

THE **STEPPINGUP** 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 3

Meeting Date: October 27, 2022

Agenda

1. Welcome and Introductions
2. Steering Committee Update
3. CJ-BH Information Sharing Update
4. Public Safety Assessment/Pretrial Update (Shy M.)
5. Other Updates?
6. Review Quarterly Data
7. 2023 Quarterly Meetings **Last Thursday of the Month? AM/PM?**
8. Conclude

Sequential Intercept Model (SIM) Priorities for Change

June 2022

1. Collaborative software for information sharing across CJ/BH. (23 votes)
2. Increase access to direct inpatient acute psychiatric care and Circumvent ED waits/front door. (18 votes)
3. Centralized Assessment Center process to identify potential diversion options for law enforcement, crisis response, etc. (17 votes)
4. Collaborate and communicate on a more standardized crisis Response system and increase who can/how crisis response can be activated and explore a non-law enforcement crisis response. (16 votes)

Complimentary Activities and Strategies

1. Considering SIM Update with Policy Research Associates **(Completed June 2022)**
2. DCDC Roll out of Public Safety Assessment (PSA) Pre-Trial Risk Assessment **(Spring-Summer 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 **(Data Mapping event Aug. 2022)**
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-DCDC
9. Mental Health Diversion Expansion **(In-process/Summer 2022)**
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. Exploring processes with Medicaid and Criminal Justice systems (LB921) **(In process/July 2022)**

Stepping Up Key Measures

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

Stepping Up Key Measures

Definitions

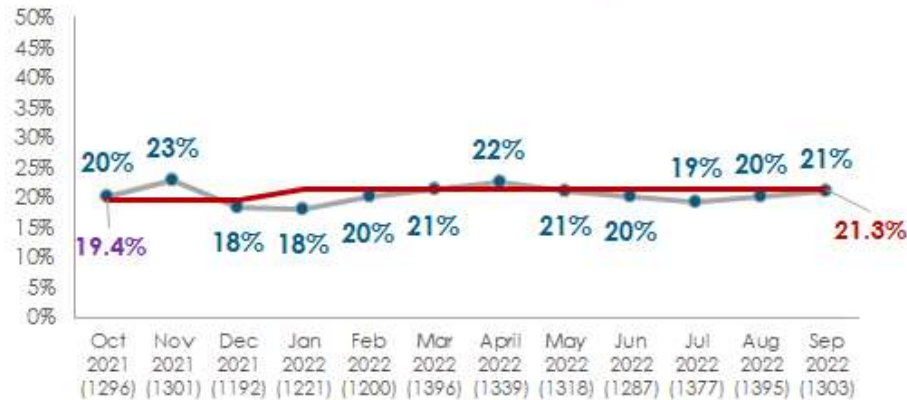
- **SMI (Serious Mental Illness):** Individuals with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, (vi) Obsessive Compulsive Disorder, and (vii) Psychotic Disorder (Self-Report and Diagnosed by Professional).
- **Connection 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

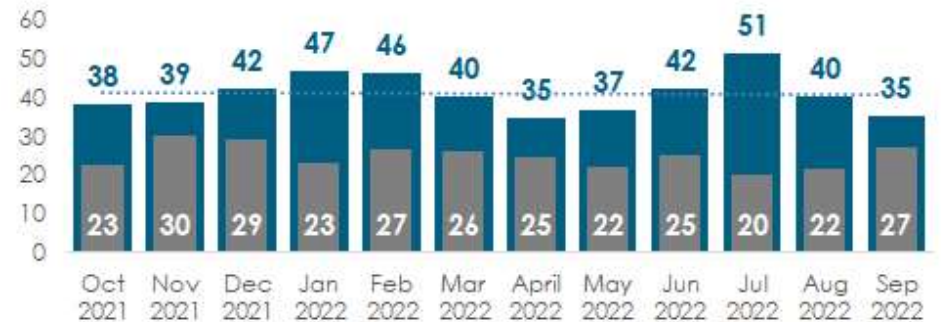
GOAL 1a: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(& 1b: # Incarcerated)

Percent of Monthly Booking with a Serious Mental Illness (SMI) 2020 & 2021 Avg



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

Avg. Length of Stay for General Population vs. Avg. LOS with SMI (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

