

THE  
**STEPPING UP**  
INITIATIVE



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

**Douglas County, Nebraska**

**QUARTERLY REPORT**

**Data from Quarter 4**

**Meeting Date: January 27, 2022**

## Agenda

1. Welcome
2. Review Goals/Data Packet
3. Updates from Team Members
4. Next Meeting is **Thursday, February 24, 2022**
5. Conclude

## Sequential Intercept Model (SIM) Priorities for Change

Nov. 2017

- a. Increase utilization of mobile crisis and addition of co-responder model.
- b. Coordinate and expedite court processes from arraignment to the next court appearance.
- c. Timely medication management appointments upon discharge from corrections.
- d. Forensic unit and continuum of forensic services for people with mental illness and violence.
- e. Create a specialized psychiatric emergency department.
- f. Coordinate release/discharge processes from jail.
- g. Increase public awareness of Intercept 0 resources.
- h. Increase utilization of peer support staff across Intercepts.
- i. Create easier access to residential treatment and other community-based programs for persons who are in jail.
- j. Increase capacity for community case management and in-reach into jail.

## Complimentary Activities and Strategies

1. Considering SIM Update with Policy Research Associates (Spring 2022)
2. DCDC Roll out of Public Safety Assessment (PSA) Pre-Trial Risk Assessment (April 2022)
3. Douglas Co exploring options for strategic planning facilitator to assist with developing a focused plan for data sharing, inform potential purchase of needed data sharing platform
4. Familiar Faces Pilot expansion proposal-ARPA funding?
5. Monitor LB247 (2019) Advance Mental Health Directives roll-out
6. Monitor DHHS's implementation of Outpatient Competency Restoration
7. Peer Support position-DCDC
8. Data Analyst position/ARPA funding-DCDC
9. Mental Health Diversion Expansion
10. Intensive Outpatient (IOP) substance abuse treatment in the jail-funded by BJA grant (Q1-2022) CMHC and DCDC partnership
11. Exploring connection with MACCH for temporary supported housing post-release
12. Exploring Region 6's Housing Voucher assistance connection with Corrections
13. Explore Criminal Justice Management Council (CJMC) development of strategic goals for adult/youth
14. Exploring processes with Medicaid and Criminal Justice systems

### 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  <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  <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 released from jail in the reporting month</p> <p><b>Data Source:</b> DCDC (Collaborate &amp; IRMA connected through data #)  <b>Date Provided:</b> Monthly  <b>Review Frequency:</b> Monthly  <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  <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

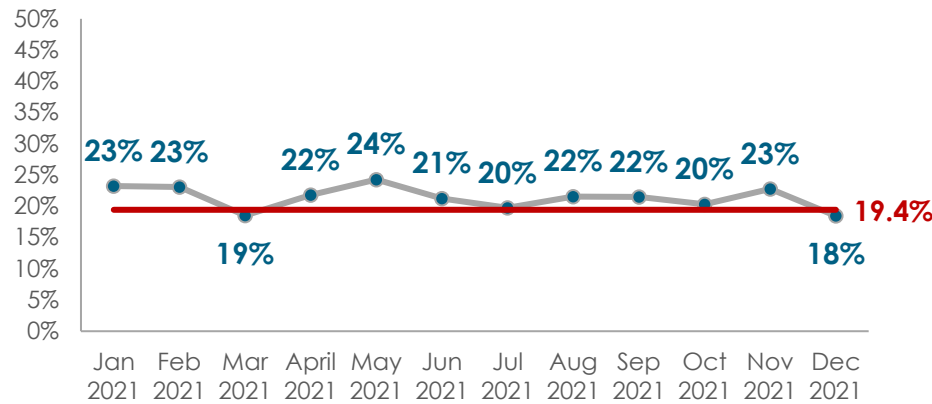
- **SMI (Serious Mental Illness):** Individuals with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, (vi) Obsessive Compulsive Disorder, and (vii) Psychotic Disorder (Self-Report and Diagnosed by Professional)
- **Connection 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)
- **BHITF:** Behavioral Health Incident Tracking Form.
- **ERMA:** Wellpath's proprietary electronic record management application.
- **Collaborate:** Customizable, web-based case management software used by DCDC Reentry staff.

### Stepping Up Key Measures

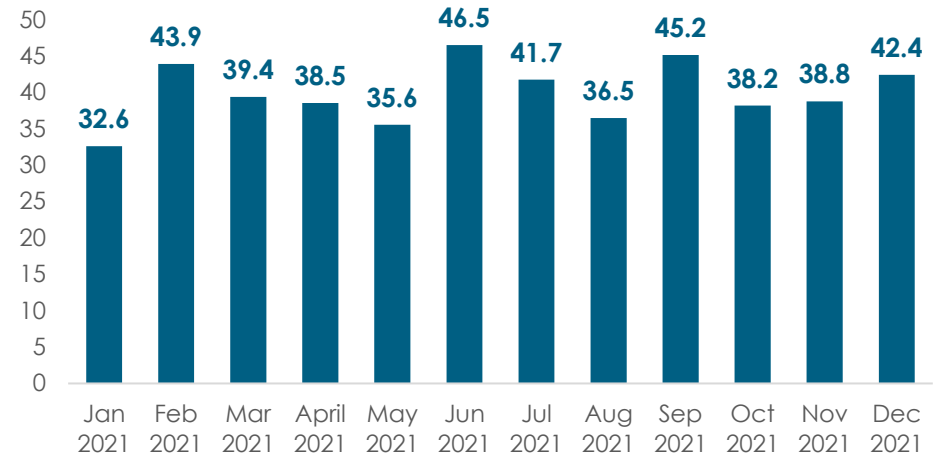
**GOAL 1a:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail \*(& **1b:** # Incarcerated)

Percent of Monthly Booking with a Serious Mental Illness (SMI) & 2020 Avg



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

Avg. Length of Stay for SMI Population (in days)



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

**Automated Report Under Development**

**Collaborate Database**

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

**Automated Report Under Development**

**GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail \*(& 1 b: Incarcerated in Jail) Intercepts 0 and 1**

Strategy	Target	Notes/Updates
<b>Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 1.</b>		
a. Monitor baseline data.		
<b>Objective 2: DCSO and OPD will increase the number of designated officers trained in Crisis Intervention Training (CIT).</b>		
a. OPD will work toward training 50 additional officers in CIT. <i>January 2022: Next CIT class is scheduled for March 2022</i>		Page 10
b. DCSO will work having 70% of sworn, active officers trained in CIT.		Page 10
c. The 911 Call Center will work increasing the number of Operators and Dispatchers trained in CIT.		Page 12
<b>Objective 3: DCSO and OPD will increase the number of designated officers trained in Mental Health First Aid (MHFA).</b>		
a. OPD will increase opportunities for officers to receive MHFA training by providing 3 internal MHFA classes to officers in 2021 (using their trained trainers). <i>January 2022: Getting all new OPD recruit classes trained in 2022</i>	2021	
b. OPD will work toward having 18% of sworn, active officers trained in MHFA.	2021	Page 11
c. DCSO will work toward having 95% of sworn, active officers trained in MHFA.	2021	Page 11
<b>Objective 4: Mobile Crisis Response and Co-Responder services support the community by providing immediate support to law enforcement (LE) agencies by responding to individuals experiencing a mental health crisis.</b>		
a. Officers will have a good working knowledge of MCR and Co-Responder services through new hire training at the LE Academy.	On-Going	
b. Engage in on-going marketing to Law Enforcement via participation with Roll Call and providing blue cards for easy access to MCR contact information.	On-Going	
c. Analyze Mobile Crisis Response (MCR) data (from Region 6) to identify potential opportunities.	Quarterly	Page 13
d. Collect baseline data on MCR diversion from hospital and jail.	Quarterly	Page 14

