

# THE **STEPPINGUP** INITIATIVE



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

**Douglas County, Nebraska**

**QUARTERLY REPORT**

**Data from Quarter 4**

**Meeting Date: January 26, 2023**

### **Stepping Up Agenda**

1. Welcome and Introductions
2. Public Safety Assessment/Pretrial Update (Shy M.)
3. Harvard Partnership-Bail Reform (Justine W.)
4. Douglas County Sheriff's Office - Mental Health
5. Review Quarterly Data and Strategies
6. Next Meeting April 27th 1-2:30pm Location TBD
7. Conclude

### **Steering Committee Priorities**

1. CJ-MH Information Sharing Collaboration
  - a. LB 337 (2023)
  - b. Data Sharing Platform
2. Better Understand Hospital Policies, Procedures, Protocols with Law Enforcement and EPC's

### **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. 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. Facilitator to assist with developing a focused plan for data sharing, inform potential purchase of needed data sharing platform (Data Mapping event Completed August 2022)
4. Continuation of Familiar Faces Pilot (In-Process)
5. Monitor LB 247 (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 (Completed Summer 2022)
10. Intensive Outpatient (IOP) substance abuse treatment in the jail - funded by BJA grand (Q1-2022) CMHC and DCDC partnership
11. Exploring processes with Medicaid and Criminal Justice Systems (LB 921) (In-Process / July 2022)

## Stepping Up Key Measures

### Definitions

<b>SMI (Serious Mental Illness):</b>	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).	
<b>Connection to Care/Service Type 1:</b>	Information and 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.	
<b>Connection to Care/Service Type 2:</b>	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.	
<b>LAI (Long Acting Injectable):</b>	LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to anti-psychotic medication.	
<b>Recidivism:</b>	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.	
<b>MHFA (Mental Health First Aid):</b>	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. Recertification is required every 3 years.	
<b>CIT (Crisis Intervention Training):</b>	The Memphis Crisis Intervention Team (CIT) is an 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.	
<b>Custodial Sanction:</b>	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.	
<b>Probation Violation:</b>	There are 3 types; Technical Violations, New Law Violation, and Abscond Violations:	
	<b>Technical Violations:</b>	Examples include failed drug testing, missed appointments, etc... These are handled with sanctions.
	<b>New Law Violations:</b>	Are required by State Statute 29-2255 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 c..
	<b>Abscond Violations:</b>	Occur when an individual is actively avoiding supervision and these violations are submitted following reasonable efforts to locate the defendant (which are unsuccessful).
<b>MAT (Medication-Assisted Treatment):</b>	Is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoses.	
<b>BHITF:</b>	Behavioral Health Incident Tracking Form.	
<b>Data Applications Used:</b>	IMS (Information Management System - Dotcom is the Vendor); Collaborate (customizable, web-based case management software used by DCDC Re-Entry Staff); ERMA (Wellpath's proprietary electronic record management application); CAD (used by Law Enforcement Agencies).	

## Stepping Up 4 Key Measures

### Goal 1:

Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail \*(&1.b: Incarcerated in Jail)

#### Numerator:

The number of adults booked into the jail with a Serious Mental Illness (SMI) during the month

#### Denominator:

The average daily total population of the jail for the month

#### Data Source:

DCDC

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

#### Notes:

This data does not include individuals who bond out or those who are sentenced to time served before receiving a mental health evaluation.

### Goal 2:

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

#### Numerator:

The monthly average LOS for those discharged from jail with a SMI

#### Demoninator:

The average daily total population of the jail for the month

#### Data Source:

DCDC

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

#### Notes:

July 2018 - March 2019 used Mental Health Disorder; April 2019 definition changed to SMI

### Goal 3:

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

#### Numerator:

The number of individuals with a Serious Mental Illness (SMI) who have a Type 1 and/or Type 2 Connections to Care made during incarceration - reported during the month they were released from jail

#### Denominator:

Number of all individuals with a SMI discharged from jail that month

#### Data Source:

DCDC (Collaborate & ERMA connected through data #)

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

#### Notes:

Data through April 2019 reflects individuals with a MH disorder. Dat..

### Goal 4:

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

#### Numerator:

The number (percentage) of individuals with a Serious Mental Illness (SMI) who are re-booked into jail for new offenses within 12 months following their last release date.

#### Denominator:

Total number of bookings

#### Data Source:

DCDC

#### 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, and probation violations.

## Stepping Up 4 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 (ALOS) for People with a Serious Mental Illness (SMI) in Jail

### Goal 3:

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

### Goal 4:

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

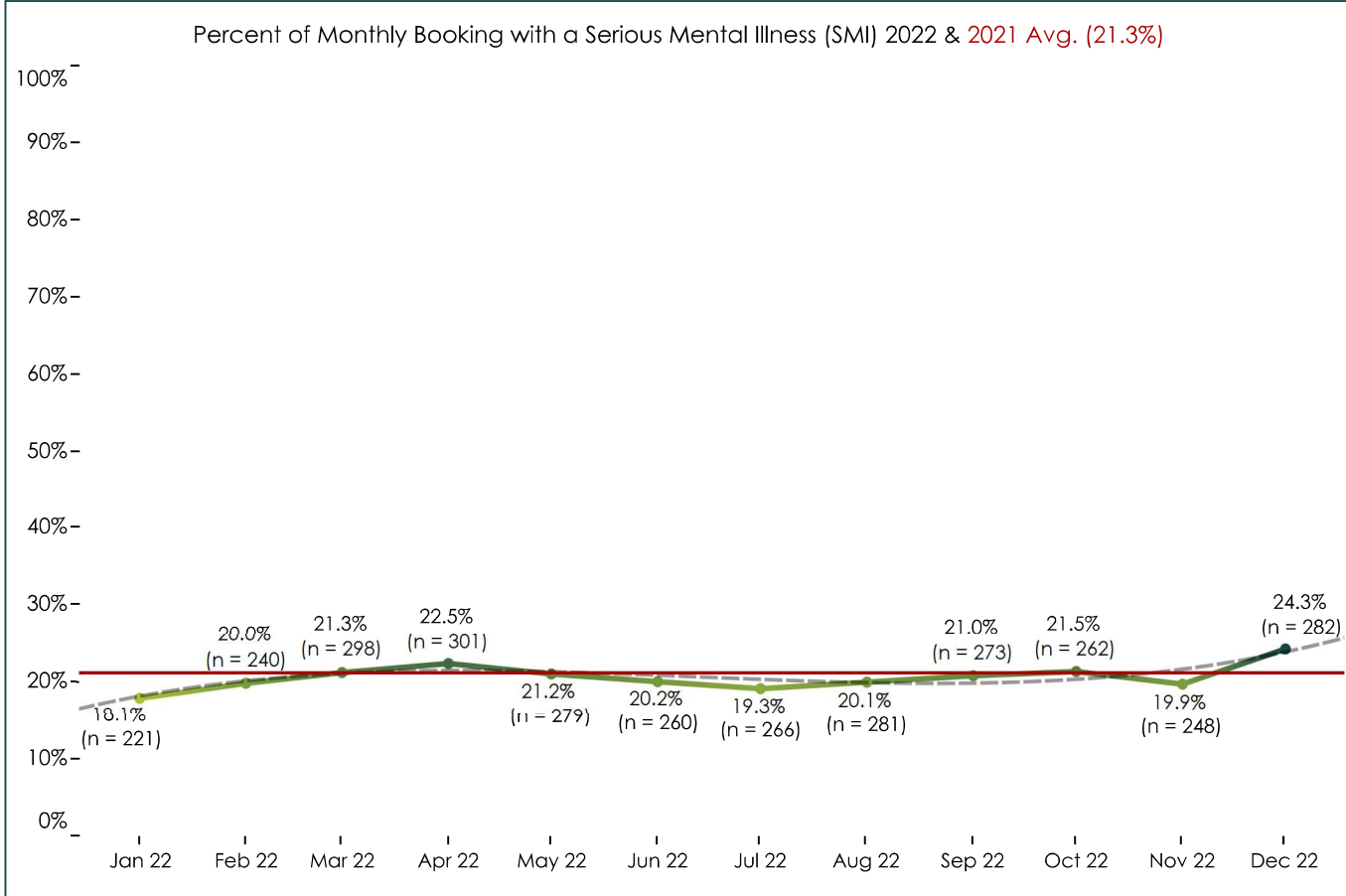
**Automated Report Under Development**

**Collaborate Database**

## Stepping Up 4 Key Measures

Goal 1:	Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail *(& 1.b Incarcerated in Jail)		
	Intercepts 0,1		
	Strategy	Target	Notes/Updates
	SIM Priority 2. (2022): Increase access to direct inpatient acute psychiatric care and circumvent ED waits / front door.		Joint Steering Committee
	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.		Review/Update
b.	DCSO will work toward having 70% of sworn, active officers trained in CIT.		
c.	The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in CIT.		
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.		
c.	DCSO will work toward having 85% of sworn, active officers trained in MHFA.		
d.	The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in MHFA.		
Objective 3:	Mobile Crisis Response will be activated (when appropriate) by Law Enforcement.		
a.	Analyze MCR utilization data by Law Enforcement Agency and identify potential opportunities.		
Objective 4:	Law Enforcement 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.		

