THE STEPPING UP INITIATIVE

**Douglas County
Quarterly Workplan Packet
April 25, 2024**

Stepping Up Agenda
April 25, 2024

1. Welcome and Introductions
2. Updates:
   o CJ-BH Information Sharing-RFP Update (Kim)
   o Steering Committee (handout) (Vicki)
   o In-Reach for those waiting for Competency Restoration (Justine)
   o Other Updates?
3. Quarterly Data and Strategies Packet
4. CONGRATULATIONS to Mike Myers AJA's 2024 Correctional Administrator of the Year Award!
5. Next Meeting is Thursday, August 1, 2024 @ 9:30am
6. Conclude

Douglas Co Sequential Intercept Mapping (SIM) Priorities (May 2022)

- Collaborative software for information and data sharing across CJ and BH systems. In Process
- Increase access to direct inpatient acute psychiatric care and circumvent ED waits/front door.
- Centralized Assessment Center process to identify potential diversion options for law enforcement, crisis response, etc. (Yellow Line Project in Blue Earth County, MN) Exploration Phase
- Collaborate and communicate on a more standardized crisis response system and increase who can/how crisis response can be activated and non-law enforcement crisis response.

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 fro 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 ..

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..

Probation Violation: There are 3 types; Techincal 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 opiod 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 Bookings for Individuals with a Serious Mental Illness (SMI) & 2023 Avg. (23.25%)

- 23.5% (298/1,266)
- 22.2% (291/1,308)
- 24.9% (331/1,329)
- 21.2% (274/1,295)
- 23.0% (305/1,324)
- 23.3% (283/1,217)
- 24.5% (322/1,312)
- 23.4% (287/1,225)
- 25.3% (318/1,259)
- 26.0% (304/1,170)
- 23.9% (322/1,347)
- 21.5% (286/1,328)

(x-axis: Apr 23, Jun 23, Aug 23, Oct 23, Dec 23, Feb 24)
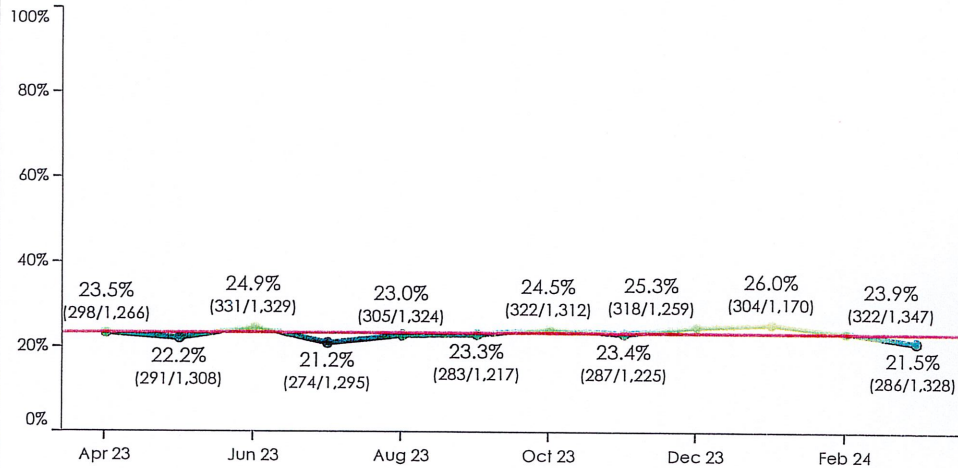
Goal 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail

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

2023 — Q2, Q3, Q4 | **2024** — Q1

Without SMI / With SMI:
- Apr: 34.07 (n = 309) / 23.30 (n = 772)
- May: 41.00 (n = 311) / 22.44 (n = 945)
- Jun: 43.88 (n = 301) / 25.19 (n = 1,003)
- Jul: 30.67 (n = 297) / 22.20 (n = 934)
- Aug: 43.61 (n = 321) / 19.58 (n = 984)
- Sep: 39.12 (n = 301) / 23.76 (n = 943)
- Oct: 55.78 (n = 320) / 24.72 (n = 1,037)
- Nov: 42.36 (n = 316) / 23.35 (n = 918)
- Dec: 37.75 (n = 319) / 23.11 (n = 941)
- Jan: 40.13 (n = 345) / 24.57 (n = 806)
- Feb: 38.04 (n = 343) / 23.78 (n = 1,023)
- Mar: 38.26 (n = 293) / 22.14 (n = 1,034)

Goal 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail

Percent of Type 1 and Type 2 Connections to Care for Persons with a SMI

- Sep 23: 9.0% (27/301); 7.6% (23/301)
- Oct 23: 10.3% (33/320); 8.8% (28/320)
- Nov 23: 7.0% (22/316); 6.3% (20/316)
- Dec 23: 11.0% (35/319); 9.7% (31/319)
- Jan 24: 8.4% (29/345)
- Feb 24: 7.9% (27/343); 7.0% (24/343)

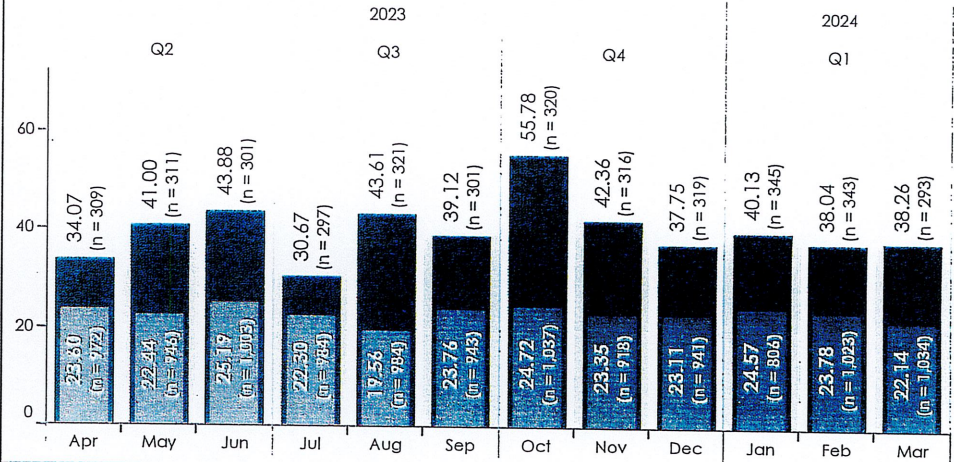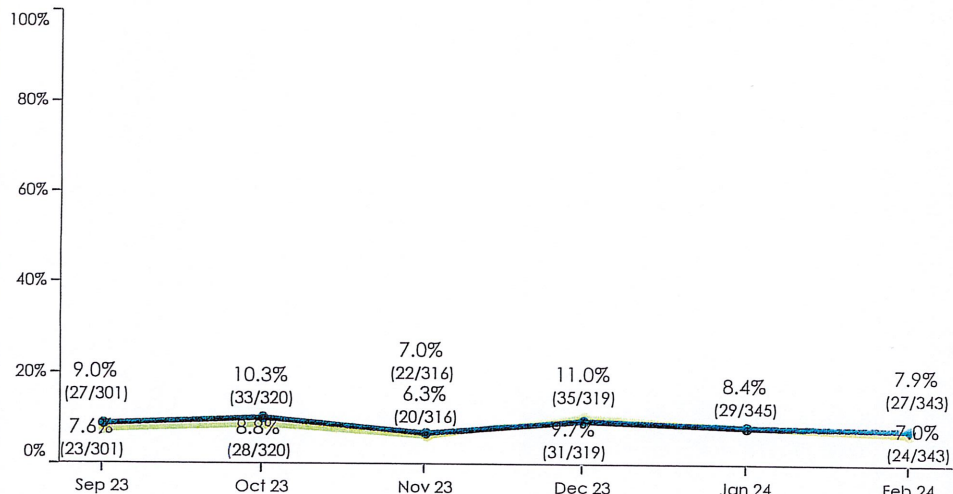## Goal 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

Percentage of Repeat Bookings: SMI vs. Non-SMI

SMI:
- 56.4% (168/298)
- 56.4% (164/291)
- 63.1% (209/331)
- 58.0% (177/305)
- 57.7% (158/274)
- 57.6% (163/283)
- 55.0% (177/322)
- 57.5% (165/287)
- 54.7% (174/318)
- 60.5% (184/304)
- 55.0% (177/322)
- 58.4% (167/286)

