Sequential Intercept Model Mapping Report for Douglas County, Nebraska

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June 9, 2022

Delmar, NY

PRA

POLICY RESEARCH ASSOCIATES

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Report

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ACKNOWLEDGEMENTS

This report was prepared by Travis Parker, M.S., LIMHP, CPC and Arnold Remington, MA, LIMHP, CPC of Policy Research Associates, Inc. Policy Research Associates wishes to thank Region 6 Behavioral Healthcare for supporting this event and Omaha Marriott for hosting the event. Special thanks to Vicki Maca, Director of Behavioral Health and Criminal Justice Initiative, Region 6, Mary Ann Borgeson, Douglas County Commissioner, and Patti Jurjevich, Regional Administrator Region 6 Behavioral Healthcare for their offering opening remarks on June 9th, 2022. A special thanks to the four guest-observer contributors from Sarpy County.

RECOMMENDED CITATION

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SIM MAPPING LOCATION

June 9, 2022
Omaha Marriott
10220 Regency Circle
Omaha, NE 68114

RESEARCH AND INTERACTIVITY

Civic Mapping
815 E Street, Suite 121694
San Diego CA 92112
CivicMapping.com

CONTENTS

Douglas County, Nebraska Map, Cities, and Law Enforcement

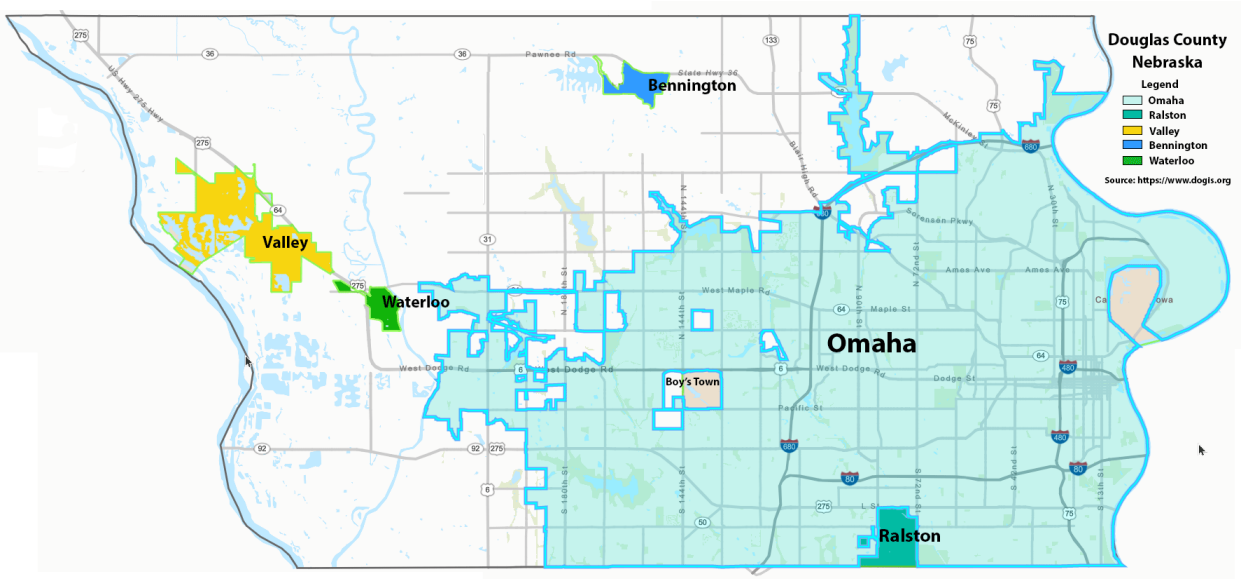


Figure 1. Douglas County, Nebraska (*Source*)

City and Area	2020 Population	Law Enforcement Agency
Omaha	479,529	*Omaha Police Department*
Ralston	7,305	*Ralston Police Department*
Valley	2,834	*Valley Police Department*
Bennington	2,075	*Bennington Police Department*
Waterloo	1,066	*Waterloo Police Department*
Unincorporated County	93,792	*Douglas County Sheriff's Department*
Douglas County	584,526	Source: *Wikipedia*, *NE Demographics* (2020 CENSUS)

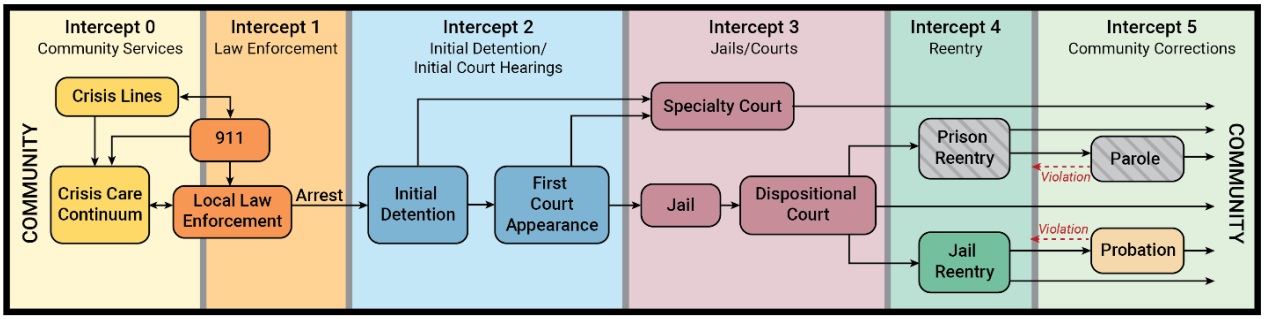
BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available opportunities, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, opportunities, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

INTRODUCTION

The day began with opening remarks by Vicki Maca, Director of the Behavioral Health and Criminal Justice Initiative, Region 6. Vicki provided an overview of the day. Vicki also introduced four (4) guests from Sarpy County who were present as observers focused on opportunities for collaboration with Douglas County. She also thanked everyone attending, guest presenters, and Douglas County Court Judge Sheryl Lohaus.

Mary Ann Borgeson, Chair and Douglas County Commissioner, District 6 welcomed everyone and thanked them for taking time out of their busy schedules. Commissioner Borgeson expressed her excitement that Douglas County partnered with Region 6 to host the SIM Workshop event. She thanked everyone for their work thus far and shared that we all still have work to do. Commissioner Borgeson shared that she has been a long-time advocate of meaningfully addressing mental health issues. She stressed that we all need to remember that mental health is health, and that 'no one should have to go to jail to get help… end of story.'

Commissioner Borgeson identified that participants have been invited based upon the specific roles each has in working with behavioral health and the criminal justice system. She thanked the entire Stepping Up team while recognizing members present. Finally, Commissioner Borgeson thanked everyone, especially Vicki's amazing efforts and Patti Jurjevich for her leadership and dedication to 'continuing to move us forward even when the road gets tough.'

Patti Jurjevich, Regional Administrator Region 6 Behavioral Healthcare, identified her role and gave an overview of what Region 6 Behavioral Healthcare does within Douglas County. Patti thanked everyone for their participation in taking a full day from their schedules, and PRA for being present to lead the discussion. She also talked about the county's activities in the areas of treatment, prevention, and rehabilitation. Finally, Patti recognized the partnership with Douglas County and acknowledged the leadership of Commissioner Borgeson and her successes in getting Douglas County to where they are today.

REPRESENTATION

Workshop participant representatives and organizations. See Appendix 1 for Participant List:

Organizations and Representatives	
9-1-1 Emergency Services	Lutheran Family Services of Nebraska (LFS)
Capstone Behavioral Health	Lincoln Recovery Center (LRC)
CenterPointe	Methadone treatment
CHI Health (CHI)	Nebraska Family Helpline
Douglas County Mental Health Center (CMHC)	Nebraska Total Care
Douglas County Commissioners	NOVA Health
Community Alliance	Omaha Police Department
Douglas County Corrections	Open Door Mission
Douglas County Attorney	Outpatient Competency Restoration
Douglas County Court Judge	Peer Supporters
Douglas County Sheriff's Office (DCSO)	Douglas County Probation Department
Drug Court	Psychiatric Emergency Services
Developmental Services of Nebraska (DSN)	Public Defender's office
Emergency Services	Region 6 Behavioral Healthcare
General Assistance	Sienna Francis House
Health & Human Services (HHS)	United Health Care