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



**Measure:**

**Definitions:**

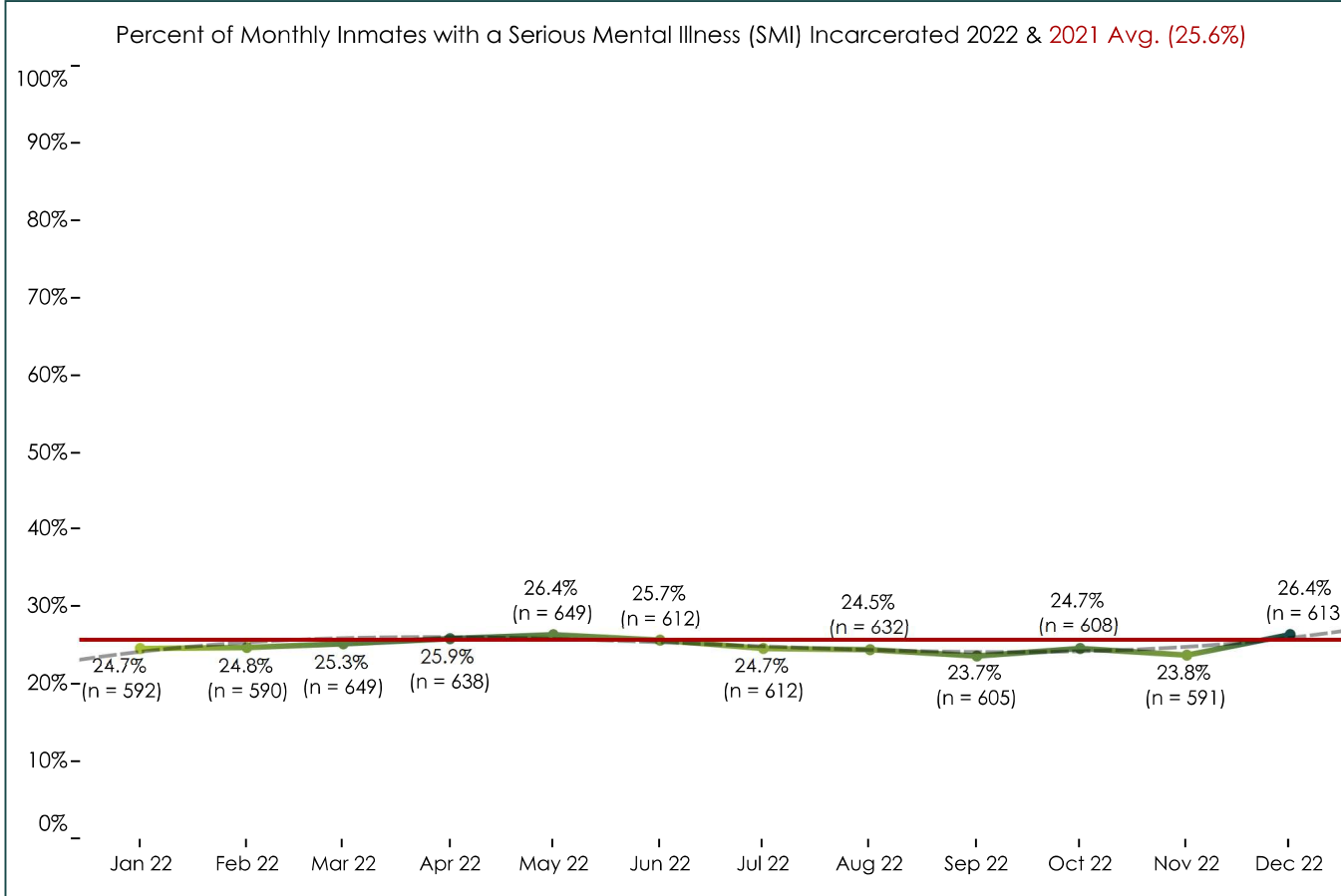
**Data Source:**

**Review Frequency:**

**Analysis:**

**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



**Measure:**

% of incarcerated inmates with a diagnosed Serious Mental Illness (SMI), by month

**Definitions:**

Number of incarcerated inmates divided by total number of inmates, by month

**Data Source:**

Justine Wall

**Review Frequency:**

Monthly

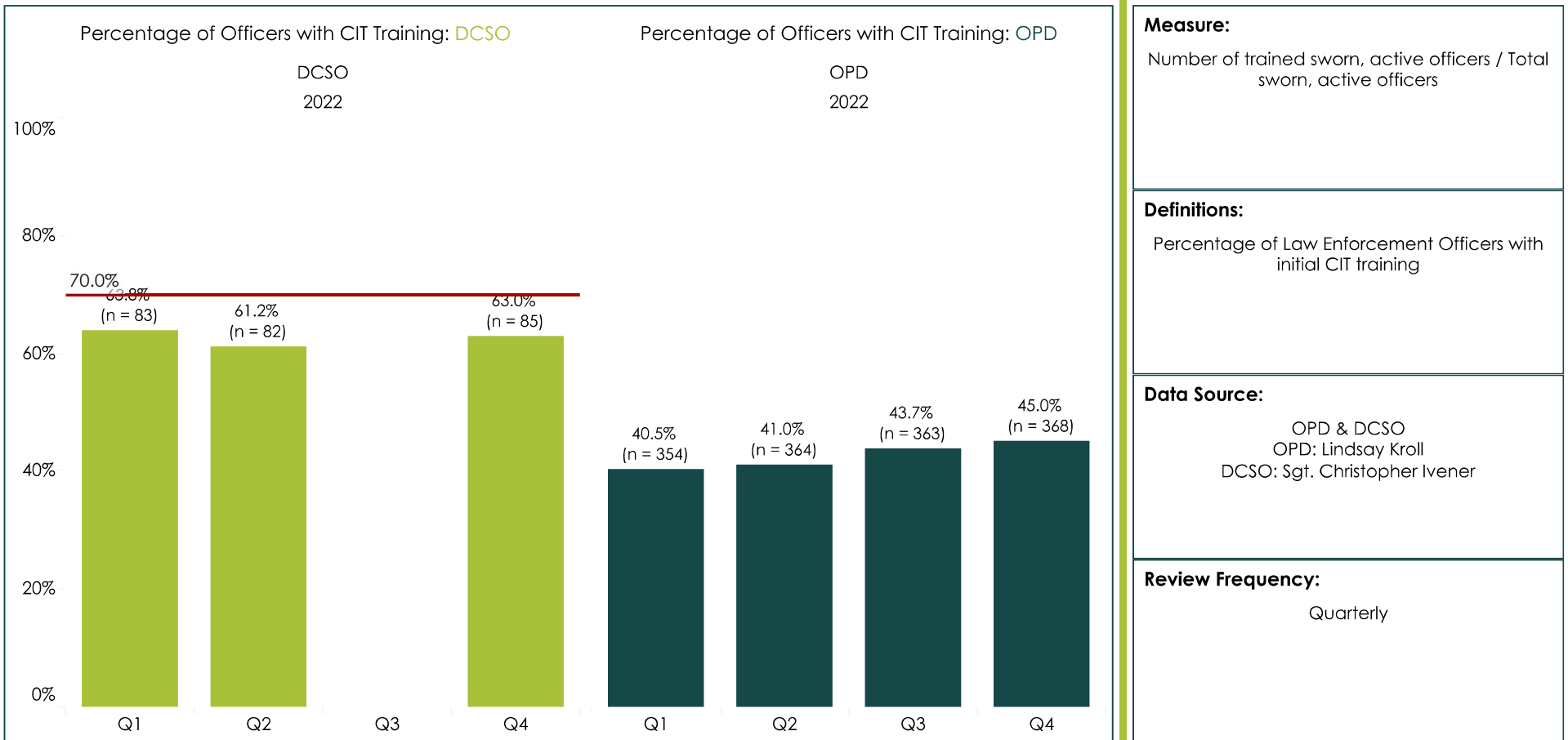
**Analysis:**

•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).