Non-SMI:
- 38.5% (373/968)
- 37.2% (378/1,017)
- 41.2% (411/998)
- 37.5% (383/1,021)
- 37.5% (382/1,019)
- 36.8% (344/934)
- 37.1% (367/990)
- 37.7% (354/938)
- 37.4% (352/941)
- 40.4% (350/866)
- 37.4% (383/1,025)
- 34.7% (362/1,042)

(x-axis: Apr, Jun, Aug, Oct, Dec, Feb)
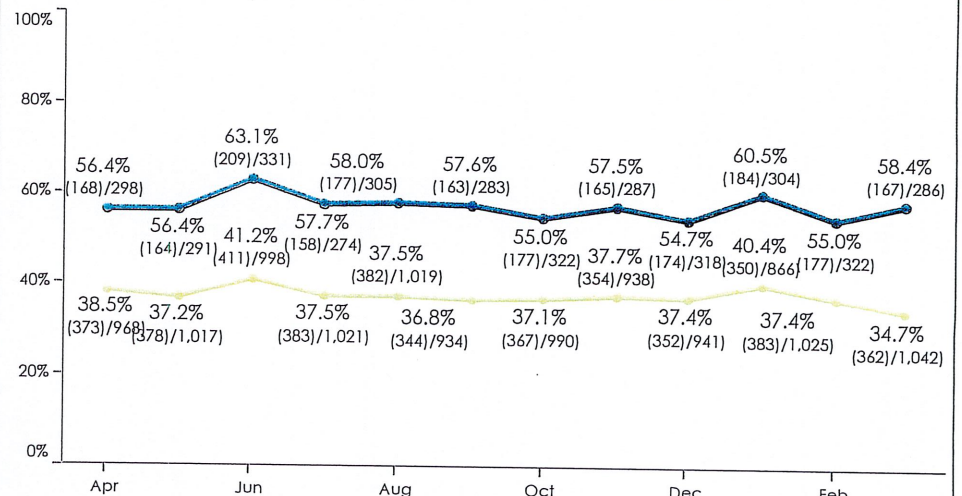
Stepping Up 4 Key Measures
Douglas County

Goal 1	Reduce the Number of People with a Serious Mental Illness Booked into Jail.		
Strategy		**Target**	**Notes/Updates**
Objective 1	The DCSO, OPD and 911 Call Center will work toward increasing the number of identified staff completing Crisis Intervention Training (CIT).		
a. OPD will work toward having 50% of identified staff trained in CIT.		Ongoing	Lindsay Sends Data
b. DCSO will work toward having 70% of identified staff trained in CIT.		Ongoing	Jared Sends Data
c. The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in CIT. Set benchmark?		Ongoing	John Jackel
Objective 2	DCSO, OPD and 911 Call Center will increase the number of designated staff trained in Mental Health First Aid (MHFA).		
a. OPD will increase the opportunities for officers to receive MHFA training by providing 3 internal MHFA classes to officers (using trained trainers).		Ongoing	
b. OPD will work toward having 30% of identified staff trained in MHFA.		Ongoing	Lindsay Sends Data
c. DCSO will work toward having 95% of identified staff trained in MHFA.		Ongoing	Jared Sends Data
d. The 911 Call Center will work toward increasing the number of identified staff trained in MHFA. Set benchmark?		Ongoing	John Jackel
Objective 3	Law Enforcement will activate Mobile Crisis Response when needed.		
a. Analyze Mobile Crisis Response utilization data by law enforcement agency.		Ongoing	Region 6 has Data
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		Ongoing	Lindsay Sends Data
b. Explore DCSO completing the BHITF-file format issue resolved?			Need Data
Objective 5	Better understand the frequency and nature of those incarcerated due to being charged with "assault on a healthcare worker."		
a. Identify data available, collect and analyze baseline data.		In Process	Steering Committee-Heidi sends data to Justine
Objective 6	Explore the Yellow Line Project (YLP) as a diversion to jail strategy.		
a. The Steering Committee will research YLP and determine feasibility.		In Process	Steering Committee

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

Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI) & 2023 Avg. (23.25%)

Apr 23	23.5% (298/1,266)
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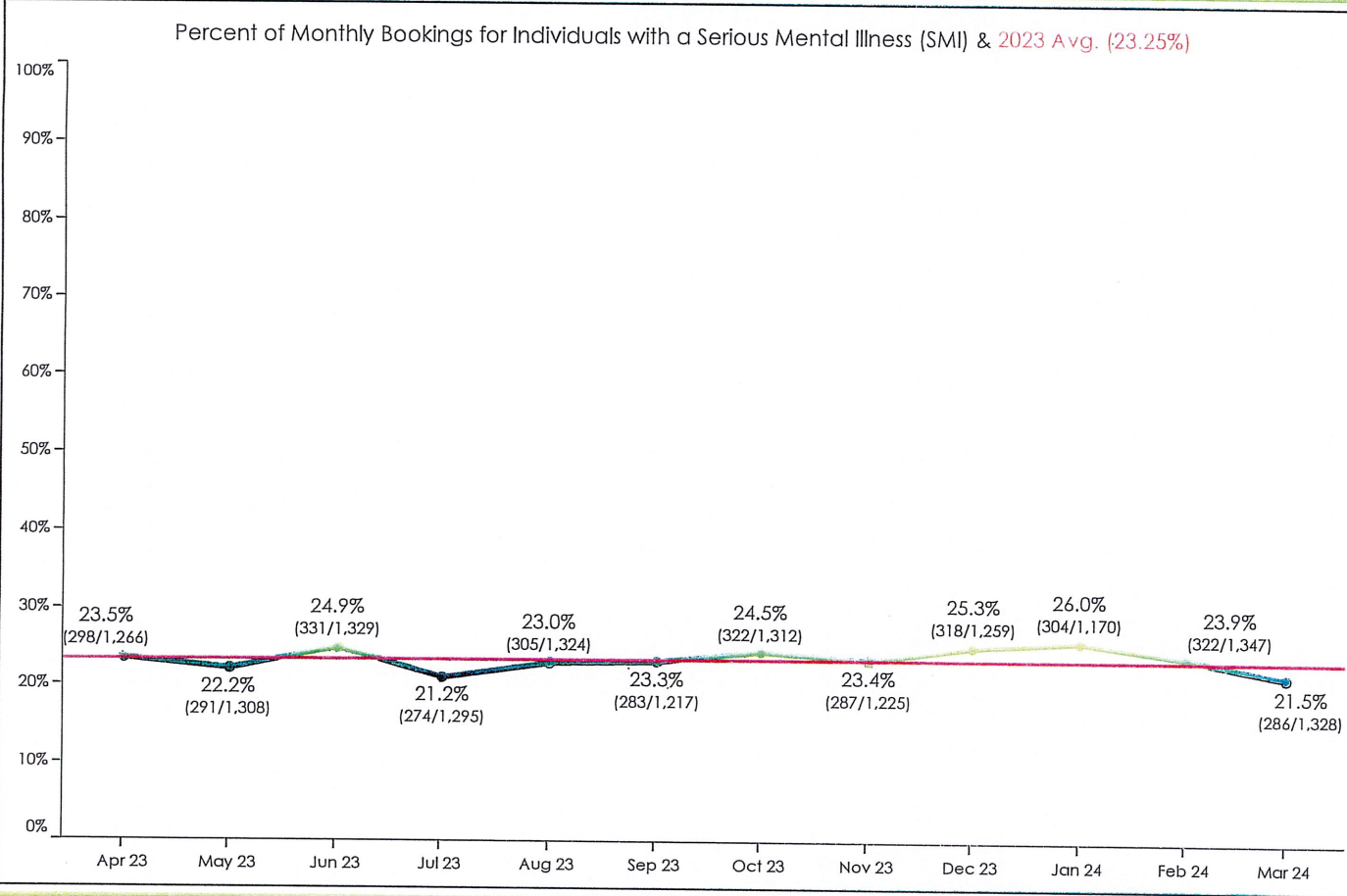
Measure:

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:

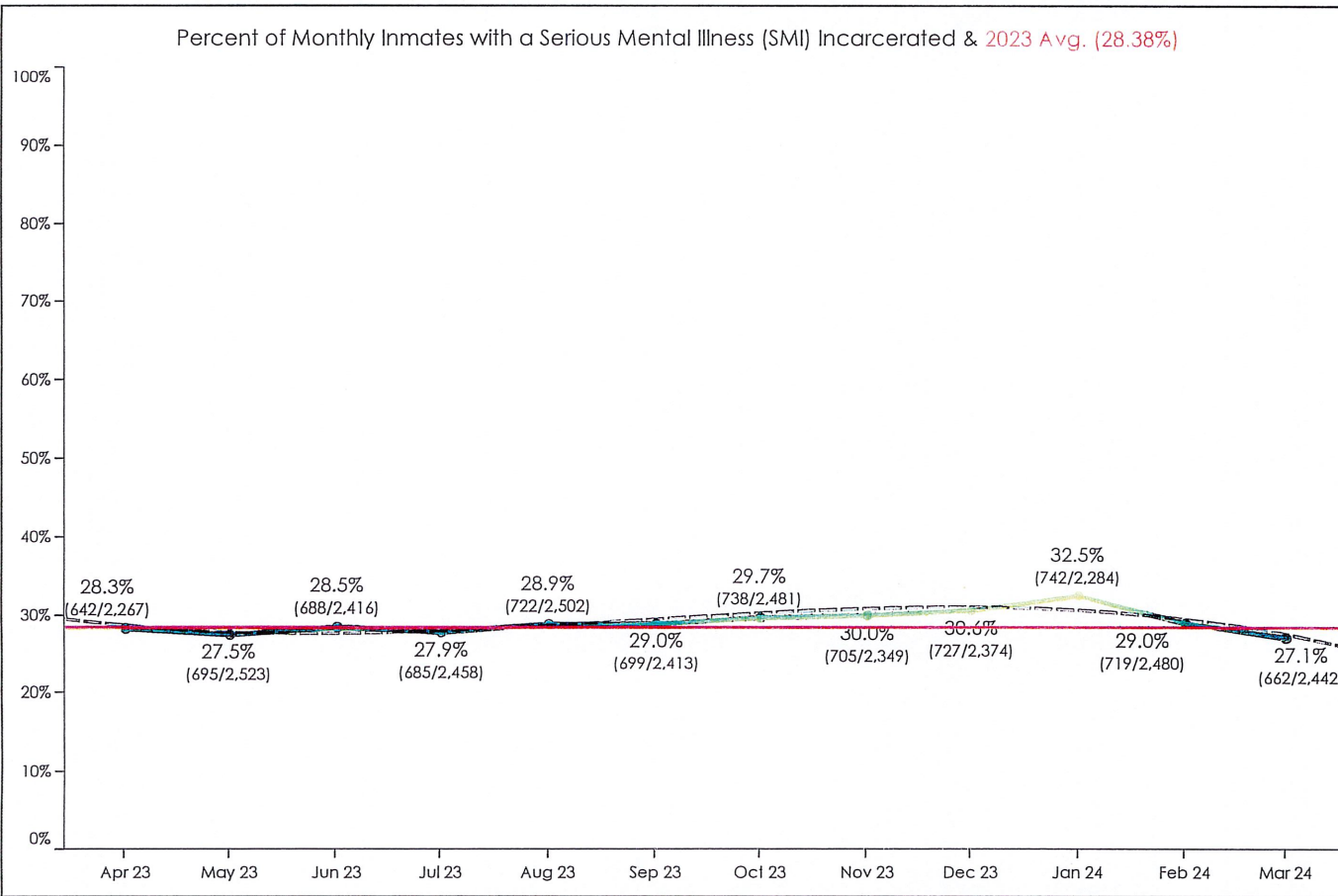Justine Wall - DCDC

Review Frequency:

Monthly

Analysis:

- This quarter saw the highest percentage of bookings for individuals with a SMI across all collected data, with 26.0% of bookings in January 2024 being attributed to persons with a SMI.

- Average SMI bookings increased in calendar year 2023 compared to 2022, showing a *percent increase* of 11.94% in 2023 (23.25%) from 2022 (20.77%). This 11.94% increase does not reflect a change in the actual number of bookings, but the proportion of bookings that were coded as SMI.

- Statistical analysis of all data points from January 2019 forward indicate a statistically significant likelihood ($p=<0.001$) that the SMI population being booked into jail will continue to grow over the next two years.

- 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

Percent of Monthly Inmates with a Serious Mental Illness (SMI) Incarcerated & 2023 Avg. (28.38%)

Chart data points:
- 28.3% (642/2,267) — Apr 23
- 27.5% (695/2,523) — May 23
- 28.5% (688/2,416) — Jun 23
- 27.9% (685/2,458) — Jul 23
- 28.9% (722/2,502) — Aug 23
- 29.0% (699/2,413) — Sep 23
- 29.7% (738/2,481) — Oct 23
- 30.0% (705/2,349) — Nov 23
- 30.6% (727/2,374) — Dec 23
- 32.5% (742/2,284) — Jan 24
- 29.0% (719/2,480) — Feb 24
- 27.1% (662/2,442) — Mar 24

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:
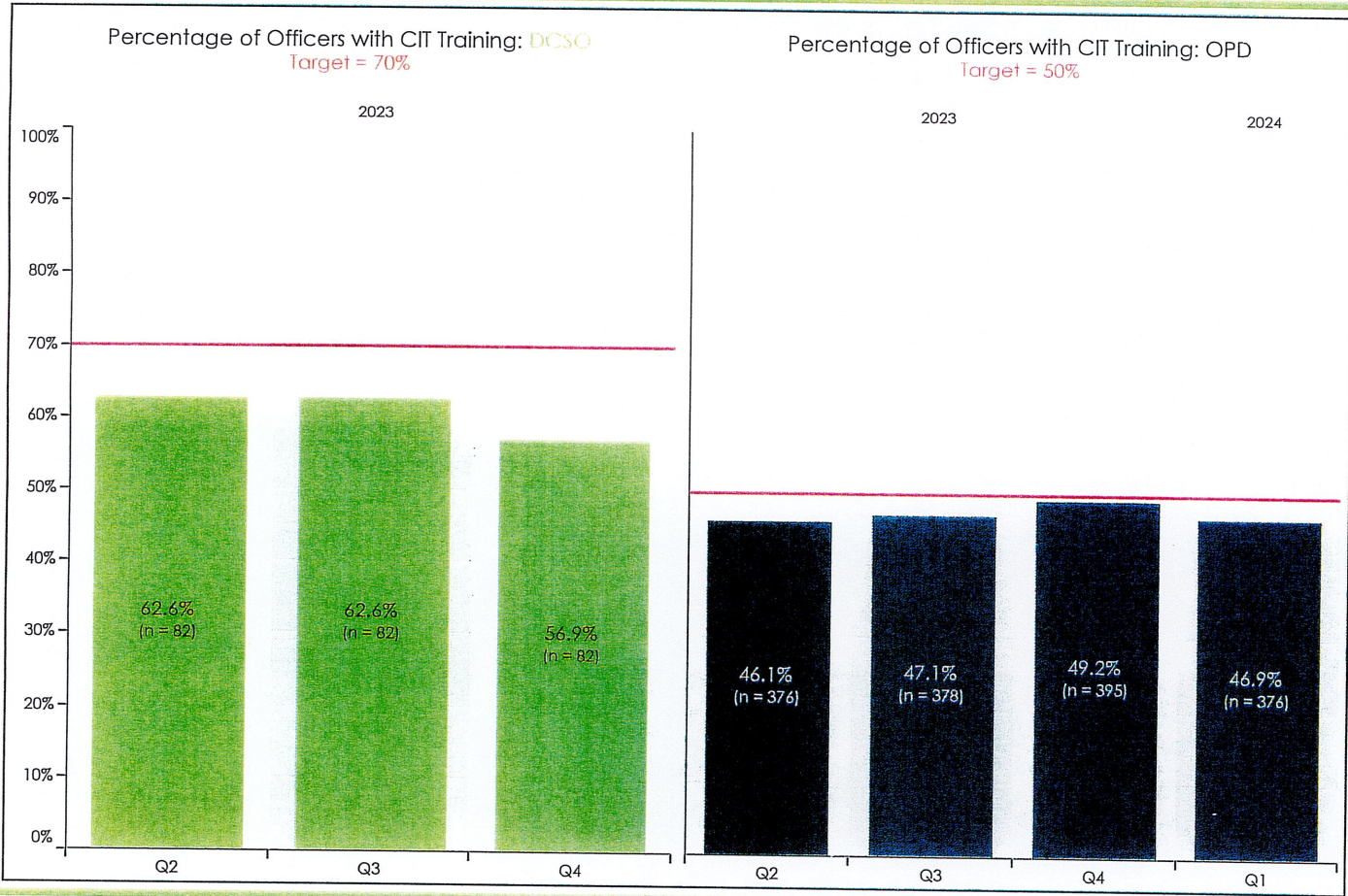
Justine Wall - DCDC

Review Frequency:

Monthly

Analysis:

• This quarter saw the highest percentage of individuals with a SMI incarcerated across all collected data, with 32.5% of inmates in January 2024 being attributed as a person with a SMI.