COMMON ACRONYMS

Acronym	Description	Acronym	Description
AARPA	American Rescue Plan Act (Covid-19)	LHRC	Lasting Hope Recovery Center
B.A.C.	Blood-Alcohol Content	LRC	Lincoln Recovery Center
BH	Behavioral Health	MAT	Medication Assisted Treatment
BHMHS	Brief Jail Mental Health Screen	MRT/MCRT	Mobile (Crisis) Response Team
CALM	Coordinated Anxiety Learning & Mgmt	MHC	Mental Health Court
CIP	Crisis Intervention Partners	MHFA	Mental Health First Aid
CIT	Memphis CIT Model	MRT	Moral Reconation Therapy
CJ	Criminal Justice	OPD	Omaha Police Department
CMHC	(Douglas) County Mental Health Center	PEER	Region 6 Peer Support Services
CPC	Civil Protective Custody	PES	Psychiatric Emergency Services
DCJ	Douglas County Jail	PSS	Peer Support Specialists
DCSO	Douglas County Sheriff's Office	RAP	Reentry Assistance Program
DSN	Developmental Services of Nebraska	Region 6	Region 6 Behavioral Healthcare
ED	Emergency Department	SIM	Sequential Intercept Model
HHS	Health & Human Services	SPMI	Serious and Persistent Mental Illness
LE	Law Enforcement	VTC	Veterans Treatment Court
LFS	Lutheran Family Services		

AGENDA

Sequential Intercept Model Mapping Workshop

Douglas County, Nebraska

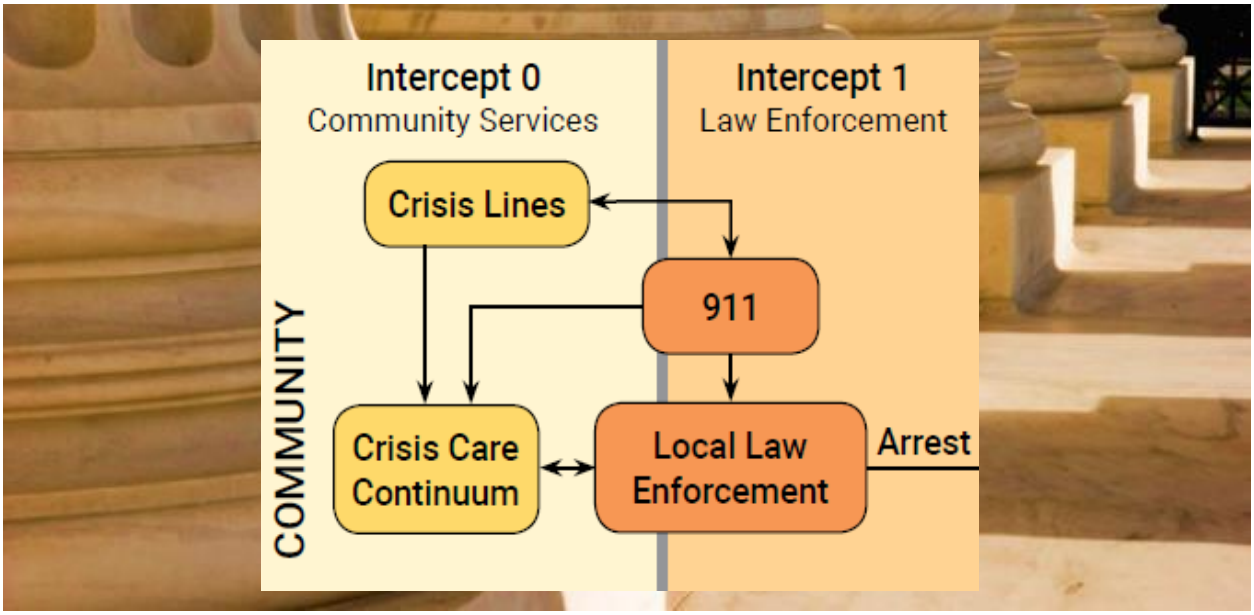
June 9, 2022

8:30 - 9:00	**Registration, Networking and Continental Breakfast**
9:00 - 9:15	**Welcome and Opening Remarks** ▪ Douglas County Commissioner Mary Ann Borgeson ▪ Patti Jurjevich, Regional Administrator, Region 6 Behavioral Healthcare
9:15 - 9:45	**Overview of SIM and Review of Previous SIM Mapping**
9:45 - 12:00	**Updating SIM Map** ▪ Intercepts 0-1 **Break** **Updating SIM Map** ▪ Intercepts 2-3
12:00 - 1:00	**Working Lunch**
1:00 - 2:00	**Updating SIM Map** ▪ Intercepts 4-5
2:00 - 2:15	**7th Inning Stretch Break**
2:15 - 4:15	**Identification of Additional Gaps, Development of Priorities for Change, and Strategic Action Planning**
4:15 - 4:30	**Next Steps and Closing** ▪ Vicki Maca, Director of Criminal Justice and Behavioral Health Initiatives, Region 6 Behavioral Healthcare

SEQUENTIAL INTERCEPT MODEL MAP FOR DOUGLAS COUNTY, NE

OPPORTUNITIES AND GAPS AT EACH INTERCEPT

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify opportunities and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the opportunities and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing opportunities.



INTERCEPT 0 AND INTERCEPT 1

OPPORTUNITIES

CRISIS CALL LINES

Safe Harbor Warm Line Safe Harbor Warm Line by Community Alliance is a crisis help line staffed by Peer Support Specialists with lived experience. They report that "Nine out of 10 persons who have come to Safe Harbor report that these services averted a hospitalization."[2] Safe Harbor experiences a call volume of 700-900 people monthly and conducts about 80 visits per month. This number has been shared with area hospitals, as well as with people given magnets.	**Call** *(402) 715-4226* **Visit** *Website*
Nebraska Family Helpline The Nebraska Family Helpline, available to any family member in crisis is available 24/7. The Helpline can launch mobile crisis response services across Region 6. They received about 500 calls per month pre-Covid pandemic and 1,000 per month since. Calls are answered within a 10-second average.	**Call** *(888) 866-8660* **Visit** *Website*

[2] Safe Harbor. Retrieved May 22, 2022. *https://community-alliance.org/we-offer/safe-harbor-peer-crisis-services/*

9-8-8 Suicide Prevention and Crisis Line Emergency crisis operators will be reachable by dialing 9-8-8. This service provides a non-law enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A law enforcement response will be included in cases as needed. Calls have been serviced since 2005, by the Suicide Prevention Lifeline by Vibrant Emotional Health. Lifeline will field 9-8-8 calls through over 180 regional call centers. The county is projecting a 225% increase in call volume in the first year. They will examine the disposition of all calls, including how many calls are diverted from 9-1-1. Both chat and text response services will be made available upon launch.	**Call** *9-8-8* (beginning July 2022) **Visit** *Website* **NE Reports** *2020* | *2019* (coming July 2022 with implementation deployed by 2023)
2-1-1 Nebraska Callers or website visitors seeking human services and other resources will find a rich collection of listings of health, housing, legal, financial, education and many more types of assistance.	**Call** *2-1-1* **Text** Zip Code to 898211 **Chat** *Online* **Visit** *Website* **Get** the App *Android* | *IoS*
Crisis Text Line Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. View metrics from over 7 million conversations since 2013 and learn more about who, what, and when people connect for help.	**Text HOME to** *741741* **Visit** *Website*
Veteran's Crisis Line National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems.	**Call** *(800) 273-TALK* (8255) **Text** *838255* **Visit** *Website*
Other Crisis Lines Primary care givers, pastors, and faith-based groups also receive calls from individuals in crisis.	

9-1-1 /DISPATCH

- The 9-1-1 Center provides services for 15 different agencies within Douglas County. The center is staffed with 48 dispatchers and 17 operators and fields over 1200 calls daily or 500,000 calls annually.[3]
- All 9-1-1 calls are triaged using a law enforcement-dispatched officer response. If the officer determines an individual needs behavioral health services, they will make a referral for the person to call 9-8-8.
- 9-1-1 Center has 13 Crisis Intervention Team (CIT) trained personnel which includes 1 training coordinator, 8 operators, and 4 dispatchers.

HOSPITALS

Douglas County is serviced by several major hospitals

- Veteran's Administration Medical Center
- Douglas County Health Center
- Nebraska Medicine
    - Nebraska Medical Center
    - Psychiatric Emergency Service (PES).
- Methodist Health System
    - Methodist Fremont Health, Fremont NE
    - Methodist Hospital
    - Methodist Women's
- CHI Health
    - CHI Health Immanuel
    - CHI Lakeside
    - CHI Bergan Mercy
    - Lasting Hope Recovery Center

For a complete roster of Nebraska hospitals see *State of Nebraska Roster – Hospitals*.

LAW ENFORCEMENT AND FIRST RESPONDERS

- Omaha Police Department (OPD): Of the 851 sworn officers, approximately 43% are Crisis Intervention Team (CIT) trained. OPD requires all current officers and new recruits to complete the Mental Health First Aid (MHFA) training.
    - Many training programs are made available for officers serving the public, including Coordinated Anxiety Learning and Management (CALM) training, peer support team training, and trainings on a variety of other mental health related topics (i.e., resiliency).

