

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 2

Meeting Date: August 3, 2023

Stepping Up Agenda

1. Welcome and Introductions
2. LB921 Implementation (Medicaid) - Justine W.
3. Stepping Up Steering Committee - Vicki M.
4. Douglas County Sheriff's Office - Mental Health - Jared L.
5. Two-Packet Concept - Vicki M./ Nick C.
6. Review Quarterly Data and Strategies
7. Other Updates
8. Next Meeting October 26th 1:00pm
9. Conclude

Steering Committee Priorities

"Placeholder"

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 Activites 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

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 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.

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.

LAI (Long Acting Injectable): LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to anti-psychotic 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.

MHFA (Mental Health First Aid): 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.

CIT (Crisis Intervention Training): 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.

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 29-2255 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..

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).

MAT (Medication-Assisted Treatment): Is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoses.

BHITF: Behavioral Health Incident Tracking Form.

Data Applications Used: 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..

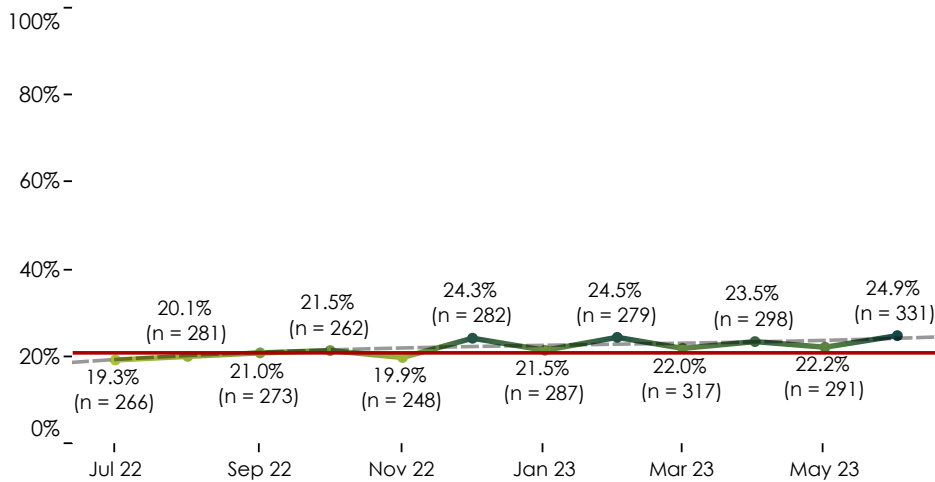
Goal 4:	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
Numerator:	The number (percentage) of individuals with a Serious Mental Illness (SMI) who are re-booked into jail for new offenses within 12 months following their last release date.
Denominator:	Total number 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)

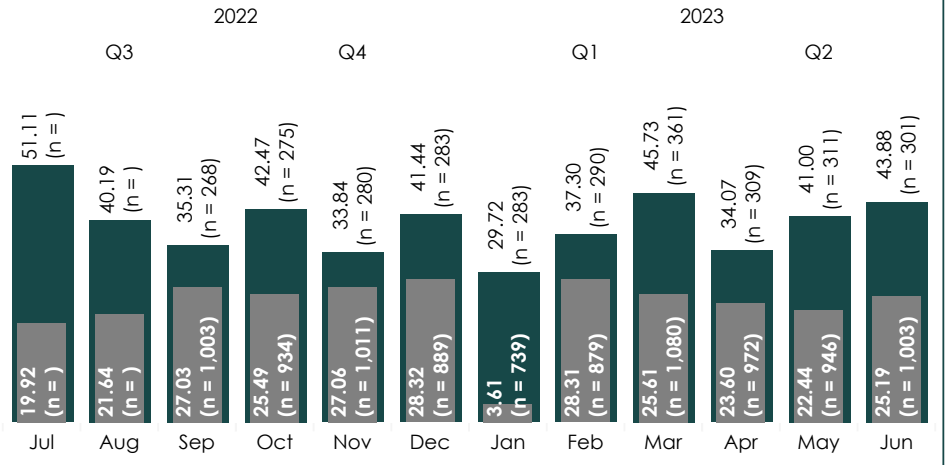
Percent of Monthly Booking with a Serious Mental Illness (SMI) & 2022 Avg. (20.8%)



Goal 2:

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

Average Length of Stay (ALOS) for individuals Without a Serious Mental Illness vs. with Serious Mental Illness (SMI) in days



Goal 3:

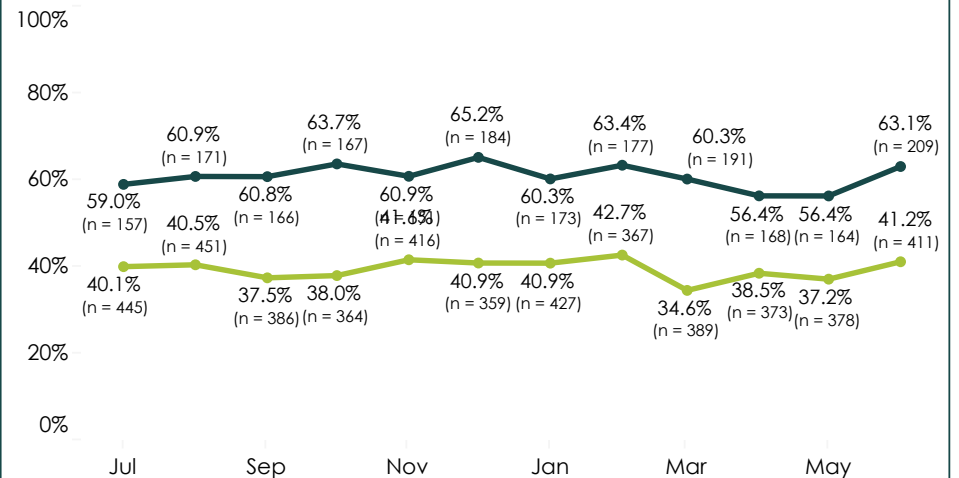
Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail

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 vs. Non-SMI



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

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.
---------------------	--

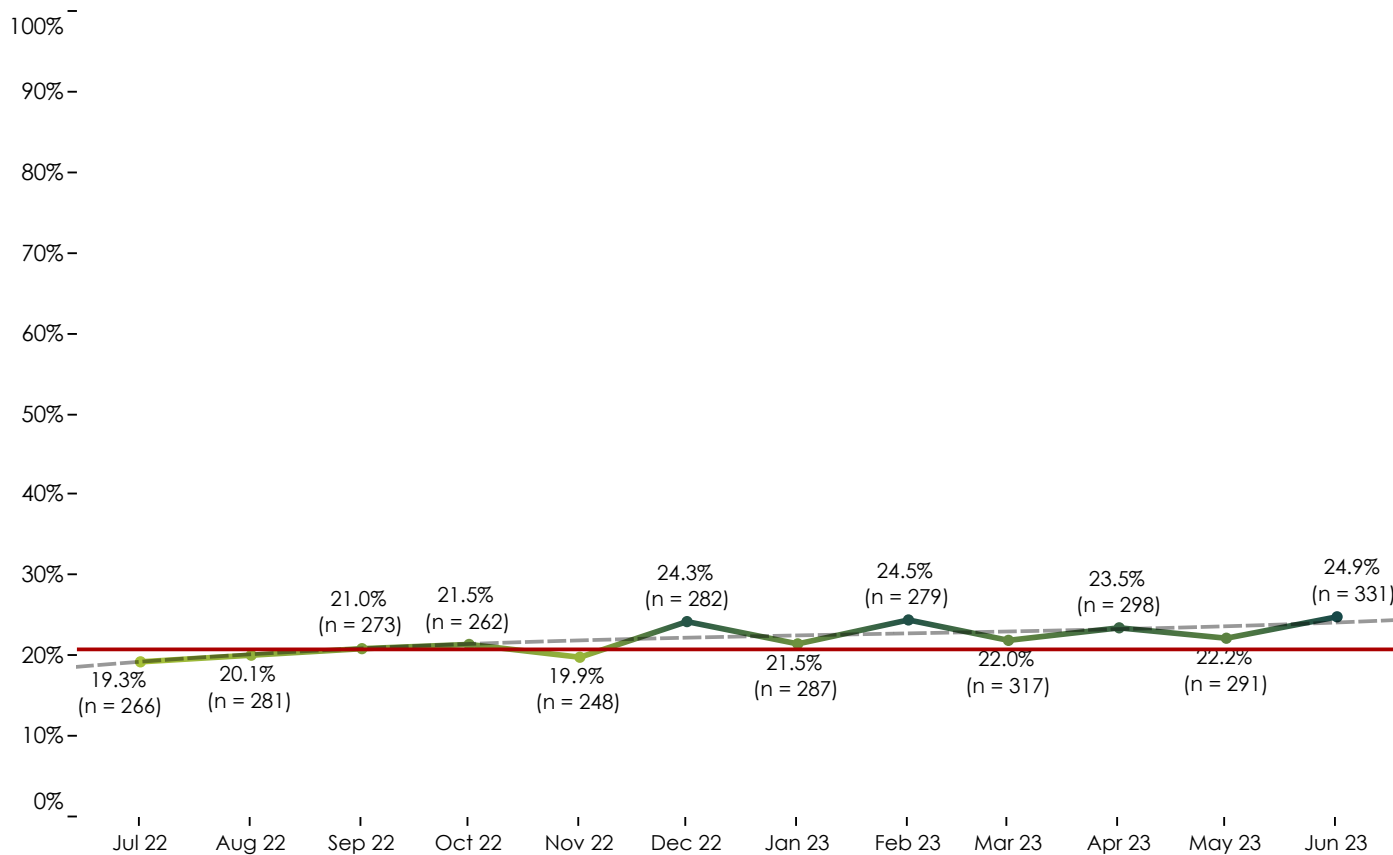
a.	Analyze MCR utilization data by Law Enforcement Agency and identify potential opportunities.		
-----------	--	--	--