Percentage of Repeat Bookings: SMI & Non-SMI

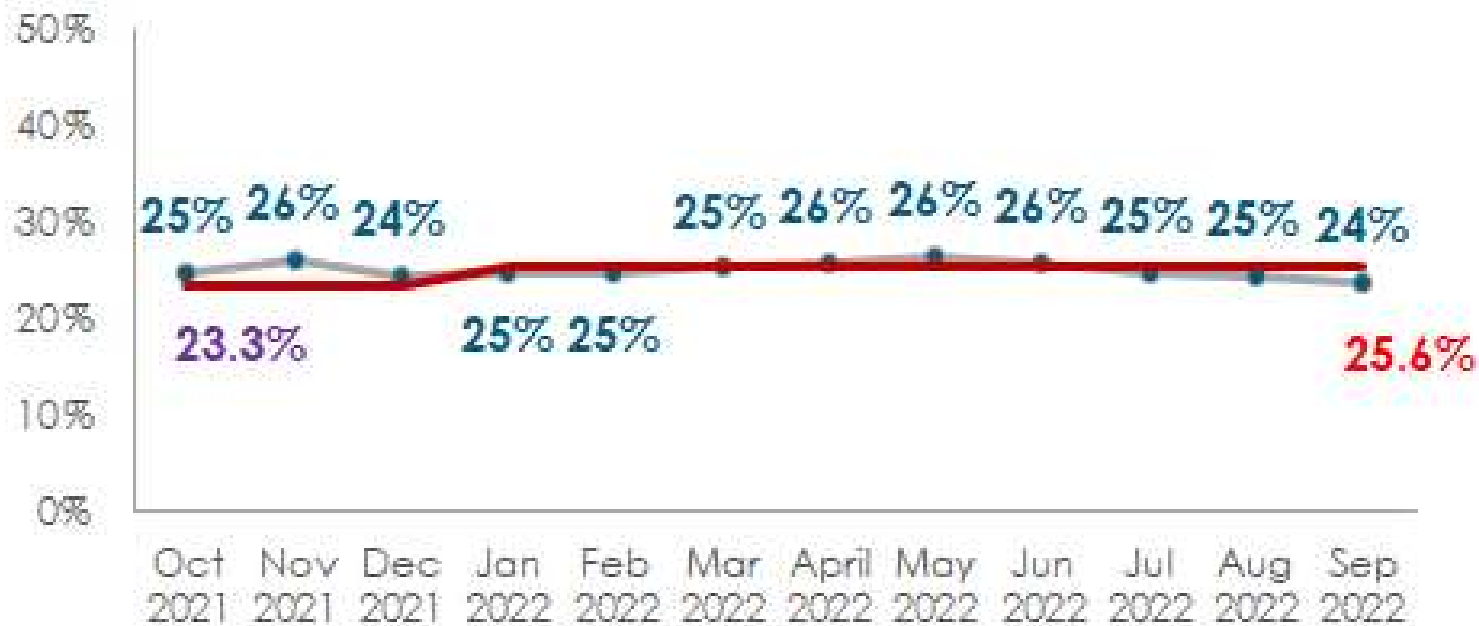


GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(& 1 b: Incarcerated in Jail)
Intercepts 0 and 1

Strategy	Target	Notes/Updates
SIM Priority 2. (2022): Increase access to direct inpatient acute psychiatric care and circumvent ED waits/front door.		
SIM Priority 3. (2022): Centralized Assessment Center process to identify potential diversion options for law enforcement, crisis response, etc.		Yellow Line Project
SIM Priority 4. (2022): Collaborate and communicate on a more standardized crisis response system and increase who can/how crisis response can be activated and explore a non-law enforcement crisis response.		
Objective 1: DCSO and OPD will increase the number of designated officers trained in Crisis Intervention Training (CIT); and 911 Call Center.		
a. OPD will work toward training 50 additional officers in CIT.		Page 9
b. DCSO will work having 70% of sworn, active officers trained in CIT.		Page 9
c. The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in CIT.		Page 11
Objective 2: DCSO and OPD will increase the number of designated officers trained in Mental Health First Aid (MHFA); and 911 Call Center.		
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).		
b. OPD will work toward having 18% of sworn, active officers trained in MHFA.		Page 10
c. DCSO will work toward having 95% of sworn, active officers trained in MHFA.		Page 10
d. The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in MHFA.		Page 11
Objective 3: Mobile Crisis Response will be activated (when appropriate) by Law Enforcement.		
a. Analyze MCR utilization data by LE agency and identify potential opportunities.		Page 12
Objective 4: LE agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).		
a. Track the number of mental health coded calls versus completed BHITF.		Page 13

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

Percent of Incarcerated Individuals with a Serious Mental Illness (SMI) 2020 & 2021 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

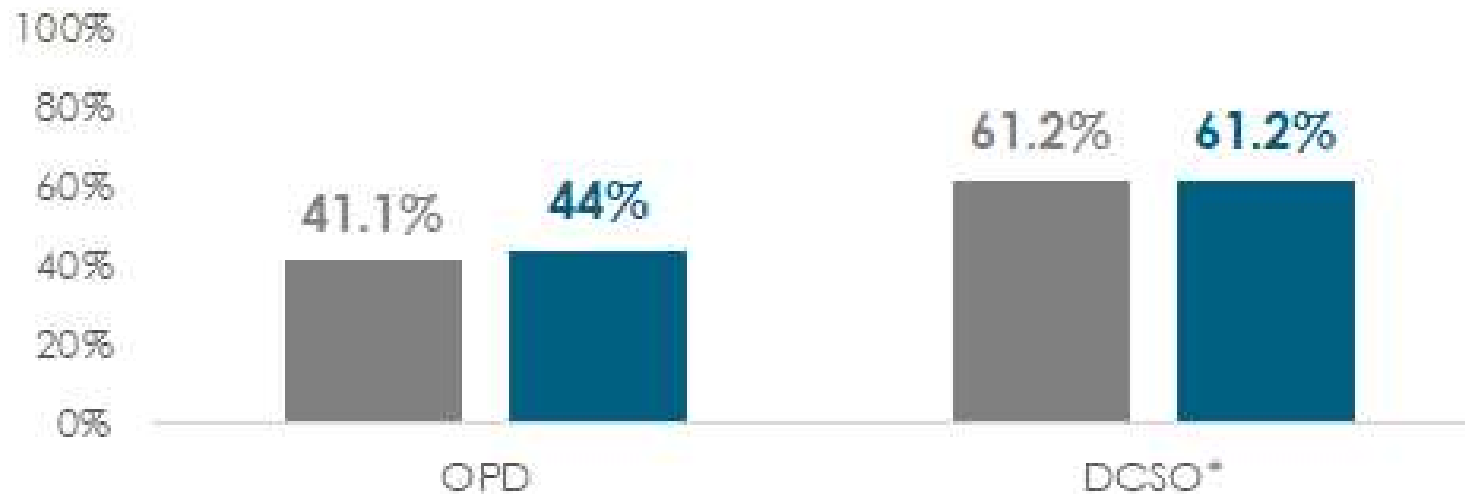
Analysis:

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

Percentage of Officers with CIT Training 2022 Q2 & 2022 Q3

Goal is 70%



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

Definitions:
Percentage of Law Enforcement Officers with initial CIT training

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

Review Frequency:
Quarterly

Notes & Action Steps

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

OPD 2022 number trained: Q1 (354), Q2 (364), Q3 (363)