[3] Website. June 2022. Douglas County Emergency Communications Department 9-1-1 Center. *http://dc911.douglascounty-ne.gov/*

    - There are also training opportunities to help officers identify their own behavioral health related issues, which is provided on an ongoing basis.
- Douglas County Sheriff's Office (DCSO): Of 130 sworn officers, 86 (66%) are CIT trained, while 121 (93%) are Mental Health First Aid trained. MHFA training is now required for all new recruits. The 9 officers yet to be trained have all relocated from outside agencies and will receive the training at the earliest opportunity.

Mobile Crisis & Co-Responder Services

- A co-responder has recently been made available to the DCSO's and is available to immediately serve officers responding to calls involving people experiencing a behavioral health crisis.
- Co-responders embedded with the Omaha Police Department self-dispatch to crisis calls.
- When in-house co-responders are unavailable, DCSO, OPD, and other organizations utilize mobile crisis responders.
- Mobile crisis response team members offer people referrals to crisis and other appropriate community-based services up to 90-days post-crisis. Although participants are not required to act on the recommendations, such a resource has been proven invaluable.
- Lutheran Family Services (LFS) has mobile crisis response teams for adults and youth and are available on a 24/7 basis. Teams are activated from referrals by law enforcement, shelters, and other community agencies located within Region 6.

Crisis Services

- Outreach teams are made up of a variety of agencies combined resources and are designed to provide mobile crisis street-outreach to the homeless population.
- Nebraska Medicine operates a Psychiatric Emergency Services (PES); once individuals have been cleared for medical concerns, they can go to this new center and begin psychiatric treatment right away.
- The Douglas County Detoxification program offers voluntary and involuntary services to people withdrawing from alcohol, drugs, or both.
    - The voluntary program allows people under the influence of any substance to stay up to five days. Priorities and supports are identified by staff to help people as they transition into a longer-term treatment program or active court case. For safety reasons, the program limits people with B.A.C. levels at or below .40.
    - Nebraska's Civil Protective Custody (CPC) statue provides a mechanism for people to be provided care on an involuntary basis. 19% of these CPC clients go to voluntary long-term substance abuse treatment programs.

OTHER

- CenterPointe provides short-term residential treatment in Douglas County
- The Siena Francis Miracles Residential Addiction Treatment & Recovery Program provides long-term residential substance abuse treatment to individuals experiencing homelessness. Miracles Program's average length of stay is nine months, and, with an 80-bed capacity, they serve approximately 300 people annually.
- Douglas County Community Mental Health Center (CMHC) and the Salvation Army offer Emergency Community Support.
- The Crisis Intervention Partners (CIP) program originally developed by Heartland CIT for training dispatchers, is available for non-law enforcement partners such as shelter staff, diversion services, educators, human service workers and others. The program is designed around the CIT philosophy and is provided over a two-day period. The county is currently conducting one CIP class per year.

PEER SUPPORT

- Region 6 peer *support groups and meetings* are an invaluable resource for those going through a crisis in order to exchange their experiences with someone who has lived experience themselves.
- A Peer Support Specialist is working within the Omaha Police Department to provide insight from a peer perspective on an as needed basis when officers responding to calls involve people experiencing a behavioral health challenge.

GAPS

9-1-1 /DISPATCH

- Currently, there are no mental health professionals embedded within the *Douglas County 9-1-1 Center*.
- There is a lack of funding to allow for department-wide Crisis Intervention Team (CIT) training within the Douglas County Sheriff's Office, Omaha Police Department and the 9-1-1 Center.

HEALTHCARE

- There has been an increase in the incidence rate of felony assaults on healthcare workers within the county. Once the person is arrested, in jail and the case is filed, there are limited solutions.
- In Douglas County, much like across the nation, there has been a decrease in the number of available inpatient psychiatric beds due to staff shortages. In turn, this has resulted in individuals who are voluntarily seeking treatment to wait longer in ED's. They'll go home, rather than wait.
- Workforce challenges, particularly nursing staff, have resulted in 59% to 64% of acute inpatient beds being available to be used at any given time.

- Non-profit healthcare organizations across the state are also experiencing a shortage of psychiatric clinicians.

Law Enforcement and First Responders

- Law enforcement is not always certain when it is appropriate to use crisis response services. With additional training, there would likely be an increase in the number of such responses.
- Wait times for law enforcement in emergency departments vary based on whether the person is seeking psychiatric help voluntary or involuntary (EPC).
- When Law Enforcement takes someone to the hospital via EPC, they can complete their paperwork and leave. However, there are situations where it is necessary for LE to stay in order to ensure for the safety of the individual, other patients and hospital staff. The goal is to have LE return to service as soon as they are able.
- Although OPD projects a need for 906 sworn officers, they currently have 851, or about 6% fewer than their projected need.
- OPD has been working toward increasing their co-responder capacity.
- Staff shortages can also impede law enforcement's ability to conduct additional follow-up and outreach when down with staff.
- DCSO also projects a shortage of deputies. Currently, the DCSO co-responder, currently staffed by one FTE, must be requested to be dispatched by deputies and cannot self-dispatch as is the practice with OPD co-responders. Also, to provide subsequent follow-up, the DCSO co-responder is limited to contacting people by phone as in-person follow-up requires a second person to accompany. During the summer months, a DCSO was assigned to work in partnership with the Co-responder, it is not known if this will continue beyond the summer.

Mobile Crisis & Co-Responder Services

- Currently, Mobile Crisis Response teams must be dispatched/activated by law enforcement, the Nebraska Family Helpline, shelters, school resource officers, jails, or probation.
- When law enforcement activates Mobile Crisis Response, they remain on scene while Mobile Crisis Response is completing their assessment.
- There may be more opportunities for Mobile Crisis Response teams to be utilized.
- DCSO does not have any Peer Support Specialists (PSS) available to co-respond to crisis calls.

Crisis Services

- We anticipate funding for 988 response services being made available during next year's state legislature.
- There may be an opportunity for a service that is not currently in our community, designed as re an alternative to hospital emergency departments.
- The current Douglas County Detoxification program only receives people limited to being under the influence of alcohol for involuntary Civil Protective Custody (CPC) has to be alcohol but can be under influence of other substances. If a person has been using other substances (and not alcohol), law enforcement is then challenged with the only other option of transporting the person to a hospital emergency department. Detox does take individuals on a voluntary basis.
- Law enforcement would like to see alternatives to detaining people. The *Yellow Line Project* in Mankato, Minnesota is one example of such a model.
- Mobile Crisis Response was not designed to divert individuals from jail.

Housing

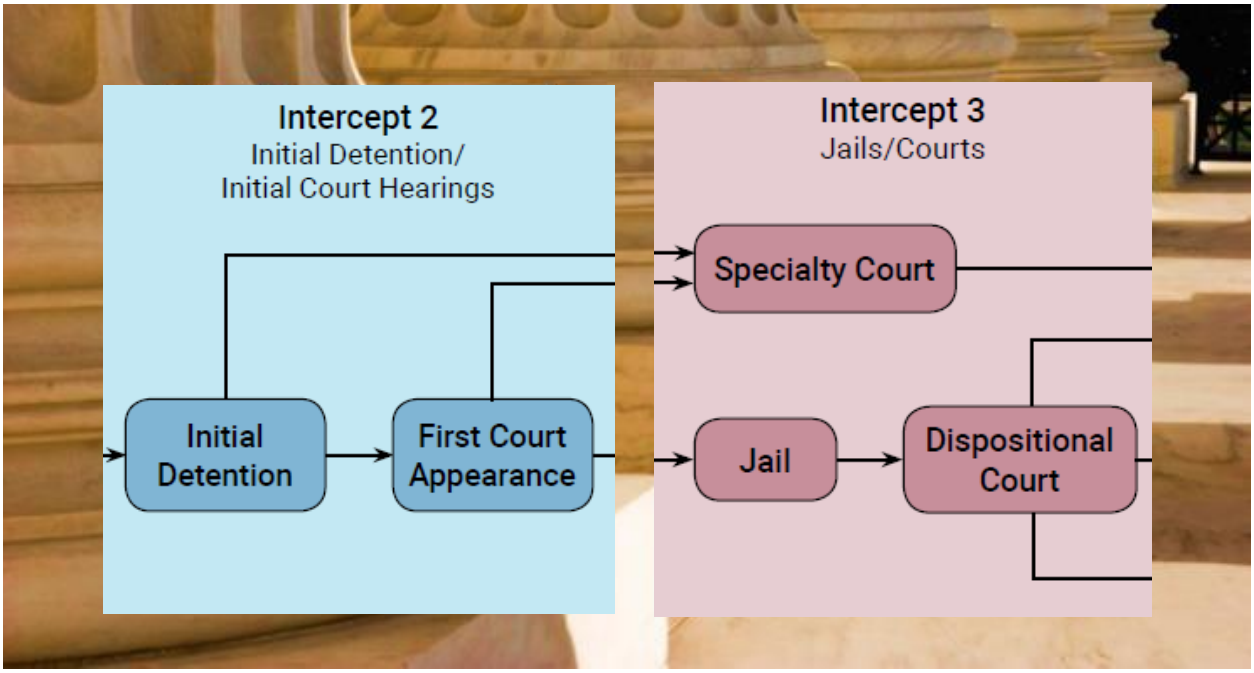
- Housing availability and housing wait times for individuals is a real challenge for persons with behavioral health issues who encounter the criminal justice system in Douglas County.