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

Percent of Monthly Booking with a Serious Mental Illness (SMI) & 2022 Avg. (20.8%)



Measure:

Percent of booked inmates with a diagnosed Serious Mental Illness (SMI), by month

Definitions:

Total number of booked inmates by category divided by total number of inmates, by month

Data Source:

Justine Wall - Douglas County Jail

Review Frequency:

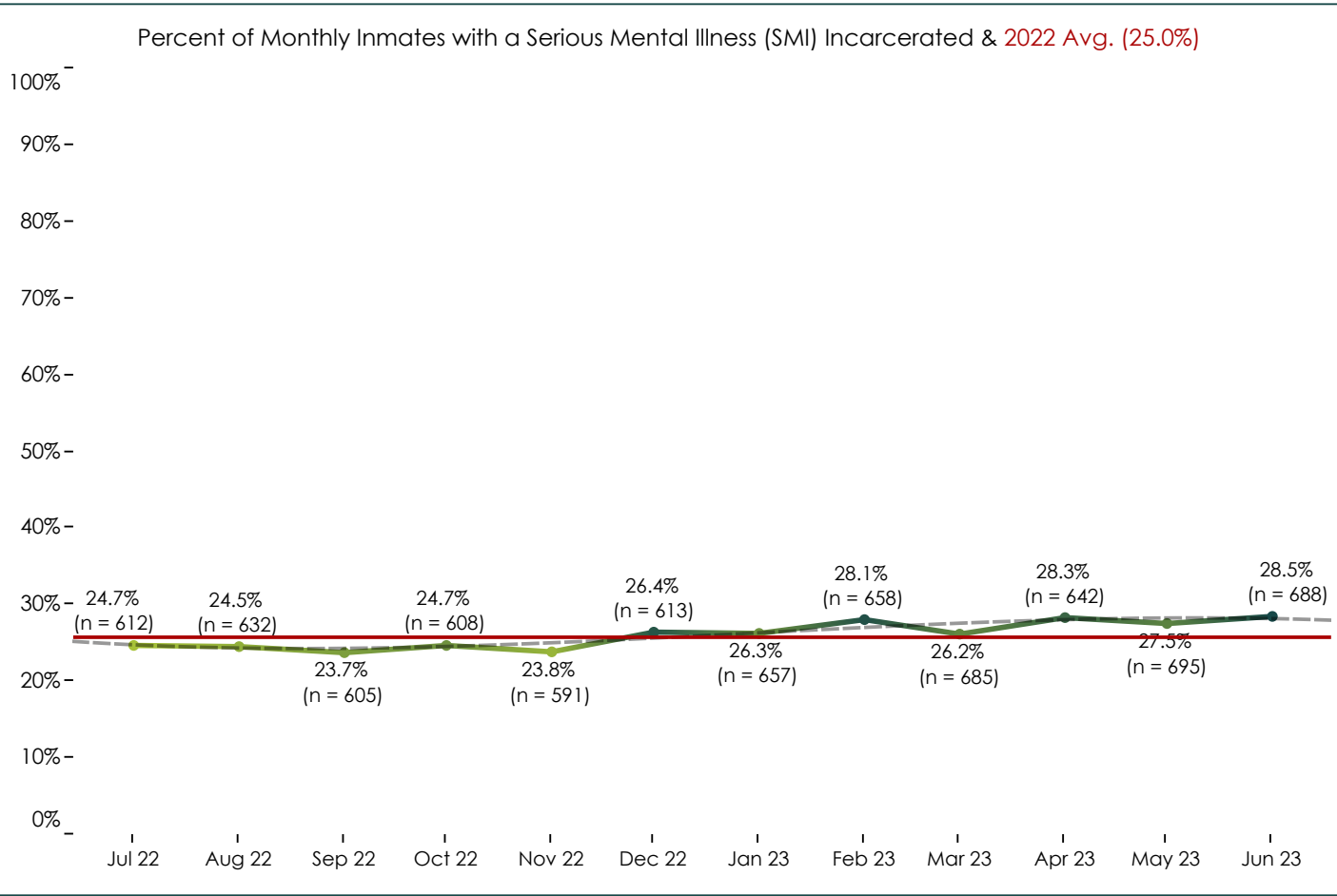
Monthly

Analysis:

- Across all recorded data, the percent of monthly bookings for persons with a serious mental illness has remained consistent. This metric does not currently show any significant deviation from previous calendar years in total. However, every month of 2023 has been higher than the average of 2022 thus far.
- The highest percentage of bookings for individuals with a SMI across the recorded data occurred in June 2023, with 24.9% of bookings being attributed to persons with an SMI.
- The lowest percentage of bookings for individuals with a SMI across the recorded data occurred in February 2020, with 16.3% of bookings being attributed to persons with an SMI.

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

Definitions:
Total number of incarcerated inmates by category divided by total number of inmates, by month

Data Source:
Justine Wall - Douglas County Jail

Review Frequency:
Monthly

Analysis:

- Across all recorded data, the percent of monthly inmates with a serious mental illness has remained consistent. This metric does not currently show any significant deviation from previous calendar years. However, every month of 2023 has been above the average for 2022.
- The highest percentage of inmates with a SMI across the recorded data occurred in June 2023, with 28.5% of inmates being persons with an SMI.
- The lowest percentage of inmates with a SMI across the recorded data occurred in February 2020, with 19.7% of inmates being persons with an SMI.

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).



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
Lindsay Kroll - OPD
Sgt. Jared Langemeier - DCSO