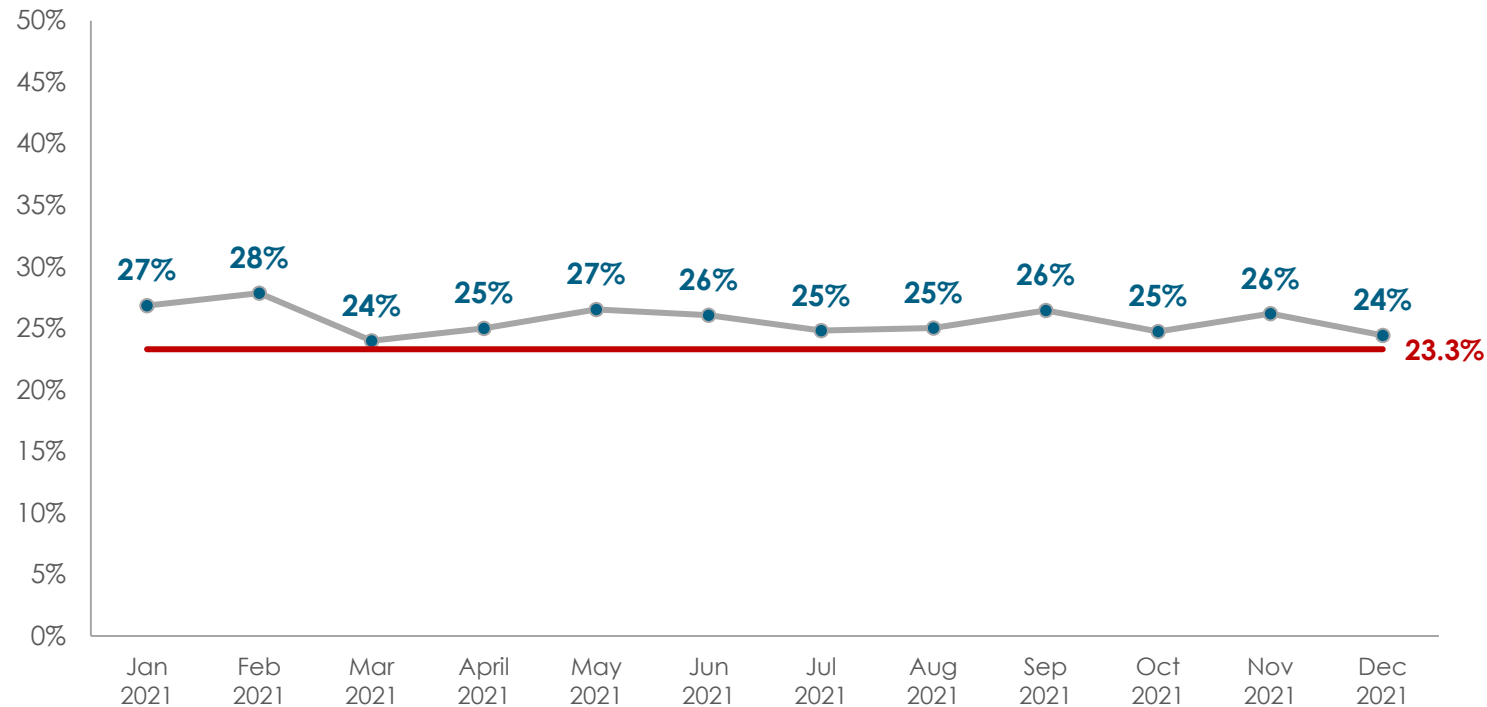
e. Analyze Co-Responder data (from OPD) to identify potential opportunities.	Quarterly	Lindsay, Can you share this data?
<b>Objective 5: LE agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).</b>		
a. Analyze the number of 911 calls coded as “mental health” compared to the number of BHITF’s completed.	Quarterly	Page 15
b. DCSO and OPD will continue to highlight the importance of having the 911 Call Center appropriately code calls involving mental health and will complete the BHITF on those contacts.	On-Going	
<b>Objective 6. Explore current practice with detaining individuals with a Siena Francis address, in lieu of cite and release.</b>		
a. D/C Bang will discuss with D/C Gray and let the team know.	Jan. 2022	
<b>Objective 7: Utilize data to better understand the impact that assaults on healthcare workers have on emergency departments and jails.</b>		
a. Develop an Ad Hoc data report with the data that OPD shares; identify next steps <i>January 2022 Update: At the first of each month, OPD (D/C Bang) will send DCDC (Justine W.) an automated report that identifies the individuals who have been arrested and booked into jail for assaulting a healthcare worker in a hospital setting (ED or inpatient). Justine will calculate the number of those individuals who have a SMI.</i>	Feb. 2022	<b>Initial Ad Hoc Report on page 25 Will look at revised Ad Hoc Report during our February 24 meeting.</b>



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

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

Percent of Incarcerated Individuals with a Serious Mental Illness (SMI) & 2020 Avg



**Measure:**  
% of incarcerated inmates with a diagnosed SMI, by month

**Definitions:**  
Number of incarcerated inmates divided by total number of inmates, by month

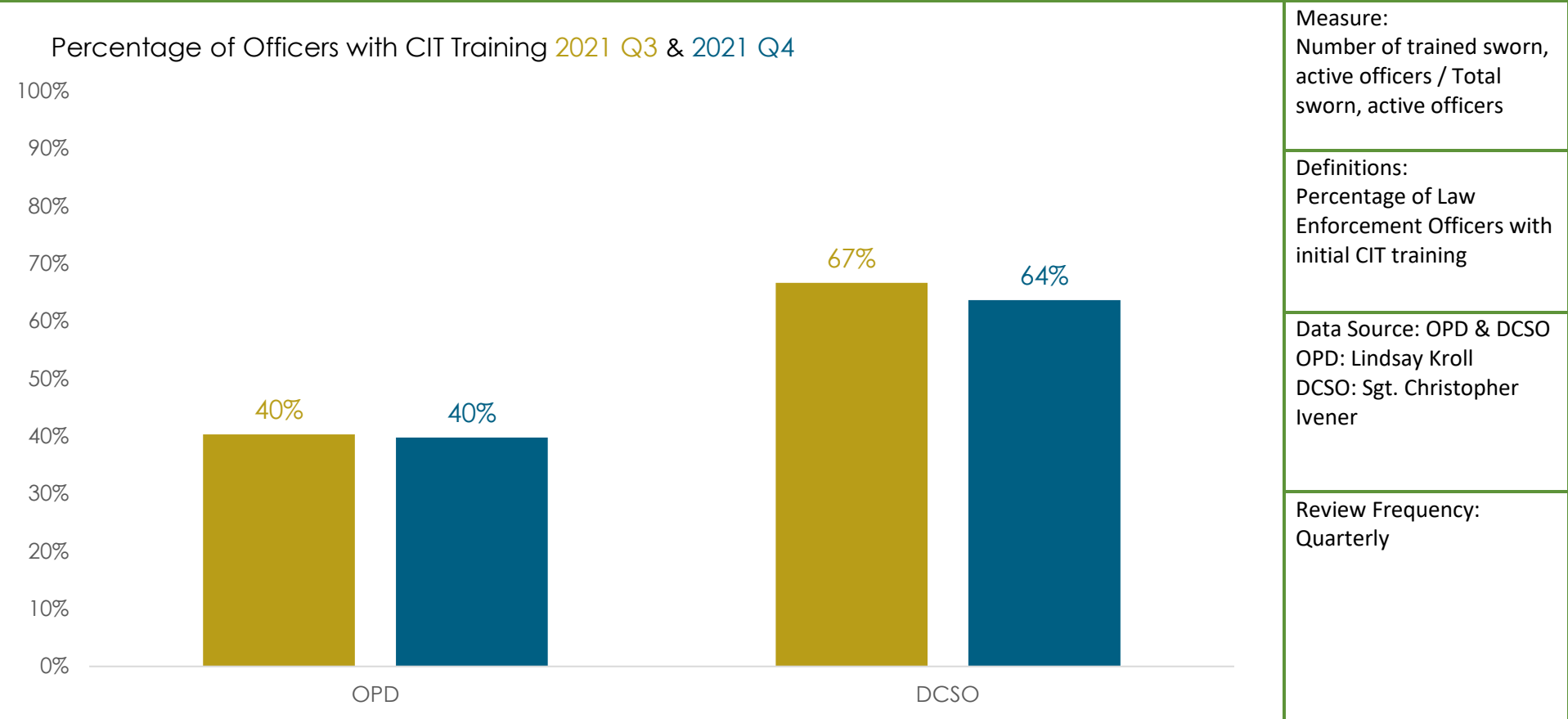
**Data Source:**  
Justine Wall

**Review Frequency:**  
Monthly

**Analysis:**  
The highest percentage of individuals diagnosed with a serious mental illness booked into jail over the past 16- month period was in February 2021 with 28%, the lowest percentage was in February 2020 with 19%.