• The average percent of inmates with an SMI increased in calendar year 2023 compared to 2022, showing a *percent increase* of 13.29% in 2023 (28.38%) from 2022 (25.05%). This 13.29% increase does not reflect a change in the actual number of inamtes, but the proportion of inmates that were coded as SMI.

• Statistical analysis of all data points from January 2019 forward indicate a statistically significant likelihood (p=<0.001) that the SMI population incarcerated will continue to grow over the next two years; however, in looking at only the last 12 rolling months, this population is most likely to decline in the immediate short term (p=<0.01).

• The lowest percentage of incarcerated individuals 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).

Percentage of Officers with CIT Training: DCSO
Target = 70%

2023

DCSO data:
- Q2: 62.6% (n = 82)
- Q3: 62.6% (n = 82)
- Q4: 56.9% (n = 82)

Percentage of Officers with CIT Training: OPD
Target = 50%

2023 / 2024

OPD data:
- Q2: 46.1% (n = 376)
- Q3: 47.1% (n = 378)
- Q4: 49.2% (n = 395)
- Q1: 46.9% (n = 376)

Measure:

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

Definitions:

Percentage of Law Enforcement Officers with initial CIT training

Data Source:
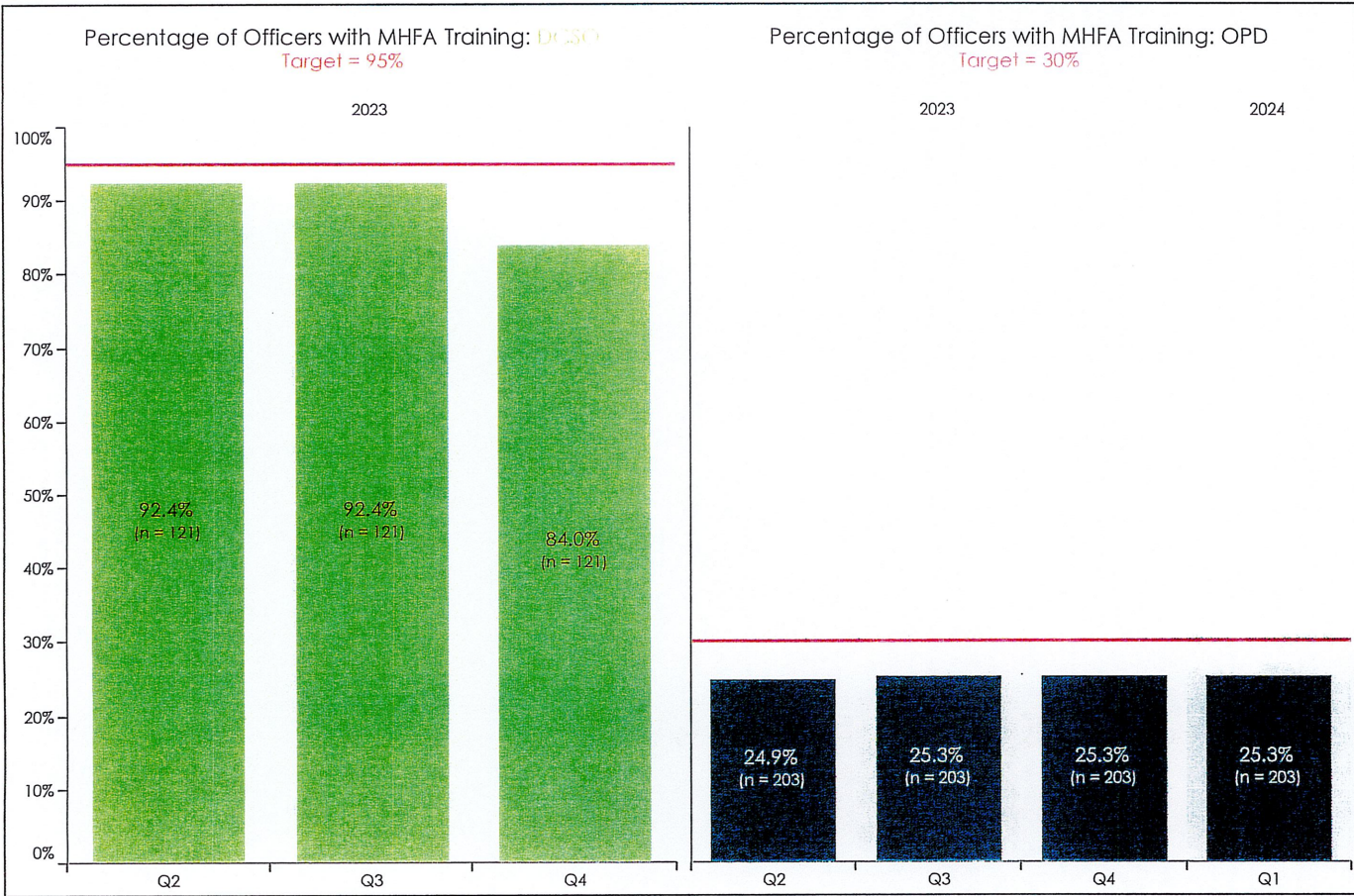
OPD & DCSO
Lindsay Kroll - OPD
Sgt. Jared Langemeier - DCSO

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). | DSCO Goal is 95% | OPD Goal is 30%

Percentage of Officers with MHFA Training: DCSO
Target = 95%

2023

- Q2: 92.4% (n = 121)
- Q3: 92.4% (n = 121)
- Q4: 84.0% (n = 121)

Percentage of Officers with MHFA Training: OPD
Target = 30%

2023 — 2024

- Q2: 24.9% (n = 203)
- Q3: 25.3% (n = 203)
- Q4: 25.3% (n = 203)
- Q1: 25.3% (n = 203)

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
Lindsay Kroll - OPD
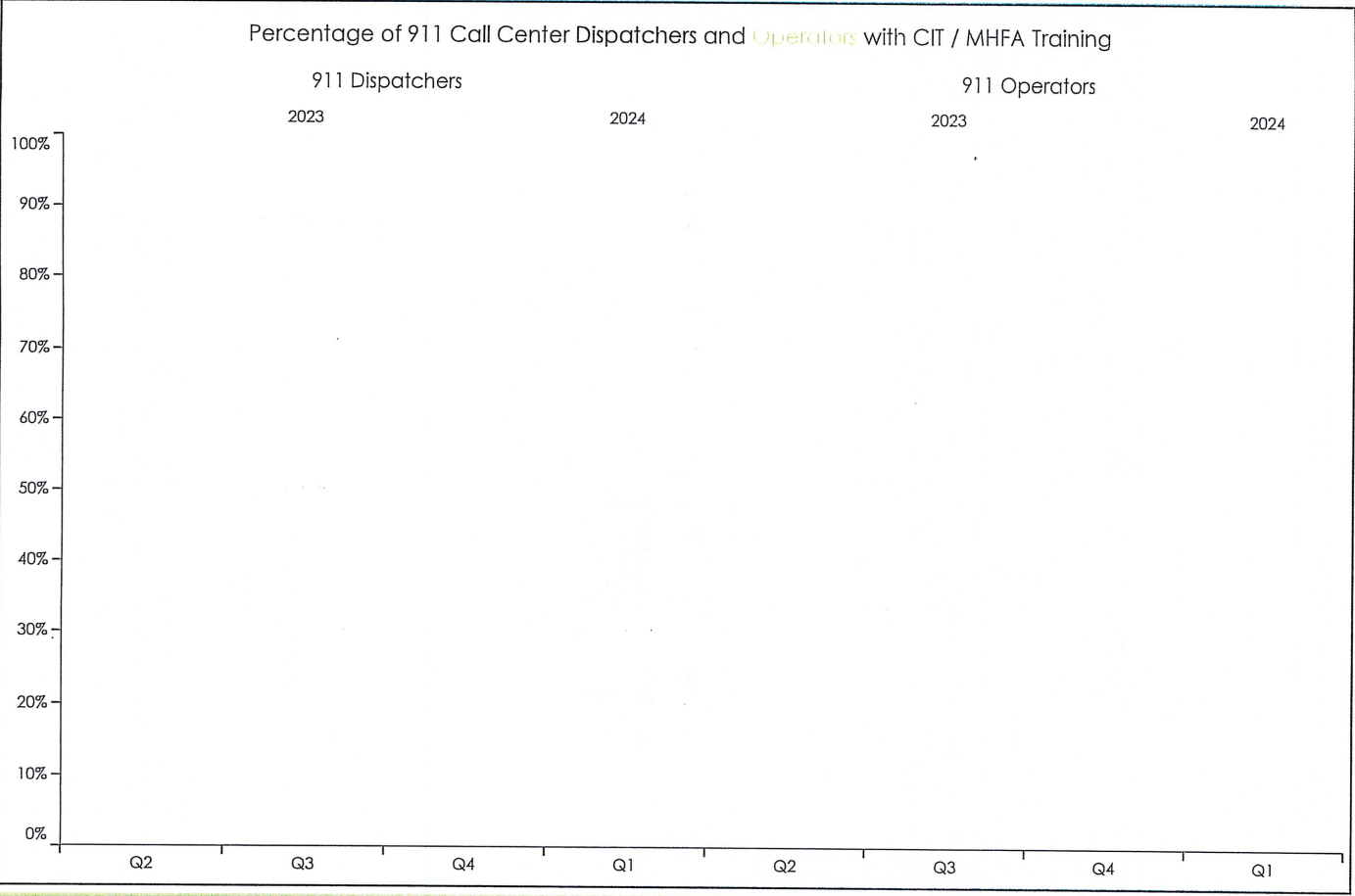Sgt. Jared Langemeier - DCSO

