



MENTAL HEALTH FACILITIES STUDY PHASE TWO

NEW DEVELOPMENT ANALYSIS

October 18, 2022 | PUBLIC TOWN HALL PRESENTATION



Community Mental Health Center (CMHC)



Douglas County Department of Corrections (DCDC)

PRESENTATION AGENDA

- I. Introduction
- II. Background and History – DC Mental Health
- III. CMHC And DCDC Collaborations
- IV. Overlap Of CMHC & DCDC Populations
- V. Potential Future Collaborators
- VI. Advantages and Disadvantages of Co-location
- VII. Advantages and Disadvantages of Separate Locations
- VIII. Best Practice Mental Health Facilities
- IX. Meeting Summary



I. INTRODUCTION

Potential creation of new Douglas County Mental Health Spaces based upon Critical Needs and Evidence Based Best Practice.

Phase One – Completed Spring 2022

- Analysis of existing conditions of DC Mental Health Facilities
- Defining the spaces needed for a new facility or facilities

Phase Two – Currently in Progress Fall 2022

- Proposed development of either a separate Corrections and Community Mental Health Facilities or a Combined Mental Health Facility
- Direction selected will be based upon community input, capital and operational cost analysis, staff efficiency and the optimum level of Mental Health Continuum of Care

Phase Three – [If Development is authorized] 2023 - 2026

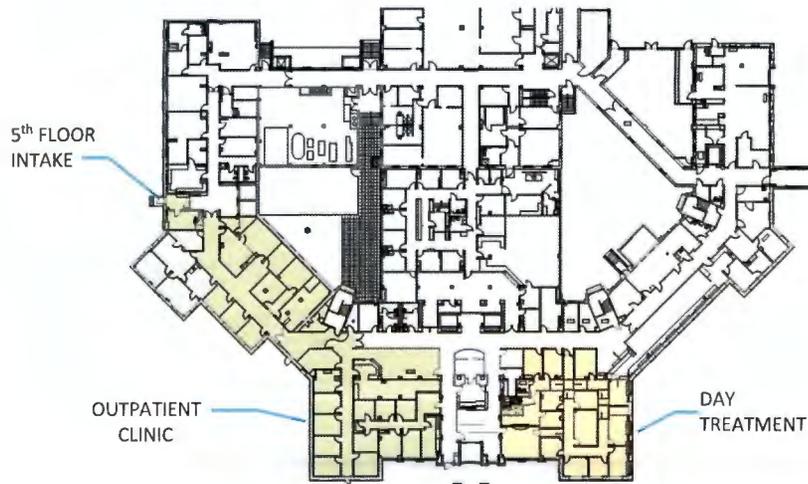
- Design, Construction, and Occupancy



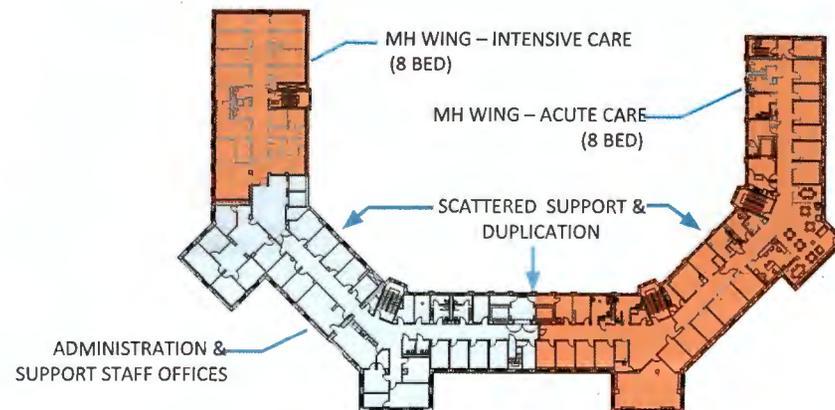
II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Douglas County Community Mental Health Center (CMHC) History

- Douglas County CMHC was established in the early 1970's with a Mental Health Center grant.
- Location within the Douglas County Health Center (nursing home) 4102 Woolworth Avenue.
- 1987 Facility Renovations moved the Psychiatric Inpatient units and administrative staff and Day Treatment to the 5th Floor and the Outpatient Clinic on lobby level.
- Ongoing moves through the facility retrofitting services into already existing space.
- (2020) Renovations to Psychiatric Intensive Care Unit (PICU).
- Renovation to the General Adult Unit (5 East).



