THE STEPPING UP INITIATIVE

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

Douglas County

April 29, 2021

Agenda

1. Welcome

2. Update on automated reports (Justine W.)

3. Update on Outpatient Competency Restoration

4. Update on CORES Unit/OPD

5. Review Goals/Data Packet

6. Other Updates from Team Members

7. Next Zoom Meeting is May 27[h] at 10:30am

8. 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
Numerator: the number of adults booked into the jail with a *diagnosed* SMI during the month **Denominator**: the average daily total population of the jail for the month **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.	**Numerator**: the monthly average LOS for those ***discharged*** from jail with a SMI **Denominator**: the average daily total population of the jail for the month **Data Source:** DCDC **Date Provided:** Monthly **Review Frequency:** Monthly **Notes:** July 2018 – March 2019 used Mental Health Disorder: April 2019 definition changed to SMI
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
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 **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 **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	**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 **Denominator**: The total number of individuals who are re-booked into jail within 12 months following their last release date **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

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.
- **Custodial Sanction:** if the individual is on probation for a felony conviction, they are subject to custodial sanctions per NRS 29-2266(8)(b). Custodial Sanctions consisting of jail stays from 3-30 days up to 90 days are available for use by the probation officer at any time, but only after gaining the approval of their Chief Probation Officer (or designee), and upon the Order of the Court. If the custodial sanction is contested and results in a court hearing, the Judge could decrease or increase the number of days in jail being recommended by the probation officer.
- **Probation Violation:** there are 3 types; Technical Violations, New Law Violation and Abscond Violations
    - **Technical Violations:** examples include failed drug testing, missed appointments etc... these are handled with sanctions.
    - **New Law Violations:** are required by state statute 29-2266 to be submitted to the prosecuting attorney, if the individual is accused of committing through the commission of, or involvement in, any criminal activity. This could result in a motion to revoke probation and another court appearance.
    - **Abscond Violations:** occur when an individual is actively avoiding supervision and these violations are submitted following reasonable efforts to locate the defendant (which are unsuccessful).
- **Medication-Assisted Treatment (MAT)**: is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoes.

- **Data Applications Used:** IMS (Information Management System-Dotcom is Vendor); Collaborate (software used by DCDC case management), IRMA (used by Wellpath); CAD (used by Law Enforcement Agencies)
- **Medication-Assisted Treatment (MAT):** is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoes.
- **BHITF:** Behavioral Health Incident Tracking Form.

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

Percent of Monthly Booking with a
Serious Mental Illness (SMI) & 2019 Avg
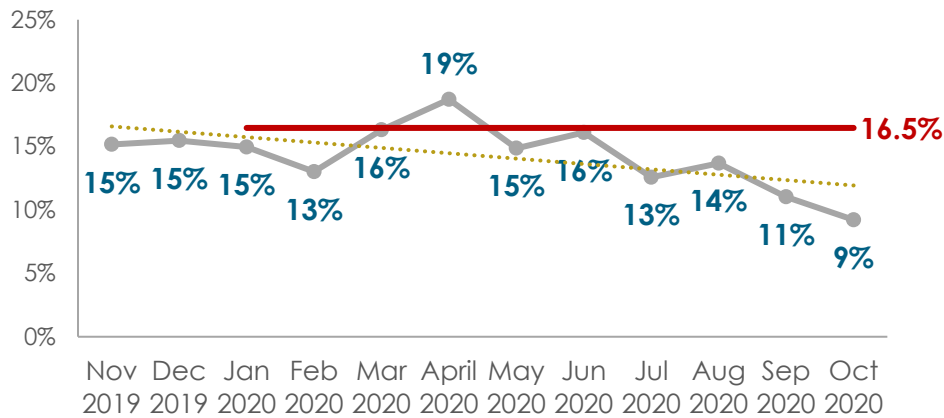
Automated Report in Progress
Thank you Justine!

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
Thank you Justine!

Automated Report in Progress
Thank you Justine!

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

Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 1.

Objective 2: OPD and DCSO will increase the number of officers trained in Mental Health First Aid (MHFA).

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 18% of sworn, active officers trained in MHFA.	2021	
d. DCSO will work toward having 95% of sworn, active officers trained in MHFA.	2021	

Objective 3: The 911 Call Center, OPD and DCSO will increase the number of identified staff trained in Crisis Intervention Training (CIT).
5 Trainings will be offered in 2021