Peer Support

- There is a need for additional peer support specialists to work with both law enforcement and mobile crisis response teams.

Collection and Sharing of Data

- Law enforcement, providers, Region 6, the State of Nebraska, etc. do not systematically and consistently have access to data indicating when a person is already connected with a behavioral health service provider. Such information is critical for responders so that they can both refer to and help reconnect individuals.
- There is a need to identify how frequently a person is contacting 9-1-1 to identify high-utilizer mitigation strategies.



INTERCEPT 2 AND INTERCEPT 3

OPPORTUNITIES

BOOKING

- Within 24 hours of arrest, the Public Defender's office interviews anyone arrested on a felony charge 365 days per year. The Public Defender will accompany the individual to court for bond hearings, with are generally held within 48 hours of booking.
- Misdemeanor defendants attend their arraignment hearing independently, typically within 24-hours, and in cases where a court date is set, can request Public Defender representation.

JAIL STRUCTURE AND PERSONNEL

- The Douglas County Jail has 500 staff, including 400 correctional officers (CO). There are currently 359 officers that are MHFA trained. All recruits, including over 140 at this time, were initially trained at the academy.
- Correctional-specific CIT training is needed for 77 officers who, because of the pandemic, have yet to be trained.
- The Douglas County Jail contracts with Wellpath to provide behavioral and other health services within the jail. The jail is served by six mental health practitioners, a psychiatric nurse practitioner, and a psychiatrist available through telehealth psychiatry.
- Outside agencies serving the jail include the CMHC, which operates a co-occurring intensive outpatient program (IOP), and which is about to launch the same program in jail for individuals who are ineligible for community corrections.

- There are many other integrated collaborations on campus such as the Veterans Justice Outreach (VJO) program, formally known as At Ease, which is a gender specific, substance abuse, employment, housing, and related needs-preparation program for veterans.
- The Jail uses a formulary to identify medication provided to people while they are in the jail, although at times people may be able to stay on their current medication regimen.
- The jail detoxes over 100 people every month.

JAIL SERVICES

- The Douglas County Jail (DCJ) currently houses 992 individuals in custody (trending downwards) and has a capacity of 1453 beds. Of these individuals, 799 (81%) are being held pre-trial. The jail uses the Brief Jail Mental Health Screen (BJMHS) at the classification interview. Of the approximate jail booking 20,000 people annually, about 36% (>7k) are diagnosed with a mental illness.
- The Community Corrections Center - Omaha (CCC-O) has a current capacity of 214 beds. A significant number of those beds were closed during the pandemic. Currently, people in the CCC-O are being released more quickly than they were pre-pandemic. The Center is currently housing from 60-70 individuals.
- Familiar Faces Pilot (FFP)program- is provided to incarcerated individuals who have a serious mental illness and have been incarcerated 4 or more times in the last 12 months. This voluntary program provides case management to individuals while they are in jail and continues after they are released. Individuals participating in the FFP can voluntarily receive their medication via Long-Acting Injectables (LAI) when clinically appropriate. When being released from jail at any point in Intercepts 2-4, they can follow-up with the CMHC for their injectable(s).

COMPETENCY

- Competency evaluations can be conducted in a wide range of locations. If the individual refuses evaluation, they will be transported to have the evaluation administered at the Lincoln Regional Center (LRC).
- In the past, competency restoration could only be administered on an inpatient basis. The State of Nebraska recently legislated provisions allowing for outpatient restoration services. Although outpatient programming is starting to gain momentum, it remains a relatively small component of the restoration process.
- This new law especially impacts those found incompetent, yet who have remained in jail. There are currently 19 individuals (17 males, 2 females) awaiting competency restoration.
- The restoration process can take 90 to 120 days.
- The Public Defender can deploy a private provider or a psychiatrist from the Lincoln Regional Center (LRC) to conduct competency evaluations. Competency evaluations can be conducted inpatient (Lincoln Regional Center) or outpatient (community setting when person is out on bond or jail).

Pre-trial Services

- A new version of the county's pre-trial release program will begin in the summer of 2022.
- The new pre-trial program includes a 24/7 sobriety testing component. This practice provides an opportunity to divert people from jail under bond conditions after their initial court appearance.

Problem-Solving Courts

- The county utilizes a Mental Health Diversion Program in lieu of a Mental Health Court (MHC). The program serves more misdemeanor defendants than in 2017 and includes approximately 90-100 individuals.
- The Veterans Treatment Court (VTC) consists of 2 officers and currently serves 26 participants. Veterans must be charged with a felony to qualify. Pre-Covid, the VTC had up to 40 people under supervision of the Probation Department. The program consists of 5 phases over 18-24 months and is administered by Lutheran Family Services (LFS), the VA, and other state providers. Veterans must plead prior to being accepted into the VTC. Upon successful completion, the VTC drops all charges. LFS utilizes a team approach that includes providers, law enforcement, and Peers.
- The Young Adult Court (YAC) currently serves 49 participants. Youth must have been charged with their first felony offense and be between the ages of 18-24. There are two officers who administer the three-phase program over a period of 18-24 months.
- The Adult Drug Court (ADC) is available to people pleading guilty to a felony charge(s). Clients served must have a moderate to severe substance abuse diagnosis and may be considered high-risk individuals. The ADC has developed a great partnership with the County Attorney's office. The ADC has at times diverted people into other court programs rather than classifying them as unsuccessful.
- Approximately 350 people are diverted from the criminal legal system utilizing the problem solving and diversion court models.
- The Developmental Disability Court Ordered Custody Act[4] was enacted to provide a procedure for court-ordered custody and treatment for a person with developmental disabilities when he or she poses a threat of harm to others one in their homes, rather than see them institutionalized. Program services are focused on rehabilitation skills.

[4] Legislation. April, 2022. Laws 2022, LB376, § 9. Retrieved from Nebraska Revised Statute 83-1212.01 *https://nebraskalegislature.gov/FloorDocs/107/PDF/Slip/LB376.pdf*

GAPS

JAIL SERVICES

- There needs to be a better job of identifying and coordinating services with providers to support a successful continuity of care upon people's release from county jails. Approximately 80% of the current jail population is pretrial, which makes warm handoffs challenging.
- The jail has yet to have been able to administer Medication Assisted Treatment (MAT) for people enrolled in a MAT service prior to arriving at the jail. The jail is in the process of getting a state license to address this challenge.
- There is a significant wait time for substance use assessments.
- The county does not have enough funding to provide those reentering the community the treatment services and housing programs needed to help them succeed.
- The county needs to expand its Familiar Faces Pilot program capacity which is currently only serving 6-7 people, although approximately 90 people in custody would likely qualify for the program.

COMPETENCY

- Long wait times for inpatient competency evaluations and restorative treatment at the Lincoln Regional Center. This means that people wait in jail without the interventions they need to begin their restorative treatment.