DCSO 2021 number trained: Q1 (1), Q2 (86), Q3 (86), Q4 (84)

DCSO 2022 number trained: Q1 (83), Q2 (82), Q3 (pending data)

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

OPD FTEs 2022: Q1 (875), Q2 (887), Q3 (830)

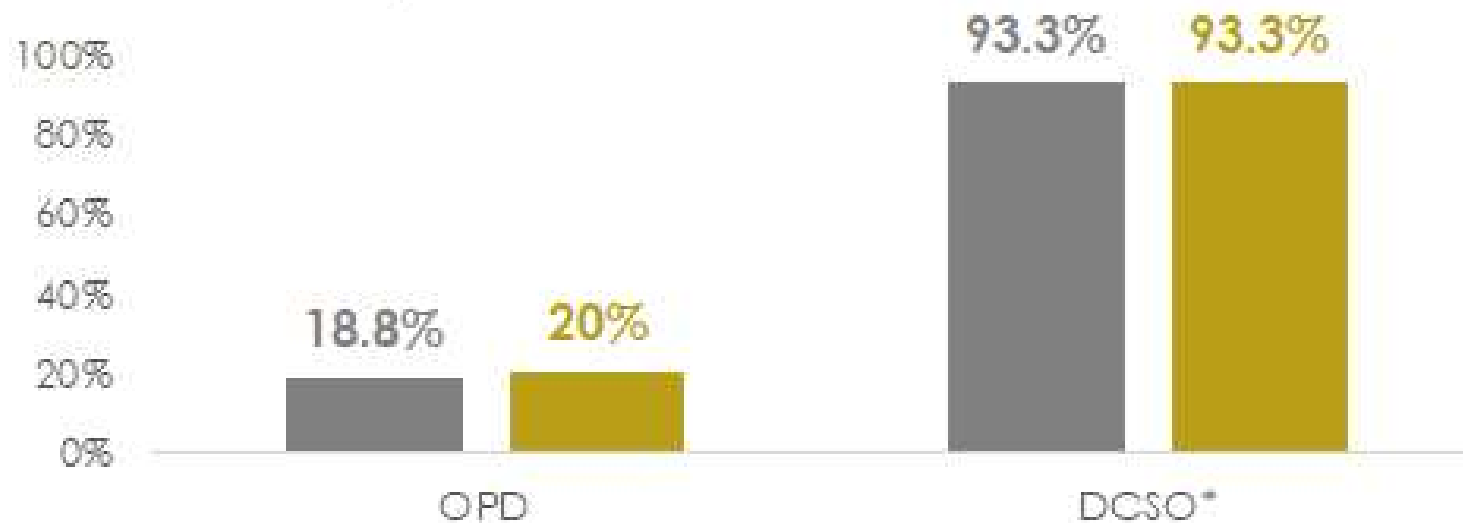
DCSO FTEs 2022: Q1 (130), Q2 (134), Q3 (pending data)

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 Mental Health First Aid (MHFA).

DCSO Goal is: 95% OPD Goal is 18%

Percentage of Officers with MHFA Training 2022

Q2 & 2022 Q3

OPD Goal 18%, DCSO Goal 95%

Measure:

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

Definitions:

Percentage of Law Enforcement Officers with initial MHFA training

Data Source: OPD & DCSO

OPD: Lindsay Kroll

DCSO: Sgt. Christopher Ivener

Review Frequency:

Quarterly

Notes & Action Steps

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)

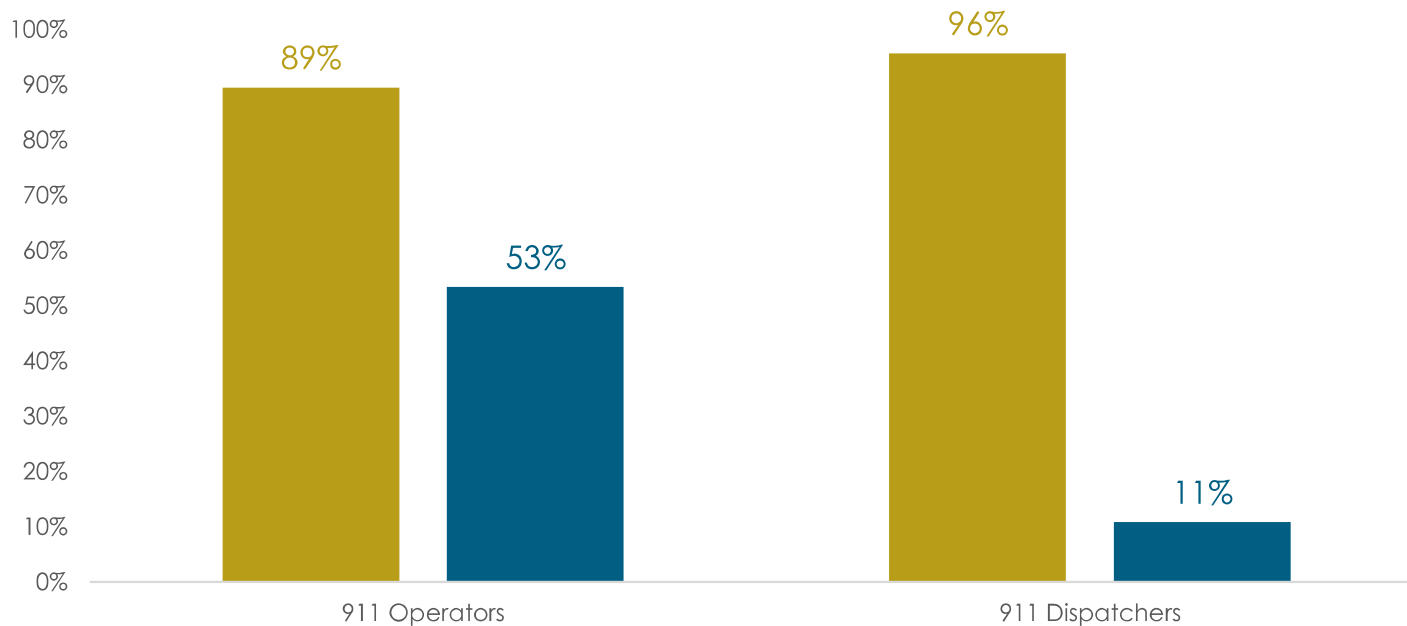
OPD 2022 number trained: Q1 (151), Q2 (167), Q3 (167)