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

**Objective 2: DCSO and OPD will increase the number of designated officers trained in Crisis Intervention Training (CIT).**



**Notes & Action Steps**  
**COVID 19 Impact**

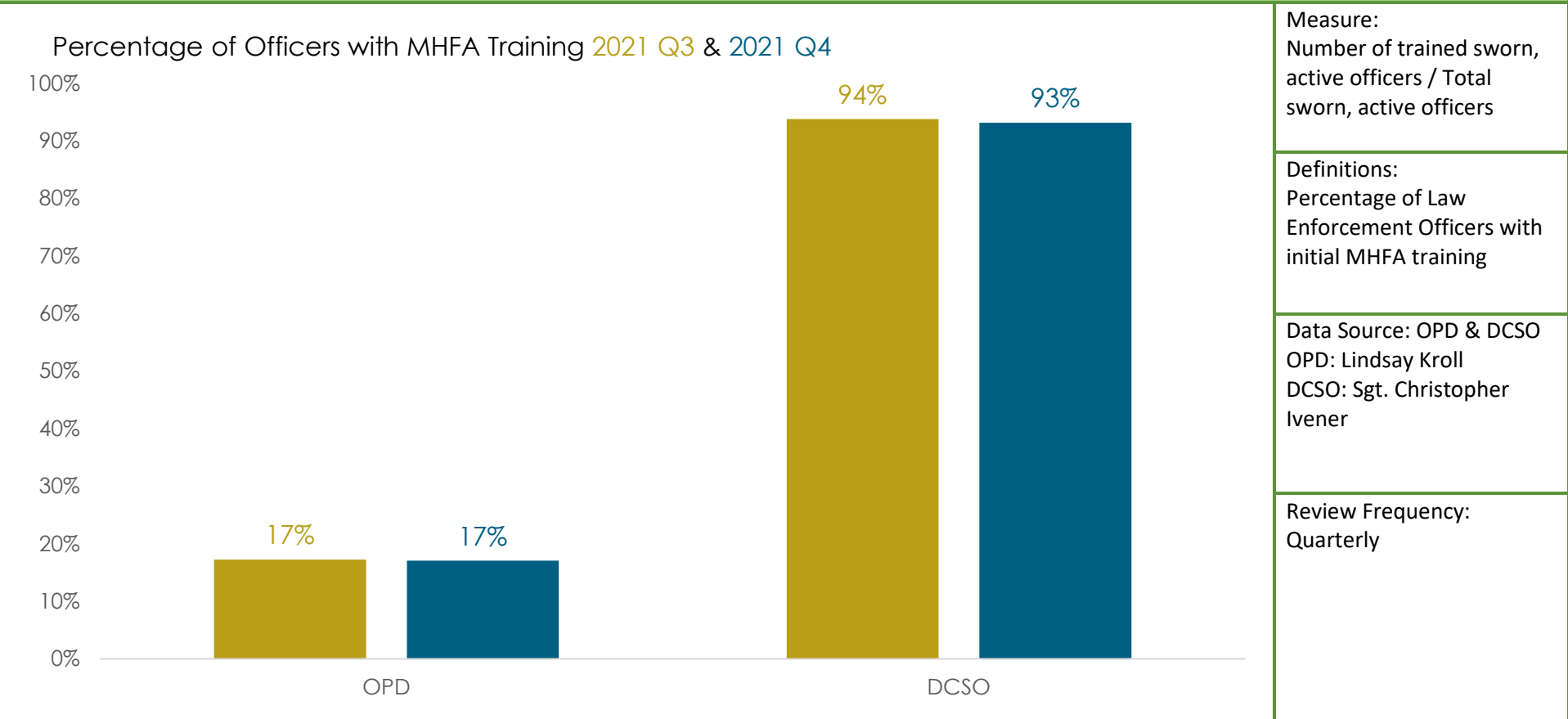
OPD 2021 number trained: Q1 (247), Q2 (341), Q3 (353), Q4 (352)  
 DCSO 2021 number trained: Q1 ( ), Q2 (86), Q3 (86), Q4 (84)

This is point in time data, gathered at the end of the reporting period.  
 OPD FTEs increased from 876 to 886  
 DCSO FTEs increased from 129 to 132

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

**Objective 3: DCSO and OPD will increase the number of designated officers trained in Mental Health First Aid (MHFA).**

DCSO Goal is: 95% OPD Goal is 18%



**Notes & Action Steps**

**COVID 19 Impact**

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

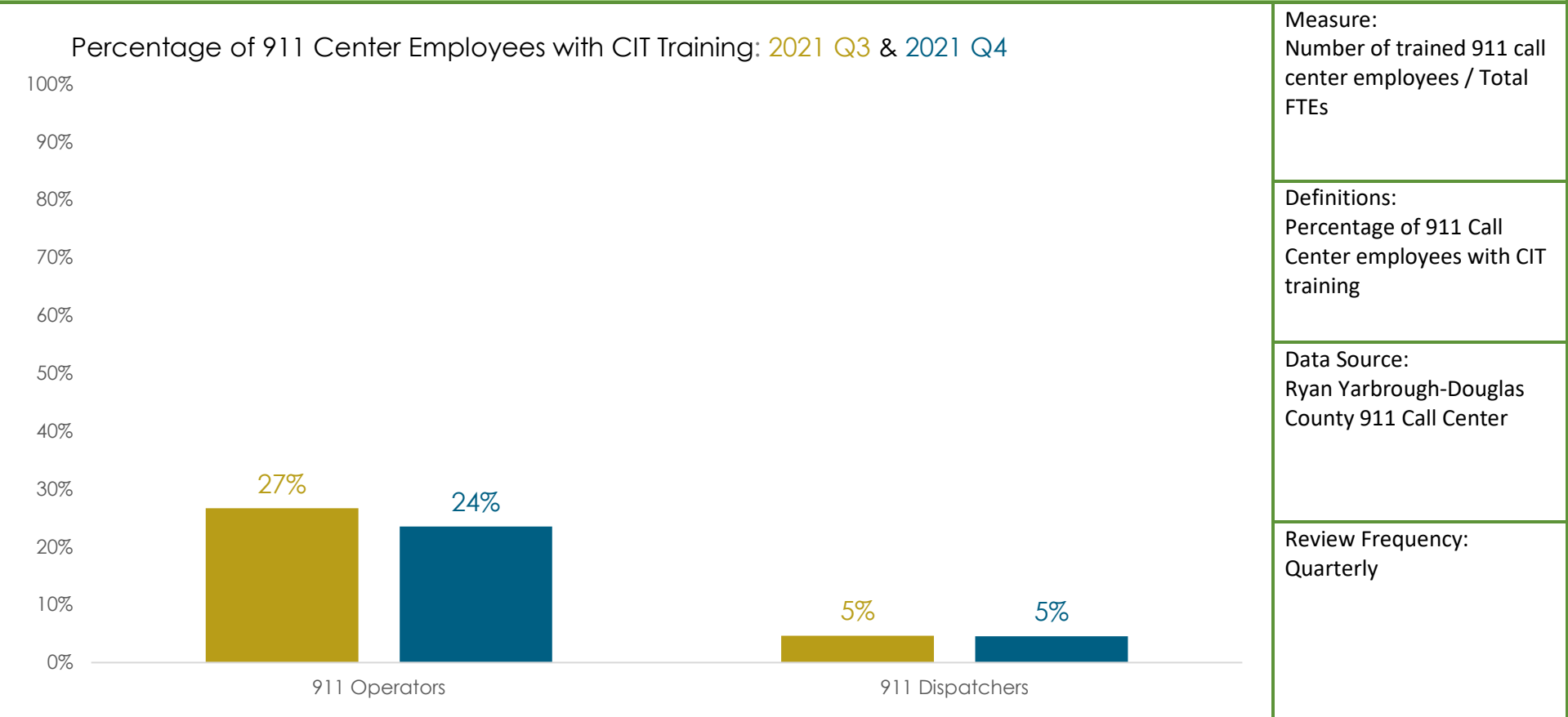
**MHFA is now provided during new hire/recruit training at the Douglas/Sarpy Co Training Academy.**

OPD 2021 number trained: Q1 (103), Q2 (94), Q3 (151), Q4 (151)

DCSO 2021 number trained: Q1 ( ), Q2 (121), Q3 (121), Q4 (123)