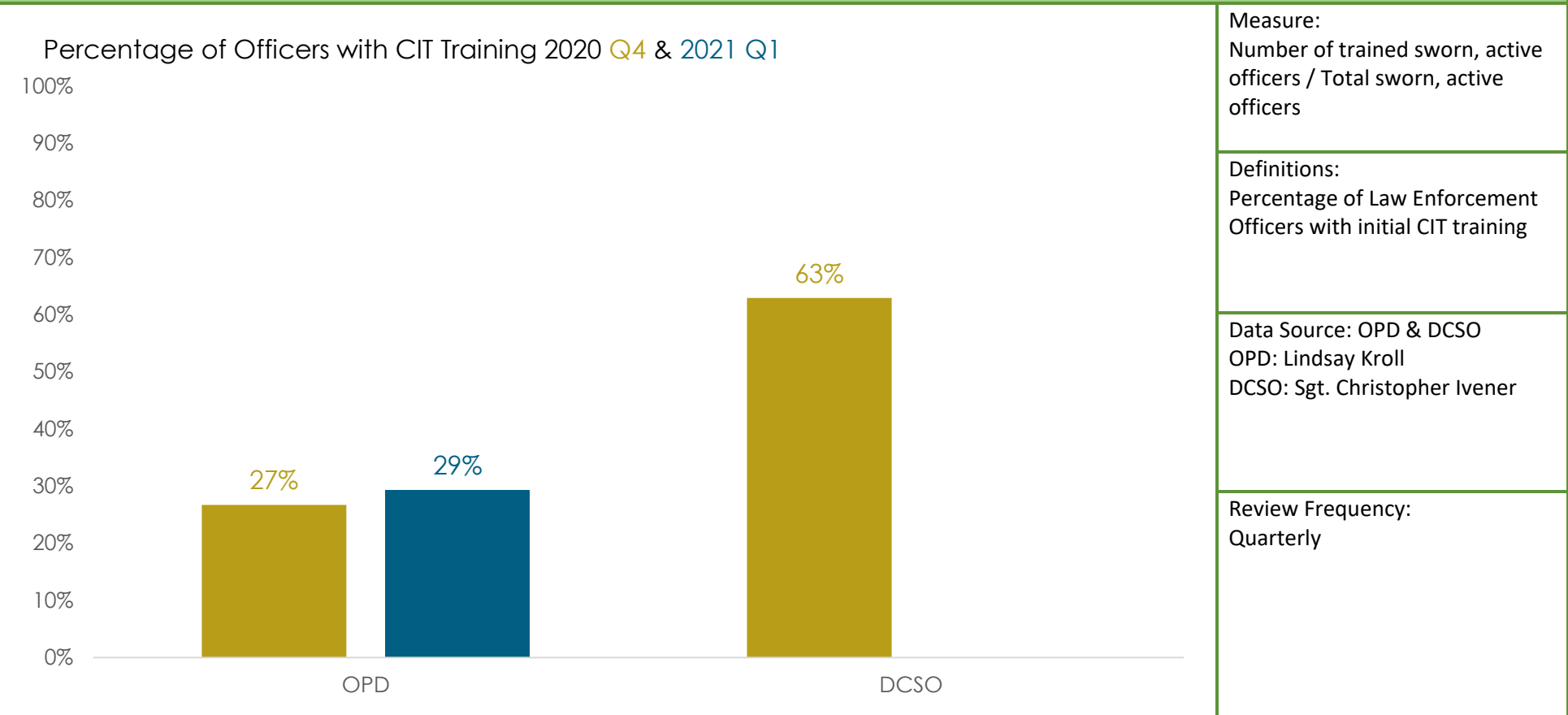| Strategy	Target	Notes/updates/completion date
a. The 911 Call Center will work increasing the number of Operators and Dispatchers trained in CIT.	2021	
b. OPD will work toward training 50 additional officers in CIT.	2021	
c. DSCO will work having 70% of sworn, active officers trained in CIT.	2021	

Objective 4: Analyze Mobile Crisis Response (MCR) data "Jail Diversion" and "LE Source" and identify opportunities.

Strategy	Target	Notes/updates/completion date
a. LFS will explore ability to provide data on jail diversion.	May 2020	Completed May 2020
b. Officers will learn about MCR during through new hire training at the LE Academy.	On-Going	
b. Review MCR jail diversion data; identify opportunities.	Spring 2021	

	==c. Review MCR utilization data by LE source; identify opportunities.== *Ideas include: Continue outreach efforts with Law Enforcement Join Roll Call and provide more blue cards (not white).*	==Spring 2020==	
Objective 5: LE agencies will work toward increasing the number of Behavioral Health Incident Tracking Forms (BHITF) on calls identified as "mental health."			
a.	==Analyze the number of 911 calls coded as Mental Health compared to the number of BHITF's completed.==	==Oct. 2020==	
b.	Douglas Co Sheriff and 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	**Does DCSO utilize the BHITF? Collect data?**

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.

Percentage of Officers with CIT Training 2020 Q4 & 2021 Q1

Measure:	Number of trained sworn, active officers / Total sworn, active officers
Definitions:	Percentage of Law Enforcement Officers with initial CIT training
Data Source: OPD & DCSO	OPD: Lindsay Kroll DCSO: Sgt. Christopher Ivener
Review Frequency:	Quarterly