DCSO 2021 number trained: Q1 (1), Q2 (121), Q3 (121), Q4 (123)

DCSO 2022 number trained: Q1 (121), Q2 (125), Q3 (pending data)

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail**Objective 1 and 2: 911 Call Center will work toward having 100% of designated staff trained in CIT, MHFA, either, or both.**

Percentage of 911 Center Employees with CIT/MHFA Training: 2022 Q1 & 2022 Q2



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

Definitions:
Percentage of 911 Call Center employees with CIT training

Data Source:
Kathy Allen-Douglas County 911 Call Center

Review Frequency:
Quarterly

Notes & Action Steps

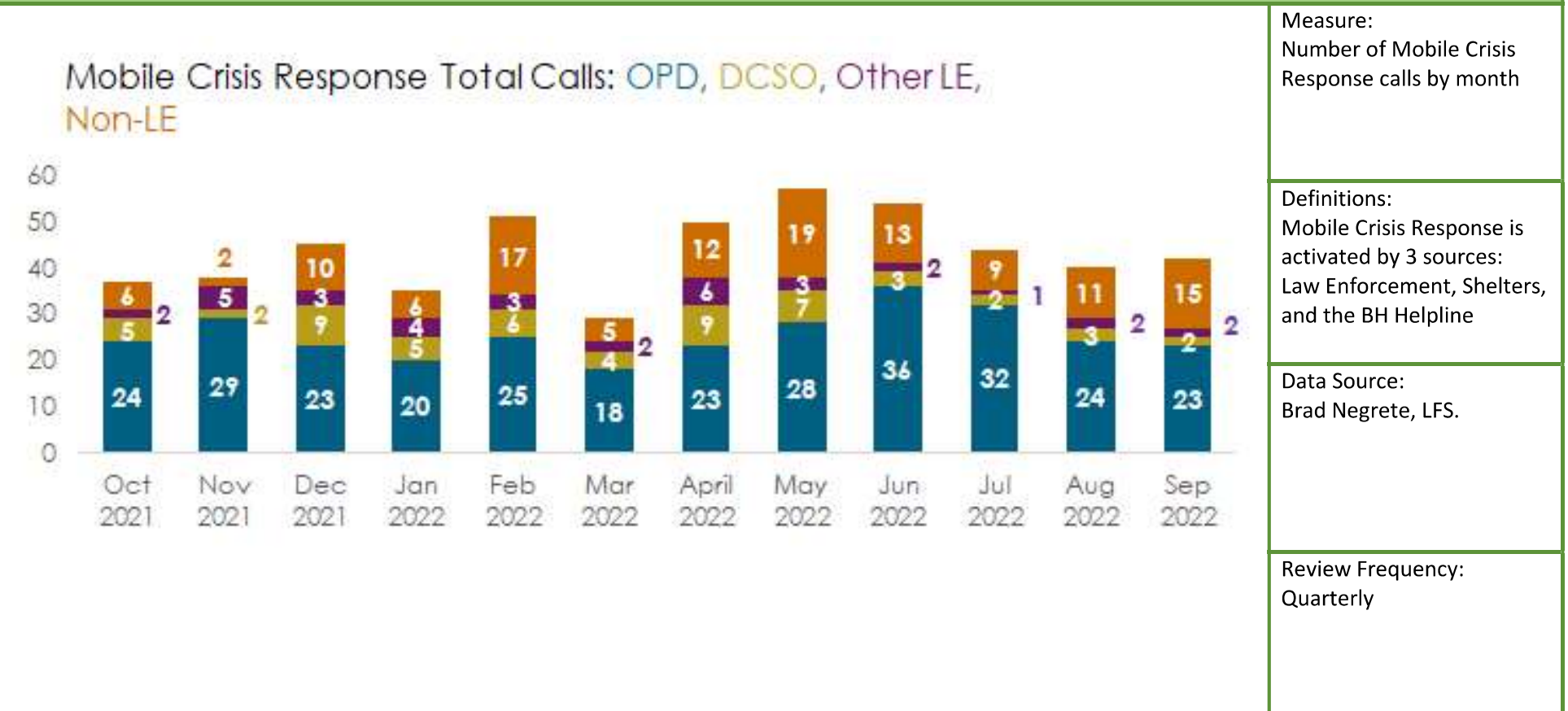
Pending CY22 Q3 Data

Training above is for CIT, Call Center staff are not trained in MHFA at this time

8/15 total Operators (17/19 in Q1)

4/37 total Dispatchers for Q2 (4/46 in Q1)

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

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail**Objective 3: Analyze Mobile Crisis Response (MCR) 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 Airport 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.