REENTRY

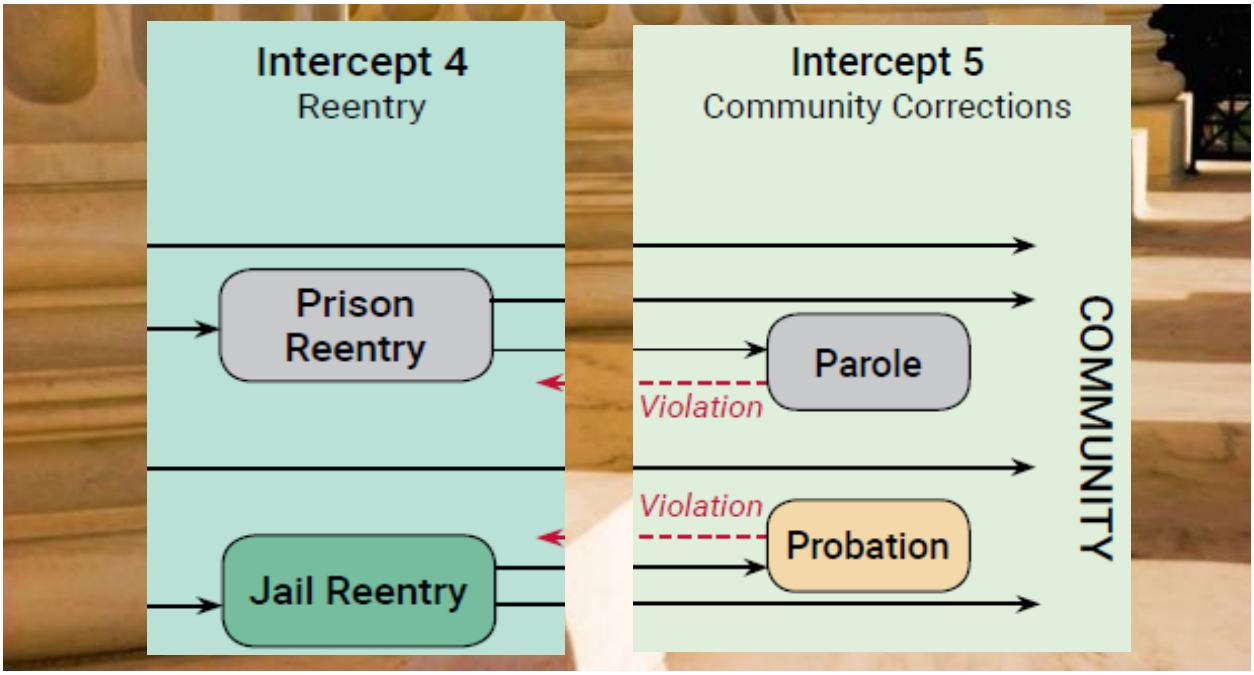
- Placement in services should be based on provider skillsets and the needs of the individuals. There is greater liability for everyone when individuals who are at higher risk are placed with providers who do not have skillsets to serve that person effectively. Finding the right service at right time to stabilize the person will assist in decreasing the risk of the person reentering the legal system or placing others in service at risk.
- Wait times are too long and costs can be difficult to cover for substance use evaluations.
- Funding for treatment/housing options is needed.

PROBLEM-SOLVING COURTS

- The Veterans Treatment Court is currently being underutilized.
    - How can the county identify candidates and enroll them into the program?
    - What changes could be made to the program to expand criteria allowing opportunities for additional enrollment?
- The problem-solving courts are continuing to lack some of the resources they need to ensure the highest levels of success for participants.

Data Collection and Sharing

- Since mental health assessments administered by the jail or other county behavioral health service providers are not generally shared with the Public Defender's Office, they must conduct their own mental health interview, which can be redundant and costly.
- There is a need for improved communication with Developmental Disabilities (DD) COCA, particularly if it is not known if an individual is already in DD services. This can help providers and others determine the difference between attention levels/needs of an individual if they need a DD versus a non-DD response.



INTERCEPT 4 AND INTERCEPT 5

OPPORTUNITIES

JAIL SERVICES

- Wellpath currently provides individuals, who are reentering into the community, a 7-day supply of medications if the individual submits a request for medications to Wellpath.
- The jail medical staff have access to the Prescription Drug Monitoring Program (PDMP). This is an electronic database that tracks controlled substance prescriptions in each state. PDMPs can provide health authorities timely information about prescribing and patient behaviors.

COMMUNITY REENTRY

- The Reentry Assistance Program (RAP) is available to both pretrial and sentenced individuals. Qualifying individuals from the jail are offered RAP to better prepare them for community reintegration. The individuals are housed in the Criminal Justice Center, located next to the jail. Individuals in RAP are required to participate in various classes/services based on their individual needs. RAP provides supervision, as well and educational and employment opportunities. Individuals can address a variety of issues, including but not limited to, mental health, substance abuse, medical, medication, employment, education, and housing. RAP collaborates with the problems solving courts to provide a safe and stable environment for their participants. RAP also works very closely with the Douglas County Community Mental Health Center and numerous other community providers to coordinate. The program has one case manager, who is a Licensed Individual Mental Health Practitioner.

- The Jail Reentry Services Team consists of 7-8 Reentry Specialists when fully staffed.

Probation

- The Douglas County Probation Department (PD) consists of 115 staff. This includes 60-65 high-risk officers. Five (8%) officers are CIT trained. All officers are Crisis Prevention Institute (CPI) trained in nonviolent crisis intervention. The PD includes a specialized gang unit, those with a behavioral health treatment focus, and others focused on the specialty courts.
- Probation attempts to administer assessments while people are being held in custody. There are two treatment officers who are licensed to supervise a caseload of 25-30 people with Serious and Persistent Mental Illness (SPMI). Overall, caseloads are higher than desired.
- The Probation Department has the ability to fund Transitional Housing needs for up to 84 days.
- Approximately 25-30% of current probationers have mental health concerns.
- Probation can provide vouchers for co-occurring substance abuse treatment services.
- Probation provides two reporting centers, specialized Moral Reconation Therapy (MRT), Sex Offender MRT, and Domestic Violence intervention classes.

GAPS

Community Reentry

- There is a challenge finding and placing people into housing within the community, especially for those with felony records.
- There is a need for transportation alternatives to allow individuals reentering to get to their program, education, and employment opportunities.
- Significant wait times for treatment services leave people in a lurch who oftentimes resulting in relapse.
- Transitional housing beds can be offered to individuals, who are in custody, but if the person isn't released as planned, the bed is offered to another person. Coordinating transitional housing and many other community services is difficult since the pretrial population is so high in jails.
- Ongoing and transitional services for those being released. Therapy services can take a while to access, creating gaps in services.

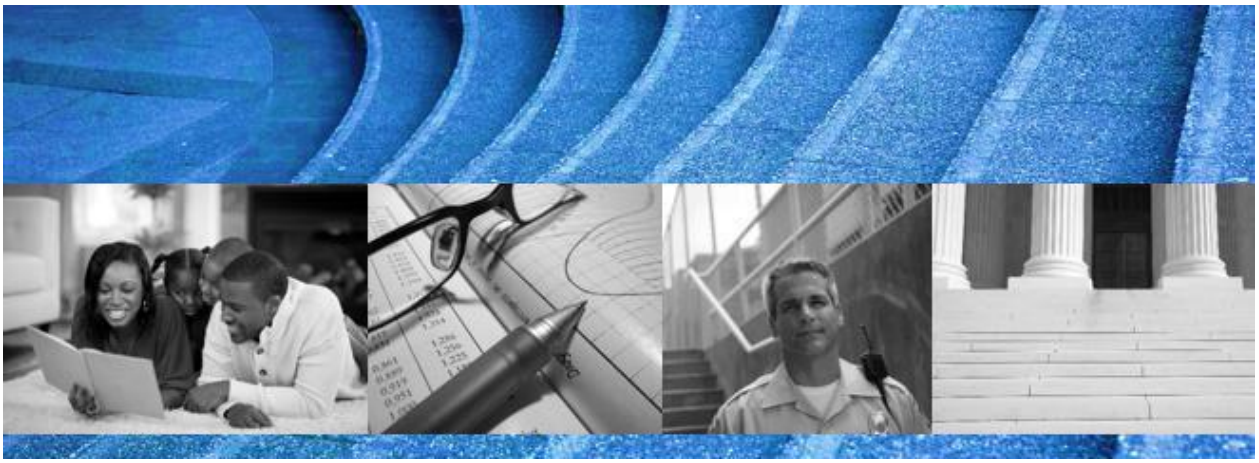
Probation

- Probation is short staffed. This results in higher caseloads for existing officers, potentially resulting in missed opportunities to engage and intervene.
- Continuity of care suffers when wait times and access to needed services is prolonged. This can result in persons relapsing and needing to repeat /return to higher levels of care.
- There is a need for housing opportunities for all people reentering, requiring a spectrum of housing alternatives the probation officer can refer people.
- Mobile Crisis Team access for probationers is needed.

- Medication Assisted Treatment (MAT) can impact placement in treatment programs and services. There is a need to educate providers in relation to medication management for individuals with substance use disorders.

Data Collection and Sharing

- There is a need for increased levels of data related to the number and characteristics of people put on waitlists for behavioral health and other services they were referred to receive.



PRIORITIES FOR CHANGE

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place June 9th, 2022. Priorities two through four are highlighted in bold text and addressed in the Action Plans below.

