

# THE STEPPING UP INITIATIVE



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

**Douglas County**

**January 26, 2021**

## **Agenda**

1. Welcome
2. Update on automated reports (Justine W.)
3. Review Goals/Data Packet
4. Familiar Faces Project –Update at Feb. meeting
5. Updates from Team Members
6. Next Meeting is Feb. 25<sup>th</sup> at 10:30am ZOOM
7. 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

<b>GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(&amp; 1.b: Incarcerated in Jail)</b>	<b>GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail</b>
<p><b>Numerator:</b> the number of adults booked into the jail with a <b><i>diagnosed</i></b> SMI during the month</p> <hr/> <p><b>Denominator:</b> the average daily total population of the jail for the month</p> <p><b>Data Source:</b> DCDC  <b>Date Provided:</b> Monthly  <b>Review Frequency:</b> Monthly</p> <p><b>Notes:</b> This data does not include individuals who bond out or those who are sentenced to time served before receiving mental health evaluation.</p>	<p><b>Numerator:</b> the monthly average LOS for those <b><i>discharged</i></b> from jail with a SMI</p> <hr/> <p><b>Denominator:</b> the average daily total population of the jail for the month</p> <p><b>Data Source:</b> DCDC  <b>Date Provided:</b> Monthly  <b>Review Frequency:</b> Monthly</p> <p><b>Notes:</b> July 2018 – March 2019 used Mental Health Disorder: April 2019 definition changed to SMI</p>
<b>GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail</b>	<b>GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail</b>
<p><b>Numerator:</b> 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><b>Denominator:</b> 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><b>Data Source:</b> DCDC (Collaborate &amp; IRMA connected through data #)  <b>Date Provided:</b> Monthly  <b>Review Frequency:</b> Monthly</p> <p><b>Notes:</b> Data through April 2019 reflects individuals with an MH disorder. Data from May 2019 to current reflect individuals with SMI</p>	<p><b>Numerator:</b> 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><b>Denominator:</b> The total number of individuals who are re-booked into jail within 12 months following their last release date</p> <p><b>Data Source:</b>  <b>Date Provided:</b> Monthly  <b>Review Frequency:</b> Monthly</p> <p><b>Notes:</b> 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

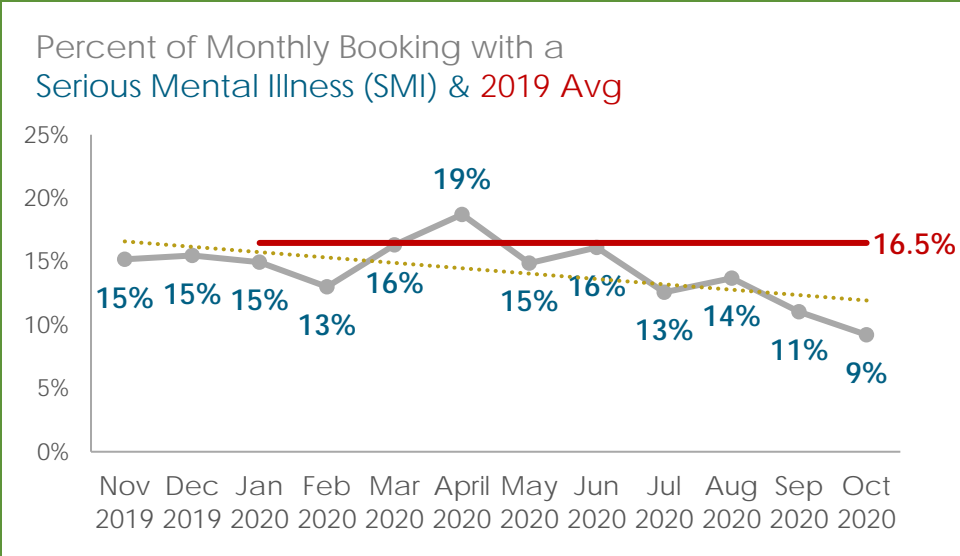
### Definitions

- **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.
- **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 overdoses.

- **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 overdoses.
- **BHITF:** Behavioral Health Incident Tracking Form.