**Analysis:**

- 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 2:** DCSO and OPD will increase the number of designated officers trained in Mental Health First Aid (MHFA). | DSCO Goal is 95% | OPD Goal is 18%

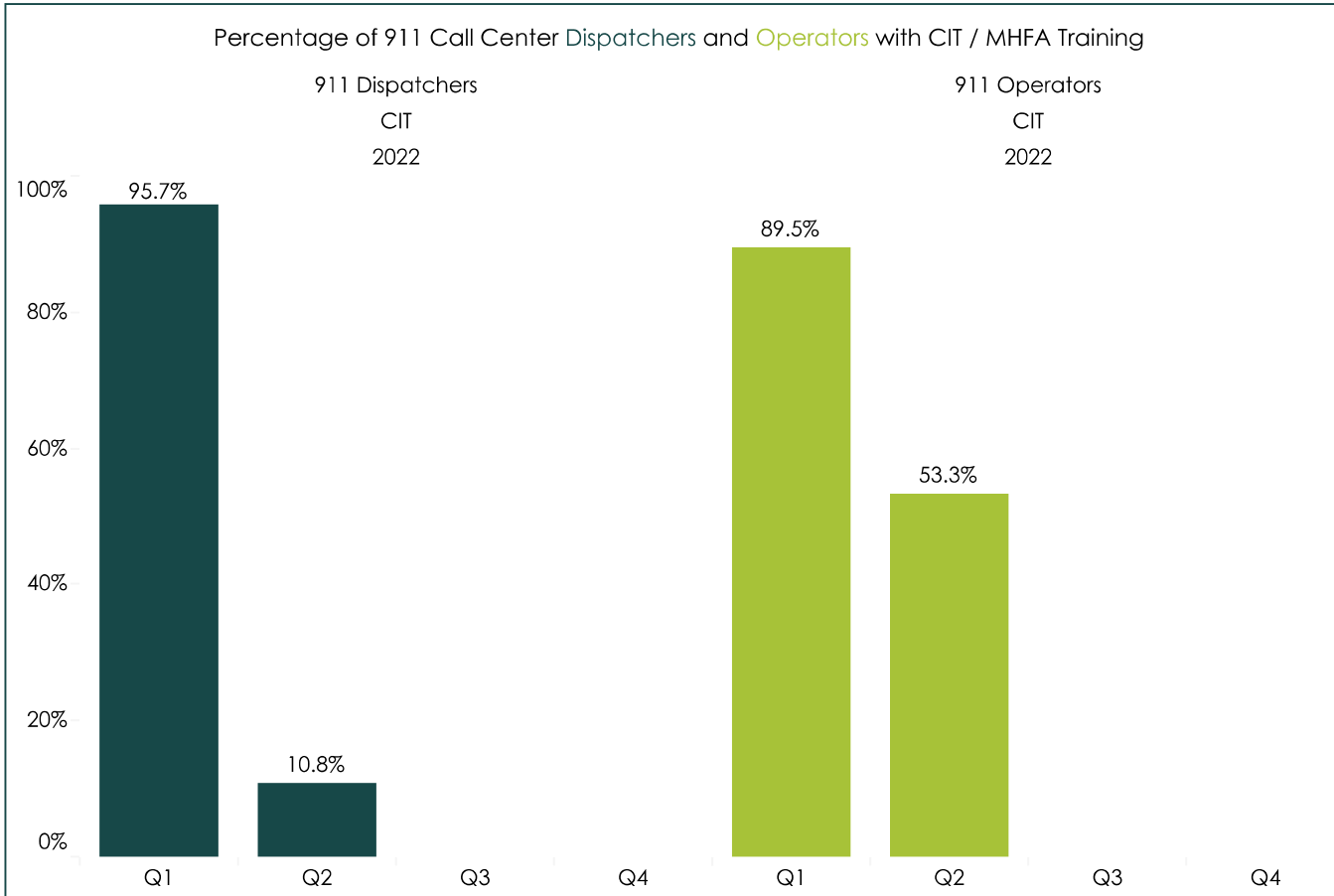


**Analysis:**

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

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

**Objective 1 & 2:** 911 Call Center will work toward having 100% of designated staff trained in CIT, MHFA, either, or both.