Votes	Priority
23	Collaborative software for information sharing across CJ/BH systems (this was number one, but Region 6 is bringing in an outside vendor named Chris Schneweis from Johnson County, Kansas to address this issue).
18	**Increase access to direct inpatient acute psychiatric care and circumvent ED waits/front door. (Action planning)**
17	**Centralized Assessment Center process to identify potential diversion options for law enforcement, crisis response, etc. (Action planning)**
16	**Collaborate and communicate on a more standardized crisis response system and increase who can/how crisis response can be activated and non-law enforcement crisis response. (Action planning)**
12	Increase paid Peer Support across all agencies and services.
11	Increase capacity of Familiar Faces project.
6	Increase access to psychotropic medication.
6	Maintaining persons on psychotropic and MAT medications throughout the intercepts.
4	A place to take people if they don't qualify for detox on civil protective custody status.
4	Housing Resources.
4	9-8-8 Peer Support Resource Navigator for in-person response.
3	Implement a new Spring Center.
3	Increase staffing across CJ/BH/Health organizations.
3	Limit wait times of law enforcement in local emergency departments.
2	More Emergency Community Support managers to greet people (warm handoff) at time of reentry from corrections.
0	Increase communication in order to eliminate the wasting/duplicating of resources.

STRATEGIC ACTION PLANS

Priority Area #2	Increase access to direct inpatient acute psychiatric care and circumvent Emergency Department waits / front door of hospital						
#	Objective	#	Action Step	#	Who	#	When
2.1	Decrease time in emergency rooms for law enforcement and patients		▪ Data for patients already in a room are known				
2.1.1			▪ Get data for ER arrivals to when allowed to leave - police.		▪ Police (9-1-1)		▪ Now - 30-days
2.1.2			▪ Streamline process for police drop-off		▪ Hospital / Police Staff Trainings		
2.1.3			▪ Encourage voluntary		▪ We need to continually educate		
2.2	Direct emergency psychiatric care clients to PES or Lasting Hope		▪ increase / keep employees ▪ More security - pursue opportunities w/ workforce ▪ Explore/lookout other options to ER Traveling nurses report what other ER's are doing		▪ Hospitals		

Priority Area #3	Centralized Assessment for Potential Diversion						
#	Objective	#	Action Step	#	Who	#	When
3.1	Divert when appropriate to Behavioral Health system or resources (vs. criminal justice system)		▪ Research and evaluate existing programs ("Yellow Line Project")		▪ Corrections ▪ Law Enforcement (OPD, DCSO)		▪ End of 2022
3.1.1			▪ Create criteria for eligibility / target population		▪ Provider Groups		
3.1.2			▪ Shared data system to know current treatment connections and resources available		▪ Attorneys ▪ Region 6		
3.2	Stakeholder engagement		▪ Identify key stakeholders				▪ End of 2022
3.2.1			▪ Establish stakeholder meeting times				

Priority Area #4	Collaborate and communicate on a more standardized crisis response system and increase who can/how crisis response can be activated. Non-law enforcement response.						
#	Objective	#	Action Step	#	Who	#	When
4.1	How to activate MCR		▪ LFS currently expanding (988) ▪ LFS to provide policy on activation		▪ Youth Probation on-scene ▪ NE Family Helpline* ▪ Law Enforcement* ▪ Shelters ▪ Schools ▪ Humane Society ▪ CAPTURE program		▪ LFS
4.2	Non-law enforcement vs LE/MCR		▪ Get data on calls and need or: ▪ LE vs non-LE ▪ What are best practices across country ▪ Look at state regulations, policy and procedures, protocols		▪ LFS, OPD, Region 6, Sheriff etc.		
4.3	What is the continuum for MCR/LE/Non-LE/Co-Responder?						
4.4	Removing or alternative for suicidality / mental health crisis		▪ Look at the EPC process		▪ State regulations		

PARKING LOT

A gap identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop includes:

- To work with Nebraska State legislature to appropriate funding to counties for general mental health issues

RECOMMENDATIONS

1. Create data and information gathering and analysis processes to document the impact of people with mental health and substance use disorders through the criminal justice system locally.

At all stages of the Sequential Intercept Model gather data to document the processing of people with mental health and substance use disorders throughout the criminal legal system locally.

Data should be used to assess needs based upon the identified gaps in this report and to support funding requests to meet those needs. Data should specifically be used to look for cost savings opportunities within Douglas County.

Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. For example, some 9-1-1 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Join the Arnold Foundation and National Association of Counties (NAoC) *Data Driven Justice Initiative* (DDJ). The publication "*Data-Driven Justice Playbook: How to Develop a System of Diversion*" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the *Data Analysis and Matching* publications in the Resources section.

2. Explore strategies to identify and link veterans involved in the justice system to appropriate services, including:
- U.S. Department of Veterans Affairs' *Veterans Justice Outreach Program*
- U.S. Department of Veterans Affairs *Veterans Re-entry Search Service* (VRSS). At the request of then-Secretary of Veterans Affairs (VA), Eric Shinseki, the Homeless Program Office developed an automated system called Veteran Re-entry Search Service (VRSS) to locate Veterans who are currently incarcerated in federal, state, city, and county correctional facilities, or who are represented as defendants on court dockets. There are approximately 1,295 federal and state, 3,000 city/county correctional facilities, and 3,000 to 4,000 courts in the United States (US), but no automated method to identify charged, convicted, or incarcerated Veterans. Through comparison of records from Correctional Facilities and Court Systems and the Veterans Affairs/Department of Defense Identity Repository (VADIR), VRSS can be used to identify Veterans incarcerated or under supervision in the courts. Note: A record of military service is not the same as qualifying for benefits with the U.S. Department of Veterans Affairs.

3. Expand the utilization of peer support across Intercepts.

Increase the purpose and role of peer involvement and support in every priority and agenda item. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging consumers to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and reentry services. Please see the below resources on *Peers* for more information.

Specifically, Douglas County would be encouraged to look for opportunities to include peer representation in stakeholder meetings and discussions. There was one peer present at the

Sequential Intercept Model (SIM) Mapping Workshop and these individuals can provide valuable information for addressing systemic needs and looking at identified gaps.

4. Target strategies/interventions to address the arrest, incarceration, and re-arrest cycles of homeless individuals and other individuals that return to the healthcare and/or criminal justice system repeatedly.

Douglas County, like many communities, has a large homeless population that tends to cycle through the emergency system, but there are alternatives and solutions across the country to address this problem. Following recommendation #1, this would be a good area to complete a data review looking at both costs and opportunities for diversion with this population.

The Center for Supportive Housing FUSE Resource Center describes *supportive housing initiatives for super utilizers* (i.e. frequent users) of jails, hospitals, healthcare, emergency shelters and other public systems.

Camden New Jersey has developed a promising collaboration of healthcare, social service, and law enforcement services to address their "complex care" populations that have frequent contact with their hospitals and sometimes police. They have been showing success in reducing repeated contact and improving health.

5. Douglas County's need to address workforce shortages in both the BH and CJ systems.

Across the country, providers and law enforcement are dealing with staff shortages, as well as staff burn out. Douglas County will need to address this first by looking at the needs and resources within each agency. However, there may be opportunities to increase partnerships that rely on collaboration versus individual agencies which in turn, can take some of the burden off of an individual agency. As was revealed at the SIM Mapping Workshop, providers also have the opportunity to step up and support local law enforcement as they deal with evermore challenging populations and public scrutiny. This could include the development of weekly meetings between law enforcement and providers to address the high utilizer population and identify solutions to address needs.

6. 9-8-8 Preparedness

9-8-8 roll out was heavily discussed during the SIM Mapping Workshop. This discussion was led by the Nebraska Family Help line which will host the 9-8-8 number. One of the providers who will potentially respond to call and representative form the Division of Behavioral Health. Although call volume and the community impact of 9-8-8 is yet to be determined, Region 6 and the Mobile Crisis Response program operated by Lutheran Family Services will need to examine their

resources and assess county needs in order to develop a response program which can address community needs, as well as identify costs and types of services they are able to provide and to meet the 9-8-8 goals of Someone to Call, Someone to Respond, and Someplace to go.

7. Bring partners/stakeholders to the table who work in the IDD arena.

At the SIM Mapping Workshop there was a good discussion regarding the needs of persons with Intellectual and Developmental Disabilities (IDD). When in crisis, this population of individuals can bridge over into the emergency behavioral health system. Douglas County would be encouraged once again to utilize a review of existing data to look at the number of calls related to this population, barriers and challenges faced, and related system costs. Another overarching recommendation is to make certain that IDD service providers are being included and their voices are being represented at all meetings currently taking place between behavioral health and criminal legal stakeholders, as well as continued action planning which will occur as a result of the SIM Mapping Workshop.