Notes & Action Steps
COVID 19 Impact

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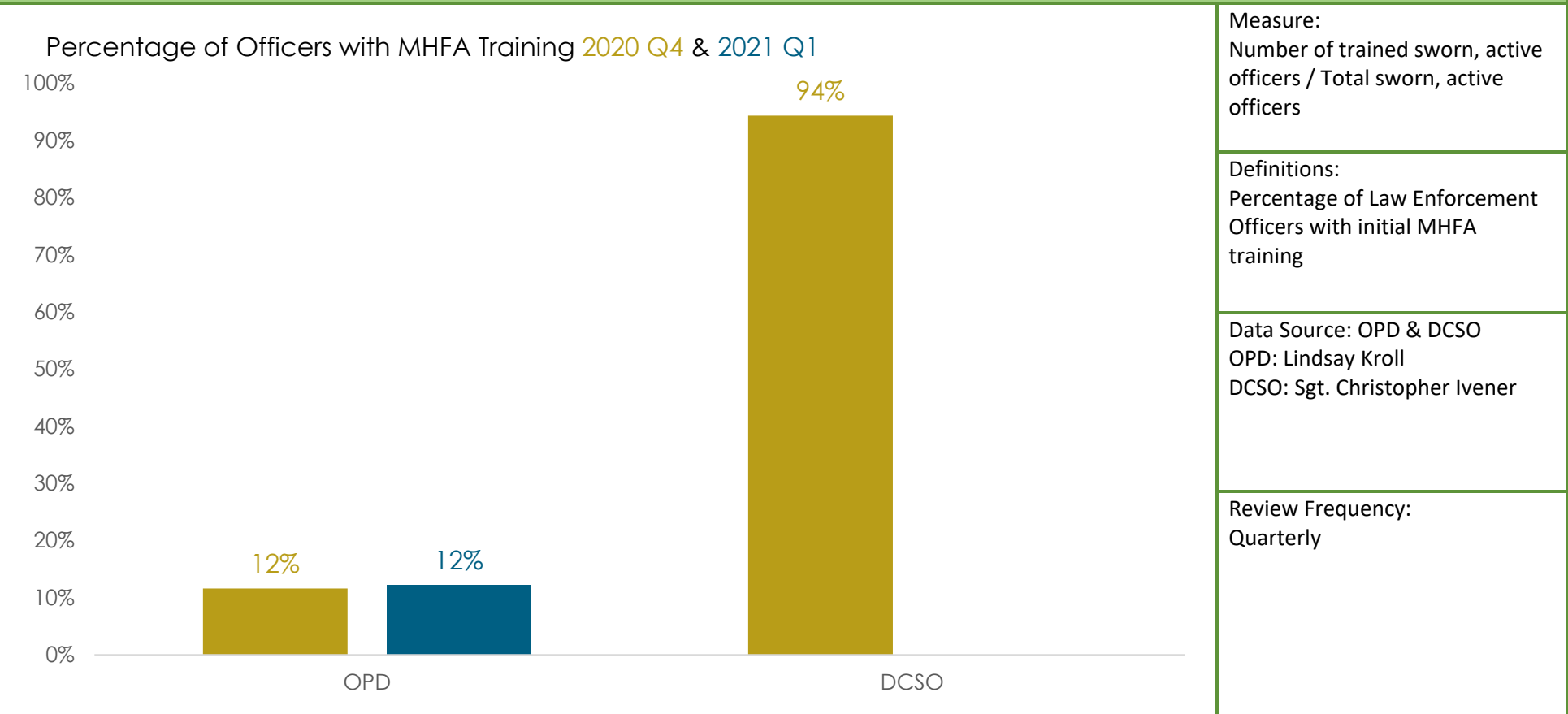