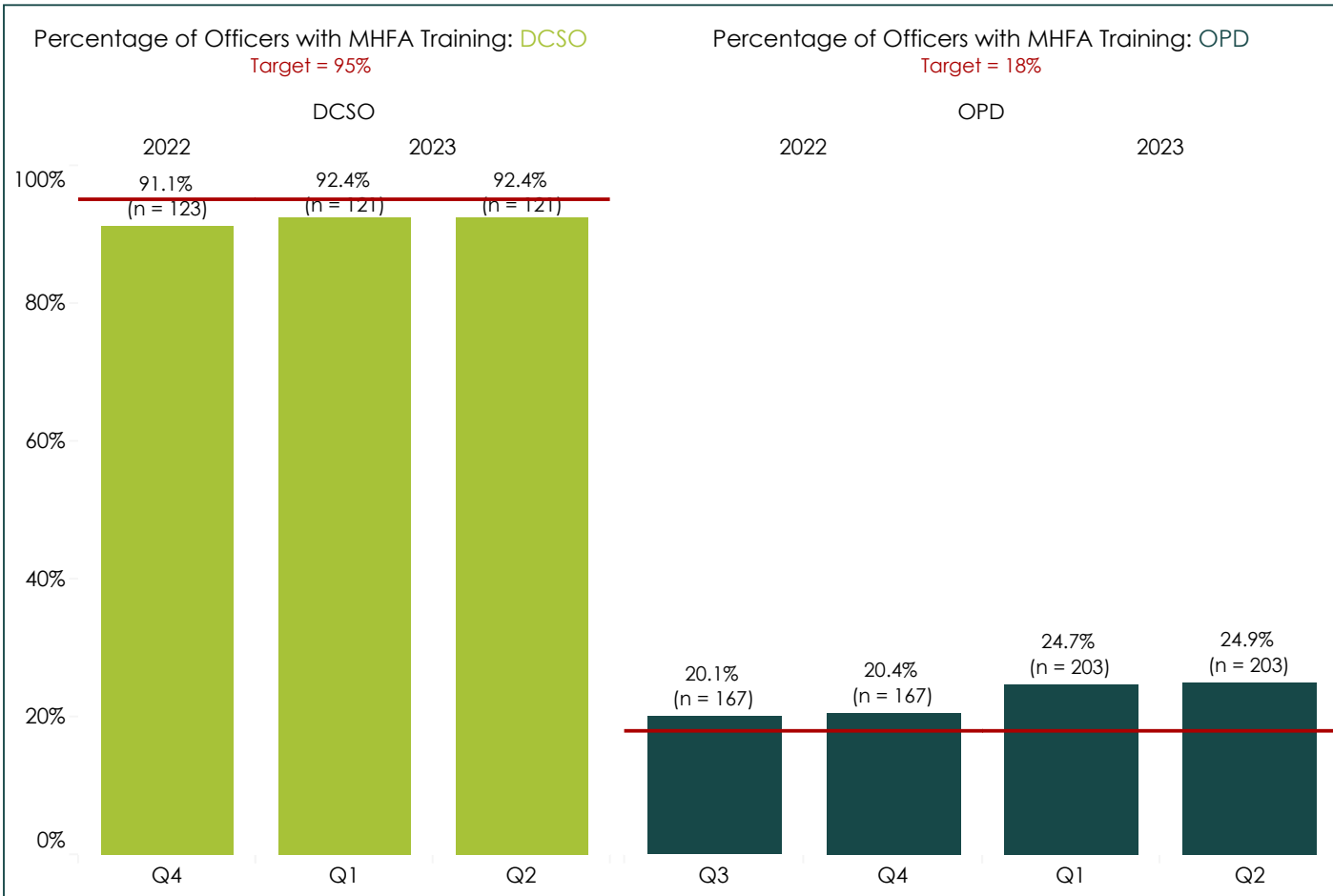
Review Frequency:
Quarterly

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). | DCSO Goal is 95% | OPD Goal is 18%



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. Jared Langemeier

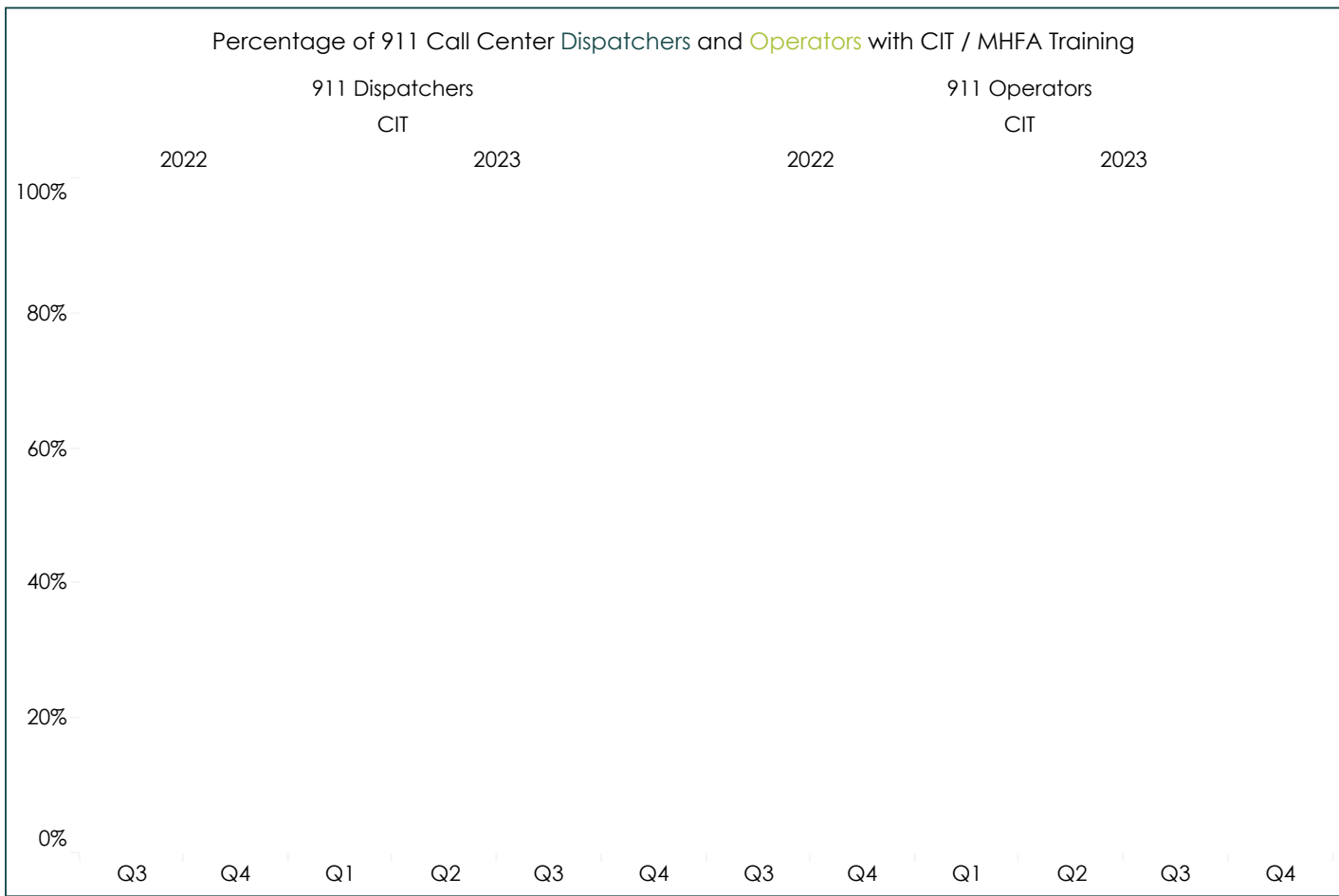
Review Frequency:
Quarterly

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.
- OPD has remained above the identified target of 18% over the last rolling year.