### Stepping Up Key Measures

<b>GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(&amp; 1.b: Incarcerated in Jail)</b>	<b>GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail</b>
--	--



**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: 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).****MHFA is now provided during new hire/recruit training at the Douglas/Sarpy Co Training Academy.**

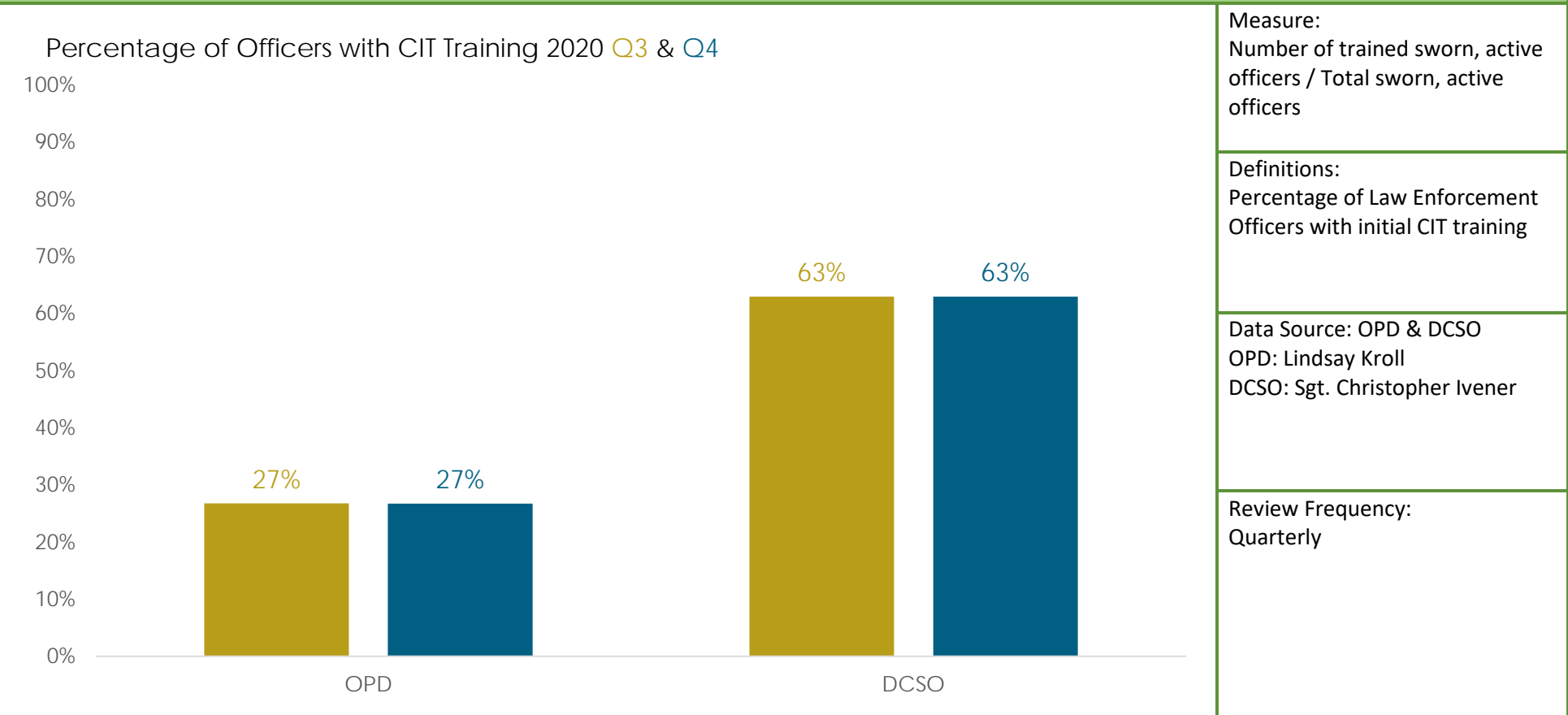
Strategy	Target	Notes/updates/completion date
a. OPD will bring MHFA Trainer in-house via train the trainer		Completed May 2020
b. OPD will increase opportunities for officers to receive MHFA training by providing 3 internal MHFA classes to officers in 2021.	2021	
c. OPD will work toward having 20% of sworn, active officers trained in MHFA.	2021	
d. DCSO will work toward having 95% of sworn, active officers trained in MHFA.	2021	
<b>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</b>		
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	
<b>Objective 4: Analyze Mobile Crisis Response (MCR) data “Jail Diversion” and “LE Source” and identify opportunities.</b>		
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.	Spring 2020	
<b>Objective 5: LE agencies will work toward increasing the number of Behavioral Health Incident Tracking Forms (BHITF) on calls identified as “mental health.”</b>		
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	