8. Crisis Response Review

There were two primary areas identified during the discussions at the SIM Mapping Workshop that pertain to the crisis response teams. First, was related to the question, "Divert to What?" This has to do with a lack of available resources in order for the crisis teams to return a person to a pre-crisis state. One area identified was housing needs, but there are other needs related to timely access for individuals in order to get the help they need and prevent another call for service. The second was an underutilization of the crisis response teams based on law enforcement not knowing when to call. Lutheran Family Services would be encouraged to review data based on the number of Emergency Protective Custody Placements, hospitalizations, and incarcerations compared to the number of calls to the crisis response teams. This data should be reviewed with law enforcement and regular meetings would be beneficial to increase utilization and partnership between these two agencies.

9. To document the processing of people with mental health and substance use disorders through the criminal justice system locally. We are including the following recommendation from the 2017 Sequential Intercept Mapping based upon current discussion regarding accessibility of behavioral health information for Public Defenders and the courts

Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. Coding calls and outcomes can lead to a return on the investment in both time and funds. For example, some 9-1-1 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the callers and working to link the callers to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a "warm handoff" or direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

Join the Arnold Foundation and National Association of Counties (NAoC) Data Driven Justice Initiative (DDJ). The publication "Data-Driven Justice Playbook: How to Develop a System of Diversion" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the Data Analysis and Matching publications in the Resources section.

RESOURCES

Competence Evaluation and Restoration

- Policy Research Associates. *Competence to Stand Trial Microsite*.
- Policy Research Associates. (2007, re-released 2020). *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial*.
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) *Competency Courts: A Creative Solution for Restoring Competency to the Competency Process*. *Behavioral Science and the Law, 27*, 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Council for Behavioral Health. (2021). *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*.
- National Association of State Mental Health Program Directors. *Crisis Now: Transforming Services is Within our Reach*.
- National Association of Counties. (2010). *Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems*.
- Abt Associates. (2020). *A Guidebook to Reimagining America's Crisis Response Systems*.
- Urban Institute. (2020). *Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices*.
- Open Society Foundations. (2018). *Police and Harm Reduction*.
- Center for American Progress. (2020). *The Community Responder Model: How Cities Can Send the Right Responder to Every 9-1-1 Call*.
- Vera Institute of Justice. (2020). *Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses*.
- National Association of State Mental Health Program Directors. (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). *Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*.
- R Street. (2019). *Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response*.
- Substance Abuse and Mental Health Services Administration. (2014). *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.*

- Substance Abuse and Mental Health Services Administration. (2019). *Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities*.
- Substance Abuse and Mental Health Services Administration. (2020). *Crisis Services: Meeting Needs, Saving Lives*.
    - Substance Abuse and Mental Health Services Administration. (2020). *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.
- Crisis Intervention Team International. (2019). *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*.
- Suicide Prevention Resource Center. (2013). *The Role of Law Enforcement Officers in Preventing Suicide.*
- Bureau of Justice Assistance. (2014). *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.*
- International Association of Chiefs of Police. *One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities*.
- Bureau of Justice Assistance. *Police-Mental Health Collaboration Toolkit*.
- Policy Research Associates and the National League of Cities. (2020). *Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers*.
- International Association of Chiefs of Police. *Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium*.
- Optum. (2015). *In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs*.
- The *Case Assessment Management Program* (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 9-1-1 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). *Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs*.
- National Association of State Head Injury Administrators. *Supporting Materials including Screening Tools and Sample Consent Forms*.

Housing

- The Council of State Governments Justice Center. (2021). *Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health*.
- Alliance for Health Reform. (2015). *The Connection Between Health and Housing: The Evidence and Policy Landscape.*

- Economic Roundtable. (2013). *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*
- 100,000 Homes. *Housing First Self-Assessment*.
- Community Solutions. *Built for Zero*.
- Urban Institute. (2012). *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*
- Corporation for Supportive Housing. *Guide to the Frequent Users Systems Engagement (FUSE) Model.*
    - Corporation for Supportive Housing. *NYC Frequent User Services Enhancement – Evaluation Findings*.
- Corporation for Supportive Housing. *Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health*.
- Substance Abuse and Mental Health Services Administration. (2015). *TIP 55: Behavioral Health Services for People Who Are Homeless*.
- National Homelessness Law Center. (2019). *Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities*.

Information Sharing/Data Analysis and Matching

- *Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.*
- *Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.*
- *Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.*
- American Probation and Parole Association. (2014). *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*
- The Council of State Governments Justice Center. (2011). *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism*.
- Substance Abuse and Mental Health Services Administration. (2019). *Data Collection Across the Sequential Intercept Model: Essential Measures*.
- Substance Abuse and Mental Health Services Administration. (2018). *Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide*.
- Data-Driven Justice Initiative. (2016). *Data-Driven Justice Playbook: How to Develop a System of Diversion*.
- Urban Institute. (2013). *Justice Reinvestment at the Local Level: Planning and Implementation Guide*.
- Vera Institute of Justice. (2012). *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*
- New Orleans Health Department. (2016). *New Orleans Mental Health Dashboard.*
- The Cook County, Illinois *Jail Data Linkage Project: A Data Matching Initiative in Illinois* became operational in 2002 and connected the behavioral health providers working in the Cook County

Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. *Arrested Guides and Medication Forms*.
- NAMI California. *Inmate Mental Health Information Forms*.
- Urban Institute. (2018). *Strategies for Connecting Justice-Involved Populations to Health Coverage and Care*.
- R Street. (2020). *How Technology Can Strengthen Family Connections During Incarceration*.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. *Advancing Access to Addiction Medications.*
- American Society of Addiction Medicine. (2015). *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*
    - ASAM *2020 Focused Update*.
    - Journal of Addiction Medicine. (2020). *Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder*.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field*.
- National Council for Behavioral Health. (2020). *Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit*.
- Substance Abuse and Mental Health Services Administration. (2019). *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*.
- Substance Abuse and Mental Health Services Administration. (2019). *Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion*.
- Substance Abuse and Mental Health Services Administration. (2015). *Federal Guidelines for Opioid Treatment Programs*.
- Substance Abuse and Mental Health Services Administration. (2020). *Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder*.
- Substance Abuse and Mental Health Services Administration. (2014). *Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*.
- Substance Abuse and Mental Health Services Administration. (2015). *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*
- U.S. Department of Health and Human Services. (2018). *Facing Addiction in America: The Surgeon General's Spotlight on Opioids*.

Mental Health First Aid

- *Mental Health First Aid*. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.

- Illinois General Assembly. (2013). Public Act 098-0195: *Illinois Mental Health First Aid Training Act*.
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative*.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). *Peer Support Roles Across the Sequential Intercept Model*.
- Department of Behavioral Health and Intellectual disability Services. *Peer Support Toolkit*.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). *DIMENSIONS: Peer Support Program Toolkit*.
- Local Program Examples:
    - People USA. *Rose Houses* are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. *Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.*
    - Mental Health Association of Nebraska. *Honu Home* is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department *REAL Referral Program*. *The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.*

Pretrial/Arraignment Diversion

- Substance Abuse and Mental Health Services Administration. (2015). *Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System*.
- CSG Justice Center. (2015). *Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements*.
- National Resource Center on Justice Involved Women. (2016). *Building Gender Informed Practices at the Pretrial Stage*.
- Laura and John Arnold Foundation. (2013). *The Hidden Costs of Pretrial Diversion*.
- Washington State Institute of Public Policy. (2014). *Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.*

Procedural Justice

- Center for Court Innovation. (2019). *Procedural Justice at the Manhattan Criminal Court*.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). *Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors*.
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- Hawaii Opportunity Probation with Enforcement (HOPE) *Program Profile.* (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Mathematica. (2021). *Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation*.
- Law360. (2021). *Data Collection Is Crucial For Equity In Diversion Programs*.
- Chicago Beyond. (2018). *Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders*.
- National Academies of Sciences, Engineering, and Medicine. (2021). *Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief*.
- Substance Abuse and Mental Health Services Administration. (2015) *TIP 59: Improving Cultural Competence*.
- SAMHSA's Program to Achieve Wellness. *Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview*.
- Actionable Intelligence for Social Policy. (2020). *A Toolkit for Centering Racial Equity Throughout Data Integration*.
- The W. Haywood Burns Institute. *Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist*.
- National Institute of Corrections. (2014). *Incorporating Racial Equality Into Criminal Justice Reform*.
- Vera Institute of Justice. (2015). *A Prosecutor's Guide for Advancing Racial Equity*.

Reentry

- Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.*
- Substance Abuse and Mental Health Services Administration. (2016). *Reentry Resources for Individuals, Providers, Communities, and States*.
- Substance Abuse and Mental Health Services Administration. (2020). *After Incarceration: A Guide to Helping Women Reenter the Community*.
- National Institute of Corrections and Center for Effective Public Policy. (2015). *Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice*.
- The Council of State Governments Justice Center. (2009). *National Reentry Resource Center*
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.*

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). *Screening and Assessment of Co-occurring Disorders in the Justice System*.