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

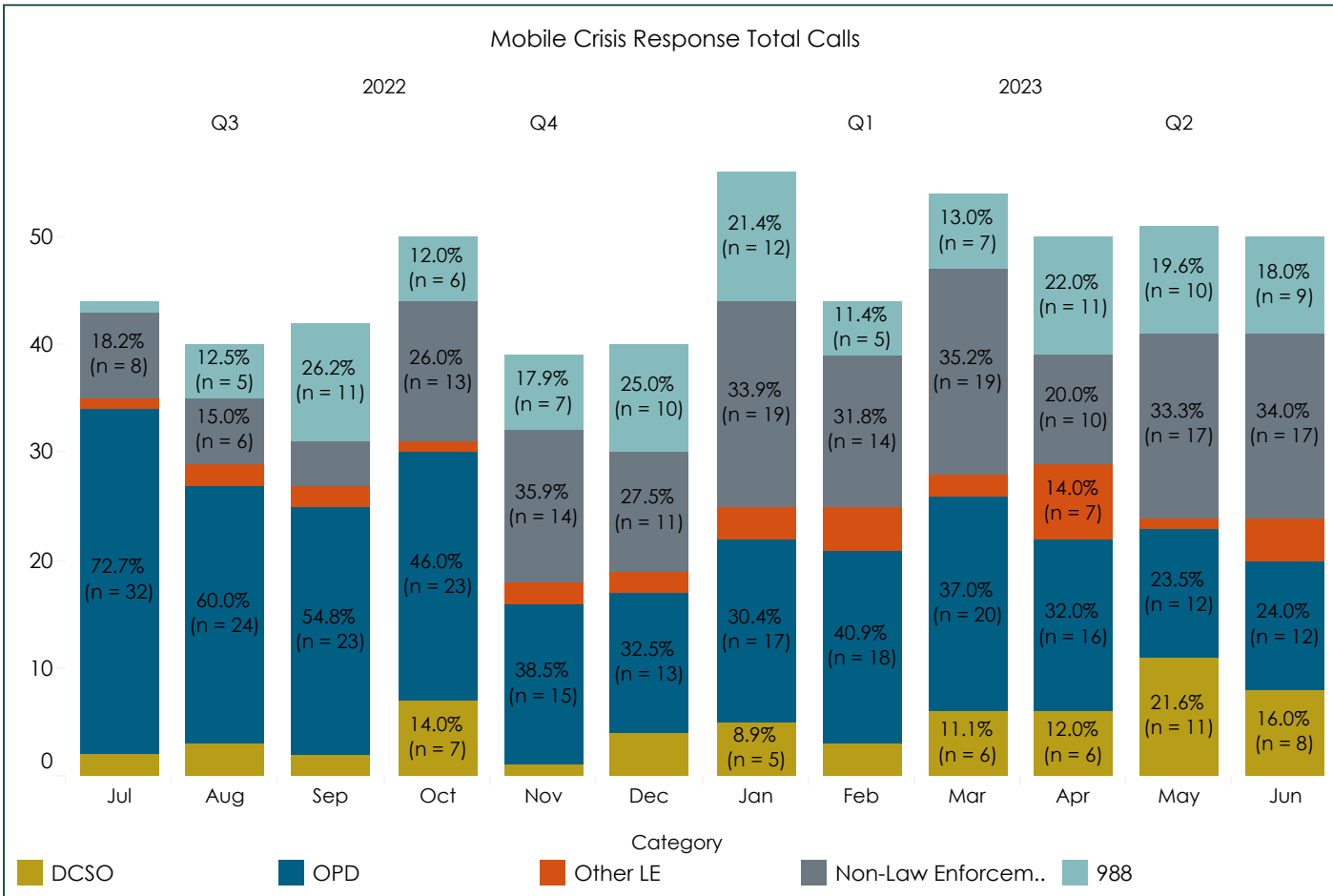
Review Frequency:
Quarterly

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.
- Last data recieved was for Q2 of FY 2022

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

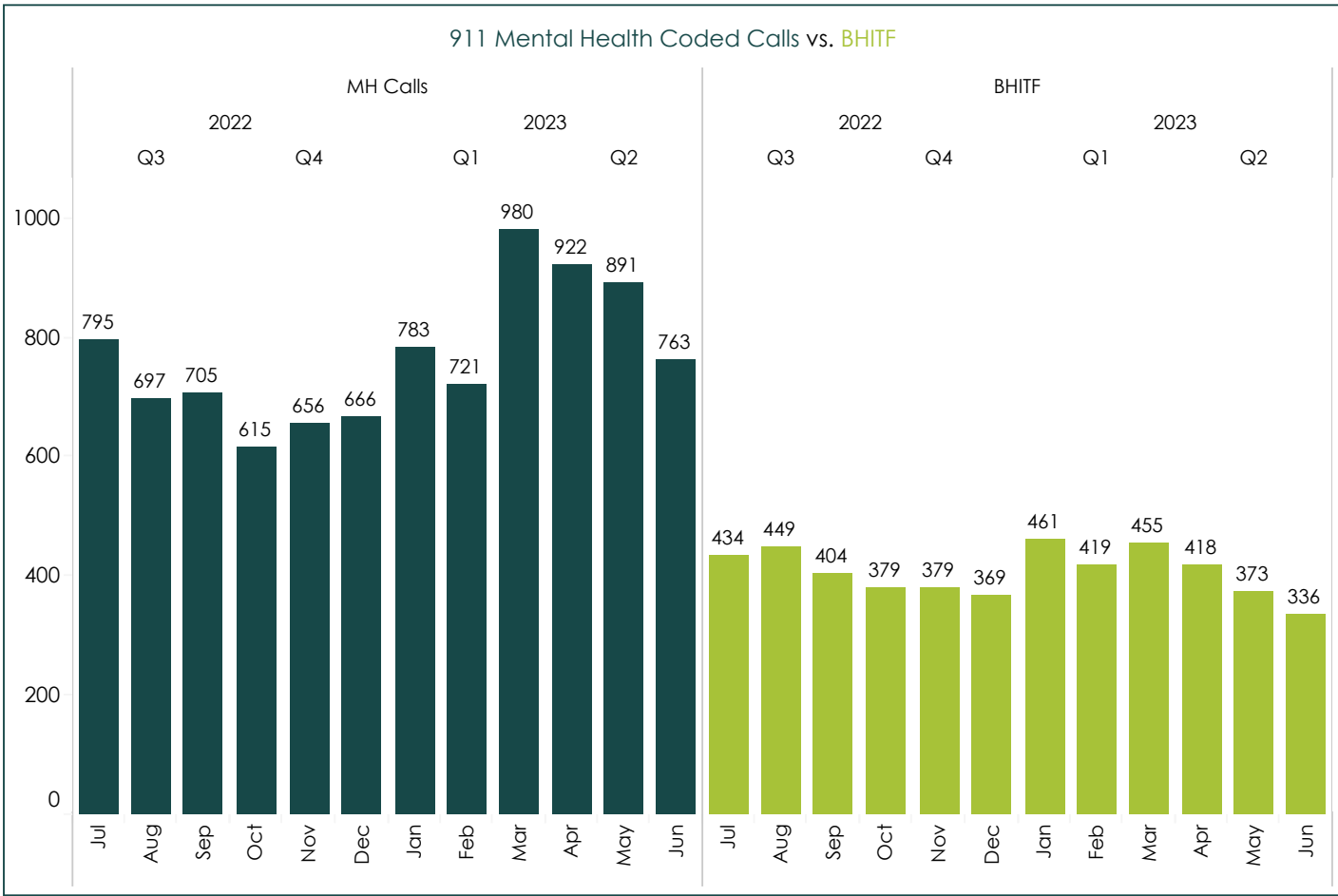
Review Frequency:
Quarterly

Analysis:

- Other Law Enforcement: Dodge CSO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington CSO, Valley PD, Waterloo PD, Eppley 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)
- 988 calls constitute approximately 16.77% of all MCR calls, aggregated by month.
- OPD MCR calls continue to decline sharply over time; in contrast, Non-LE MCR calls have been rising.

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:

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:

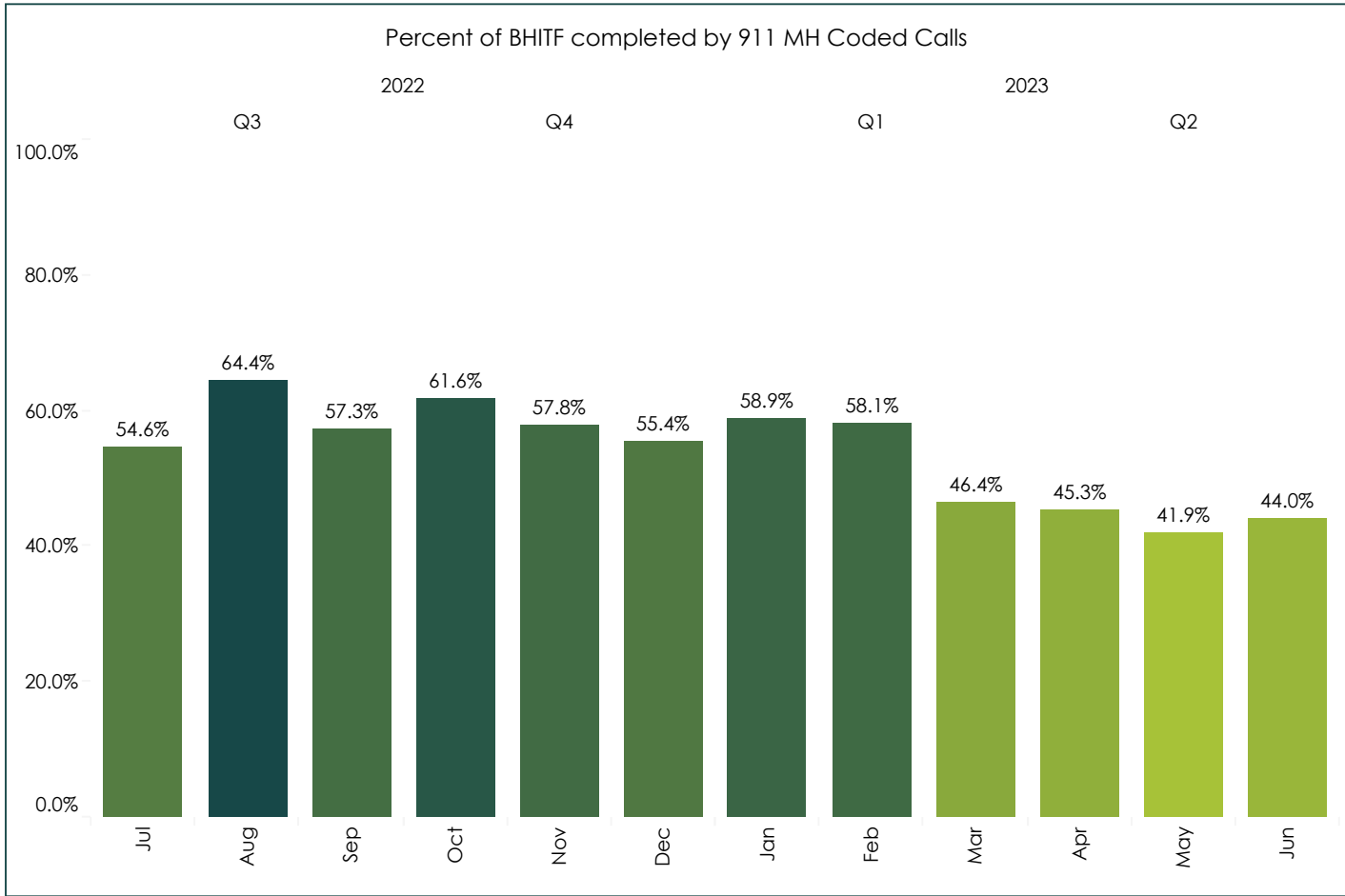
Quarterly

Analysis:

- DCSO and Other Law-Enforcement agencies not included in data above, **data is for OPD only**
- 911 Mental Health Calls are coded as "MH" by the responding officer, NOT the 911 Call Center.
- 911 Call Center may not know that there is a mental health crisis / issue during the call - so wouldn't be able to screen 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:
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 Mental Health Calls are coded as "MH" by the responding officer, NOT the 911 Call Center.
- 911 Call Center may not know that there is a mental health crisis / issue during the call - so wouldn't be able to screen 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

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.

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

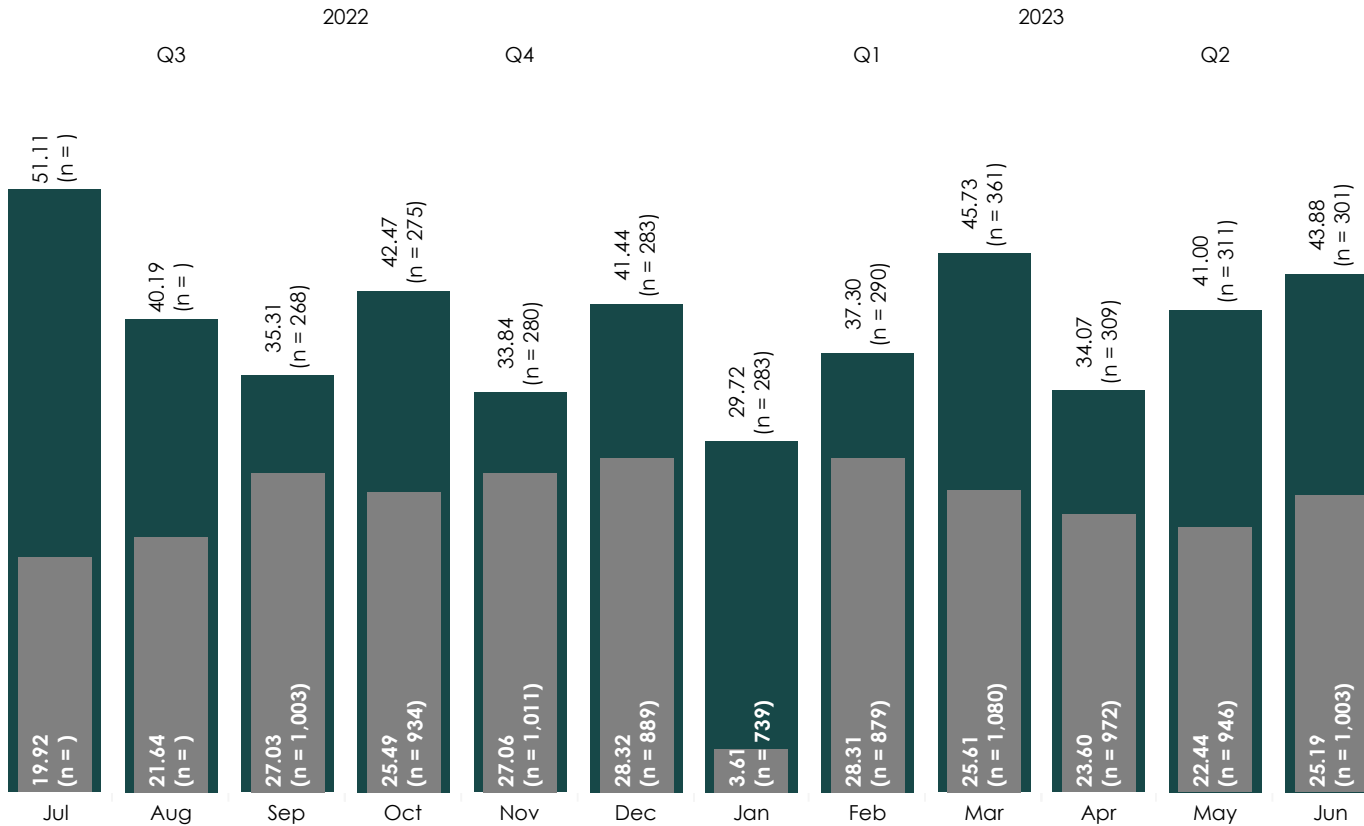
b. Form workgroup with PD, CA, DCDC, LRC, and Courts to identify opportunities to improve communication and flow of information re. CST /CR, practices; utilize lessons learned from GAINS Center Technical Assistance. Need CA's review / input

Objective 3: Decide and review outcome data for Mental Health Diversion (MHD).

a. Identify and define outcome measure for MHD. On-Hold

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

Average Length of Stay (ALOS) for individuals Without a Serious Mental Illness vs. with Serious Mental Illness (SMI) in days



Measure:
Average length of stay (ALOS) in jail for individuals by group, by month

Definitions:
The average length of stay from booking to discharge for individuals with an SMI vs individuals without an SMI