**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 Q3

**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**

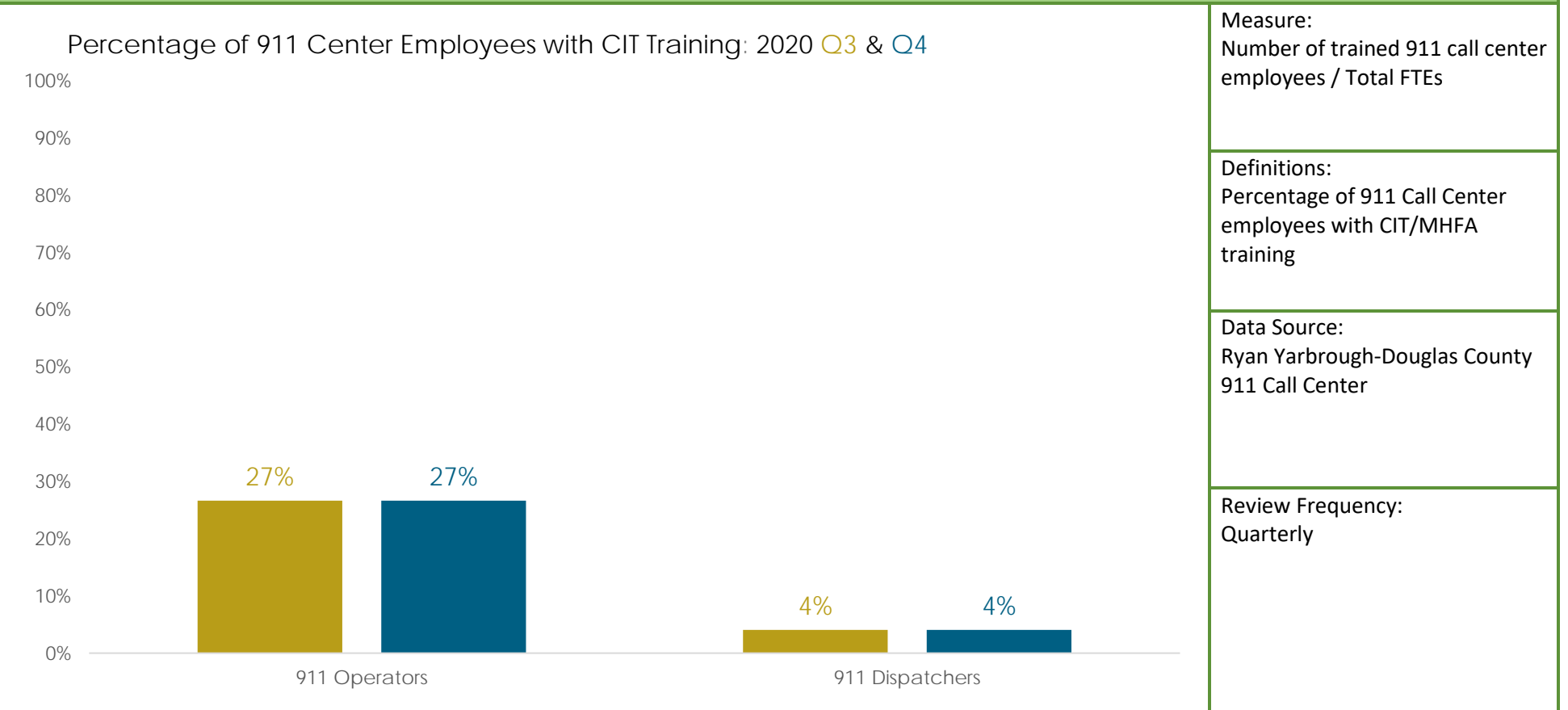
**COVID 19 Impact**

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

DCSO data is the same as 2020 Q3

**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.**



**Notes & Action Steps**

**COVID 19 Impact**

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

Data is the same as Q3:

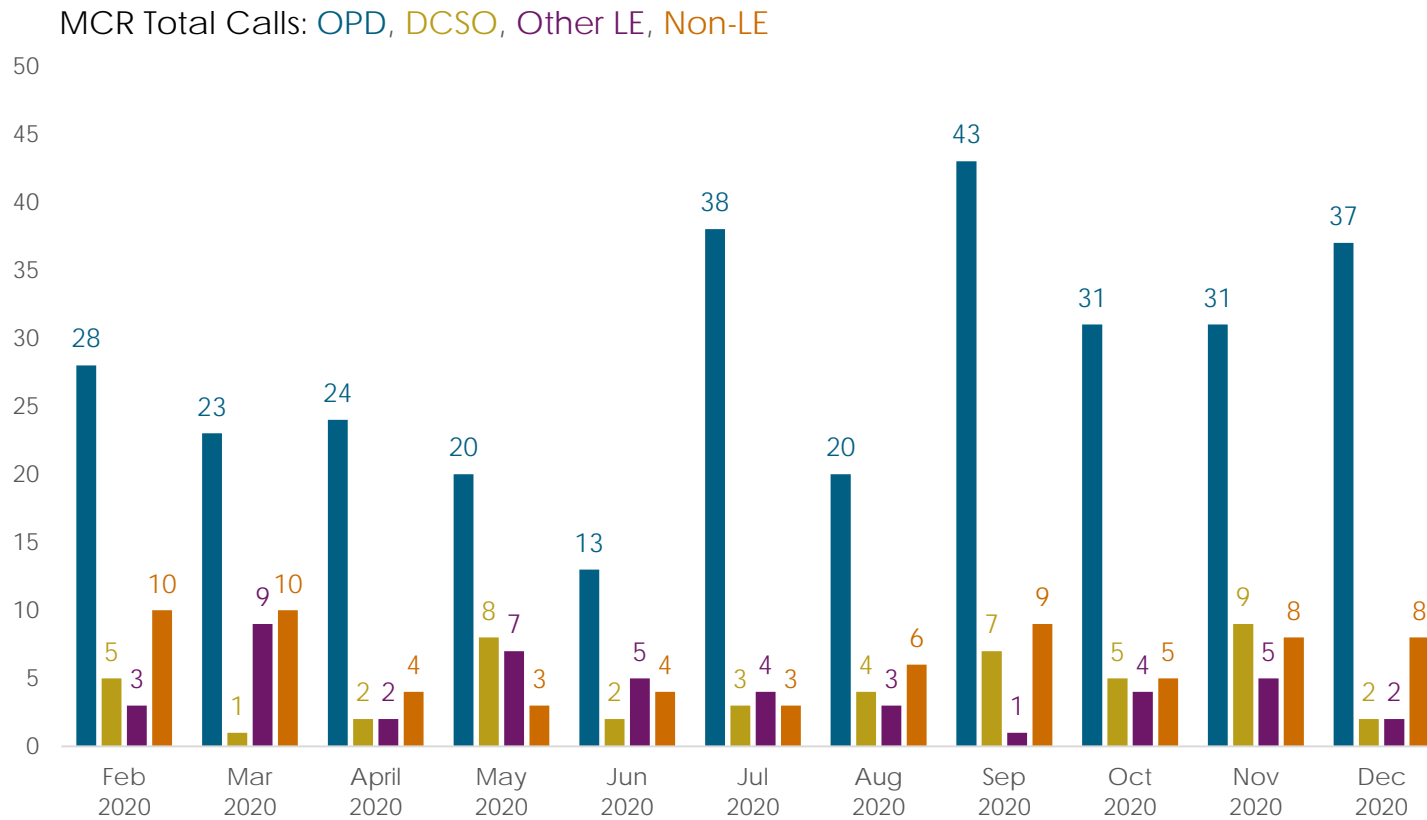
14 total Operators and 27% are trained

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**

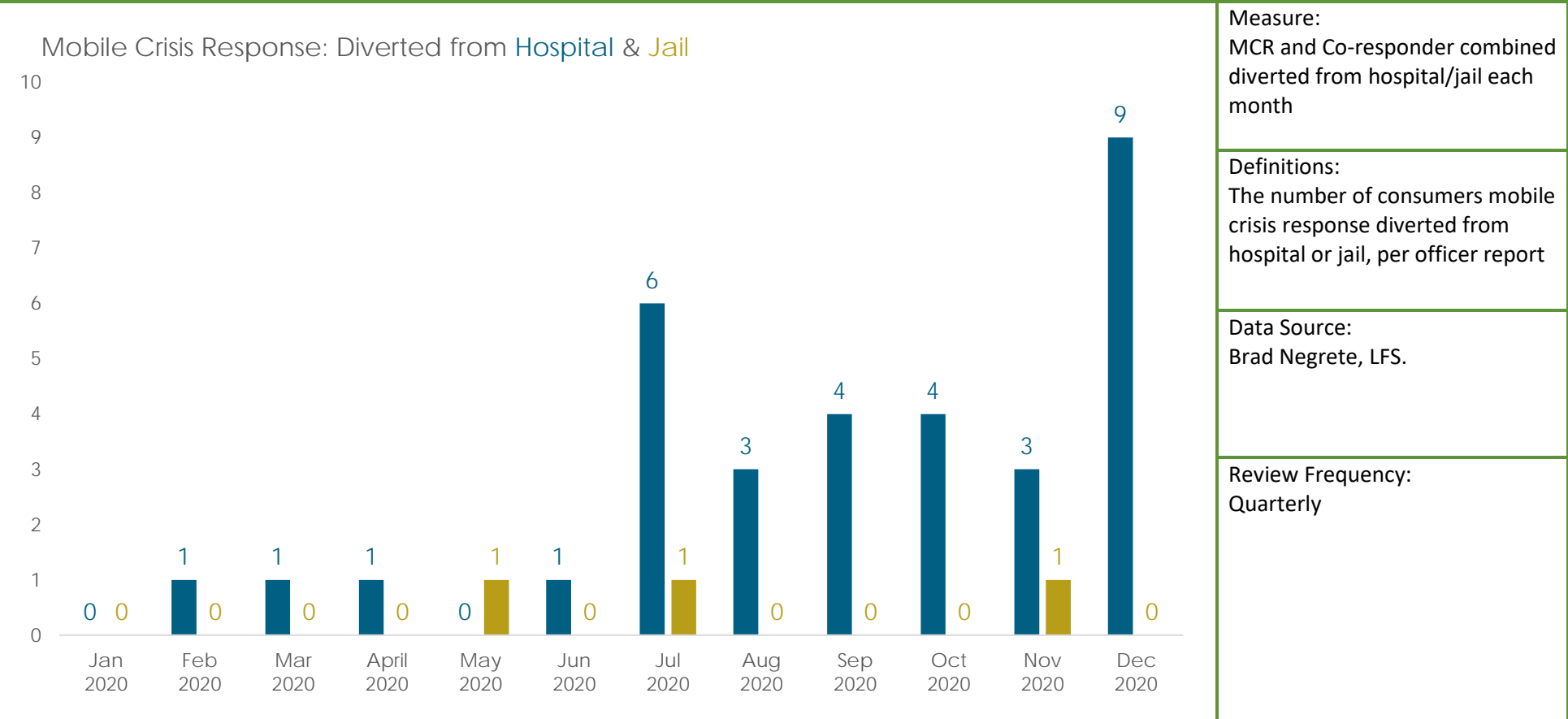
Other Law Enforcement: Dodge CSO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington CSO, Valley PD

Non-Law Enforcement: Nebraska Family Helpline, Shelter Open Door Mission, Shelter Sienna Francis, Shelter Stephen Center, other-no referral source.

