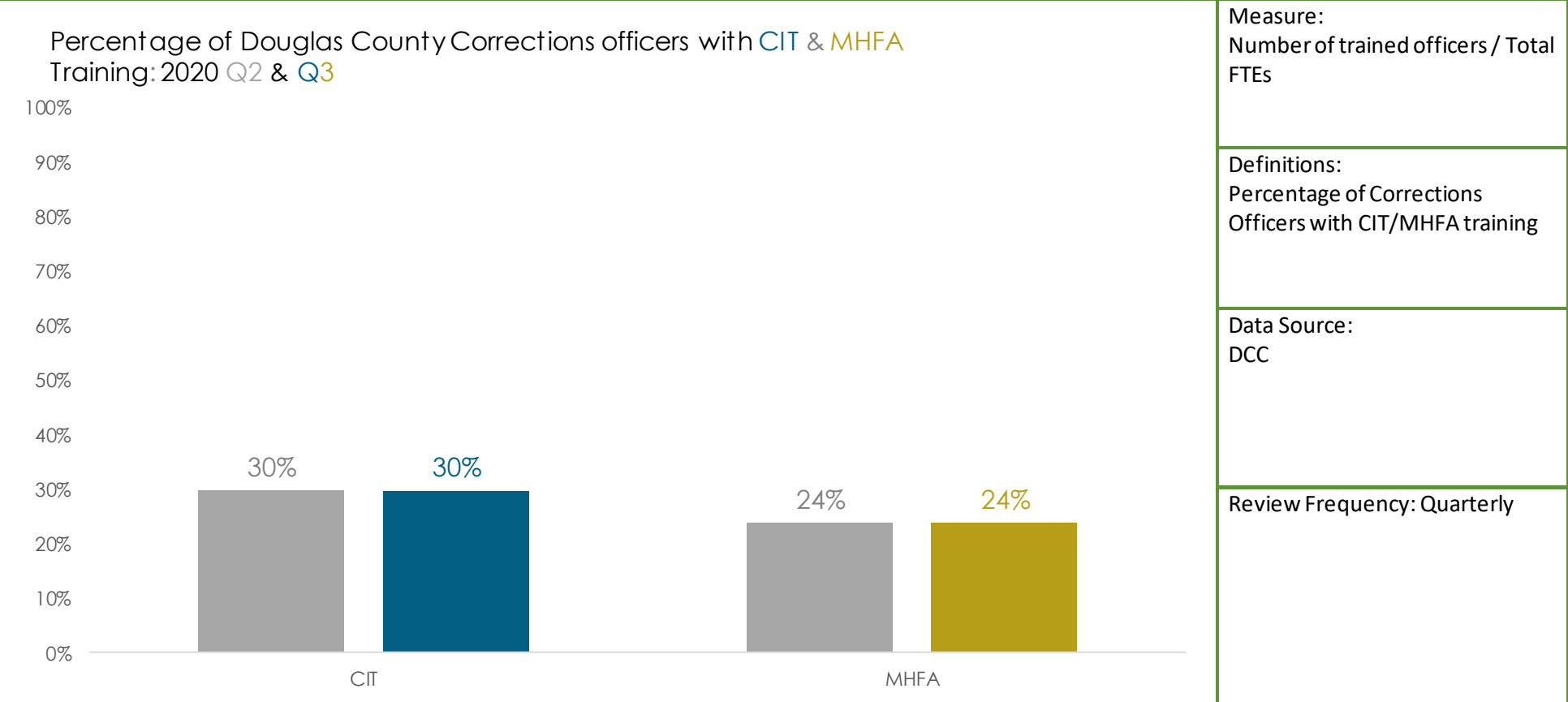
a. Report data and identify opportunities to decrease wait times. <i>NEW DATA</i>	January 2021	
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**Objective 4: Streamline data collection and reporting through automation of reports with the assistance of the DCDC's database application vendor dotcom.
(no data measured)****Objective 5: Improve practices between PD's Office, CA's Office, DCDC, LRC and the Courts in order to decrease the time individuals wait in jail before receiving competency evaluation and accessing restorative treatment. Should impact Objective #3 above.**