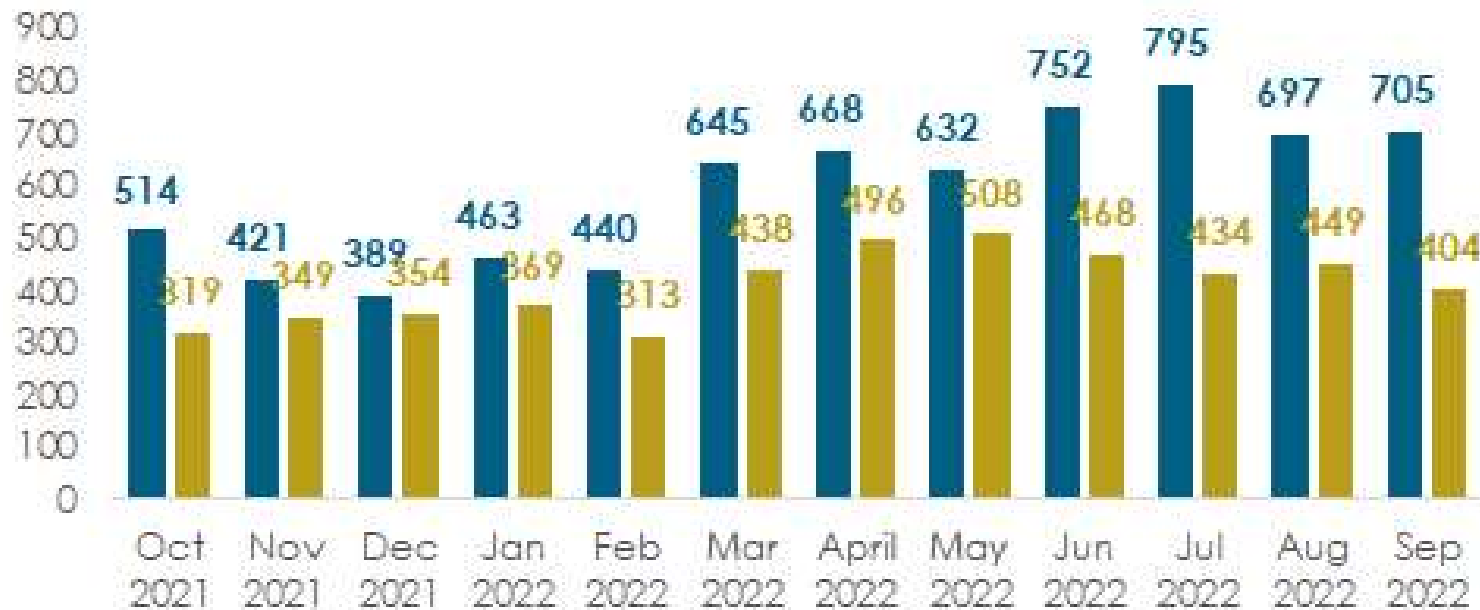
Summer/Fall 2020: The decrease in OPD's use of activating MCR is likely due to OPD's need to reprioritize work due to COVID 19

June 2022 Non-LE: 5 NE Family Help, 1 Shelter ODM, 2 Siena Francis, 1 Stephen Center, 3 Capture, 1 Other Referral Source

Oct. 2022: DCSO's utilization of MCR could decrease due to the addition of the Co-Responder (LFS employee officed at DCSO).

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

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. If OPD has CORE TEAM follow up, this call won't count as a 911 MH Coded Call.

BHITF – Law Enforcement codes the call as mental health – Forms completed electronically in OPD cruisers (Jan. 2021).

Some reason for the discrepancy would be for some of our repeat callers. We are encouraging officers to only do 1 BHITF for an individual in a 24-hour period, unless something changes i.e., transported, EPC etc.

DCSO data will be included soon, file format issue.

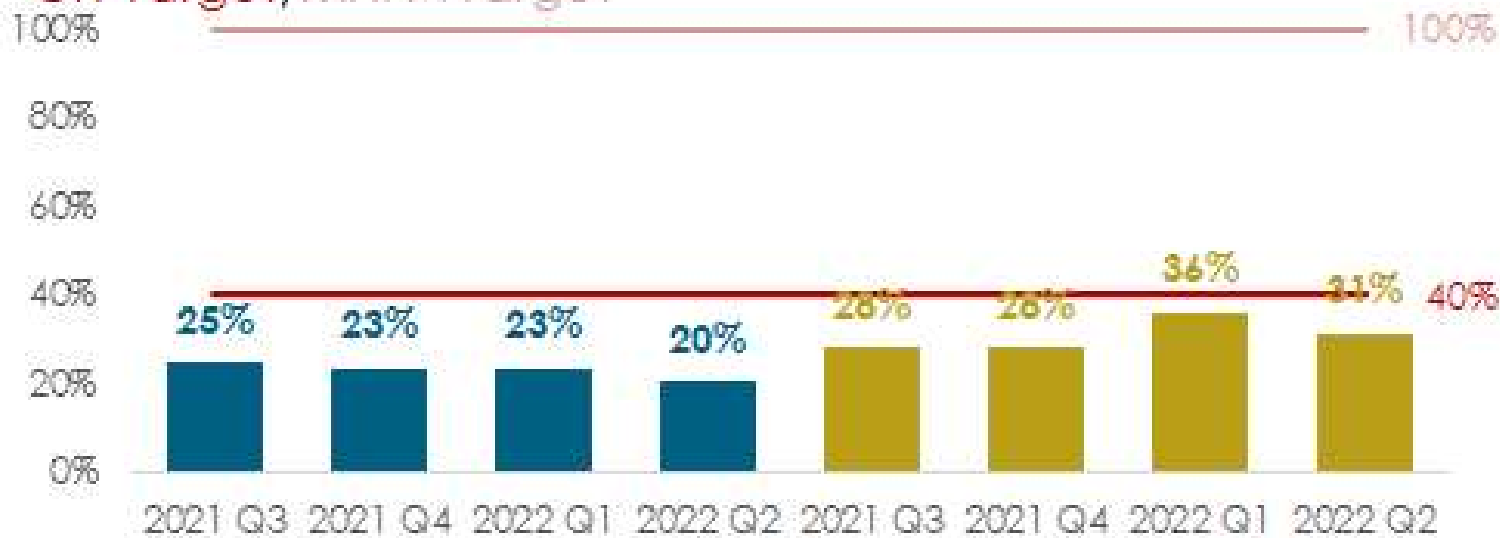
GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail
Intercepts 2 and 3

Strategy	Target	Note/Updates
Objective 1: DCDC will work toward having 40% of Correctional Officers trained in CIT and 90% of Correctional Officers trained in MHFA.		
a. Monitor baseline data on number of CO's who have completed CIT and MHFA training.		Page 15
Objective 2: Utilize data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR) practices.		
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).	Quarterly	Page 16
b. 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.		Need CA's review/input
Objective 3: Decide and review outcome data for Mental Health Diversion (MHD).		
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>		Vicki will work with Sara B on this Winter 2022

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 1:** DCDC will work toward having 40% of Correctional Officers trained in CIT and 90% of Correctional Officers trained in MHFA.