*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**

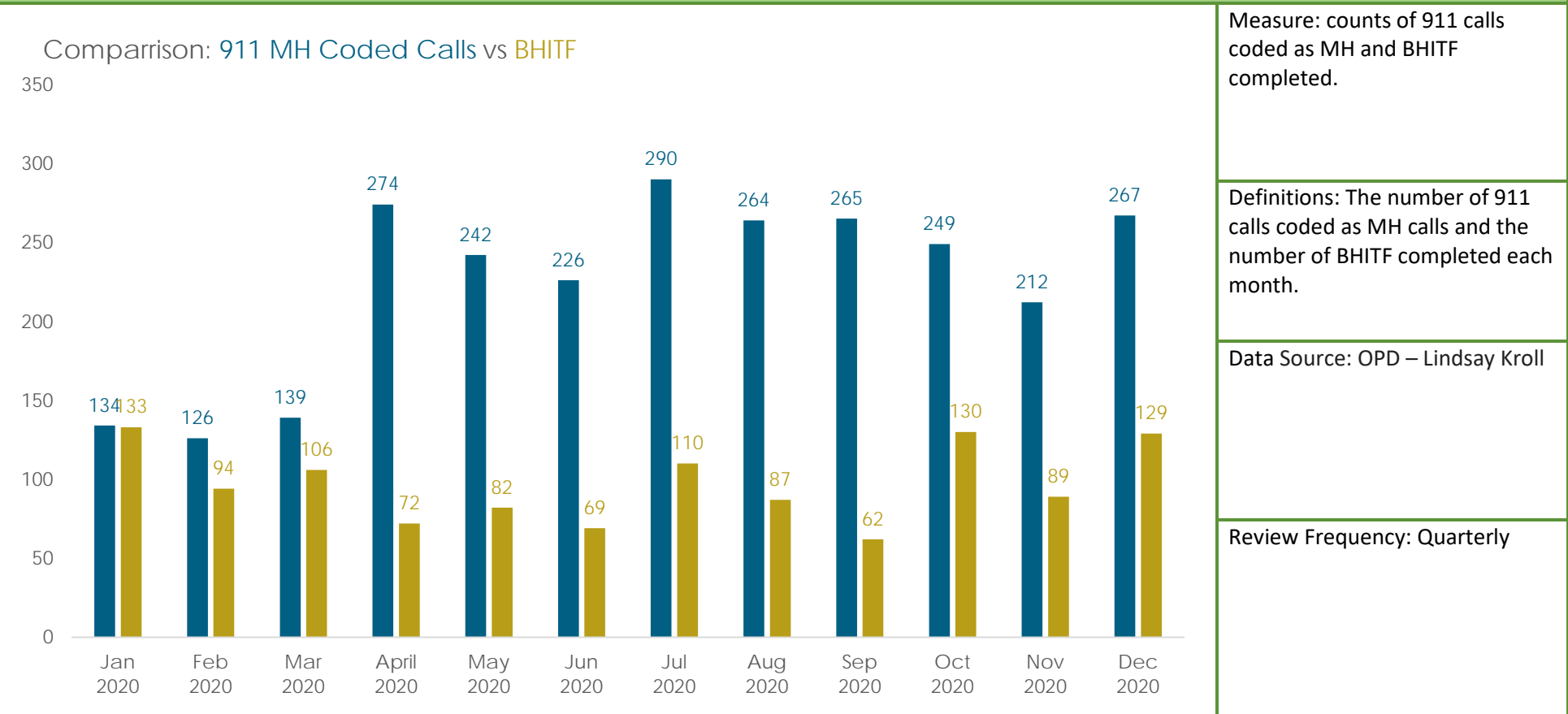
**Objective 3: Analyze Mobile Crisis Response (MCR) utilization data by LE source and determine 2020 goals in April 2020 (quarterly meeting).**



**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

DCSO 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 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 2 <sup>nd</sup> vaccination.	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.	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.**