**Measure:**

Number of trained 911 call center employees / Total FTE's

**Definitions:**

Percentage of 911 Call Center employees with CIT training

**Data Source:**

Kathy Allen - Douglas County 911 Call Center

**Review Frequency:**

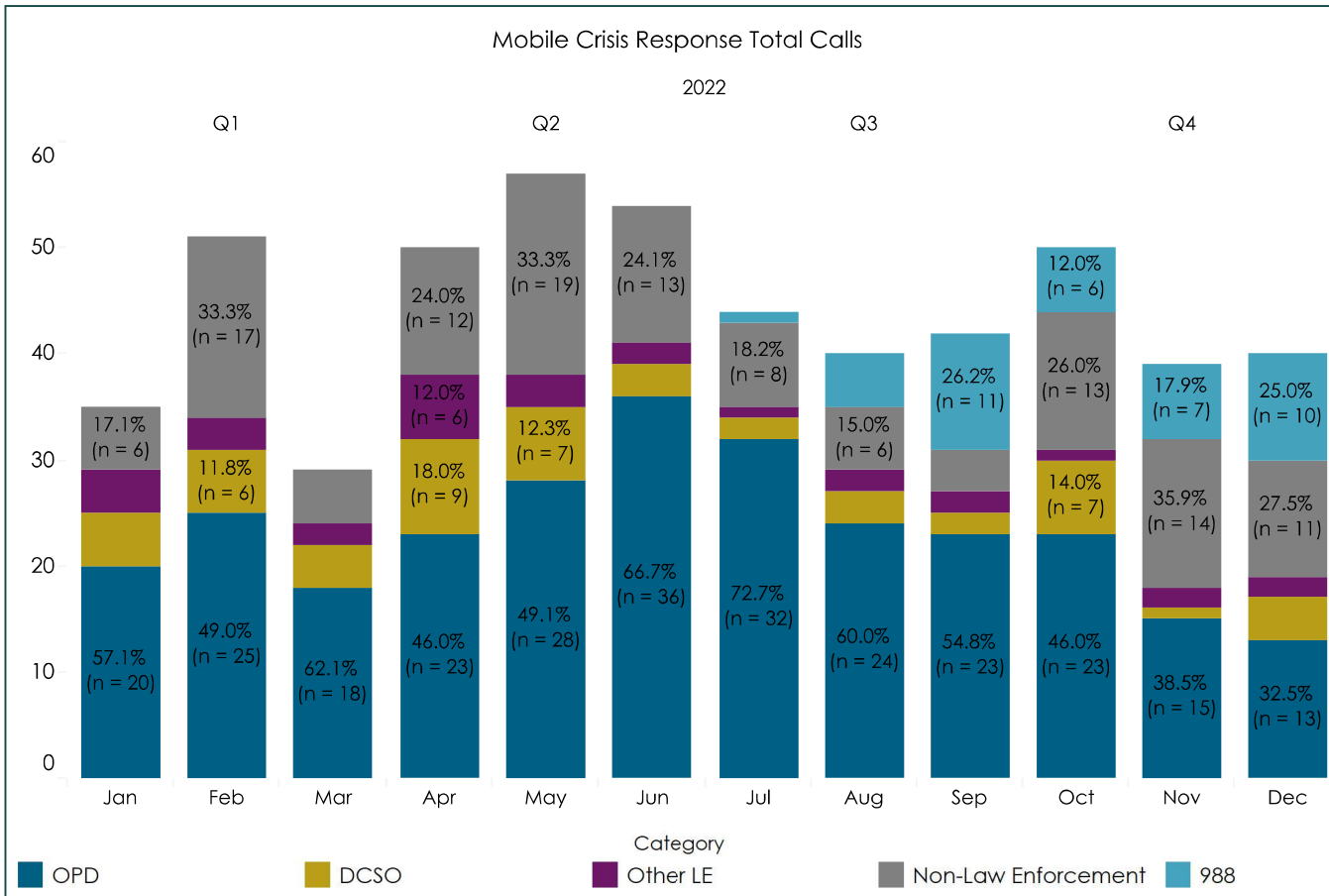
Quarterly

**Analysis:**

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



**Measure:**

Number of Mobile Crisis Response calls by month

**Definitions:**

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

**Data Source:**

Brad Negrete - LFS

**Review Frequency:**

Quarterly

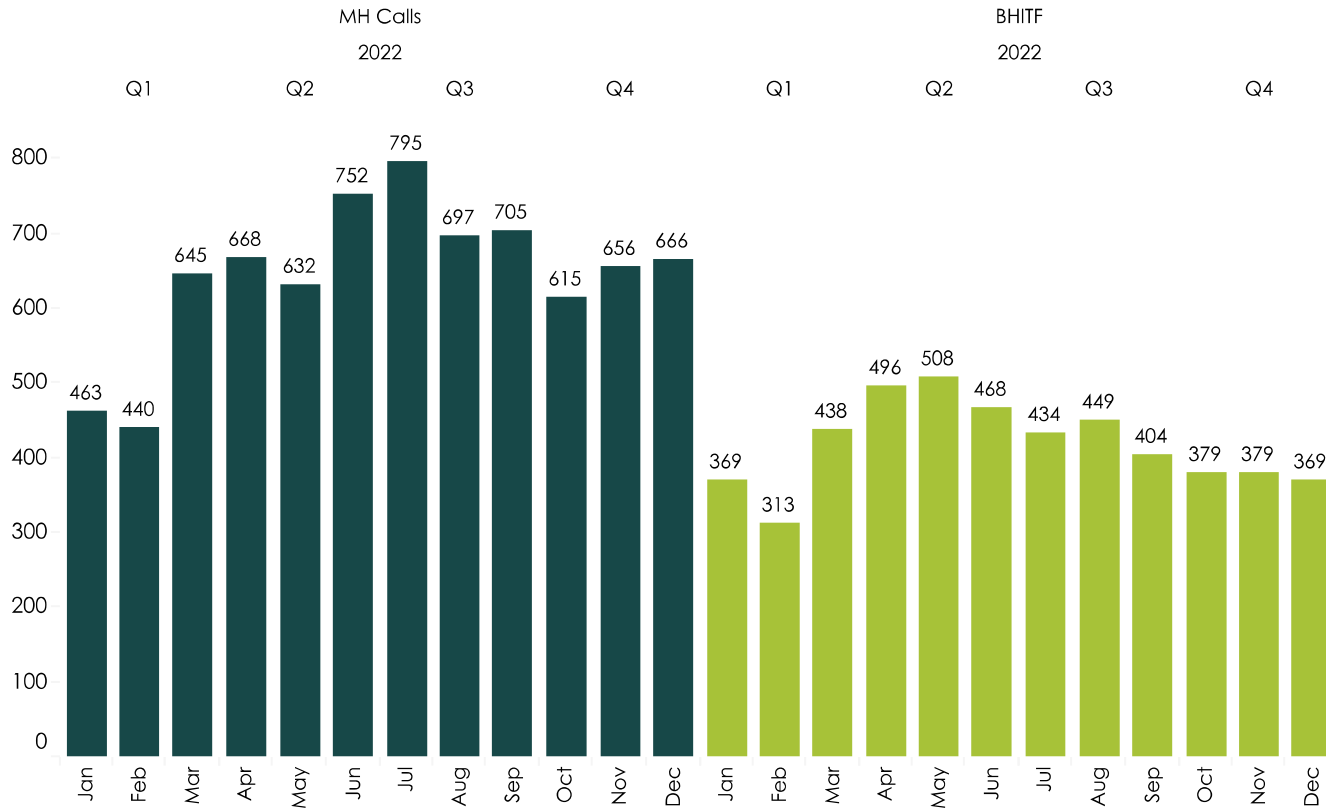
**Analysis:**

- 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.
- October 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).

911 Mental Health 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:**

Lindsay Kroll - OPD

**Review Frequency:**

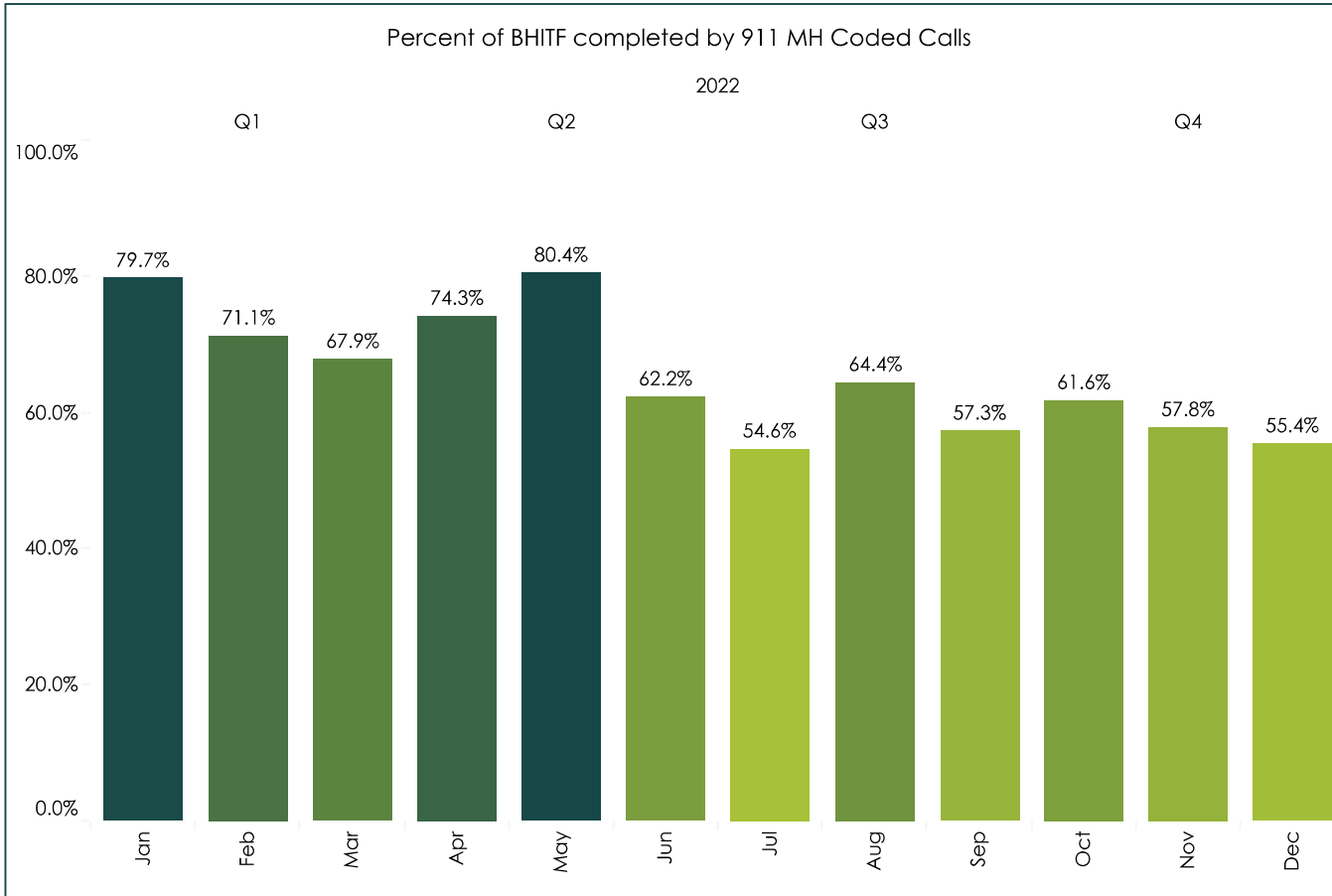
Quarterly

**Analysis:**

- DCSO and Other Law-Enforcement 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 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).