Percentage of Douglas County Corrections Officers with CIT & MHFA Training:

CIT Target, MHFA Target



Measure:
Number of trained
Correctional Officers / Total
FTEs

Definitions:
Percentage of Corrections
Officers with CIT/MHFA
training

Data Source:
DCDC
Sgt. Roccaforte

Review Frequency:
Quarterly

Notes & Action Steps

Pending CY22 Q3 Data

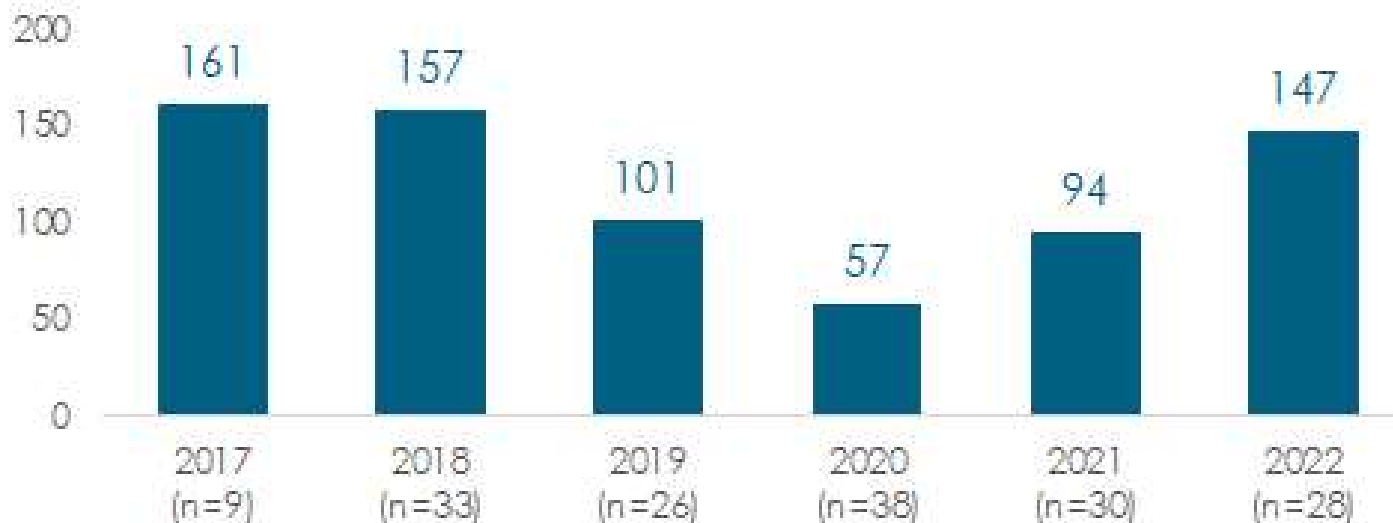
** This data is impacted by the COVID-19 outbreak

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 2:** 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



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

Pending CY22 Q3 Data

Data does NOT account for the number of jail days prior to the court order for restoration.

2022: 28 individuals (min = 13 days, max = 425 days) 21 individuals are male and 7 are female.

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
SIM Priority #1. Collaborative software for information sharing across CJ/BH systems.		
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.	In-Process	
b. Region 6 will lead CJ/BH Information Sharing (Champion's Team) meetings-follow up from Chris Schneweis consultation.	Nov. 2022	
Objective 1: Collect baseline data on the number of individuals who are connected to Type1 and Type 2 services prior to reentry.		
a. Justine continues to partner with Dotcomm and Network Ninja to work on Objective 1. <i>Update: Justine is waiting to hear from Network Ninja/Collaborate; need to do interface</i>		
Objective 2: Collect data to understand the impact of Medicaid expansion with those involved with the criminal justice system.		
a. 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).		LB921 Passed/ Monitor Implementation Meeting with MCO's occurred on July 13 th , will meet again in Nov. 2022
Objective 3: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.		
SIM Priority 6.		
a. Schedule meeting with BAART to explore opportunities.		

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
Objective 1: Utilize data to determine Familiar Faces Pilot project's impact on recidivism.		
a. Update FFP Data Report and review with Stepping Up Team		FFP is on hold due to CMHC capacity challenges/funding.
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 was leading this
Objective 2: Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.		
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 19
Objective 3: Utilize Long-Acting Injectables (LAI's) when clinically appropriate.		
a. Collect and review baseline data on the aggregate number of individuals receiving LAI's by month.		Page 20

GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail**Objective 2: Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.**