Percentage of Officers with MHFA Training 2020 Q4 & 2021 Q1

OPD: 12% (2020 Q4), 12% (2021 Q1)
DCSO: 94%

Measure:
Number of trained sworn, active officers / Total sworn, active officers

Definitions:
Percentage of Law Enforcement Officers with initial MHFA training

Data Source: OPD & DCSO
OPD: Lindsay Kroll
DCSO: Sgt. Christopher Ivener

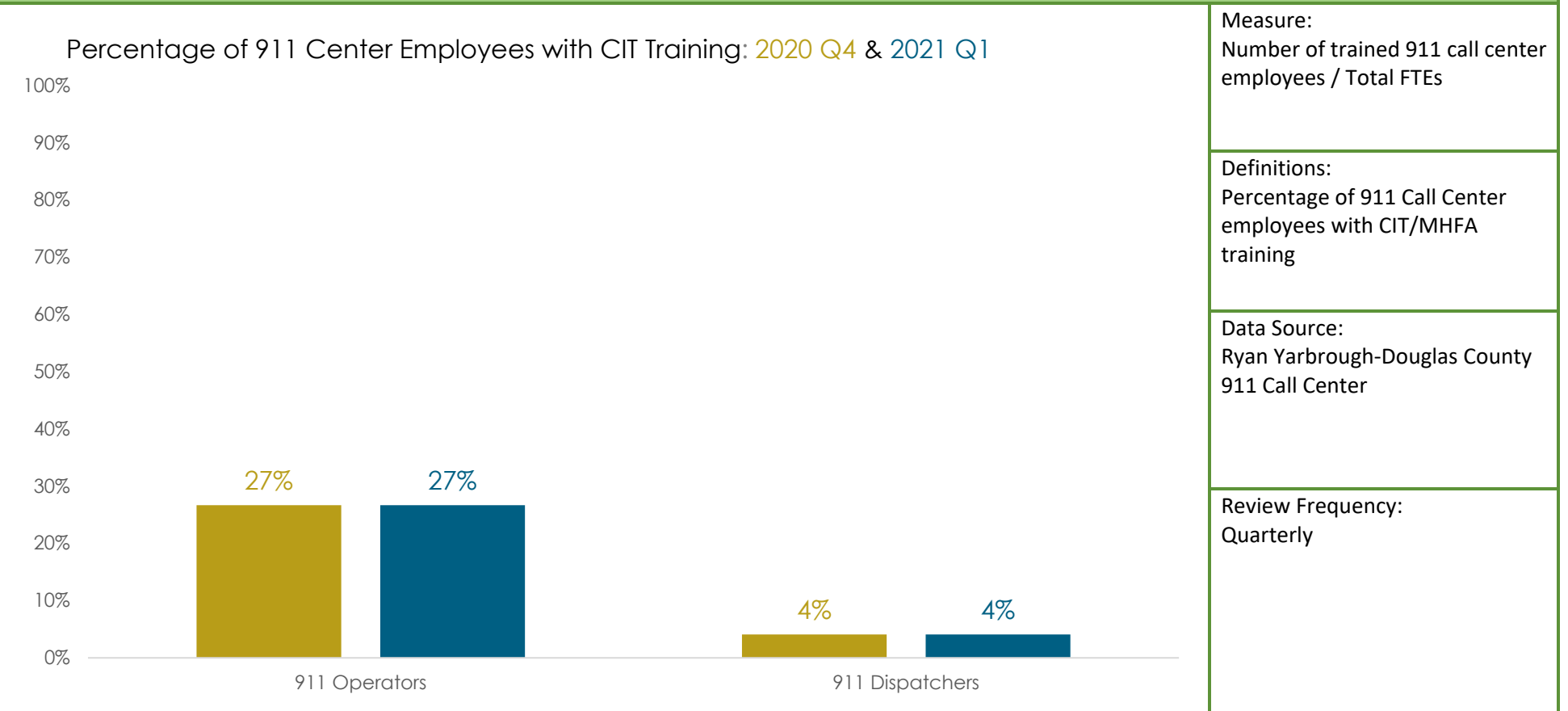Review Frequency:
Quarterly

Notes & Action Steps
COVID 19 Impact

This is point in time data, gathered at the end of the reporting period.
MHFA is now provided during new hire/recruit training at the Douglas/Sarpy Co Training Academy.

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 Q4 & 2021 Q1

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
COVID 19 Impact
None of the Call Center staff are trained in Mental Health First Aid.
Data is the same as 2020 Q4:
14 total Operators
49 total Dispatchers

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).

MCR Total Calls: OPD, DCSO, Other LE, Non-LE
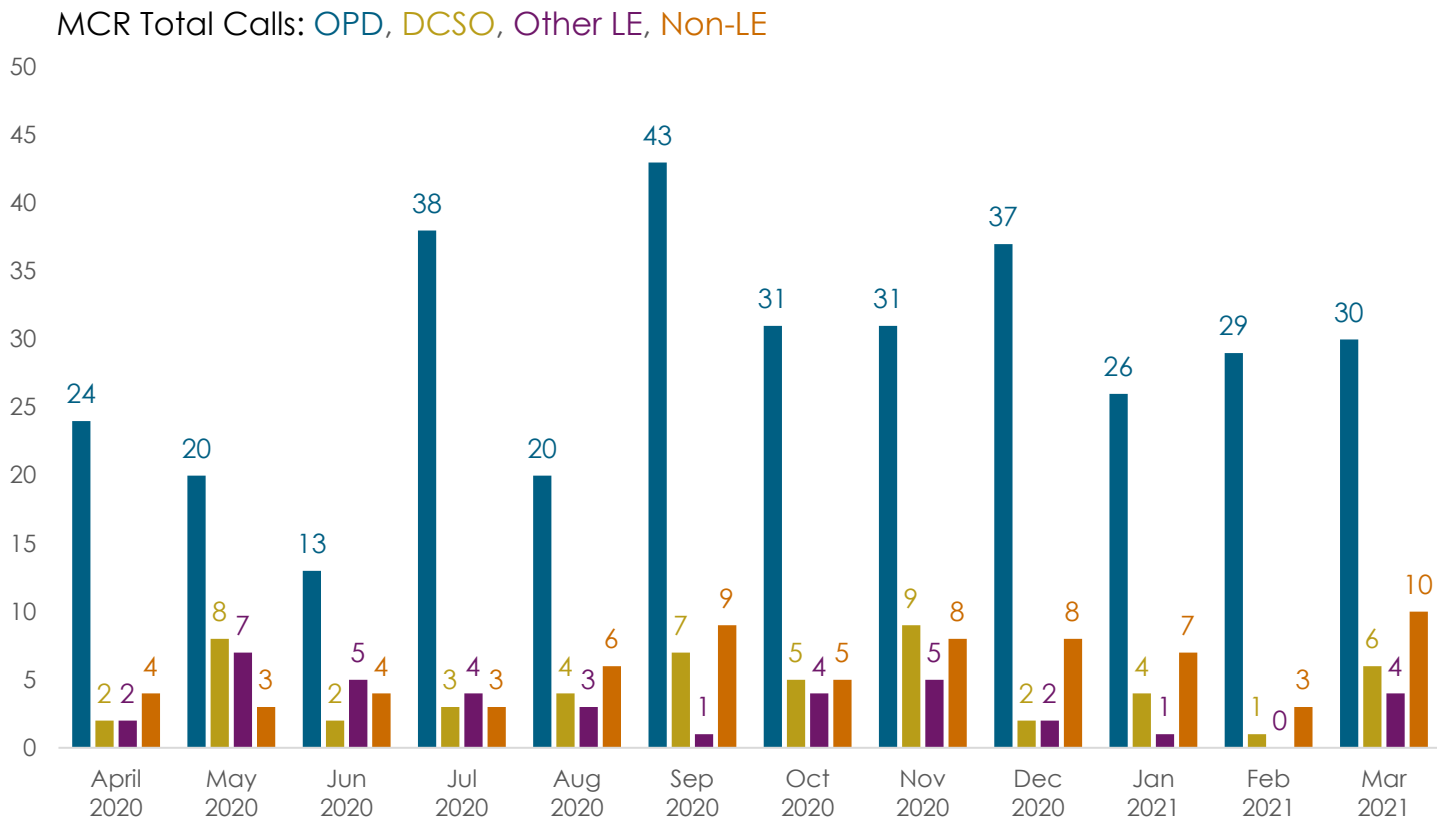
Measure:
Number of Mobile Crisis Response calls by month