Partial First Floor – Douglas County Health Center
(Mental Health Spaces)



Fifth Floor – Douglas County Health Center
(Mental Health Spaces)

II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Douglas County Community Mental Health Center (CMHC) Challenges and Limitations

- Location (Mental Health Facility/Services located within a long-term care facility).
- Location of services within the facility are spread out inefficiently and at times may increase safety concerns.
- Infection control (shared bathrooms male/female)
- Acoustics
- Physical Space Best Practice is limited.
- Shared Services between a CMHC and long-term care.



Travel distance between
Mental Health Units



Mental Health Sleep Room



Inpatient Unit Hall



Living Room for Mental Health Patients

II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Community Mental Health Population 2016 - 2022

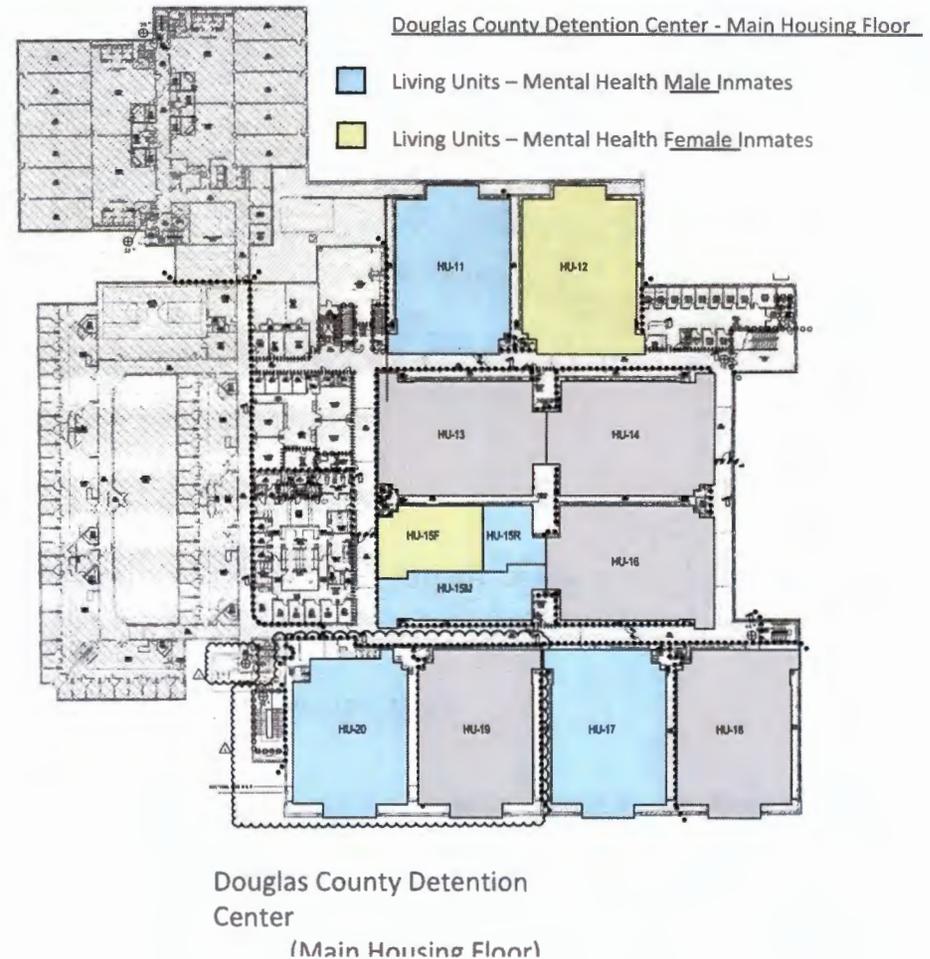
	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22*
INPATIENT							
Inpatient Average Daily Population	10	9.87	11.38	12.45	10.13	10.45	9.29
Inpatient Total Patient Served	946	842	904	825	797	858	577
Inpatient Total Days	3,640	1,489	1,619	1,771	1,745	1,624	1,194
OUTPATIENT							
Outpatient Clinical Services (Total Visits)	--	9,709	10,019	11,660	11,944	12,682	8,667
DETOX							
Total Clients Served in Detoxification Services	--	1,054	1,987	2,169	2,078	1,312	1,355
JUSTICE INVOLVED INDIVIDUALS SERVED							
Justice Involved Individuals Served		671**	725	904	694	544	702