**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.

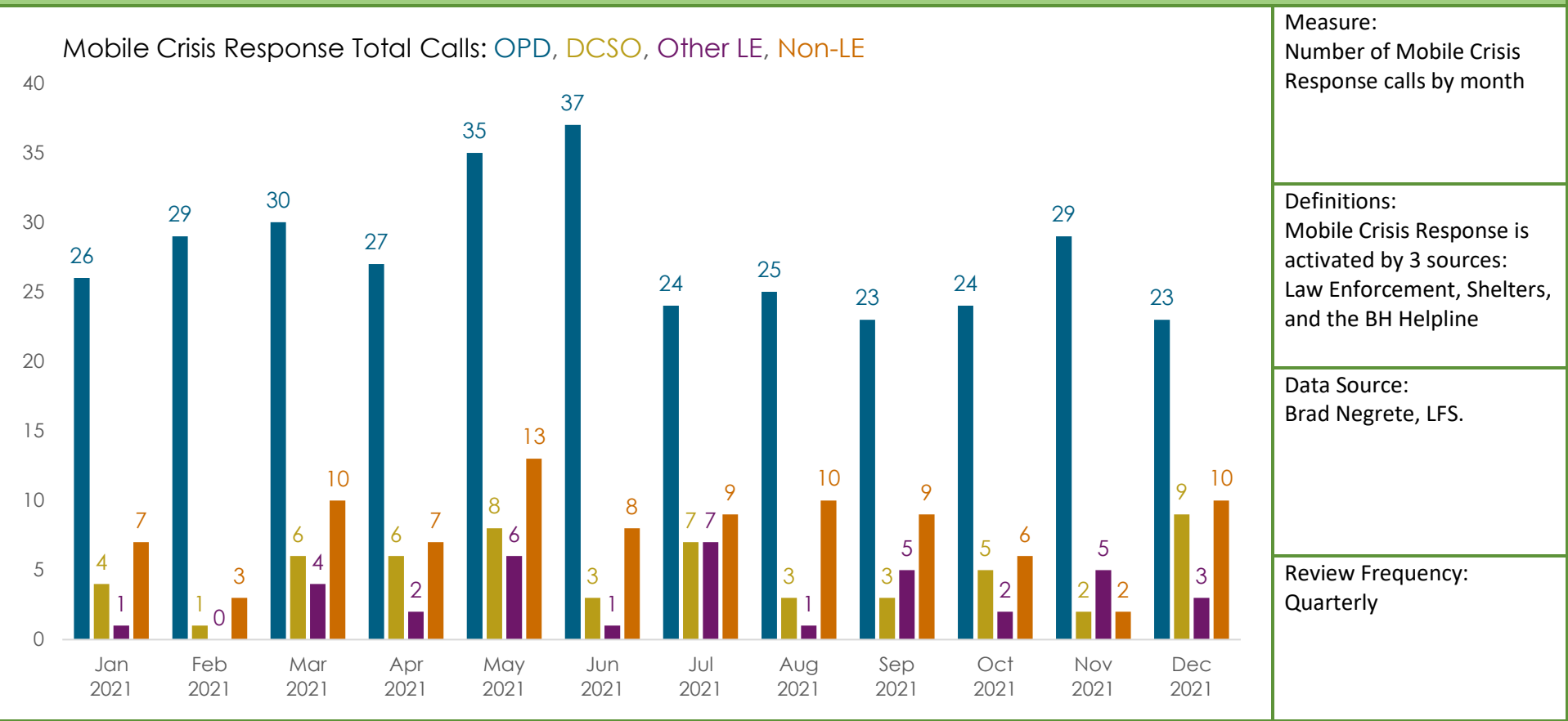
17/18 total Operators

44/49 total Dispatchers for Q4

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 4c: Analyze Mobile Crisis Response (MCR) data (from Region 6) to identify potential opportunities.**



**Notes & Action Steps**

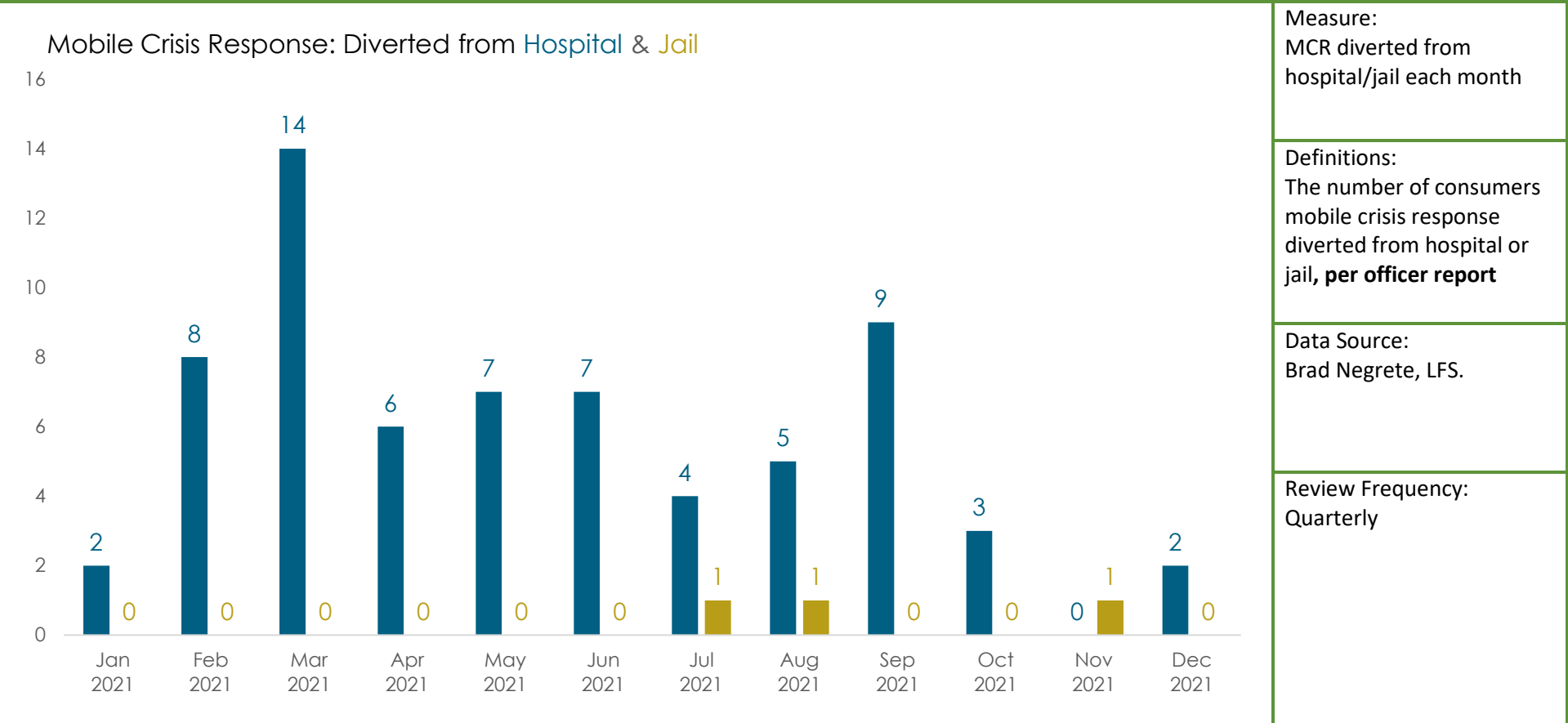
Other Law Enforcement: Dodge CSO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington CSO, Valley PD, Waterloo PD, Eppeley Air Port Police, Washington Jail

Non-Law Enforcement: Nebraska Family Helpline, Shelter Open Door Mission, Shelter Sienna Francis, Shelter Stephen Center, Humane Society, 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 4d: Collect baseline data on MCR diversion from hospital and jail**