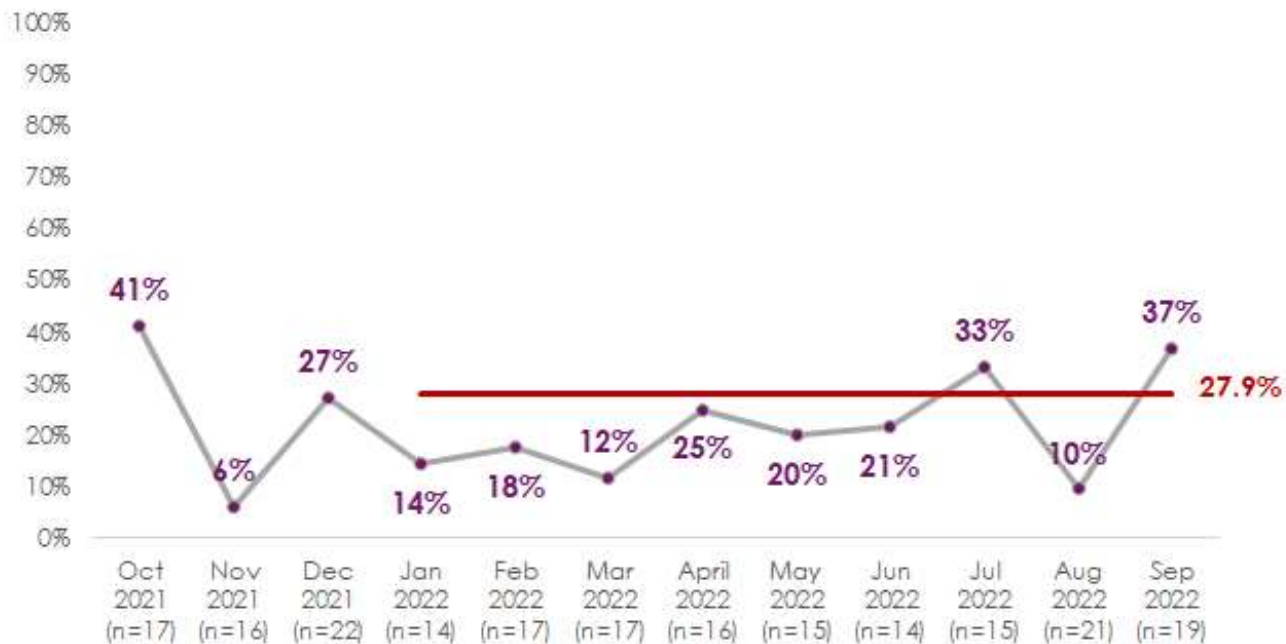
Measure:
% Of custodial sanctions incarcerated with an SMI

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

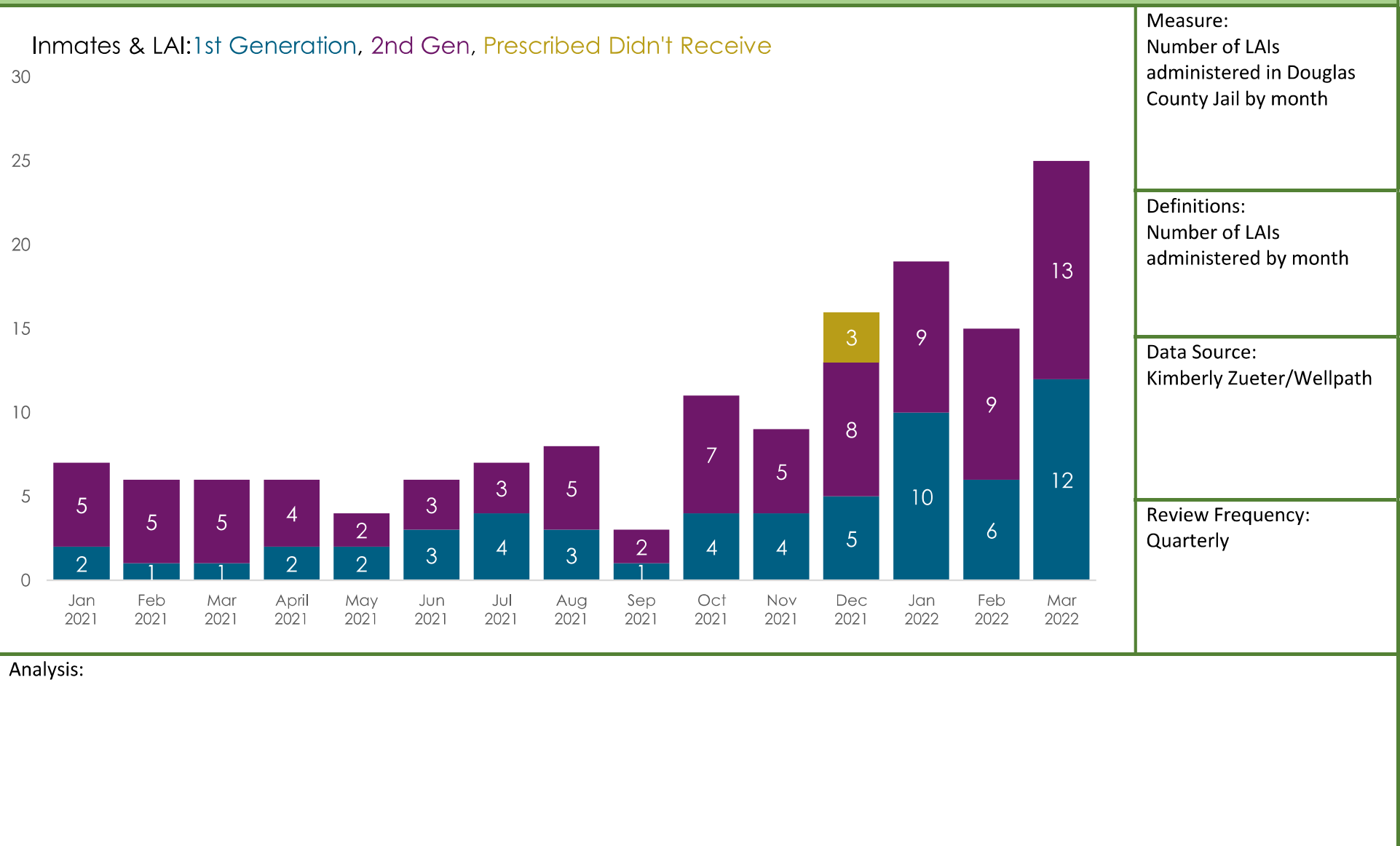
Data Source:
Justine Wall DCDC
Heidi Altic DCDC