**Measure:**

Counts of 911 calls coded as MH and BHITF completed

**Definitions:**

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**Review Frequency:**

Quarterly

**Analysis:**

- DCSO and Other Law-Enforcement 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.

## Stepping Up 4 Key Measures

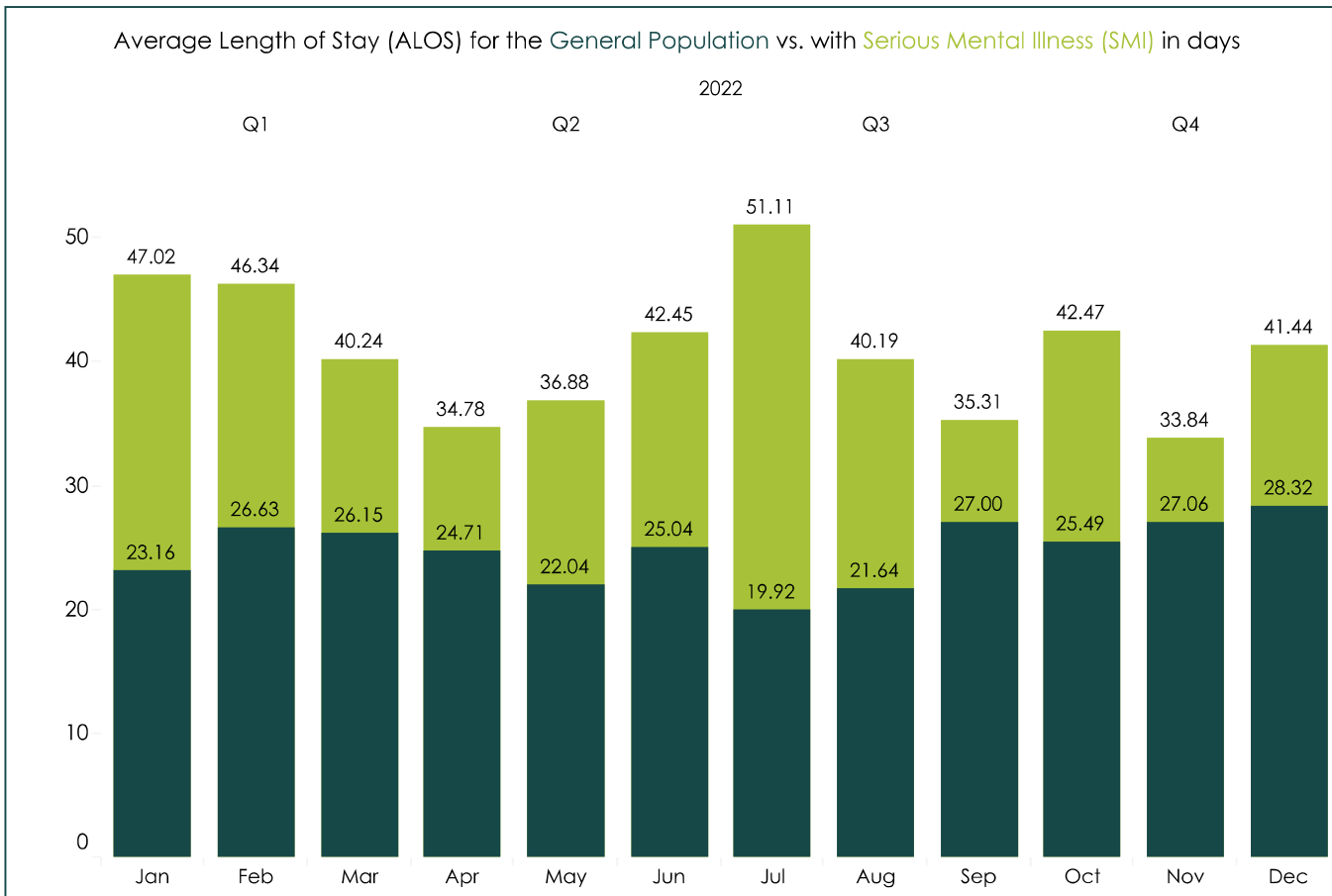
### Goal 2:

### Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail

Intercepts 2,3

Strategy		Target	Notes/Updates
<b>Objective 1:</b>	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.		
<b>Objective 2:</b>	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	
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
<b>Objective 3:</b>	Decide and review outcome data for Mental Health Diversion (MHD).		
a.	Identify and define outcome measure for MHD.		On-Hold

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



**Measure:**

**Definitions:**

**Data Source:**

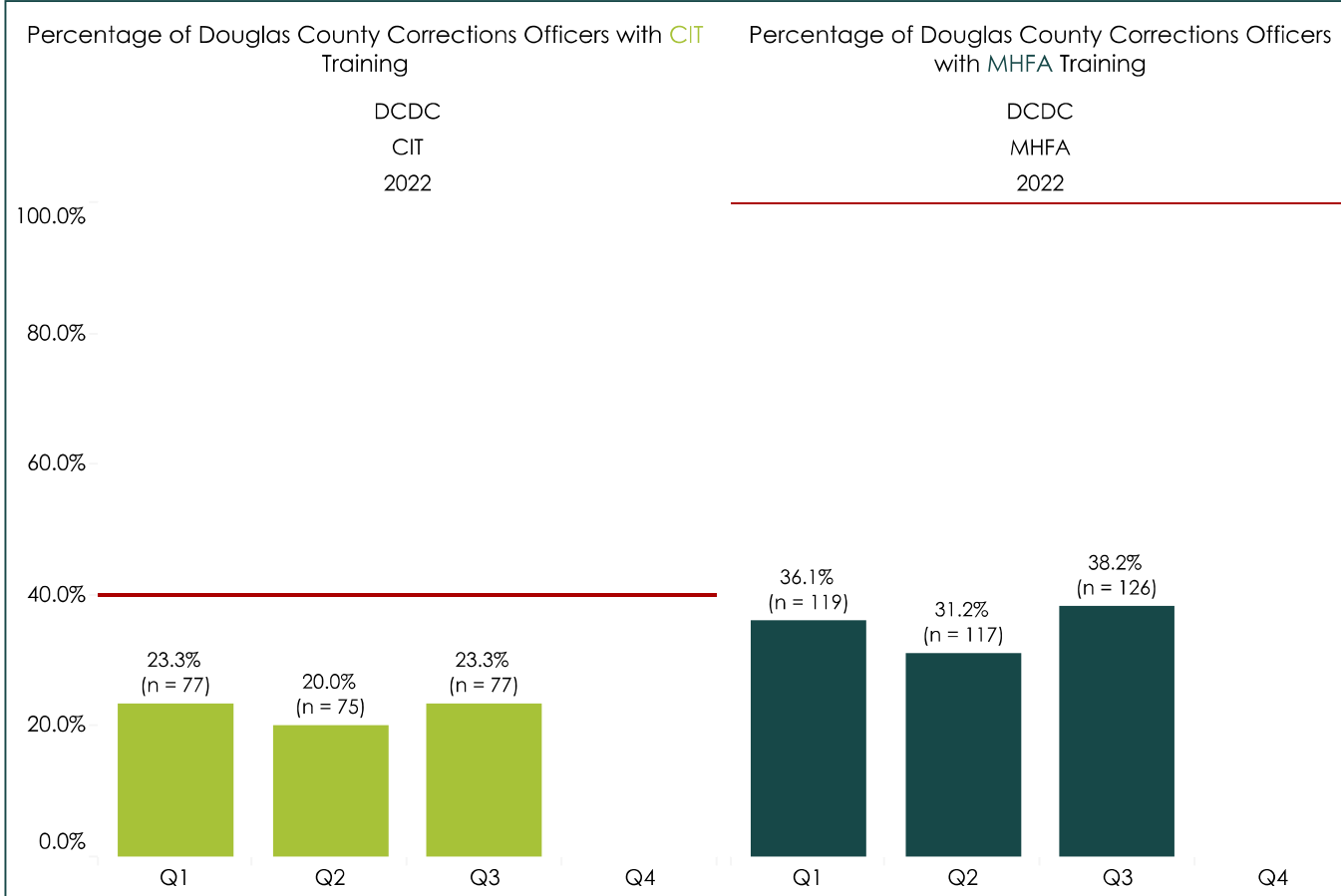
**Review Frequency:**

**Analysis:**



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

**Objective 1:** Corrections will work to have 100% of Correctional Officers trained in CIT (40 hours), MHFA (8 hours), or both.