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

Data Source:
Brad Negrete, LFS.
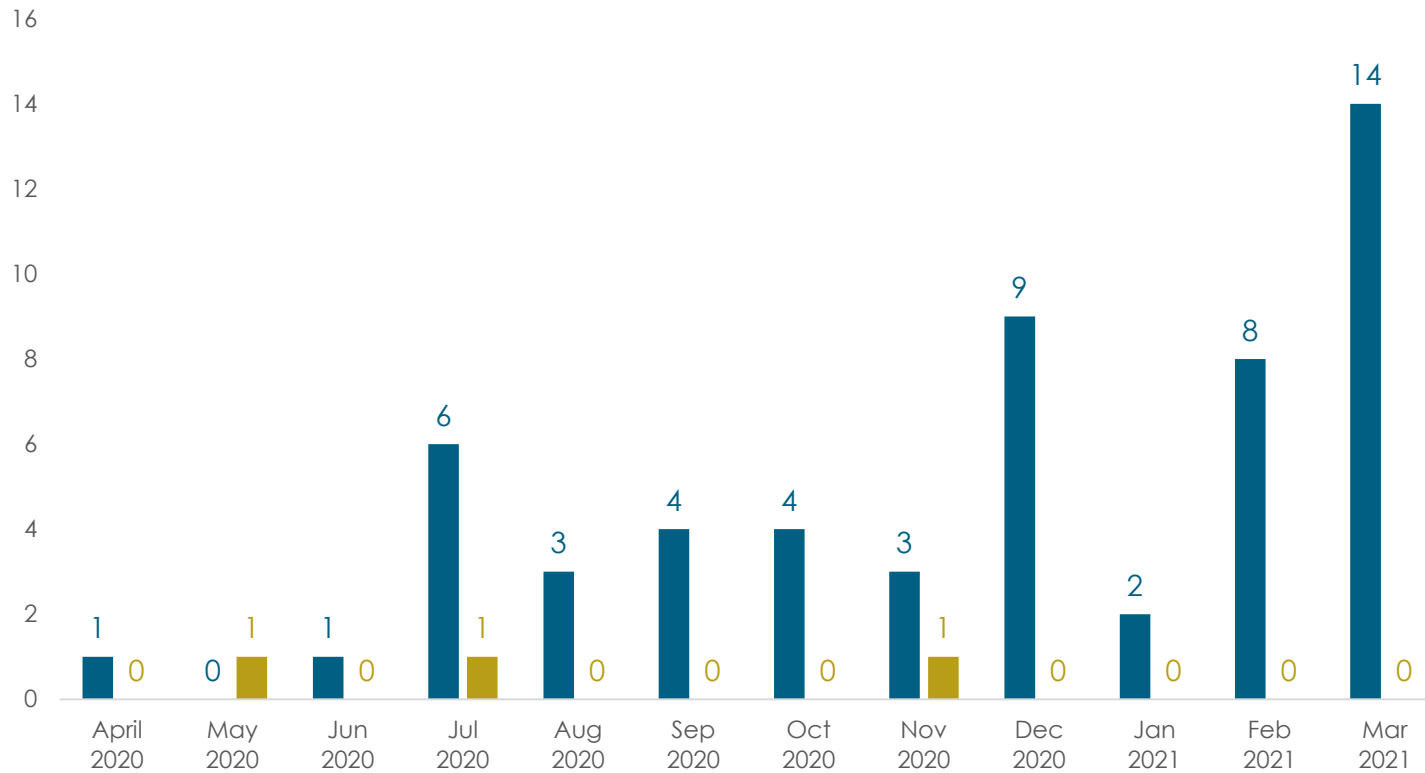
Review Frequency:
Quarterly

Notes & Action Steps

Other Law Enforcement: Dodge CSO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington CSO, Valley PD
Non-Law Enforcement: Nebraska Family Helpline, Shelter Open Door Mission, Shelter Sienna Francis, Shelter Stephen Center, other-no referral source.
Summer/Fall 2020: The 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).

Mobile Crisis Response: Diverted from Hospital & Jail

Month	Hospital	Jail
April 2020	1	0
May 2020	0	1
Jun 2020	1	0
Jul 2020	6	1
Aug 2020	3	0
Sep 2020	4	0
Oct 2020	4	0
Nov 2020	3	1
Dec 2020	9	0
Jan 2021	2	0
Feb 2021	8	0
Mar 2021	14	0

Measure:
MCR diverted from hospital/jail each month

Definitions:
The number of consumers mobile crisis response diverted from hospital or jail, **per officer report**