a. Create workgroup composed of rep's from PD's Office, CA's Office, DCDC, Co. Admin., Courts, LRC and Region 6 to map out the process of communication/information sharing and identify opportunities for improvement. <i>The workgroup has created a draft document that identified the communication/information sharing protocols. Next Steps: Finalize document, involve presiding District Court Judge and then County Court Judge. Future plans include training for bailiffs and developing a bench cue card (cheat sheet).</i>	In Process	Vicki is lead, scheduling meetings.
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GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objectives 1 & 2: DCDC will work toward having 40% of Correctional Officers trained in CIT and 100% of Correctional Officers trained in MHFA.

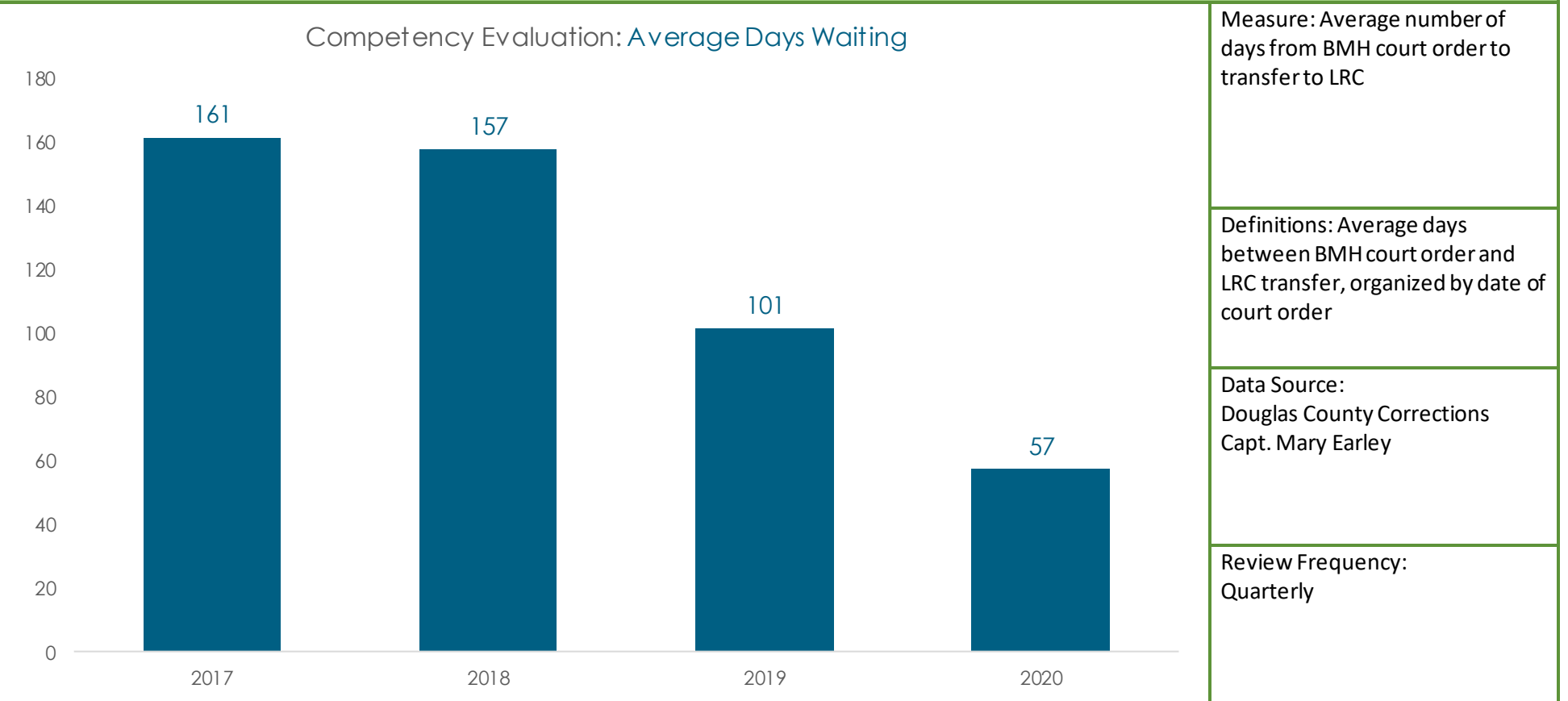


Notes & Action Steps

** This data is impacted by the COVID-19 outbreak
Data will be displayed quarter to quarter with a goal line for each measure.
Q2 data is gray

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail

Objective 3: Collect baseline data on the amount of time individuals are waiting to access competency evaluations/restorative treatment at LRC.



Notes & Action Steps
 2020 data is year to date

GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail**Objective 1: Collect baseline data on the number of individuals who are connected to Type 1 and Type 2 services prior to reentry.**

Strategy	Target	Notes/updates/completion date
<i>Justine continues to partner with .com to work on Objective 1.</i>		

Objective 2: Establish a process with Region 6 network providers to utilize the Daily Arrest Report.

a. Consider a change with state statute (NRS 38-2136) to align NE information sharing with federal HIPAA law, as recommended by J.D. Petrila, national consultant. <i>Vicki will reach out to Kim Etherton, Lancaster Co Community Corrections, to see if they are working to move this forward.</i>	10-26-20 Emailed K. Etherton	
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Objective 3: Collect baseline data on the number of individuals who were Medicaid eligible at the time they were booked into jail.

a. Learn what data is currently being collected by Wellpath. <i>Vicki to schedule call with Tammie J. and Justine W.</i>		
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Objective 5: Partner with BAART for methadone maintenance for inmates receiving methadone prior to incarceration