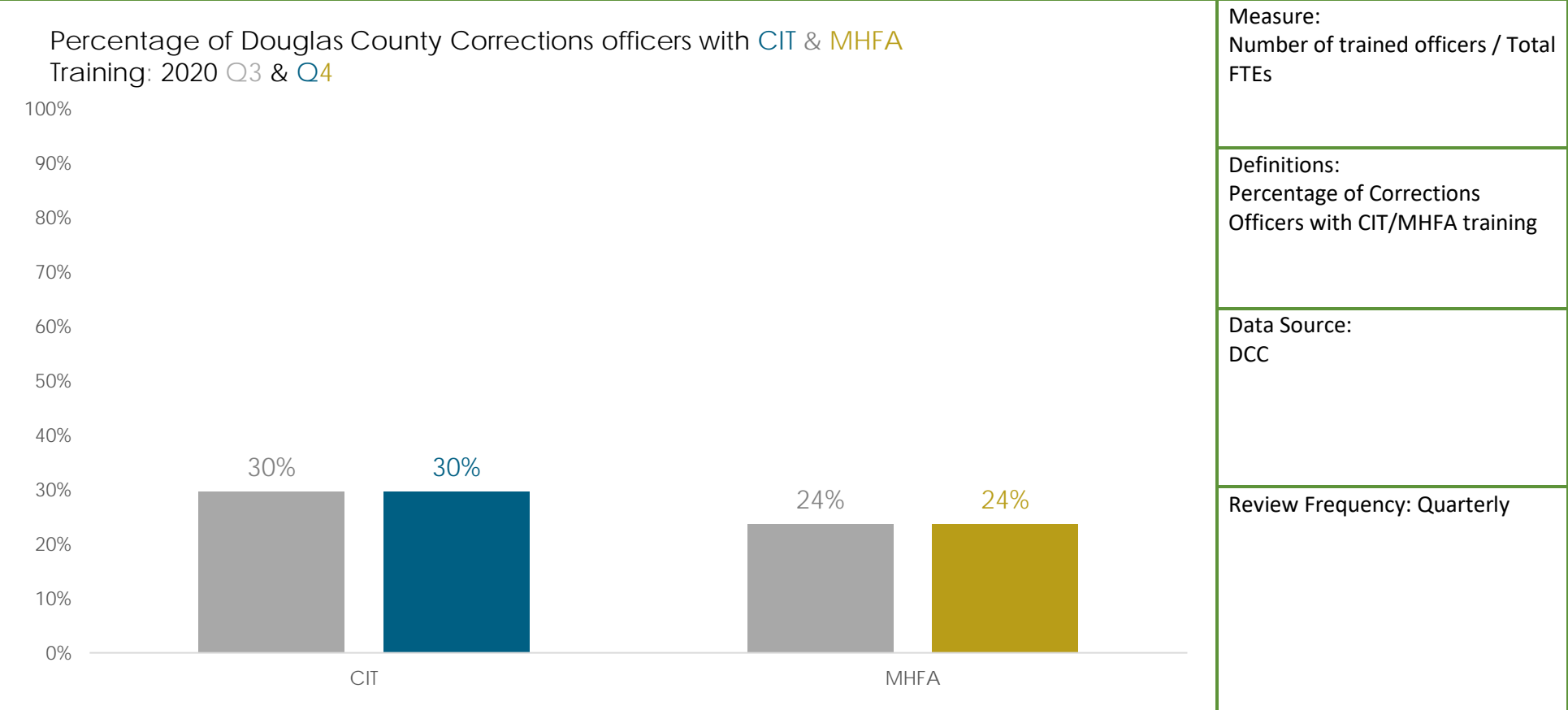
a. Report data quarterly and identify opportunities to decrease wait times.	January 2021	
---	--------------	--

**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 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>Update: 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).</i>	In Process	Vicki is lead. Pause this until Feb. 2021
---	------------	---