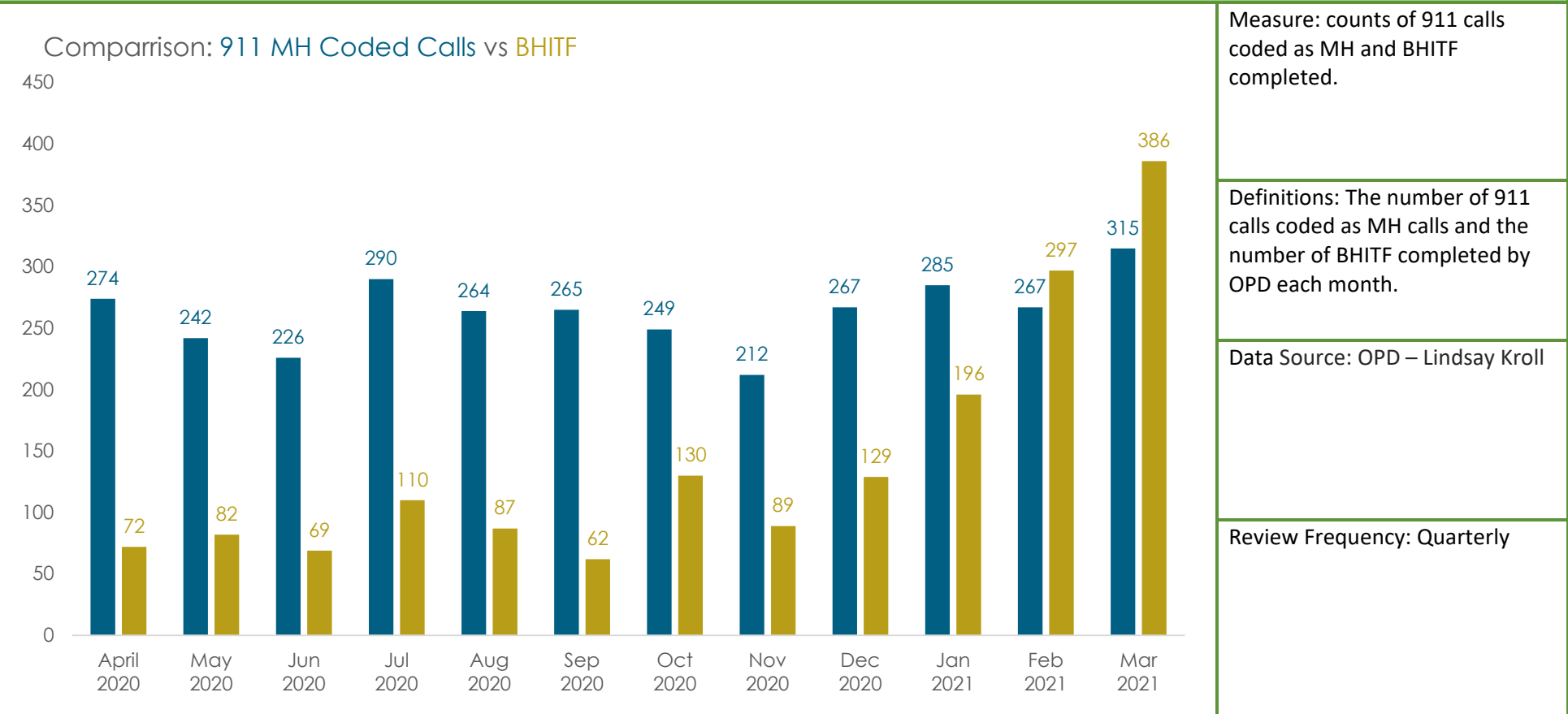**Data Source:**
Brad Negrete, LFS.

Review Frequency:
Quarterly

Notes & Action Steps
Diverted from Hospital – No transportation was provided to a hospital
Diverted from Jail – No booking occurred

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).

Comparrison: 911 MH Coded Calls vs BHITF

Month	911 MH Coded Calls	BHITF
April 2020	274	72
May 2020	242	82
Jun 2020	226	69
Jul 2020	290	110
Aug 2020	264	87
Sep 2020	265	62
Oct 2020	249	130
Nov 2020	212	89
Dec 2020	267	129
Jan 2021	285	196
Feb 2021	267	297
Mar 2021	315	386

Measure: counts of 911 calls coded as MH and BHITF completed.

Definitions: The number of 911 calls coded as MH calls and the number of BHITF completed by OPD each month.

Data Source: OPD – Lindsay Kroll

Review Frequency: Quarterly

Notes & Action Steps
BHITF = Behavioral Health Incident Tracking Form
DCSO and Other LE agencies not included in data above, data is for OPD only
911 Call Center may not know that there is a mental health crisis/issue during the call-so wouldn't be able to code the call as mental health.
BHITF – Law Enforcement codes the call as mental health – Forms now completed electronically in OPD cruisers.
March 2021: The number of BHITFs completed by OPD has surpassed the number of 911 calls coded as mental health beginning Feb. 2021.

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

Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 2.

Objective 2: DCDC will work toward having 40% of Correctional Officers trained in CIT.

Strategy	Target	Notes/updates/completion date
a. DCDC is planning to deliver CIT training to CO's once staff have received their 2nd vaccination. *March 2021: This number should be creeping up as more and more COs are vaccinated.*	March 2021	Training has been on hold due to COVID19

Objective 3: DCDC will work toward having 100% of Correctional Officers trained in MHFA.

a. DCDC will bring MHFA Trainer in-house via Train the Trainer. *March 2021: All new COs are being trained in MHFA as a part of their new hire training.*	Completed	DCDC now has 5-7 MHFA trained trainers

Objective 4: Collect baseline data on the amount of time individuals are waiting to access competency evaluations/restorative treatment at LRC.

a. Collect and review baseline data.	January 2021	

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 reps 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. *Update Jan. 2021: The workgroup has created a draft document that identified the communication/information sharing protocols. Next Steps: Get feedback from CA's Office, 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).*	In Process	

For Goal 2: Would there be any benefit to looking at Pre-Trial or MH Diversion data here-impact on length of stay?