- July 2021-April 2022*
- FY 16-17 Program opened on February 1, 2017.**

II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Douglas County Department of Corrections (DCDC)

- Institutional, not therapeutic or trauma informed, semi-isolating spaces to house those with serious mental illness.
- 0% of the Douglas County detention center was designed to safely house and treat individuals with mental illness, yet 50% of the latest addition to the jail (2004) now houses individuals with serious mental illness.
- There are currently not safe and private places for mental health professionals to meet with incarcerated persons with mental illness. Sometimes interactions take place through a closed door or with correctional officers present to assure safety.



II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Douglas County Department of Corrections (DCDC) Challenges & Limitations

- This facility was not designed to provide care for Mental Health Inmates.
- Maximum Security Restrictive Housing negatively impacts care and treatment and behavior management.
- Effective care & treatment needs a calming, normative environment - missing in the existing spaces.
- Needed and appropriate acute inpatient services can be utilized under close supervision.



Cell Room – Mental Health Inmates



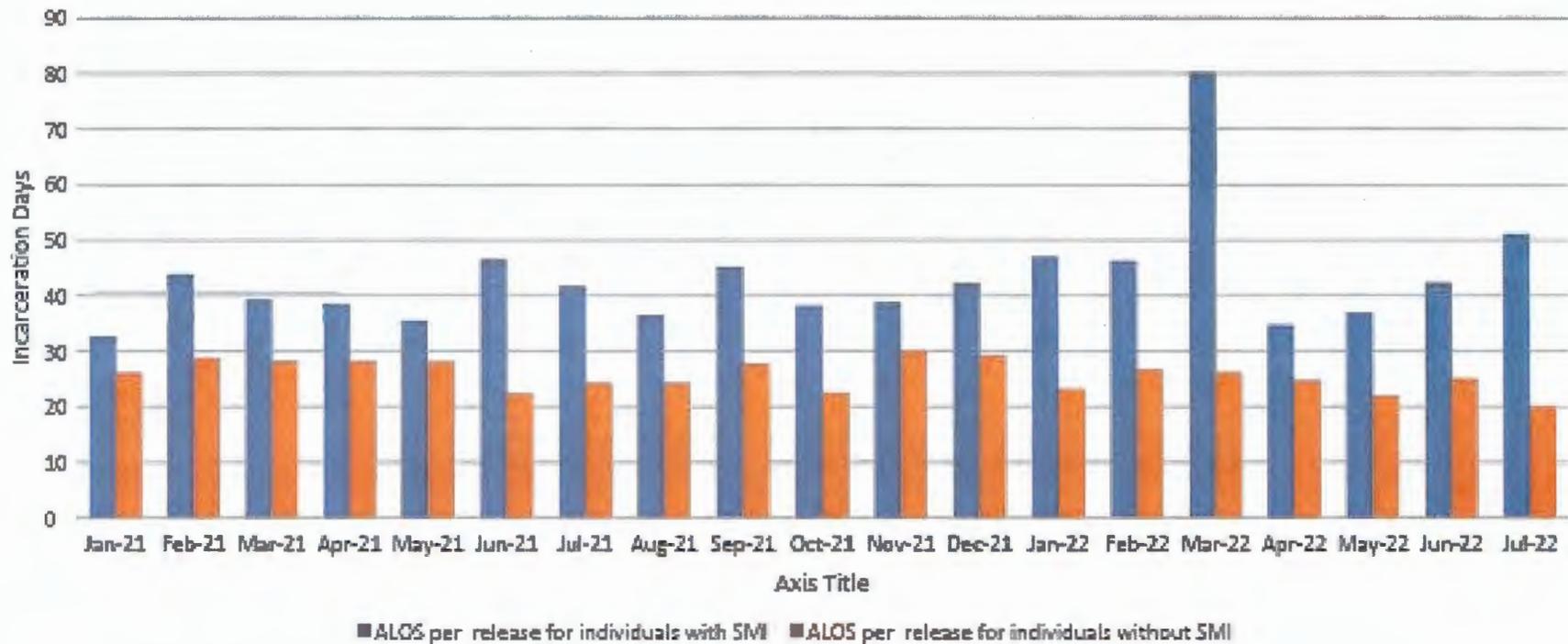
Medical Infirmary Dayroom



General Population Living Unit – Many units now populated with Mental Health Inmates limiting jail capacity

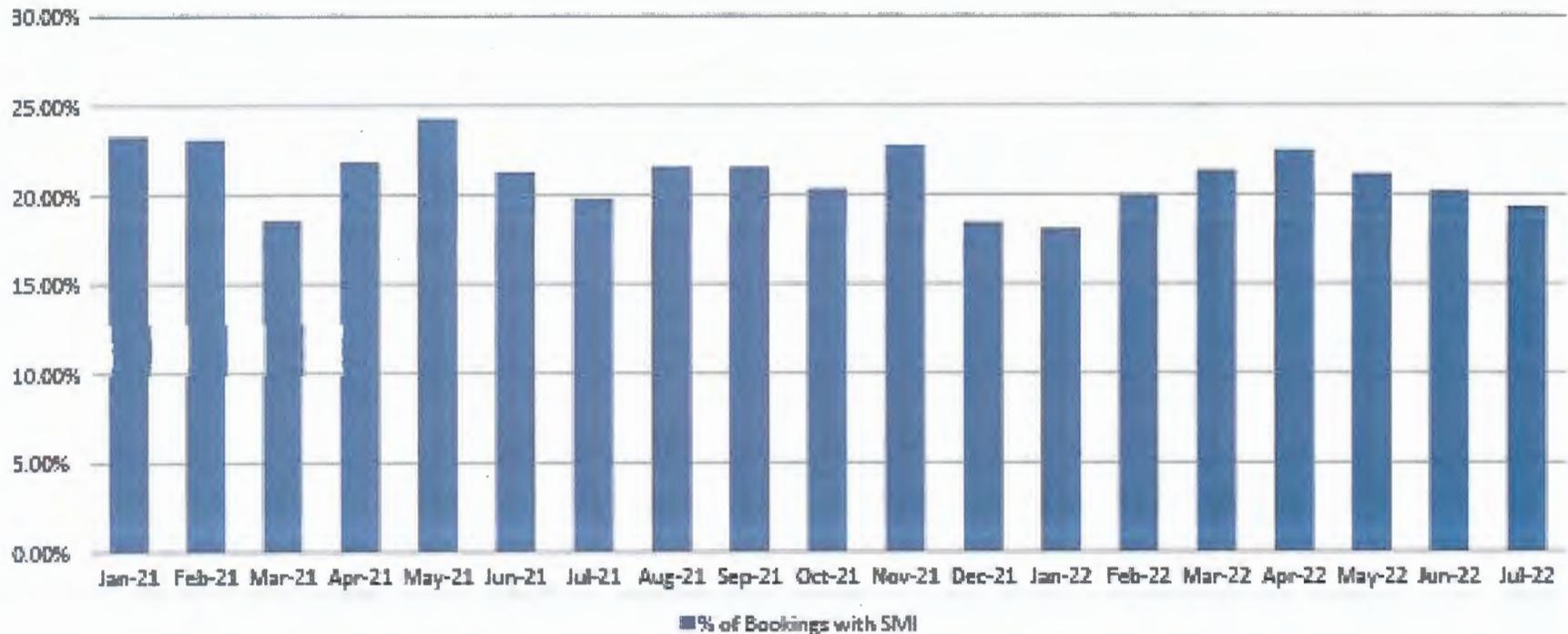
II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Average length of stay for those with and without serious mental illness (SMI).