**Measure:**

Number of Correctional Officers with Training / Total FTE's

**Definitions:**

Percentage of Corrections Officers with CIT / MHFA Training

**Data Source:**

DCDC  
Sgt. Roccaforte

**Review Frequency:**

Quarterly

**Analysis:**

**Goal 2:** Shorten the Average Length of Stay (ALOS) 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  
Captain Mary Earley

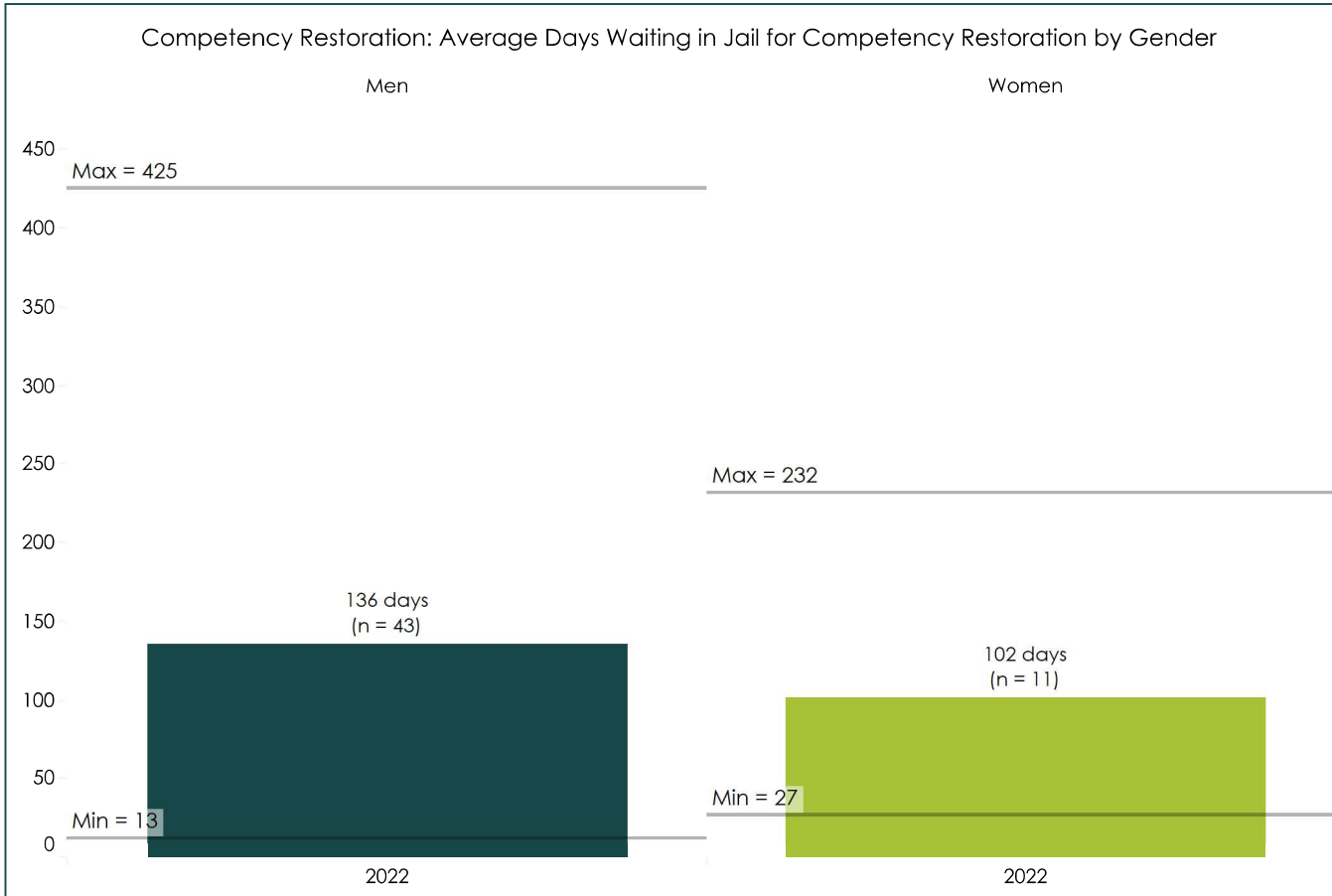
**Review Frequency:**

Quarterly

**Analysis:**

**Goal 2:** Shorten the Average Length of Stay (ALOS) 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



**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  
Captain Mary Earley

**Review Frequency:**

Quarterly

**Analysis:**

## Stepping Up 4 Key Measures

### Goal 3:

### Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail

Intercepts 3,4,5

Strategy	Target	Notes/Updates
<b>Objective 1:</b>	<b>Identify opportunities to improve information sharing between CJ and MH systems. (SIM Priority)</b>	
a. Form Douglas/Sarpy Co. workgroup to align NRS 38-2136 with HIPAA as recommended by John Petrilla, national consultant.	January 2023	LB 337 Please Support
b. Utilize workgroup to collaboratively identify data sharing software platform (OPD, Douglas Co. and Sarpy Co.)	December 2023	Chris Schneweis: 8-25-22 Decision Making Team: 12-12-22 Planning Team: 1-9-23 & 1-30-23
<b>Objective 2:</b>	<b>Collect baseline data on the number of individuals who are connected to Type 1 and Type 2 services prior to re-entry.</b>	
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>		
<b>Objective 3:</b>	<b>Collect data to understand the impact of Medicaid expansion with those involved with the criminal justice system.</b>	
a. Connect with NE Medicaid / DHHS to develop working knowledge of the processes in place for activation / re-activating Medicaid upon release from jail (time frames, communication / letter) how to know which MCO the member / inmate was affiliated with, collaboration).	LB 921 (2022)	Meetings with MCO's occurred July & October 2022. Meetings with DHHS and Douglas County Jail began October 2022 and will continue.
<b>Objective 4:</b>	<b>Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.</b>	
a. Schedule a meeting with BAART to explore opportunities.		