Data Source:
Justine Wall - Douglas County Jail

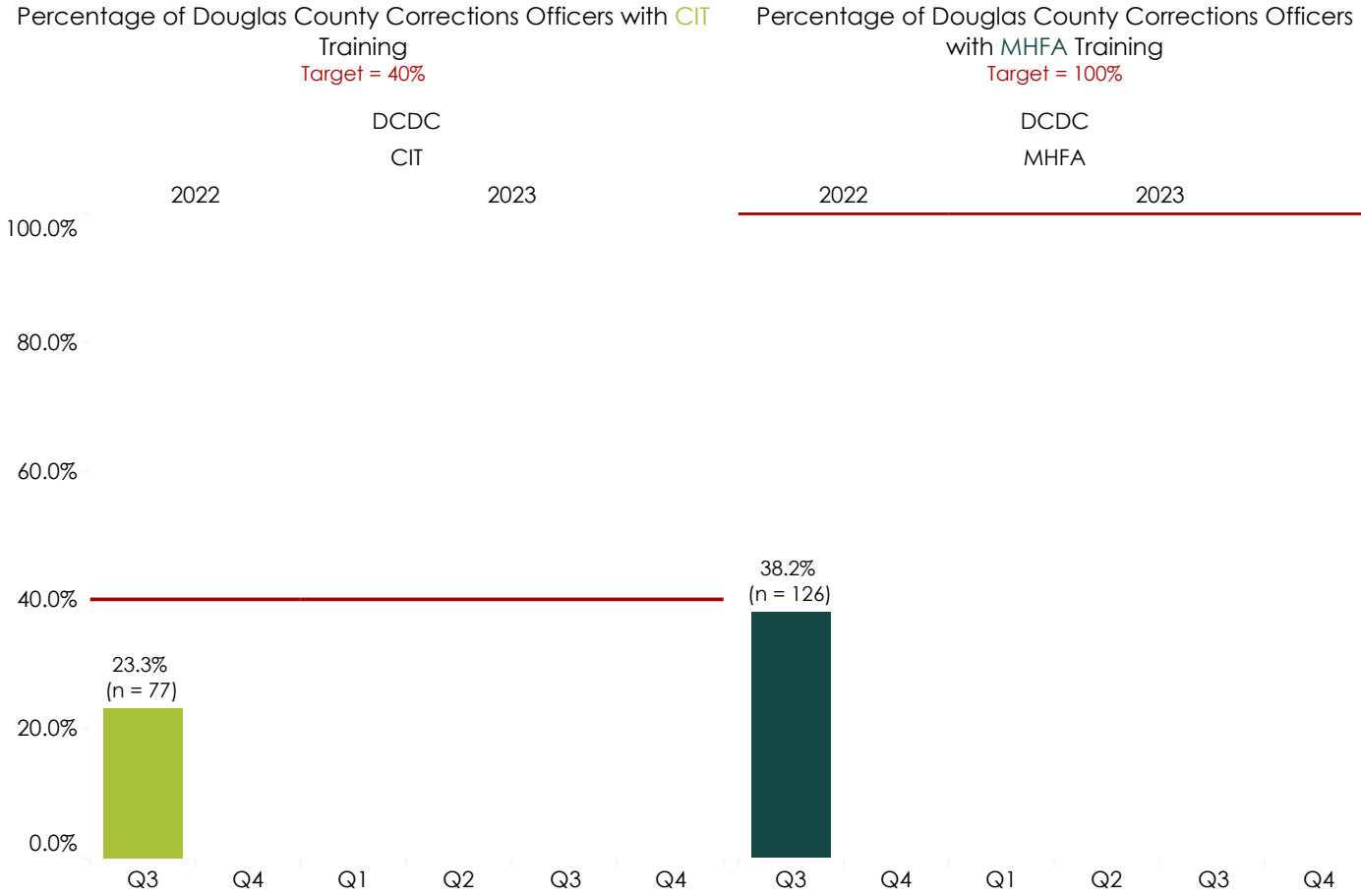
Review Frequency:
Monthly

Analysis:

- Aggregated across all months of available data, inmates with an SMI (avg. 38.64 days, aggregated by month) remain incarcerated for approximately 13.95 additional days, compared to inmates without an SMI (24.69 days, aggregated by month).

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:

Sgt. Roccaforte - Douglas County Jail

Review Frequency:

Quarterly

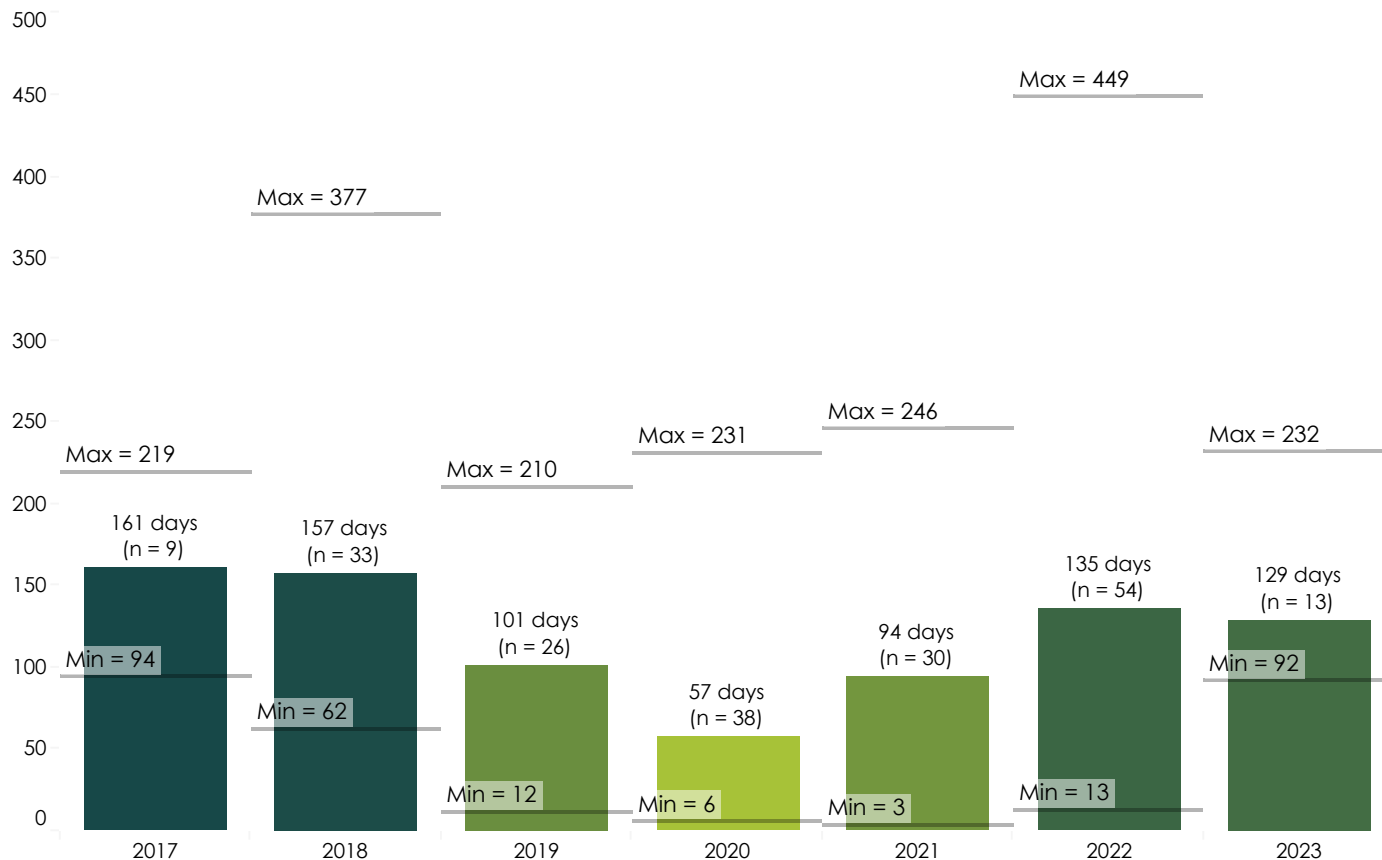
Analysis:

- Last data point received in Q3 of FY 2022

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:

Cpt. Mary Earley - Douglas County Jail

Review Frequency:

Quarterly

Analysis:

- The average days waiting in jail for competency restoration declined significantly during the COVID-19 pandemic. The data currently indicates an upward trend towards days waiting seen in 2017 and 2018, with matching Min and Max data.
- There is a high variation between the Min and Max data each calendar year.

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

Objective 1:	Identify opportunities to improve information sharing between CJ and MH systems. (SIM Priority)
---------------------	--

a.	Form Douglas/Sarpy Co. workgroup to align NRS 38-2136 with HIPAA as recommended by John Petrilla, national consultant.		LB55 Passess 06/01/2023
b.	Utilize workgroup to collaboratively identify data sharing software platform (OPD, Douglas Co. and Sarpy Co.)		Chris Schneweis: 8-25-22 Decision Making Team: 12-12-22 Planning Team: 1-9-23 & 1-30-23 RFP Released 07-24-2023

Objective 2:	Collect baseline data on the number of individuals who are connected to Type 1 and Type 2 services prior to re-entry.
---------------------	--

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 3:	Collect data to understand the impact of Medicaid expansion with those involved with the criminal justice system.
---------------------	--

a.	DHHS engaging with Jail Leadership to identify a plan for LB 921 implementation.	LB 921 (2022)	Justine W. is Lead
-----------	--	---------------	--------------------

Objective 4:	Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.
---------------------	---

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

Objective 1:

Identify pathway to restart Familiar Faces Program.

a. Schedule team meeting with key FFP stakeholders.