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.

Percentage of Douglas County Corrections Officers with CIT & MHFA Training: 2020 Q4 & 2021 Q1
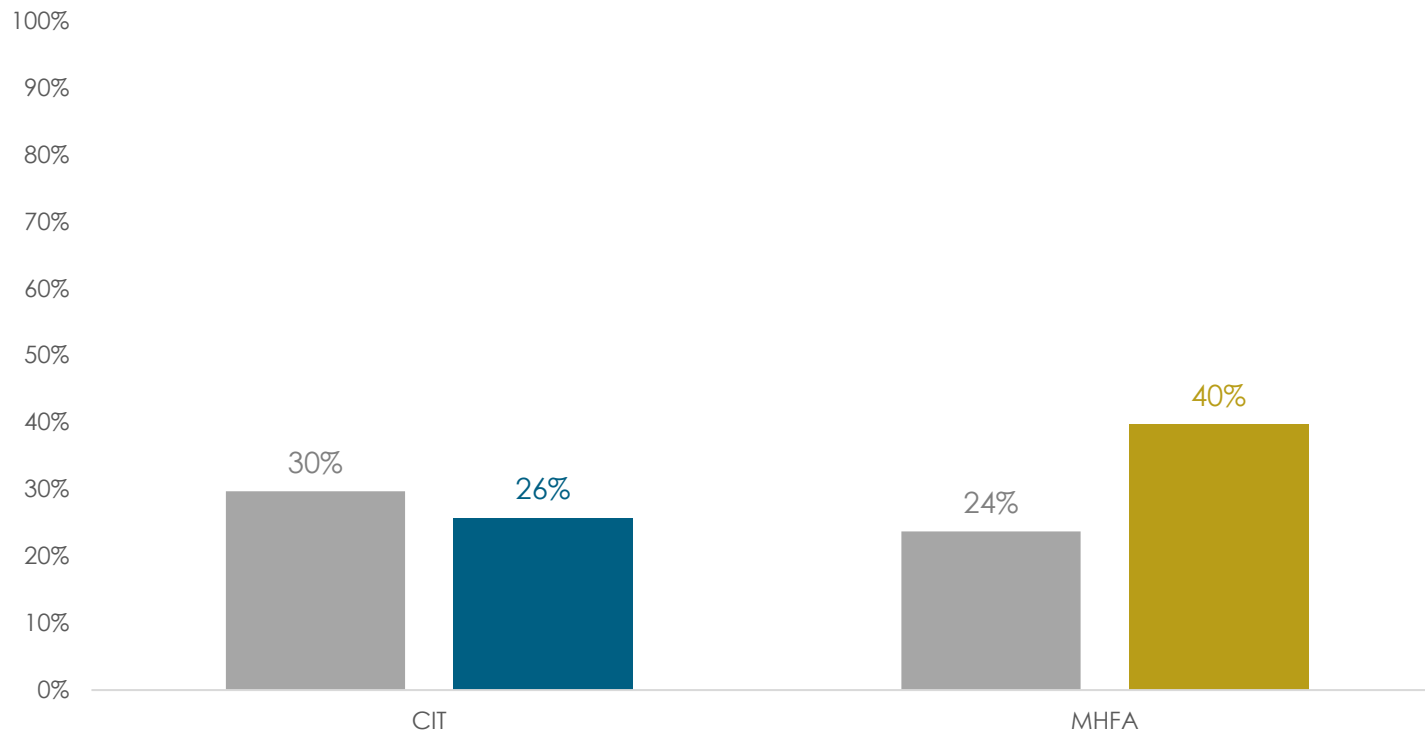
Measure:
Number of trained Correctional Officers / Total FTEs

Definitions:
Percentage of Corrections Officers with CIT/MHFA training

Data Source:
DCDC

Review Frequency: Quarterly

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.
2020 Q4 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 restorative treatment at LRC.

Competency Restoration: Average Days Waiting in Jaol for Competency Restoration at LRC