## Stepping Up 4 Key Measures

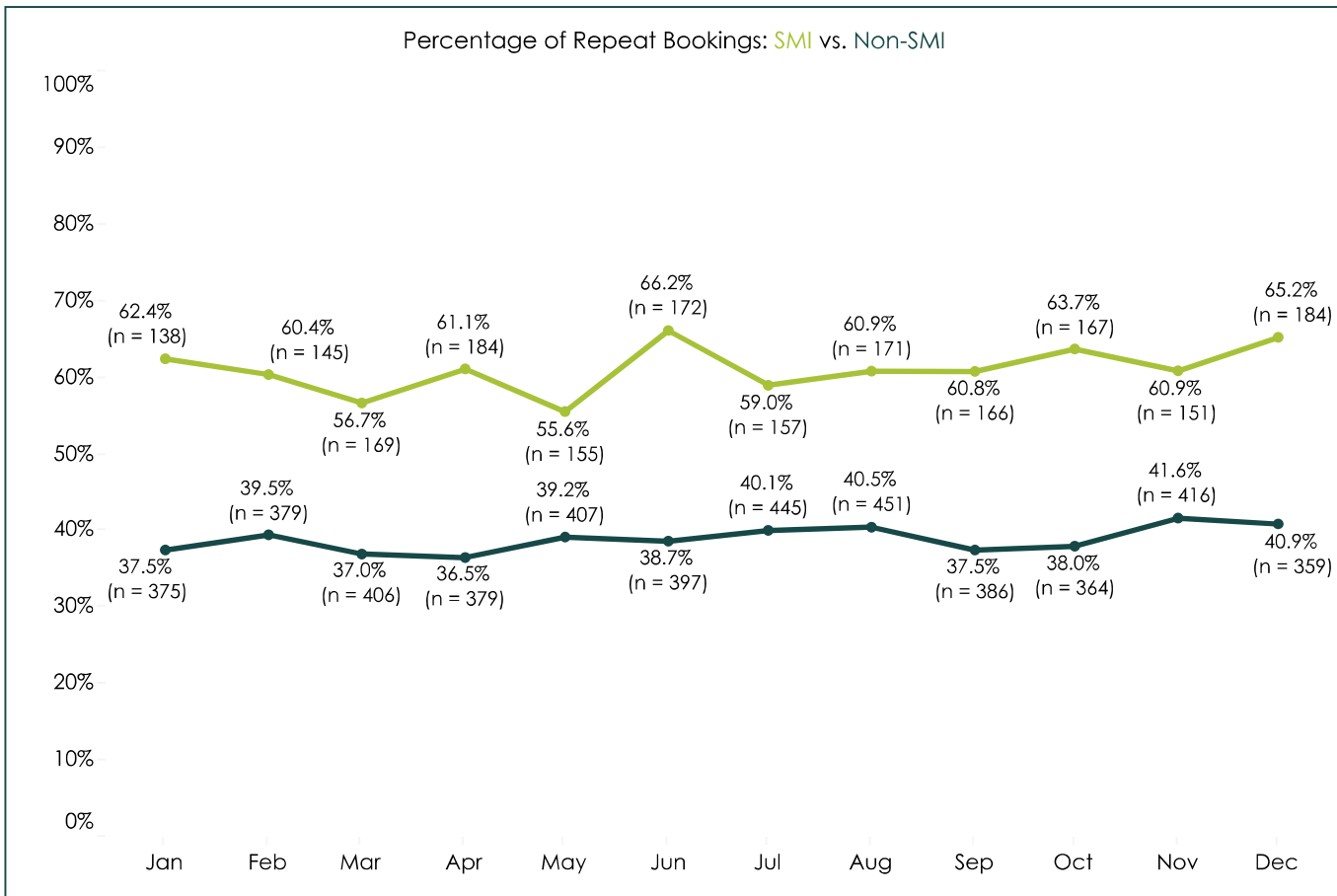
### Goal 4:

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

**Intercepts 0,1,2,3,4,5**

Strategy		Target	Notes/Updates
<b>Objective 1:</b>	<b>Identify pathway to restart Familiar Faces Program.</b>		
a.	Schedule team meeting with key FFP stakeholders.		December 2023, January 2023
<b>Objective 2:</b>	<b>Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.</b>		
	Monitor baseline data and identify opportunities.		
a.	For individuals with a 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.		
<b>Objective 3:</b>	<b>Utilize Long-Acting Injectables (LAI's) when clinically appropriate.</b>		
a.	Collect and review baseline data on the aggregate number of individuals receiving LAI's by month.		

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



**Measure:**

**Definitions:**

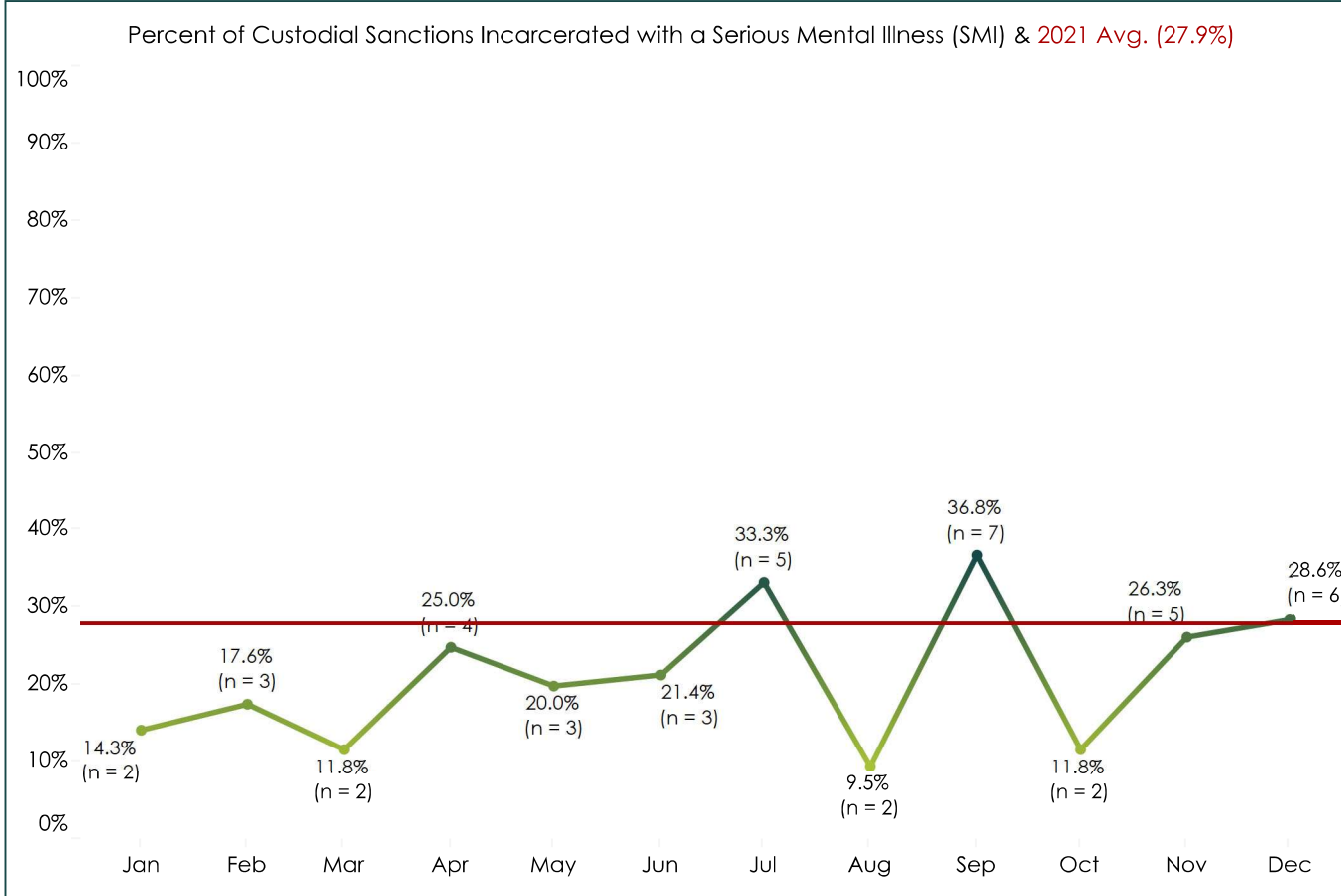
**Data Source:**

**Review Frequency:**

**Analysis:**

**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 for those incarcerated with a SMI

**Definitions:**

Number of custodial sanctions for those incarcerated with a SMI / Total number of custodial sanctions in the month