December 2023, January 2023

Objective 2:

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

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.*

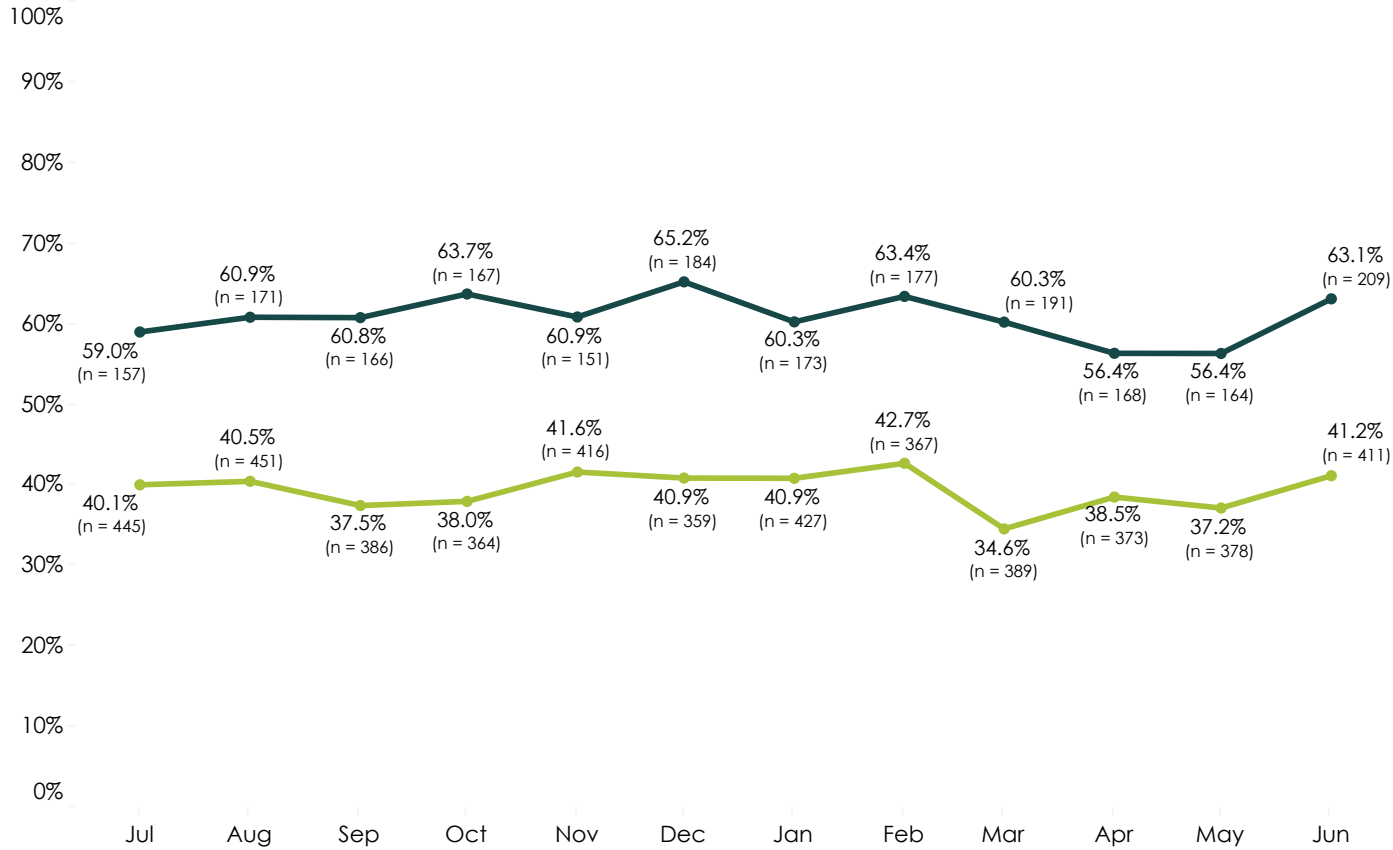
Objective 3:

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.

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

Percentage of Repeat Bookings: **SMI** vs. **Non-SMI**



Measure:

Percent of repeat bookings between SMI and Non-SMI groupings

Definitions:

Total number of repeat bookings by SMI group / Total number of bookings for SMI group

Data Source:

Justine Wall - Douglas County Jail

Review Frequency:

Quarterly

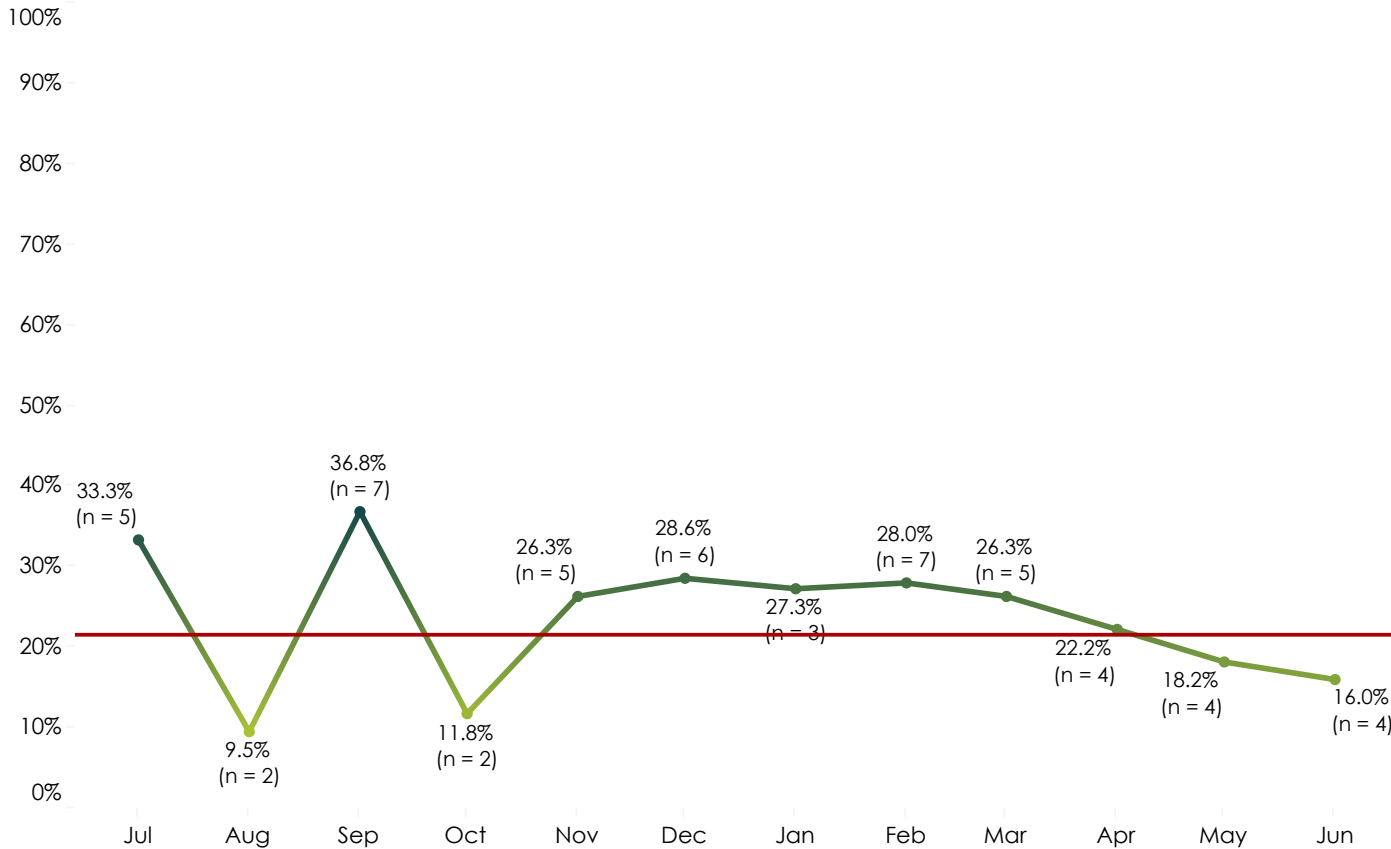
Analysis:

- There has been no significant change in this metric over the course of recorded data.

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.