**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.

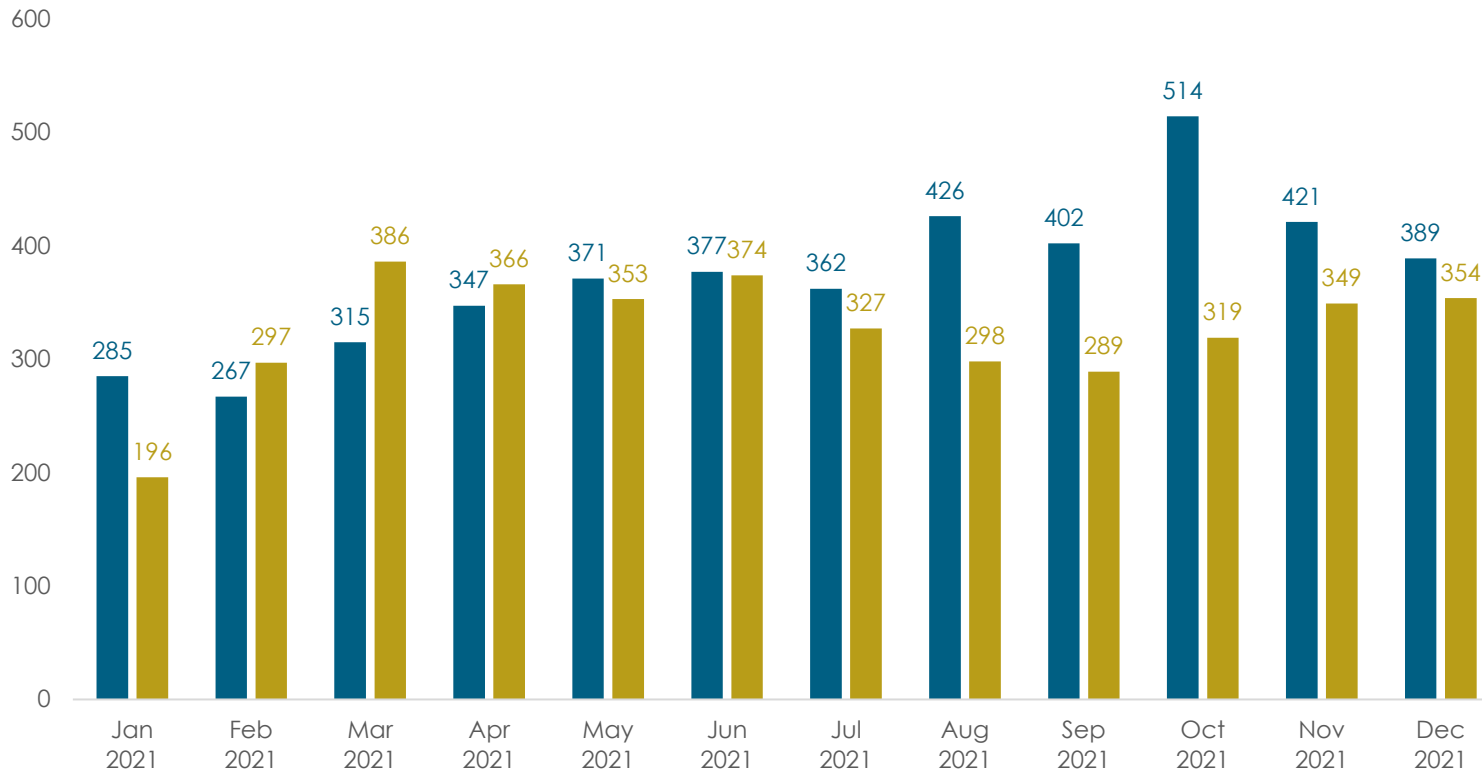
**Review Frequency:**  
Quarterly

**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).**

Comparison: 911 MH Coded Calls vs BHITF



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 completed electronically in OPD cruisers (Jan. 2021).

**The number of BHITFs completed by OPD has surpassed the number of 911 calls coded as mental health-first time Feb. 2021**

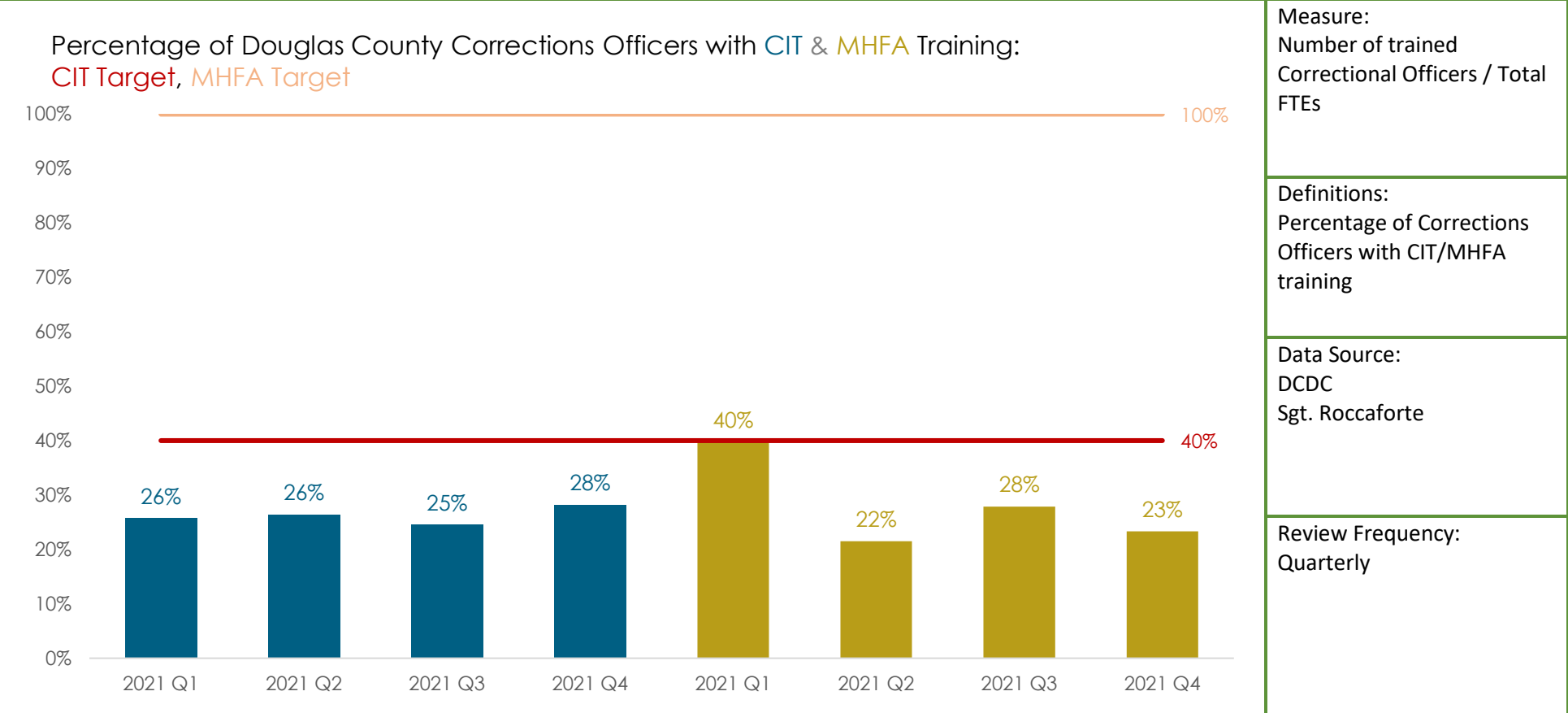
**GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail Intercepts 2 and 3**

Strategy	Target	Note/Updates
<b>Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 2.</b>		
a. Justine will continue work with Dotcom in order to produce automated data report for Goal #2 <i>January 2022 Update: Justine has requested automated report that compare ALOS for those with SMI against those without an SMI.</i>	2021	In Process
<b>Objective 2: DCDC will work toward having 40% of Correctional Officers trained in CIT and 100% of Correctional Officers trained in MHFA.</b>		
a. Monitor baseline data on number of CO's who have completed CIT and MHFA training.		Page 17
b. DCDC will deliver CIT training to Correctional Officers (CO's) once they have received their 2 <sup>nd</sup> vaccination.		Training has been on hold due to COVID 19
c. DCDC will utilize new in-house MHFA trainers to provide MHFA to CO's during new hire training.		
<b>Objective 3: Utilize data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR) practices.</b>		
a. Collect baseline data on the amount of time individuals are waiting to access competency restorative treatment at LRC (days between receiving the order and transfer to LRC). <i>January 2022 Update: 13 individuals currently housed at LRC and 18 on the waiting list. Two orders are from May 2021, they were scheduled to transfer last week, but this was cancelled due to a positive COVID at LRC.</i>	Quarterly	Page 18
a. Form workgroup with PD, CA, DCDC, LRC and Courts to identify opportunities to improve communication and flow of information re. CST/CR, practices; utilize lessons learned from GAINS Center Technical Assistance.	In-Process	
<b>Objective 5: Decide and review outcome data for Mental Health Diversion (MHD).</b>		
a. Identify and define outcome measure for MHD. <i>January 2022 Update: Mike P, Jana A, Kim K and Vicki M met on January 13 and identified outcome data that will be shared with the team at April 2022 meeting.</i>		New Data April 2022