**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.**



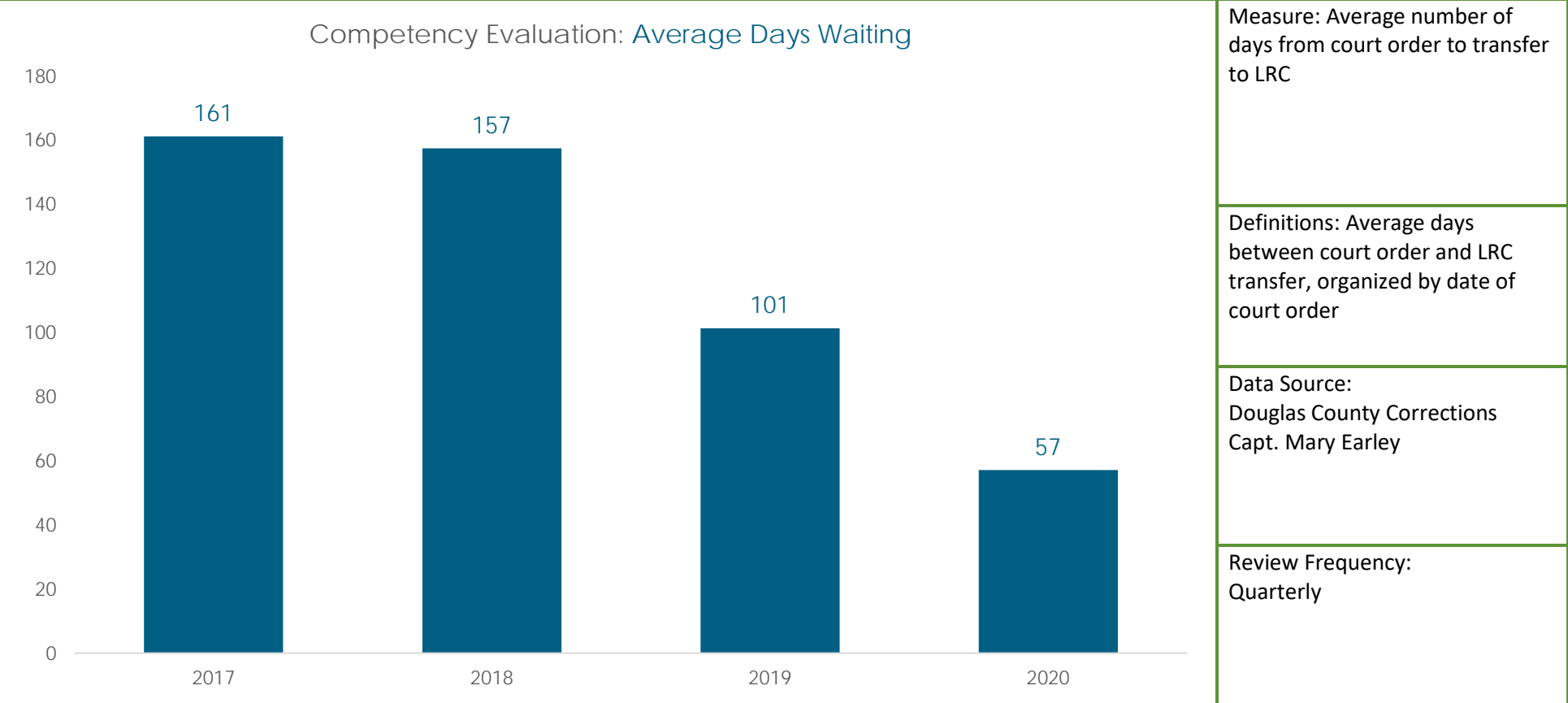
**Notes & Action Steps**

\*\* This data is impacted by the COVID-19 outbreak  
Data will be displayed quarter to quarter with a goal line for each measure.  
Q3 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 has not been updated

**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.		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.  <i>Update: Vicki heard back from Kim E. Lancaster Co is working on legislation that would allow more sharing of information between CJ agencies.</i>	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.  <i>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.</i>	April 2021	
--	------------	--

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

<i>On hold due to COVID</i>		
-----------------------------	--	--

**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
<p>a. Familiar Faces Core Team is in process of developing measurable outcomes in order to determine if pilot is successful.</p> <p><i>Update: Mike Phillips will provide FFP update at Feb. 2021 meeting. Public Defender's Office is provided the names of individuals participating in FFP (the names of those who have been assigned a PD).</i></p>		

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

<p>a. Monitor baseline data and identify opportunities</p> <p>b. Include definitions of probation violations and custodial sanctions on page 5. Bonnie O will share definitions with Vicki M.</p> <p><i>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.</i></p>	Completed Dec. 2020	
--	------------------------	--

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

<p>a. Review baseline data beginning April 2021.</p> <p><i>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.</i></p>		
---	--	--

**Objective 5: Consider how LB247 (2019) Advanced Mental Health Directives can impact recidivism.**

<p>a. Emergency System Coordinators/Managers across the state will be discussing LB247 implementation plans/challenges. Curt V. will keep us updated on developments.</p>		
---	--	--

**AD HOC Data**

<b>QUESTION:</b>	<b>Analysis &amp; Findings</b>
<b>Notes &amp; Action Steps</b>	

## 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](mailto:kkalina@regionsix.com)

OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

### Joel Case, MS

Quality Improvement Specialist

[jcase@regionsix.com](mailto: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](mailto:vmaca@regionsix.com)

OFFICE: 402.591.5010 | CELL: 531.444.8615 | FAX: 402.444.7722