Percent of Custodial Sanctions Incarcerated with a Serious Mental Illness (SMI) & 2022 Avg. (21.5%)



Measure:

Percent 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 - Douglas County Jail

Review Frequency:

Quarterly

Analysis:

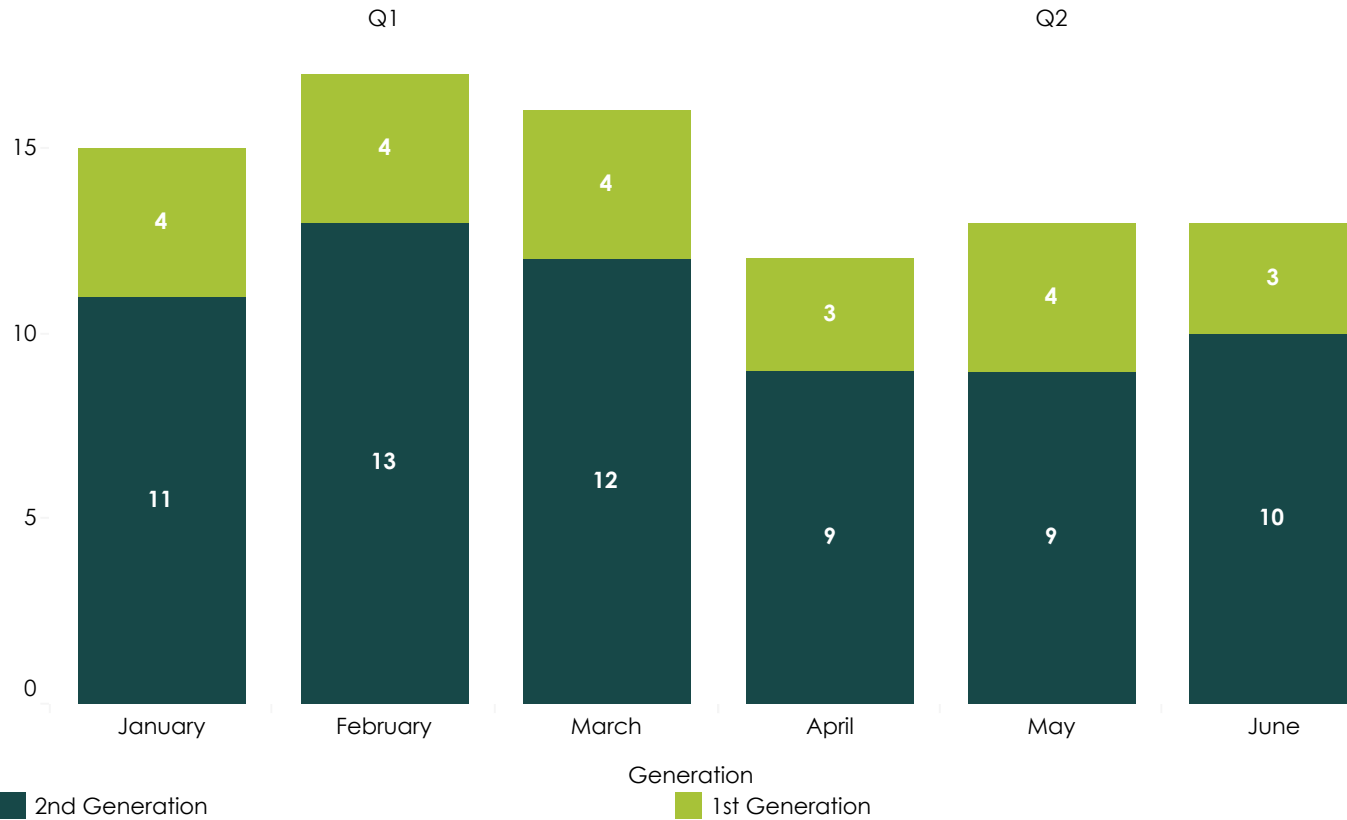
• **Custodial Sanction:** If the individual is on probation for a **felony conviction**, they are subject to custodial sanctions per NRS 29-2266(8)(b). Custodial Sanctions consisting of **jail stays from 3-30 days up to 90 days** are available for use by the probation officer at any time, but only after 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.

Number of **First Generation** and **Second Generation** LAIs administered by Month

2023



Measure:

Number of LAIs administered in Douglas County Jail by month

Definitions:

Number of LAIs administered by month

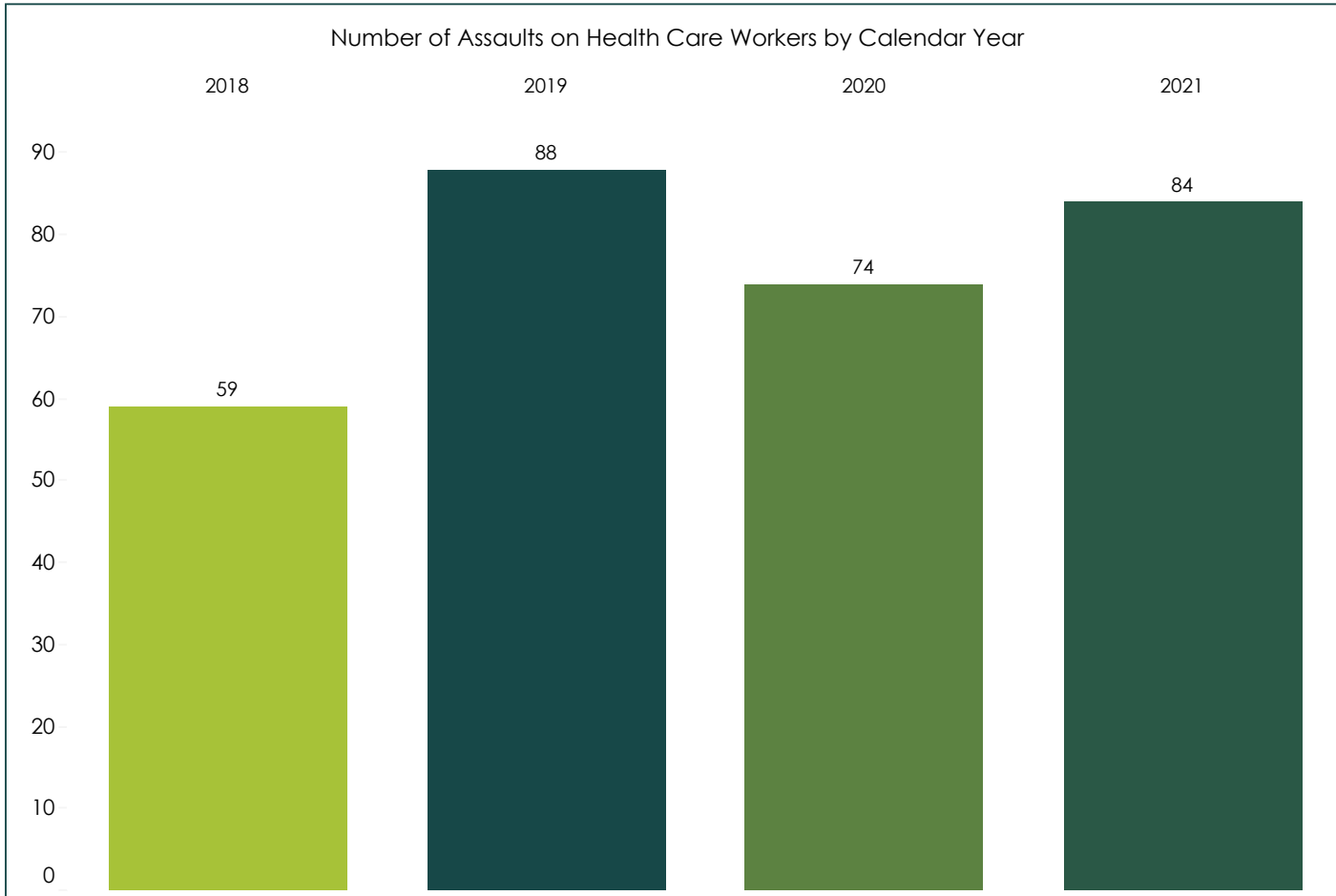
Data Source:

Kimberly Zueter - Wellpath

Review Frequency:

Quarterly

Analysis:



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
- Jameson Cantwell - County Attorney's Office
- Martha Wharton - Public Defender's Office
- Heather Wetzel - Social Services / Public Defender's Office
- Sgt. Jared Langemeier - 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

Nick Chadwell
Data Analyst
nchadwell@regionsix.com
OFFICE: 402.996.8390 | FAX: 402.444.7722

Curt Vincentini, MS
Emergency System Manager
cvincentini@regionsix.com
OFFICE: 402.444.7719 | CELL: 402.658.1298 | 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

Kim Kalina, MSW
Director of Quality Improvement
kkalina@regionsix.com
OFFICE: 402.546.1196 | CELL: 402.637.6606 | 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