II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

% of individuals booked with SMI.



II. BACKGROUND AND HISTORY – DC MENTAL HEALTH

Average Daily Population with MI & SMI

- Approximately 43% of all individuals booked into jail have diagnosed mental illness.
- Approximately 25% of all bookings are diagnosed with an SMI.
- During the two years prior to the pandemic an average of 19,940 individuals booked into jail. 8,574 with MI and of those, 4,985 with SMI were booked into jail annually.
- During 2020 and 2021 an average of 17,172 were booked in annually. 7,384 with MI and of those, 4,293 were diagnosed with SMI each year.



III. CMHC & DCDC COLLABORATIONS

Collaboration Between CMHC and DCDC

2006 Mental Health Diversion Program
Clients Served Year to Date 680

2010 Intensive Case Management for Incarceration Transitional Age Youth and Jail Initiated Transition to ECS 2019
Clients Served Year to Date 756

2013 Reasoning and Rehabilitation educational groups in Community Corrections and Jail Transitioned to Start Now 2020
Clients Served Year to Date 610

2015 BJA Second Act Chance grant Intensive Outpatient in Community Corrections
Clients Enrolled 551

2015 Douglas County joins the Stepping Up Initiative

2017 Substance Use Disorder Evaluation Position added
Clients Served 704 (Evaluations Completed)

2018 Co-Occurring IOP Program Received the NACo Achievement Award

2019 Douglas County Received the designation of a Stepping-Up Innovator County

2022 Douglas County will initiate Intensive Outpatient in the Jail through a second BJA grant

IV. OVERLAP OF CMHC AND DCDC POPULATIONS

Overlap of CMHC and DCDC Population

- Most recent 12 month period available is July. 2020-June 2021 (Pandemic year)
 - DCDC averaged 42 admissions per month of individuals who were current or recent CMHC clients.
- 12 months previous to the pandemic spanning March 2019 to February 2020.
 - DCDC averaged 75 admissions per month of individuals who were current or recent CMHC clients.



V. POTENTIAL FUTURE COLLABORATIONS

Continuum of Care

- Familiar Faces Project Expansion.
- Increased direct involvement with individuals prior to release.

Douglas County & Community Resources Center

- Collaborative space hosting:
 - Douglas County Departments, such as General Assistance, Veteran's Services, and the Health Department.
 - Other agencies, both public and private, including Probation, Law Enforcement, Non-profit agencies.
- Comprehensive Discharge Planning for DCDC & CMHC populations.
 - Mental Health, Addiction Treatment, Medical care, Housing, Case Management, Nutrition, Vocational Assistance & more.



Observation and Collaborative Spaces

VI. ADVANTAGES AND DISADVANTAGES OF CO-LOCATION

Space Program – Size = 68,300 gross square

feet

This combined Mental Health Facility includes the following components:

- Entrance and Public Lobby / Screening (shared)
- Facility Administration (shared)
- Intake, Release and Property (shared)
- Corrections Mental Health Housing – 76 Beds
- Community Mental Health Housing – 20 Beds
- Psychiatric Outpatient / Day Treatment
- Food Service (shared)
- Facility Maintenance / Building Support (shared)

Costs

- Potentially lowest design, construction, staffing and operational costs compared to two separate facilities.

Service and Program Sharing

- Co-location allows for multiple joint use spaces and staff efficiencies.

Exemplary quality of services and outcomes at less cost

- Having professional and support staff at a central location to care for multiple mental health populations and issues is a distinct advantage.

Perceived stigma of being physically connected to Corrections (though kept separate internally)

- Public perception of having adjudicated mental health individuals under the same roof as community mental health patients is challenging to overcome!



42nd & Woolworth Ave – Douglas County Health Center Environs