Review Frequency:
Quarterly

Percent of Custodial Sanctions Incarcerated with an SMI & 2021
Avg

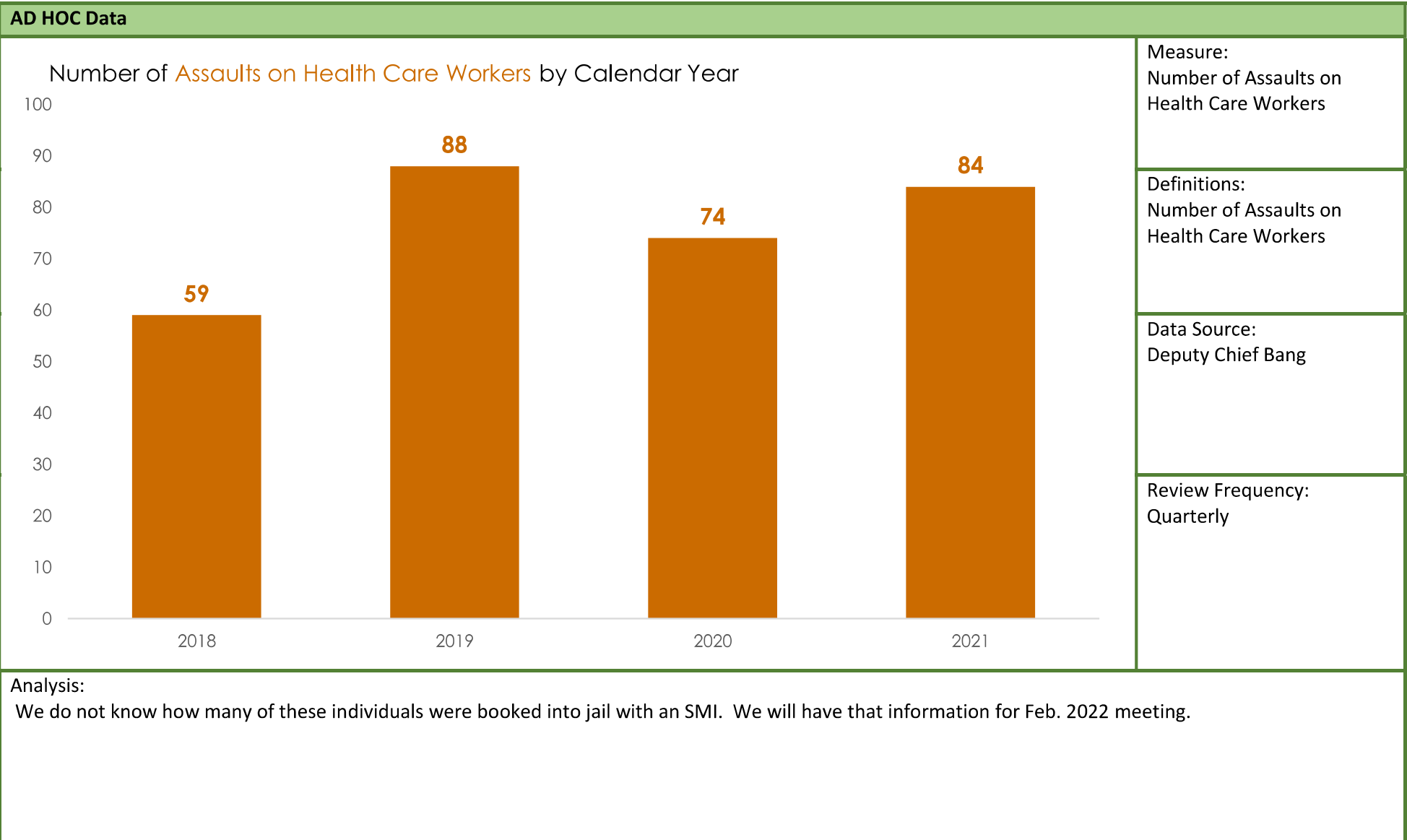
**Analysis:**

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 3:** Utilize Long-Acting Injectables (LAI's) when clinically appropriate.

AD HOC Data

Assaults on Health Care Workers



Participants

- Mike Myers-Department of Corrections
- Justine Wall-Department of Corrections
- Shy Meckna-Department of Corrections
- Heidi Altic-Department of Corrections
- Kim Zueter-Wellpath/Department of Corrections
- Diane Carlson-Douglas County Administration
- Erin Hurley-County Attorney's Office
- Martha Wharton-Public Defender's Office
- Heather Wetzel-Social Services/Public Defender's Office
- Captain Wayne Hudson-Douglas County Sheriff's Office
- Sgt. Chris Ivener – Douglas County Sheriff's Office
- Deputy Chief Steve Cerveney-Omaha Police Department
- Lindsay Kroll-Omaha Police Department
- Damon Strong-Chief Probation Officer District 4A
- Bonnie Ott-Probation Officer/Treatment
- Sara Baker-Douglas County Community Mental Health Center
- Brad Negrete-Lutheran Family Services
- Carly Kenney-Lutheran Family Services/Douglas Co Sheriff

Region 6 Behavioral Healthcare Contacts

Kim Kalina, MSW

Director of Quality Improvement

kkalina@regionsix.com

OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

Nick Chadwell

Data Analyst

nchadwell@regionsix.com

OFFICE: 402.996.8372 | FAX: 402.444.7722

Miles Glasgow, LICSW, LADC

Senior Manager of System Coordination

Mglasgow@regionsix.com

OFFICE: 402.591.5008 | CELL: 402.637.4414 | FAX: 402.444.7722

Vicki Maca, LCSW, LMHP

Director of Criminal Justice/Behavioral Health Initiatives

vmaca@regionsix.com

OFFICE: 402.591.5010 | CELL: 531.444.8615 | FAX: 402.444.7722