**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.**



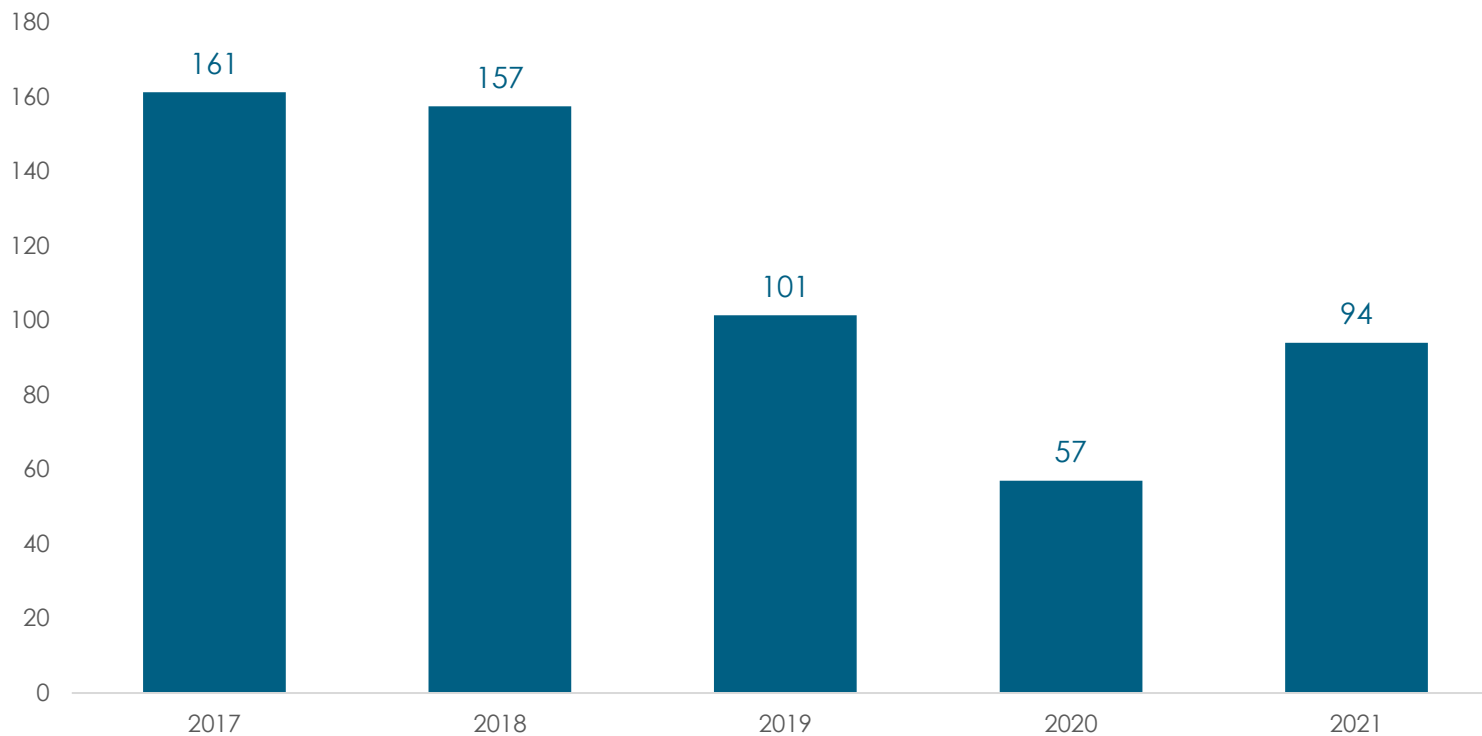
**Notes & Action Steps**

\*\* This data is impacted by the COVID-19 outbreak  
 Data will be displayed quarter to quarter with a goal line for each measure.  
 Correctional Officer staff decreased from 350 to 330 in 2021 Q2

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

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

Competency Restoration: Average Days Waiting in Jail for Competency Restoration at LRC (between receiving the order and transfer to LRC)



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 – by calendar year

Data Source: Douglas County Corrections Capt. Mary Earley

Review Frequency: Quarterly

**Notes & Action Steps**

2021: 30 Individuals (shortest wait time was 3 days and 2 individuals waited 246 days). On average 234 days elapsed between admission to DCDC and the court order, one order was completed within 5 days and the longest was 964 days.

2020: 38 Individuals (shortest wait time was 6 days and longest was 231 days) On average 213 days elapsed between admission to DCDC and the court order one order was completed within 26 days and the longest was 562 days. Dates for 6 orders are unavailable.

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 Intercepts 3,4 and 5**

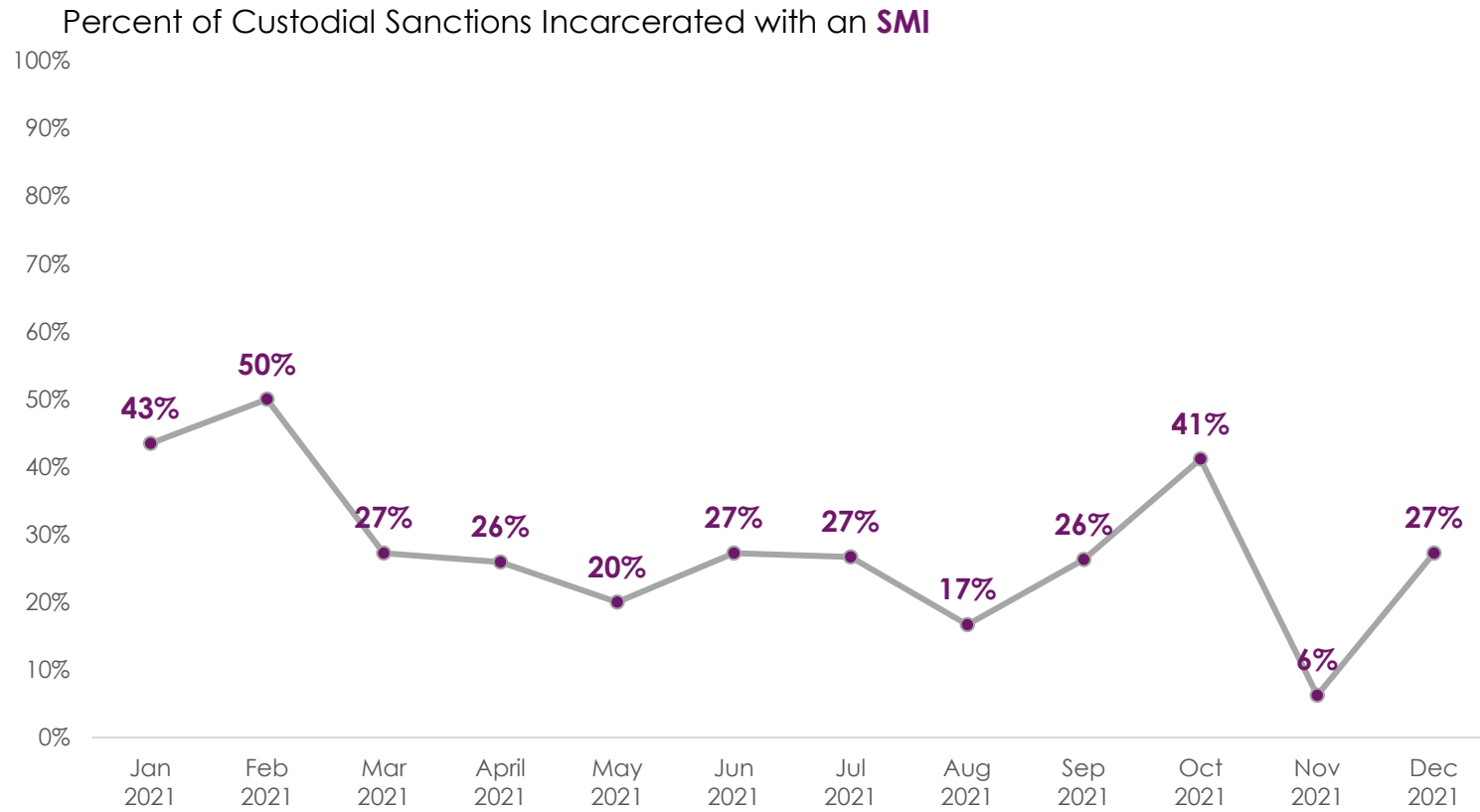
Strategy	Target	Notes/Updates
<b>Objective 1: Collect baseline data on the number of individuals who are connected to Type1 and Type 2 services prior to reentry.</b>		
a. Justine continues to partner with Dotcomm and Network Ninja to work on Objective 1. <i>Sept. 2021 Update: As requested, DotComm contacted Justine to schedule a meeting with Network Ninja to begin discussion on the interface between the two systems. Justine has a meeting with Network Ninja on October 4th to discuss various things and will set a date and time to meet with both Network Ninja and DotComm. This will start the process of collecting reentry data on individuals with SMIs.</i>	In Process	
<b>Objective 2: Explore the use of the Daily Arrest Report with specific service providers.</b>		
a. Create a workgroup to explore changing state statute (NRS 38-2136) to align NE information sharing with federal HIPAA law, as recommended by J.D. Petrila, national consultant. <i>Oct 2021 Update: A workgroup (Douglas and Sarpy Co representatives) has been formed and is reviewing the draft document.</i>	In Progress	
b. Utilize Daily Arrest Report for continuity of care, specifically with medications, consider pilot.	Feb. 2022	
<b>Objective 3: Collect data to understand the impact of Medicaid expansion with those involved with the criminal justice system.</b>		
a. Learn what data is currently being collected by Wellpath. <i>January 2022 Update: Vicki has met with Kim Z/Wellpath; in process.</i>		
b. Develop clear understanding of who/when/how Medicaid applications are being completed <i>January 2022 Update: Currently, Re-entry Specialists at DCDC are not assisting inmates with completing Medicaid applications.</i>		
c. Connect with NE Medicaid/DHHS to develop working knowledge of the processes in place for activating/re-activating Medicaid upon release from jail (time frames, communication/letter) how to know which MCO the member/inmate was affiliated with, collaboration).  <i>January 2022 Update: In process of identifying who the best DHHS-Medicaid contact person is. Will schedule conference call (Justine, Shy, Kim Z).</i>	Feb. 2022	
<b>Objective 4: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.</b>		
a. Schedule meeting with BAART to explore opportunities.	March 2022	

**GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail  
Intercepts 0,1, 2,3,4 and 5**

Strategy	Target	Notes/Updates
<b>Objective 1: DCDC will work to streamline data collection and reporting through automation in order to collect data on Goal 4.</b>		
a. Justine continues to work with DotComm in order to produce automated reports for Goal #4	2021	
<b>Objective 2: Utilize data to determine Familiar Faces Pilot project's impact on recidivism.</b>		
a. Update FFP Data Report and review with Stepping Up Team	April 2022	Mike P, Jana, Kim and Vicki
b. Develop FFP Proposal for County Board/ ARPA funding <i>January 2022 Update: Proposal to expand FFP has been drafted and submitted to Com. Borgeson.</i>	Jan 2022	Mike P leading this
<b>Objective 3: Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.</b>		
a. Monitor baseline data and identify opportunities <i>For Individuals with SMI in jail due to Custodial Sanctions: DCDC (Justine) can now compare data on individuals in jail due to a custodial sanction (data from Heidi) against those who have an SMI.</i>		Page 21
<b>Objective 4: Utilize Long-Acting Injectables (LAI's) when clinically appropriate.</b>		
a. Form small workgroup to better understand challenges and to identify solutions.	In Process	Justine, Mike P, Vicki M with assistance from Mike Myers
b. Collect and review baseline data on the aggregate number of individuals receiving LAI's by month. <i>January 2022 Update: Wellpath will be providing data on LAI's received by 1<sup>st</sup> or 2<sup>nd</sup> Generation/by month.</i>	Jan. 2022	Kim Z/Wellpath will provide data Ad Hoc Report in February 2022

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

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



Measure:  
% of custodial sanctions incarcerated with an SMI

Definitions:  
Number of custodial sanctions incarcerated with an SMI divided by total number of custodial sanctions in the month

Data Source:  
Justine Wall DCDC  
Heidi Altic DCDC

Review Frequency:  
Quarterly

How many people is this?

**Analysis:**  
Percentage is Custodial Sanctions with an SMI divided by Total Custodial Sanctions.

**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.

**GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail****Objective 4b: Utilize Long-Acting Injectables (LAI's) when clinically appropriate.**

Measure:  
Number of LAIs  
administered in Douglas  
County Jail by month

Definitions:  
Number of LAIs  
administered by month

Data Source:  
Justine Wall DCDC

Review Frequency:  
Quarterly

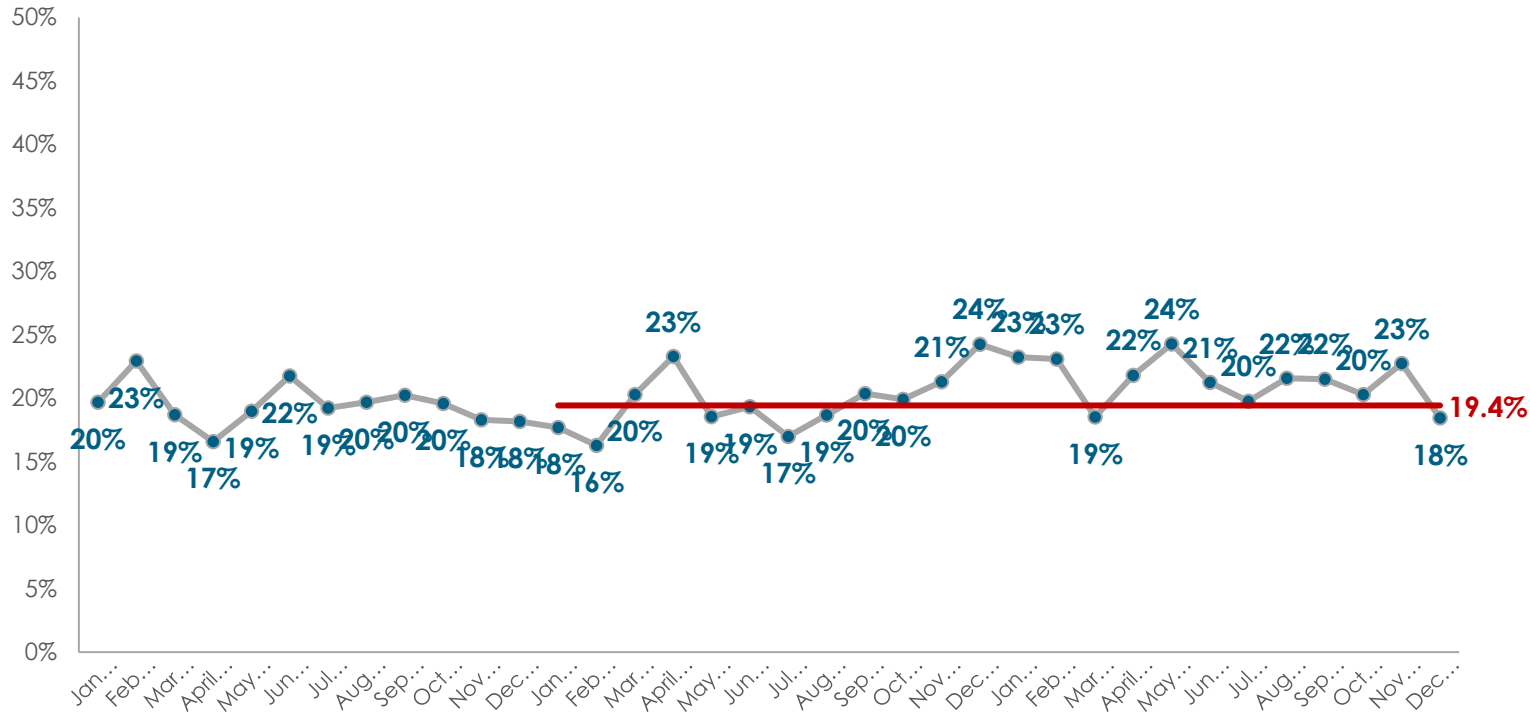
Analysis:

### AD HOC Data

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

**AD HOC Data: A look at data beyond 12 months**

Percent of Monthly Booking with a Serious Mental Illness (SMI) & 2020 Avg



**Measure:**  
% of monthly bookings with a Serious Mental Illness (SMI)

**Definitions:**  
Number of SMI bookings divided by total number of bookings, by month

**Data Source:**  
Justine Wall DCDC

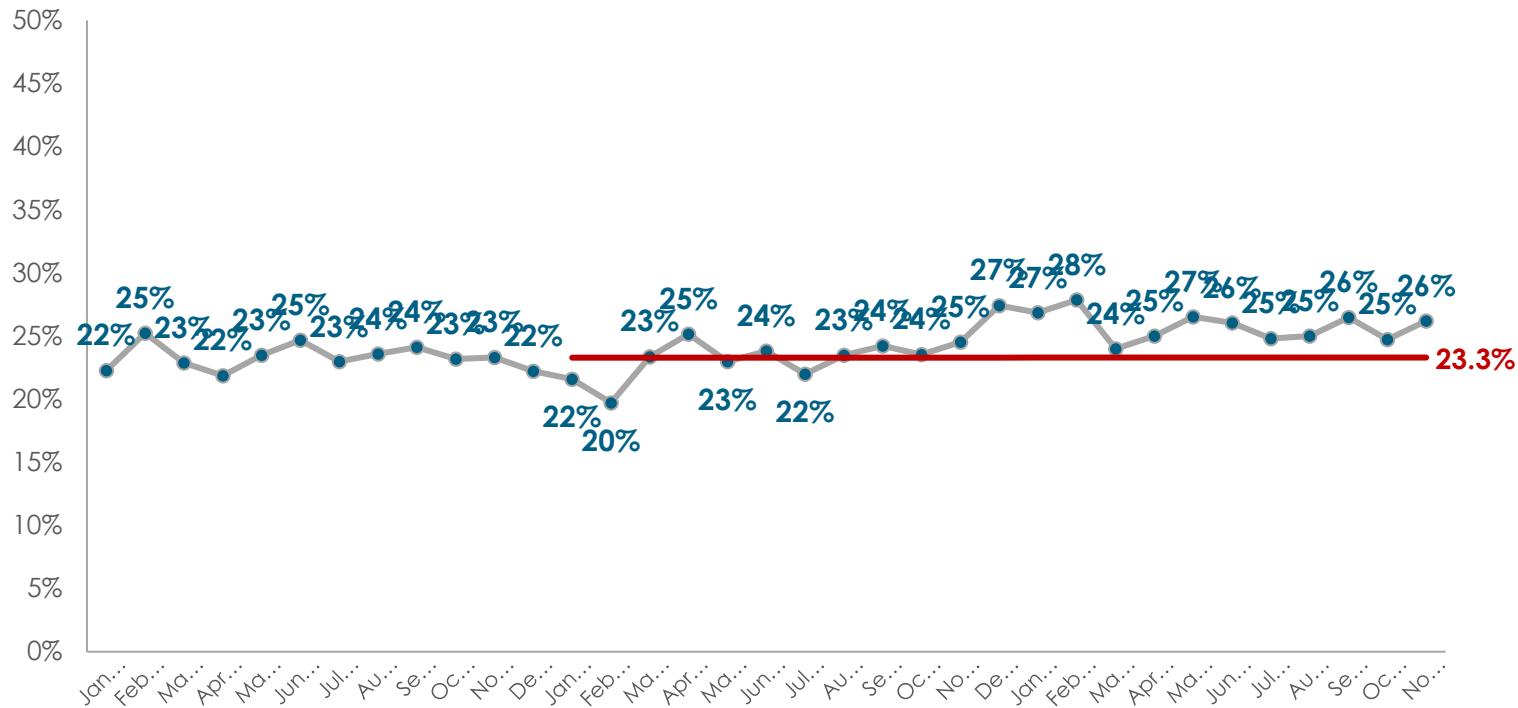
**Review Frequency:**  
Monthly

**Analysis:**

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

**AD HOC Data: A look at data beyond 12 months**

Percent of Incarcerated Individuals with a Serious Mental Illness (SMI) & 2020 Avg



Measure:  
% of incarcerations with a Serious Mental Illness (SMI)

Definitions:  
Number of incarcerations with an SMI divided by total number of incarcerations, by month

Data Source:  
Justine Wall DCDC

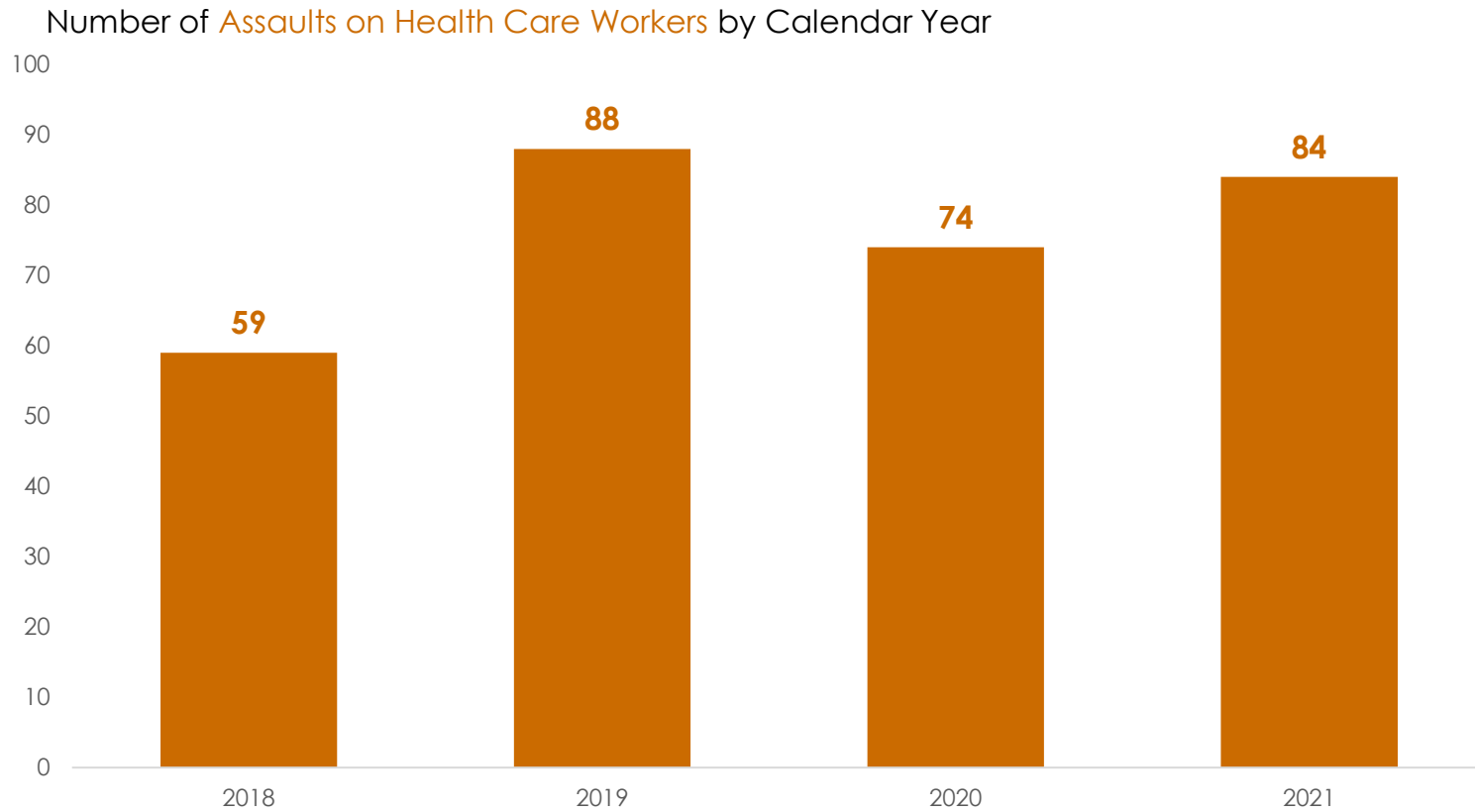
Review Frequency:  
Monthly

Analysis:



## Assaults on Health Care Workers

### AD HOC Data



Measure:  
Number of Assaults on Health Care Workers

Definitions:  
Number of Assaults on Health Care Workers

Data Source:  
Deputy Chief Bang

Review Frequency:  
Quarterly

**Analysis:**

We do not know how many of these individuals were booked into jail with an SMI. We will have that information for Feb. 2022 meeting.

## Participants

- Mike Myers-Department of Corrections
- Justine Wall-Department of Corrections
- Heidi Altic-Department of Corrections
- Diane Carlson-Douglas County Administration
- Erin Hurley-County Attorney's Office
- Martha Wharton-Public Defender's Office
- Heather Wetzal-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
- Damon Strong-Chief Probation Officer District 4A
- Bonnie Ott-Probation Officer/Treatment
- 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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