- The Stepping Up Initiative. (2017). *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*.
- Center for Court Innovation. *Digest of Evidence-Based Assessment Tools*.
- Urban Institute. (2012). *The Role of Screening and Assessment in Jail Reentry*.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). *Validation of the Brief Jail Mental Health Screen. Psychiatric Services*, 56, 816-822.

Sequential Intercept Model

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APPENDIX

APPENDIX 1 | SIM WORKSHOP PARTICIPANT LIST

Name	Role	Agency
Jana Andrews		Mental Health Diversion - Douglas County Community Mental Health Center
Brenda Beadle		Douglas County Attorney
Ashley Berg	Social Work	Public Defender's Office - Sarpy County Visitor/Observer
Jacob Betsworth	Administration	Sarpy County Visitor/Observer
Michelle Bobier		Siena Francis, Shelter and Substance Abuse Treatment
Jacob Betsworth	Administration	Sarpy County Visitor/Observer
Cindi Boganowski		Douglas County Reentry Services
Mary Ann Borgeson	Chair, Commissioner	Douglas County, District 6
Aileen Brady	COO	Community Alliance
Teresa Bunjer		Douglas County Drug Court
Ryan Carruthers		CenterPointe, Substance Abuse
Steve Cerveny	Acting Deputy Chief	Omaha Police Department
Jennifer Cimpl		LRC Forensic Psychologist-Competency Restoration
Kerri Culver		Lasting Hope Recovery Center - CHI
Jennifer Determan		Region 6 Behavioral Healthcare, Housing
Sam Douez		Douglas County Public Defender
Sherry Driver	Director	Douglas County Community Mental Health Center
Jason Feldhaus		Metropolitan Area Continuum of Care for the Homeless
Steven Garcia	Co-Responder	Omaha Police Department
Kate Gatewood	County Attorney	Sarpy County - Visitor/Observer
Jen Hazuka	Peer Support	Region 6 Behavioral Healthcare
John Jaeckel		Douglas County Communications, 911 Call Center
Russell Janssen		Open Door Mission
Eve Jarboe	Supervisor	Mobile Crisis Response - Lutheran Family Services of NE
Patti Jurjevich	Regional Administrator	Region 6 Behavioral Healthcare
Kim Kalina	Quality Improvement	Region 6 Behavioral Healthcare
Chris Kelly	UNO-Gerontology	Region 6 Behavioral Healthcare, Advisory Board
Carly Kenney		Lutheran Family Services

Name (cont.)	Role	Agency
Kyle Kinney		NE Behavioral Helpline, Boys Town
Don Kleine		Douglas County Attorney
Lindsay Kroll	Mental Health Services	Omaha Police Department
Daniel Krueger		Open Door Mission
Matt Kuhse	City Attorney	City of Omaha
Nancy Lamb	Developmental Disabilities	Department of Health & Human Services (DHHS)
Jared Langemeier		Douglas County Sherriff's Office
Chris Lathrop	Public Defender	Sarpy County Visitor/Observer
Sheryl Lohaus	Judge	Douglas County Court
Vicki Maca	Director, Behavioral Health and Criminal Justice Initiative	Region 6 Behavioral Healthcare
Kent Malcom		NE Total Care - Medicaid
Diana Meadors		Methadone Maintenance program - BAART
Shy Meckna		Community Corrections
Michael Myers	Director of Jail	Douglas County Department of Corrections
Brad Negrete	Mobile Crisis Response	Lutheran Family Services (LFS)
Taren Petersen	Director of Network Services	Region 6 Behavioral Healthcare
Mike Phillips		Douglas County Community Mental Health Center
Kristine Pothast	Outpatient Competency Restoration	Division of Behavioral Health
Chris Rodgers	Commissioner	
Jessica Roth		Capstone Behavioral Health
Melissa Sewick	Director	Douglas County General Assistance
Pegg Siemek-Asche		NOVA-Substance Abuse Treatment Center
Jennifer Sparrock	Director	Psychiatric Emergency Service (PES) NE Medicine
Terri Speck	Detox Services	
Damon Strong	Chief of Probation, Omaha Area	Omaha Adult Probation
Tessa Svoboda	Developmental Disabilities	DHHS
Curt Vincentini	Emergency Services Manager	Region 6 Behavioral Healthcare
Justine Wall	Director	Community Corrections - Douglas County Jail
Heather Wetzel	Social Services	Douglas County Public Defender
Martha Wharton		Douglas County Public Defender
Amy Wing		NE Total Care - Medicaid/MCO
Andrea Wyvill		United Healthcare - Medicaid/MCO

APPENDIX 2 | COMMUNITY SELF-ASSESSMENT SURVEY

SIM Workshop Audience

Q4 Where on the Sequential Intercept Model is your role in the community most related?	COUNT	%		
Intercept 0: Community Services	7	53.9%		
Intercept 1: Law Enforcement	4	30.8%		
Intercept 4: Reentry	3	23.1%		
Intercept 3: Jails/Courts	2	15.4%		
Intercept 2: Initial Detention/Initial Court Hearings	1	7.7%		
Intercept 5: Community Corrections	1	7.7%		
Total Respondents	13	13		

Key Theme: Collaboration

Q5 Please indicate the accuracy of the following statements about your community.	TRUE	FALSE	DON'T KNOW	TOTAL
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	100.00% 13	0.00% 0	0.00% 0	13
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	84.62% 11	7.69% 1	7.69% 1	13
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	76.92% 10	7.69% 1	15.38% 2	13
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	69.23% 9	23.08% 3	7.69% 1	13
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	69.23% 9	7.69% 1	23.08% 3	13
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	69.23% 9	15.38% 2	15.38% 2	13
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	61.54% 8	15.38% 2	23.08% 3	13
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	61.54% 8	15.38% 2	23.08% 3	13

People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	46.15% 6	15.38% 2	38.46% 5	13
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	46.15% 6	30.77% 4	23.08% 3	13
Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	46.15% 6	38.46% 5	15.38% 2	13
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	23.08% 3	30.77% 4	46.15% 6	13

Key Theme: Identification

Q6 Please indicate the accuracy of the following statements about your community.	TRUE	FALSE	DON'T KNOW	TOTAL
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	84.62% 11	7.69% 1	7.69% 1	13
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	69.23% 9	0.00% 0	30.77% 4	13
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	53.85% 7	15.38% 2	30.77% 4	13
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	38.46% 5	23.08% 3	38.46% 5	13
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	38.46% 5	15.38% 2	46.15% 6	13
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	38.46% 5	15.38% 2	46.15% 6	13
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	30.77% 4	23.08% 3	46.15% 6	13
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	30.77% 4	23.08% 3	46.15% 6	13

Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	30.77% 4	15.38% 2	53.85% 7	13
Adults in contact with the criminal justice system are screened for violence and trauma- related symptoms by standardized instruments with demonstrated reliability and validity.	23.08% 3	23.08% 3	53.85% 7	13
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	15.38% 2	30.77% 4	53.85% 7	13

Key Theme: Strategies

Q7 Please indicate the accuracy of the following statements about your community.	TRUE	FALSE	DON'T KNOW	TOTAL
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	75.00% 9	8.33% 1	16.67% 2	12
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	66.67% 8	0.00% 0	33.33% 4	12
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	50.00% 6	33.33% 4	16.67% 2	12
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	50.00% 6	25.00% 3	25.00% 3	12
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	50.00% 6	16.67% 2	33.33% 4	12
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	41.67% 5	16.67% 2	41.67% 5	12
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	41.67% 5	25.00% 3	33.33% 4	12
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	33.33% 4	8.33% 1	58.33% 7	12
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	33.33% 4	16.67% 2	50.00% 6	12
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	33.33% 4	16.67% 2	50.00% 6	12
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	25.00% 3	25.00% 3	50.00% 6	12

Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	8.33% 1	66.67% 8	25.00% 3	12
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	8.33% 1	50.00% 6	41.67% 5	12
There are adequate crisis services to meet the needs of people experiencing mental health crises.	0.00% 0	91.67% 11	8.33% 1	12

Key Theme: Services

Q8 Please indicate the accuracy of the following statements about your community.	TRUE	FALSE	DON'T KNOW	TOTAL
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	90.00% 9	0.00% 0	10.00% 1	10
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	70.00% 7	20.00% 2	10.00% 1	10
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	70.00% 7	20.00% 2	10.00% 1	10
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	50.00% 5	20.00% 2	30.00% 3	10
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	50.00% 5	30.00% 3	20.00% 2	10
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	50.00% 5	10.00% 1	40.00% 4	10
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	40.00% 4	20.00% 2	40.00% 4	10
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	30.00% 3	40.00% 4	30.00% 3	10
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	10.00% 1	50.00% 5	40.00% 4	10

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