Year	Value
2017	161
2018	157
2019	101
2020	73
2021	115
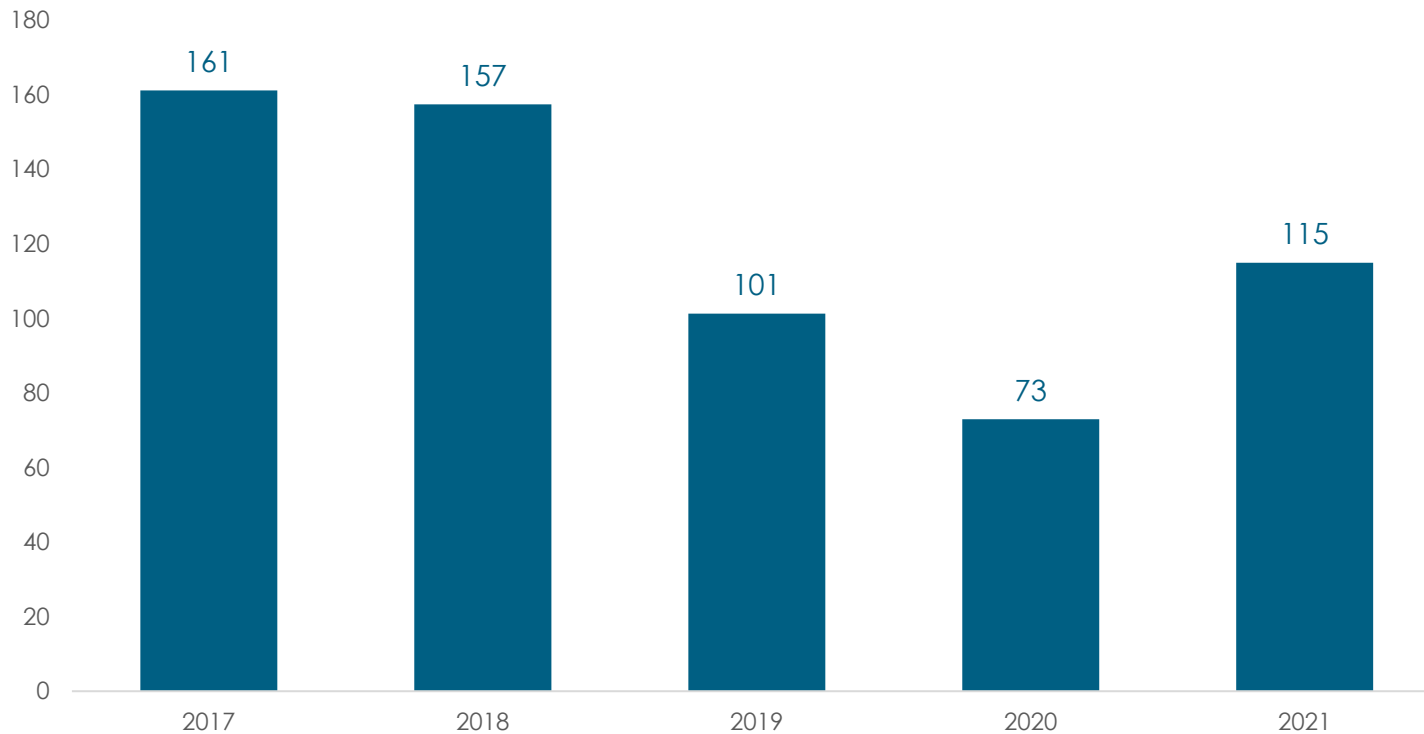
Measure: Average number of days from court order to transfer to LRC

Definitions: Average days between court order and LRC transfer, organized by date of court order

Data Source: Douglas County Corrections Capt. Mary Earley

Review Frequency: Quarterly

Notes & Action Steps
2021: 8 Individuals
2020: 30 Individuals
2019: 26 Individuals
2018: 33 Individuals
2017: 9 Individuals

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 Type1 and Type 2 services prior to reentry.

Strategy	Target	Notes/updates/completion date
a. Justine continues to partner with Collaborate to work on Objective 1. *Jan. 2021: Waiting for cost estimate from Network Ninja. Submitted ticket to .com who needs to create a project. Ninja Network needs a contact at .com*		Justine will provide data to Joel as soon as it's available

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. *Update January 2021: Vicki heard back from Kim E. Lancaster Co is working on legislation that would allow more sharing of information between CJ agencies.* *Update April 2021: Create small workgroup from Douglas and Sarpy Co to explore*	10-26-20 Emailed K. Etherton	

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. *Update: On Jan. 7, 2021 Tammie Jensen, Ann Royal and Vicki had a conference call to discuss Wellpath's ability to collect data on the number of individuals who were receiving Medicaid prior just prior to their incarceration. Tammie is going to see if Wellpath can add the word "Medicaid" to the Intake Form that is used during the H/P that nursing completes. Follow up meeting early Feb.*	April 2021	

Objective 5: Partner with BAART for methadone maintenance for inmates receiving methadone prior to incarceration

In process of scheduling a meeting with Tom Schwallie with BayMark Health Services, Vice President of Development and Diana Meaders with BAART.		Directors from Douglas and Sarpy Counties

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

Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 4.

Objective 2: Evaluate data from the Familiar Faces Project to determine impact on recidivism.

Strategy	Target	Notes/updates/completion date
a. Review Familiar Faces outcome measures to evaluate pilot effectiveness. *March 2021: FFP Power point was shared with the team.*	March 2021	

Objective 3: Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.

	Target	Notes/updates/completion date
a. Monitor baseline data and identify opportunities b. Include definitions of probation violations and custodial sanctions on page 5. Bonnie O will share definitions with Vicki M. *Update: Currently this data doesn't identify those with an SMI. Now that DCDC is able to flag those individuals with an SMI, this data can be cross referenced, but it is a manual process, not automated.*	Completed Dec. 2020	

Objective 4: Collect baseline data on the number of individuals who receive their antipsychotic medications via an injection (LAI), analyze recidivism.

	Target	Notes/updates/completion date
a. Review baseline data beginning April 2021. *Update: Tammie J will share the number of individuals who are receiving an LAI with Justine each month beginning Feb. 2021. Justine will then share that number with Joel.*		

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 as things develop.		

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

Region 6 Behavioral Healthcare Contacts

Kim Kalina, MSW
Director of Quality Improvement
kkalina@regionsix.com
OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

Joel Case, MS
Quality Improvement Specialist
jcase@regionsix.com
OFFICE: 402.996.8372 | FAX: 402.444.7722

Vicki Maca, LCSW, LMHP
Director of Criminal Justice/Behavioral Health Initiatives
vmaca@regionsix.com
OFFICE: 402.591.5010 | CELL: 531.444.8615 | FAX: 402.444.7722