**Data Source:**

Justine Wall - DCDC  
Heidi Altic - DCDC

**Review Frequency:**

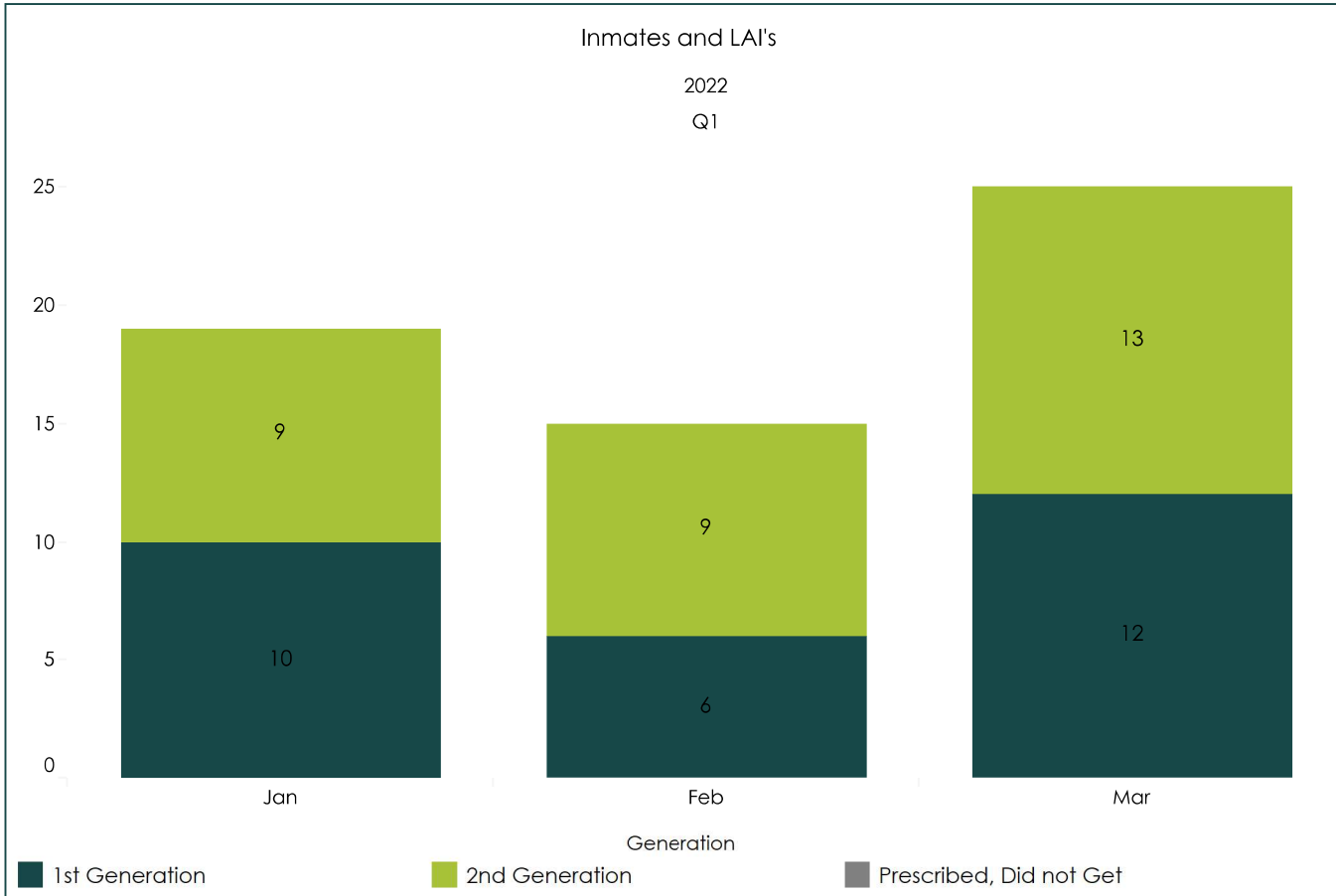
Quarterly

**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.



**Measure:**

Number of LAIs administered in Douglas County Jail by month

**Definitions:**

Number of LAIs administered by month

**Data Source:**

Kimberly Zueter / Wellpath

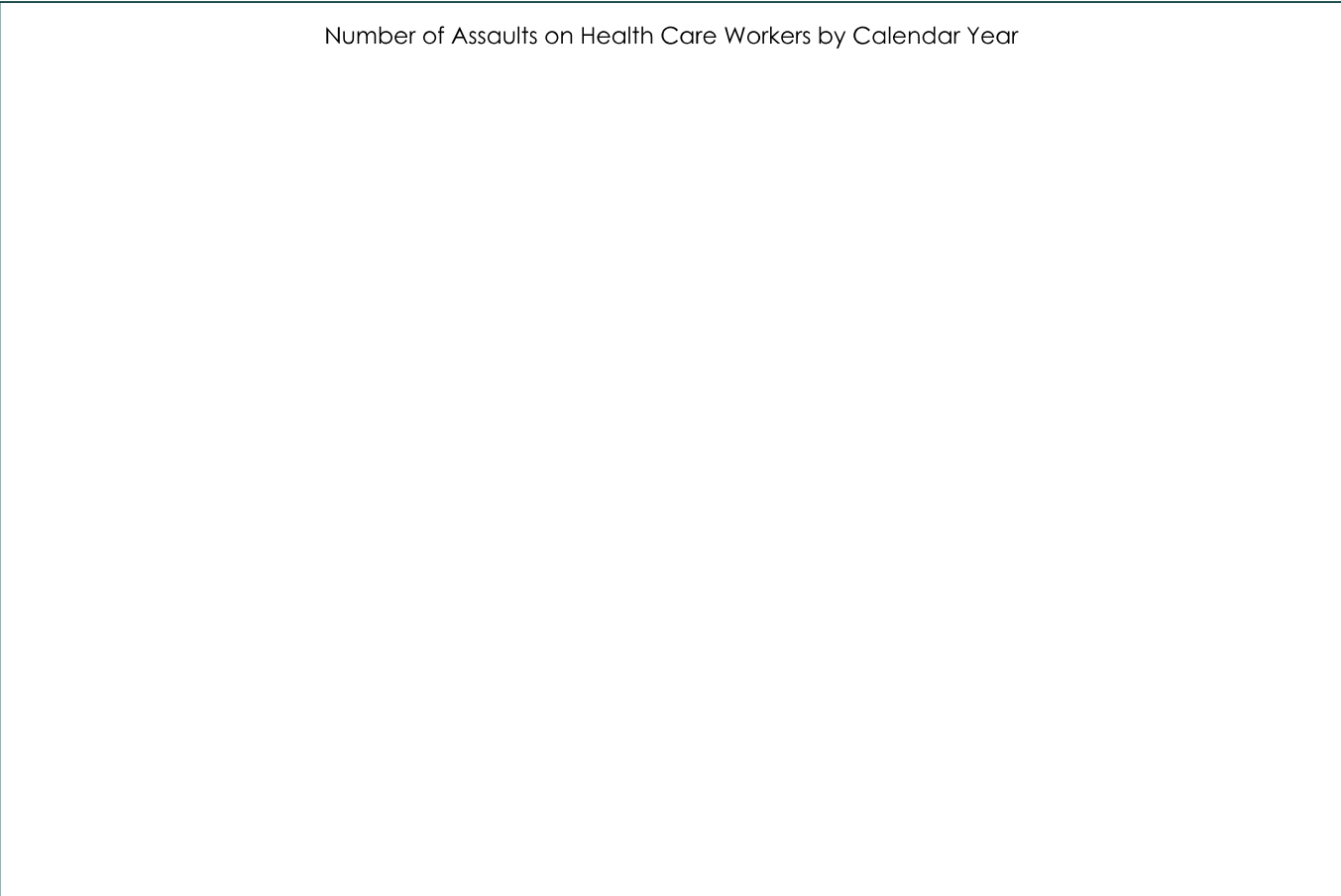
**Review Frequency:**

Quarterly

**Analysis:**

- Last Data Point March 2022.





**Measure:**  
Number of Assaults on Health Care Workers

**Definitions:**  
Number of Assaults on Health Care Workers

**Data Source:**  
Deputy Chief Bang

**Review Frequency:**  
Quarterly

**Analysis:**

- Last Data Point CY2021.

## Stepping Up

### Analysis

**Data Questions:**

**Data Considerations:**

**Complicating Factors:**

**Recommendations:**

**Notes:**

### **Participants**

- Mike Myers - Department of Corrections
- Justine Wall - Department of Corrections
- Shy Meckna - Department of Corrections / Community 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
- Sgt. Chris Ivener - Douglas County Sheriff's Office
- Lindsay Kroll - Omaha Police Department
- Deputy Chief Sherie Thomas - Omaha Police Department
- Damon Strong - Chief Probation Officer District 4A
- Sara Baker - Douglas County Community Mental Health Center
- Brad Negrete - Lutheran Family Services

### **Region 6 Behavioral Healthcare Contacts**

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