<i>On hold due to COVID</i>		
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GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail**Objective 1: Evaluate data from the Familiar Faces Project to determine impact on recidivism.**

Strategy	Target	Notes/updates/completion date
a. Familiar Faces Core Team is in process of developing measurable outcomes in order to determine if pilot is successful.		

Objective 2: Streamline data collection and reporting through automation of reports with the assistance of the DCDC's database application vendor dotcom.**(no data measured)***Justine is working on this with .com***Objective 3: Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.**

a. Monitor baseline data and identify opportunities. <i>Include definitions of probation violations and custodial sanctions on page 5. Bonnie O will share definitions with Vicki M.</i>		
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Objective 4: Collect baseline data on the number of individuals who receive their antipsychotic medications via an injection (LAI), analyze recidivism.

a. Confirm whether or not Justine is receiving this data from Wellpath-share with Joel for quarterly report (October). <i>V. Maca emailed Jeff T with Wellpath on Oct. 7, 2020.</i>		
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Objective 5: Consider how LB247 (2019) Advanced Mental Health Directives can impact recidivism.

a. Emergency System Coordinators/Managers across the state will be discussing LB247 implementation plans/challenges. Curt V. will keep us updated on developments.		
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AD HOC Data

QUESTION:	Analysis & Findings
Notes & Action Steps	

Participants

- Mike Myers-Department of Corrections
- Justine Wall-Department of Corrections
- Heidi Altic-Department of Corrections
- Diane Carlson-Douglas County Administration
- Kristin Huber-County Attorney's Office
- Martha Wharton-Public Defender's Office
- Heather Wetzel-Social Services/Public Defender's Office
- Captain Wayne Hudson-Douglas County Sheriff's Office
- Sgt. Chris Ivener – Douglas County Sheriff's Office
- Deputy Chief Michele Bang-Omaha Police Department
- Lindsay Kroll-Omaha Police Department
- Bonnie Ott-Probation
- Sherry Glasnapp-Douglas County Community Mental Health Center
- Mike Phillips – Douglas County Community Mental Health Center
- Brad Negrete-Lutheran Family Services

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