Review Frequency:

Quarterly

Analysis:

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

- 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.

Percentage of 911 Call Center Dispatchers and Operators with CIT / MHFA Training

911 Dispatchers   911 Operators

2023   2024   2023   2024

(Chart y-axis: 100%, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, 0%; x-axis: Q2, Q3, Q4, Q1, Q2, Q3, Q4, Q1)

Measure:

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

Definitions:

Percentage of 911 Call Center employees with CIT training

Data Source:

John Jaeckel - Douglas County 911 Call Center

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 3:	Analyze Mobile Crisis Response (MCR) data (from Region 6) to identify potential opportunities.

Mobile Crisis Response Calls by Agency

Call Category legend: DCSO, OPD, Other LE, Non-LE, 988
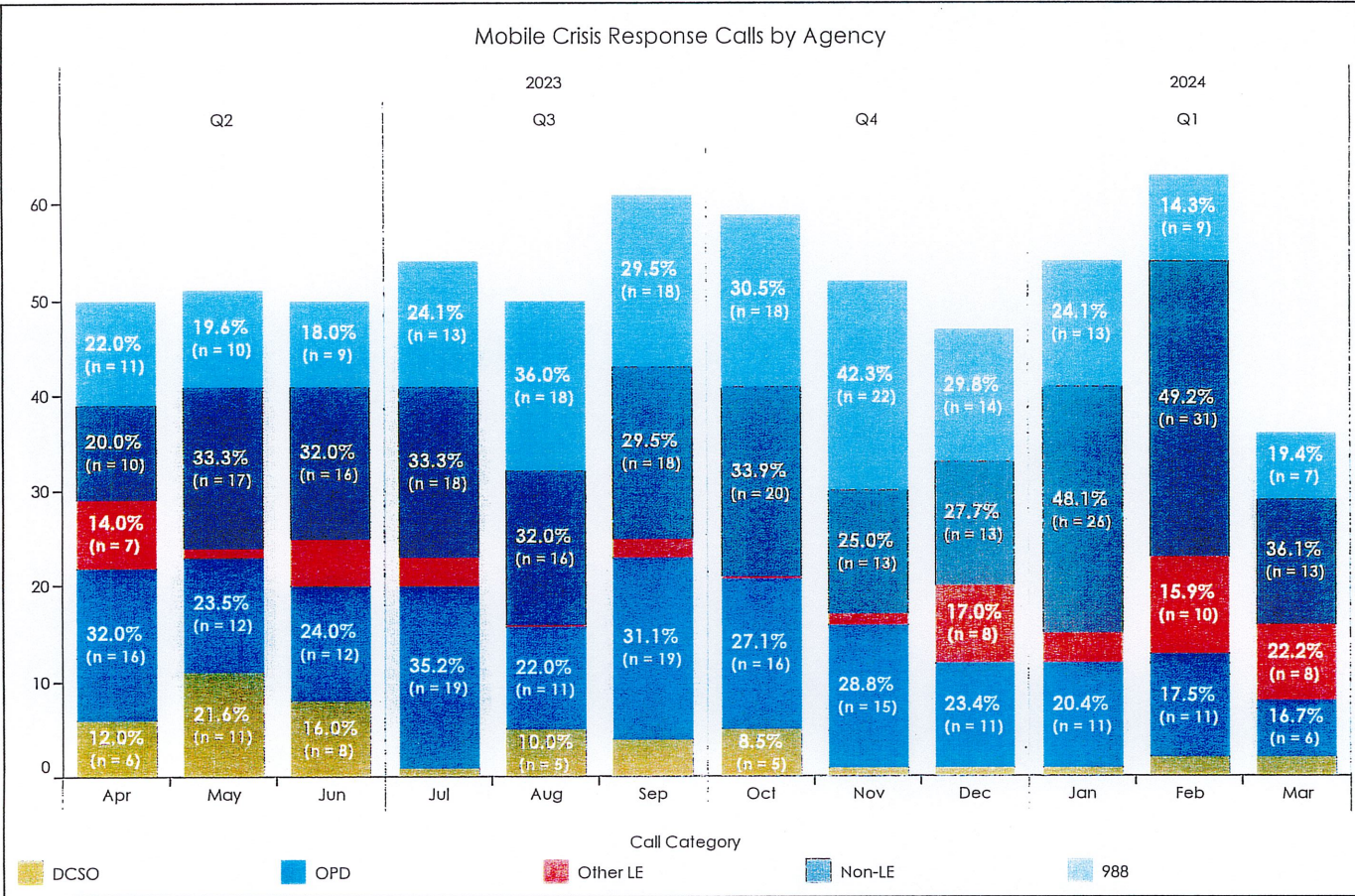
Measure:

Number of Mobile Crisis Response calls by month

Definitions:

Mobile Crisis Response is activated by 4 sources: Law Enforcement, Shelters, 988, and the Behavioral Health Helpline
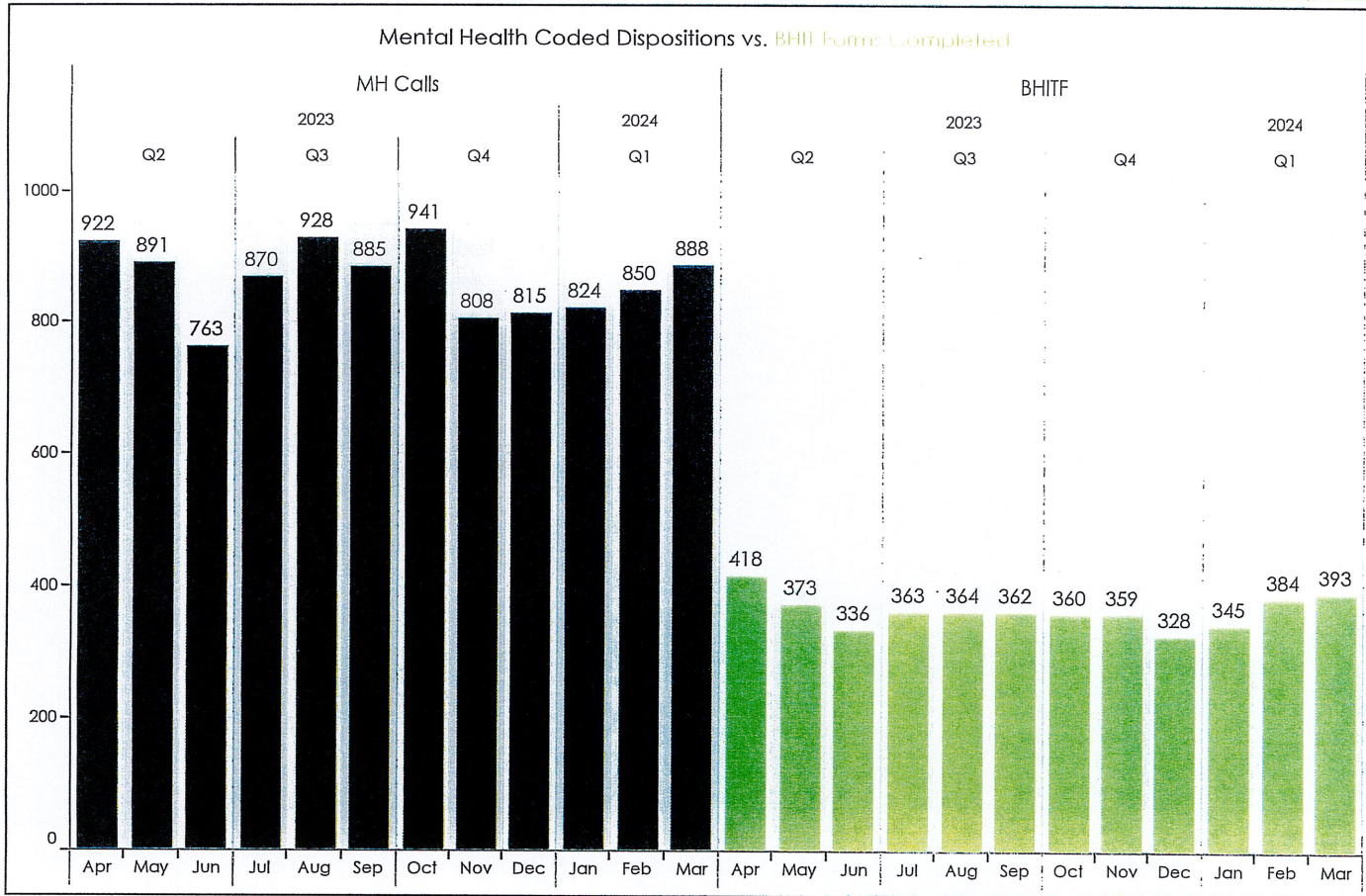
Data Source:

Brad Negrete - LFS

Review Frequency:

Quarterly

Analysis:

• Other Law Enfocement Examples: 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 Examples: Nebraska Family Helpline, Shelters, Jails, Campuses, etc.

• 988 activation of Crisis Response has continued remain a significant source of Crisis Response Activations since it's inception, although activations have continued to decrease over time.

• OPD and DCSO both utilize a co-responder model when responding to mental health calls. Due to this, the data shows an overall decrease in Crisis Response utilization over time for both organizations, and a decrease in crisis response utilization overall for LFS.

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).

Mental Health Coded Dispositions vs. BHITF Forms Completed

MH Calls

2023: Q2 — 922, 891, 763; Q3 — 870, 928, 885; Q4 — 941, 808, 815
2024: Q1 — 824, 850, 888

BHITF

2023: Q2 — 418, 373, 336; Q3 — 363, 364, 362; Q4 — 360, 359, 328
2024: Q1 — 345, 384, 393

Months: Apr May Jun | Jul Aug Sep | Oct Nov Dec | Jan Feb Mar

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
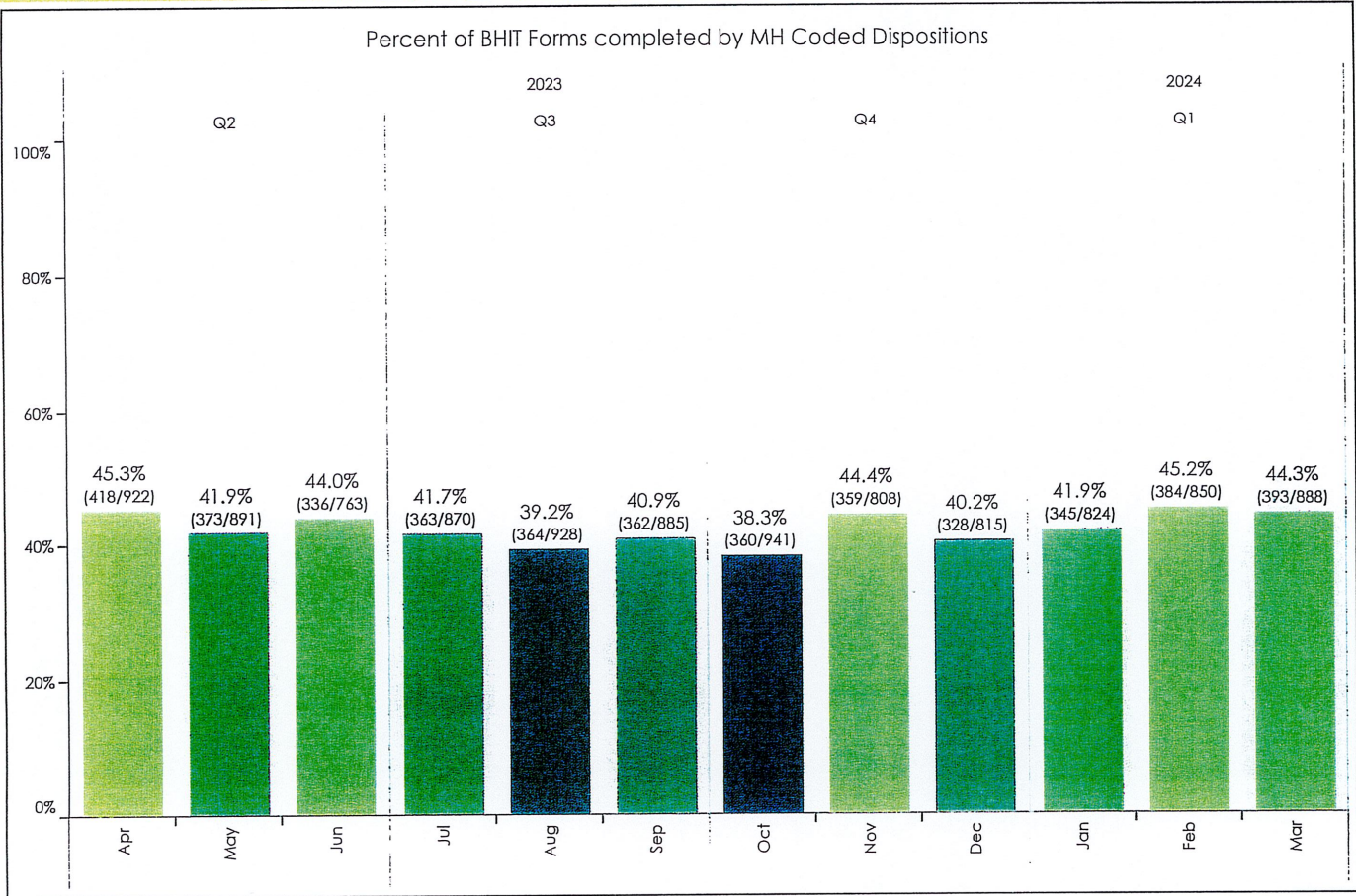
Data Source:

Lindsay Kroll - OPD

Review Frequency:

Quarterly

Analysis:

- DCSO and Other Law-Enforcement agencies not included in data above, **data is for OPD only**
- Mental Health dispositions 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 MH Coded disposition.
- BHITF - Law Enforcement codes the call as mental health - Forms completed electronically in OPD Cruisers.
- Some reason for the discrepancy would be for some of our repeat callers. Officers are encouraged to only do 1 BHITF for an individual in a 24-hour period, unless something changes (i.e. transported, EPC, etc.). There is also noted discrepancy between calls that come in, but no LE contact occurs, leading to no BHITF to be completed.
- OPD is working with the Public Policy Center to analyze BHITF Data.
- 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).

Percent of BHIT Forms completed by MH Coded Dispositions

2023: Q2 (Apr 45.3% (418/922), May 41.9% (373/891), Jun 44.0% (336/763)); Q3 (Jul 41.7% (363/870), Aug 39.2% (364/928), Sep 40.9% (362/885)); Q4 (Oct 38.3% (360/941), Nov 44.4% (359/808), Dec 40.2% (328/815))

2024: Q1 (Jan 41.9% (345/824), Feb 45.2% (384/850), Mar 44.3% (393/888))

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:

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Goal 1:	Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail
Objective 5:	Number of Assaults on Health Care Workers/Peace Officers

Number of Reported Assaults on Health Care Workers/Peace Officers

	2024			Grand Total
	Q1			
	January	February	March	
Officer	73.9% (n=17)	50.0% (n=5)	46.7% (n=7)	60.4% (n=29)
Healthcare	26.1% (n=6)	30.0% (n=3)	46.7% (n=7)	33.3% (n=16)
Other	0.0% (n=0)	20.0% (n=2)	0.0% (n=0)	4.2% (n=2)
Correctional Officer	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	2.1% (n=1)
Grand Total	100.0% (n=23)	100.0% (n=10)	100.0% (n=15)	100.0% (n=48)

Measure:

Number of Assaults on Health Care Workers

Definitions:

Number of Assaults on Health Care Workers

Data Source:

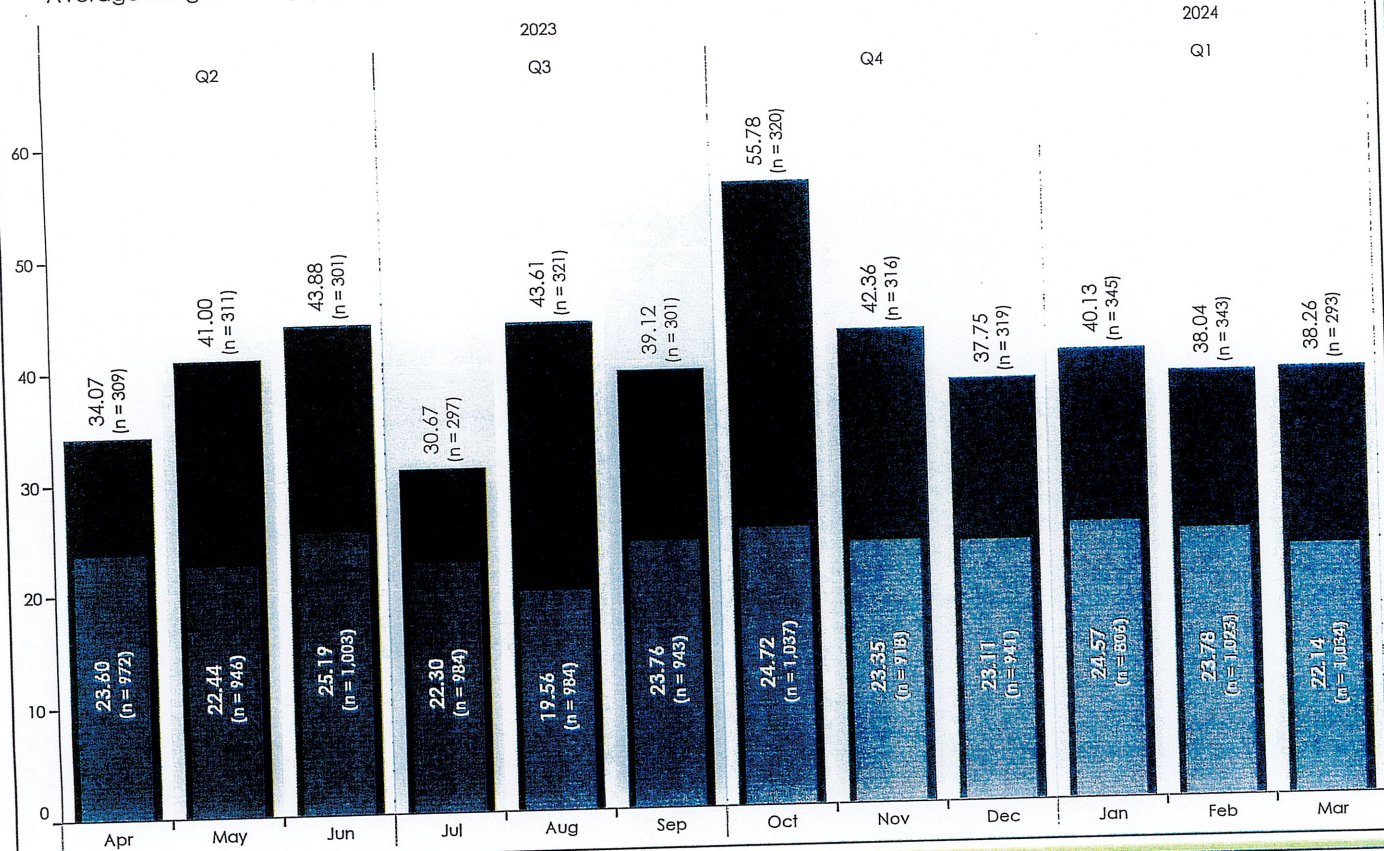Heidi Altic - DCDC

Review Frequency:

Quarterly

Analysis:

• We have started receiving data on Assaults on Healthcare Workers/Peace Officers, broken down by category (e.g., Law Enforcement, Healthcare, Other), as well as the entity involved in the Assault (e.g., OPD, Immanuel, etc.).

Goal 2	Shorten the Average Length of Stay for People with a Serious Mental Illness in Jail.		
Strategy			
		Target	Notes/Updates
Objective 1	DCDC will work to have 40% of Corrections Officers trained in CIT and 90% trained in MHFA.		
a.	Collect and review baseline data; identify opportunities; establish benchmarks/targets.	Ongoing	
Objective 2	Utilize data to drive improvements with Competency to Stand Trial/Competency Restoration practices.		
a.	Collect baseline data on the amount of time individuals are waiting to access competency restoration treatment at LRC (days between receiving the court order and transferring to LRC).	Ongoing	Chris Sweney Sends Data
b.	Form a workgroup to identify opportunities to develop a "CST/CR Guidelines" document to be used by CA's office, PD's office, LRC and bench. Document is with CA's office for review.	In Process	Steering Committee
c.	DCDC will partner with LRC/DHHS for in-reach to stabilize individuals in jail waiting for competency treatment at LRC.	In Process Began March 2024	Meeting Nov. 6, 2023
d.	Determine if re-evaluations can be completed virtually in the DCDC.	Justine looking into this.	

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

Chart: Monthly ALOS by group (2023 Q2–2024 Q1)

Month	2023									2024		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Without SMI	34.07 (n = 309)	41.00 (n = 311)	43.88 (n = 301)	30.67 (n = 297)	43.61 (n = 321)	39.12 (n = 301)	55.78 (n = 320)	42.36 (n = 316)	37.75 (n = 319)	40.13 (n = 345)	38.04 (n = 343)	38.26 (n = 293)
With SMI	23.60 (n = 972)	22.44 (n = 946)	25.19 (n = 1,003)	22.30 (n = 984)	19.56 (n = 984)	23.76 (n = 943)	24.72 (n = 1,037)	23.35 (n = 718)	23.11 (n = 941)	24.57 (n = 806)	23.78 (n = 1,023)	22.14 (n = 1,034)

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:

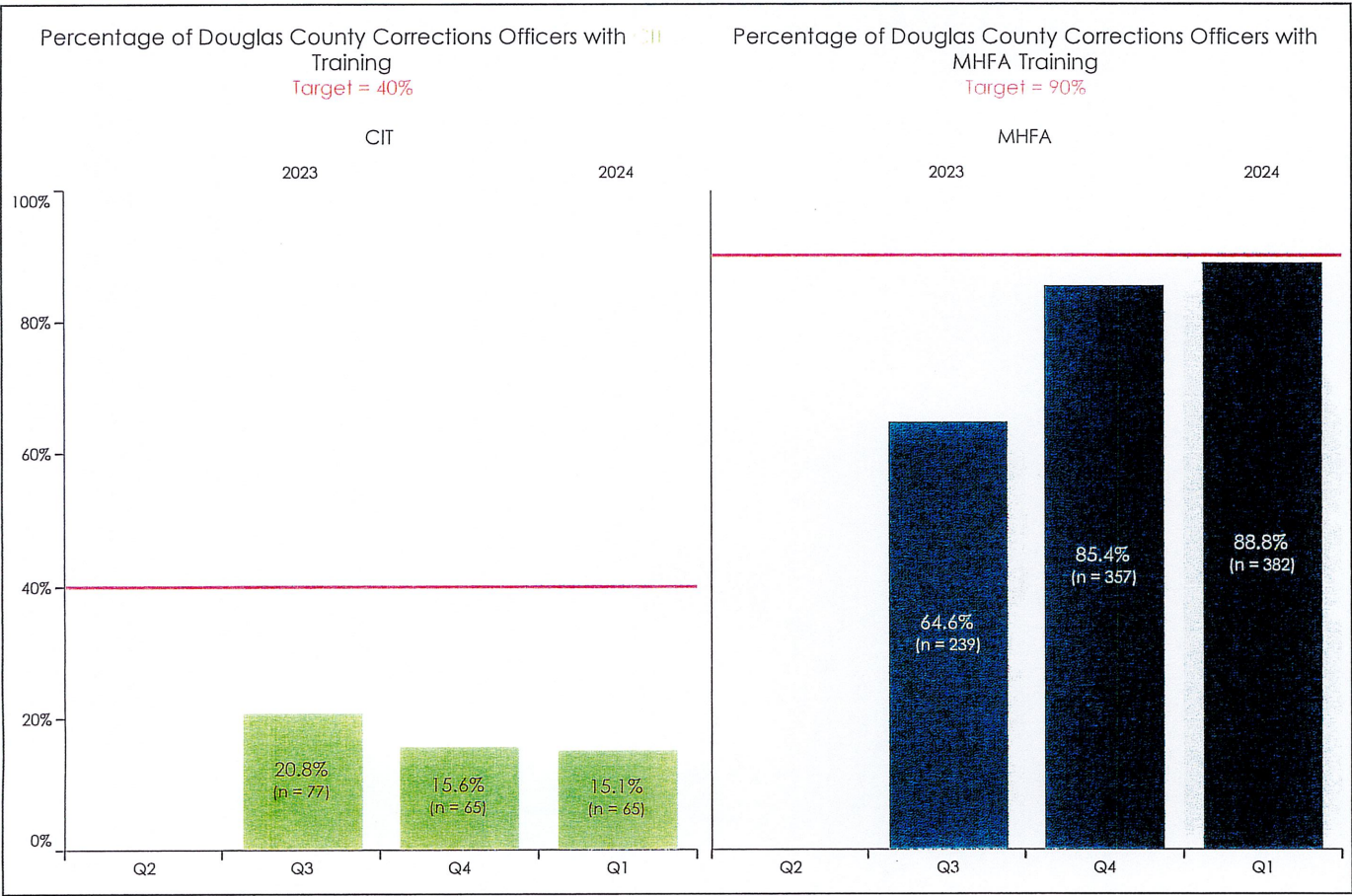Justine Wall - DCDC

Review Frequency:

Monthly

Analysis:

- October 2023 saw the largest discrepancy between the ALOS for the general population and SMI population over the last 12 rolling months, and one of the highest on record for the data.

- Other counties have been exploring variables associated with this discrepancy, to include ALOS between groups, to include those who recidivate vs. those with a one-time booking in the last 12 months, cross-referenced between SMI and non-SMI groups. There is also some work on identifying top utilizers of jail time/repeat bookings, and the specific impacts of problem-solving courts and individuals awaiting competency restoration on these metrics.

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.

Percentage of Douglas County Corrections Officers with CIT Training
Target = 40%

CIT

2023		2024
Q2		
Q3	20.8% (n = 77)	
Q4	15.6% (n = 65)	
Q1		15.1% (n = 65)

Percentage of Douglas County Corrections Officers with MHFA Training
Target = 90%

MHFA

2023		2024
Q2		
Q3	64.6% (n = 239)	
Q4	85.4% (n = 357)	
Q1		88.8% (n = 382)

Measure:

Number of Correctional Officers with Training / Total FTE's

Definitions:

Percentage of Corrections Officers with CIT / MHFA Training

Data Source:

Lt. Sanduski - DCDC

Review Frequency:

Quarterly

Analysis:

• DCDC continues to get closer towards reaching their goal for 90% of officers trained in MHFA. Lt. Sanduski reports that new recruits should receive their MHFA certification on April 25th, with two additional classes occuring after that, which should put DCD between 95% and 97% trained in MHFA.

• DCDC has also trained 30 probation officers in MHFA as of 4/12/2024.

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 ammount 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:

Chris Sweney - DCDC

Review Frequency:

Quarterly

Analysis:

• A new reporting method was introduced for 2024, which is still being modified to meet the needs of DCDC. This data currently only represents those who have already transferred to the LRC, and does not include the same historical data that was used in previous iterations. As such, the data will be different from previous iterations.

• It was noted in the Q1 CY24 meeting that a number of individuals are being ordered to outpatient competency restoration and refusing restoration. It is unknown at this time how, if at all, this is impacting this data.

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 ammount 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:

Chris Sweney - DCDC

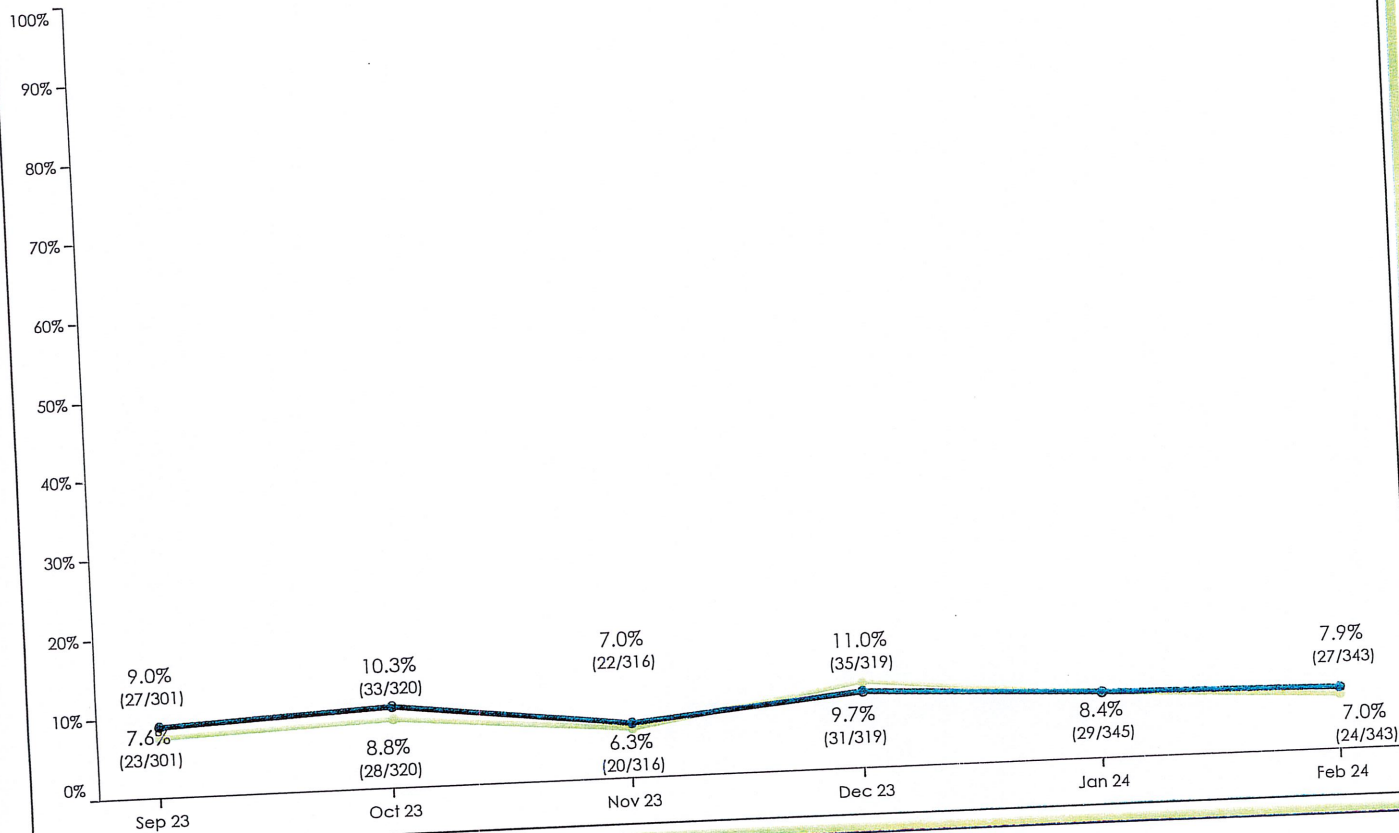**Review Frequency:**

Quarterly

Analysis:

• A new reporting method was introduced for 2024, which is still being modified to meet the needs of DCDC. This data currently only represents those who have already transferred to the LRC, and does not include the same historical data that was used in previous iterations. As such, the data will be different from previous reports.

• Box and Whisker Plots are designed to show a number of data points simultaneously, including the median score, the distribution (or skewness) of data, where most of the data lies on a graph, min, max, and outliers. With a smaller data set, box and whisker plots become less useful, but it still can be used to identify strong outliers in the data (i.e., those waiting longer than average in the jails for competency), and provide a more realistic understanding of the data compared to averages. For example, there are few data points in 2022 in this data set, but it highlights a single person, who would likely be considered an outlier, at the top of the whisker. In 2023, you can see an outlier on the lower end of the data, who recieved their competency restoration much faster than anyone else with a court order that year. Comparing 2022 to 2023, we can also see that the median wait (where the light green changes to dark green) was much higher in 2022 compared to 2023, with the median wait times in 2022 falling into the longest wait times for 2023 for individuals.

Goal 3	Increase the Percentage of Connection to Care for People with a Serious Mental Illness in Jail.		
Strategy		**Target**	**Notes/Updates**
Objective 1	Identify opportunities to improve information sharing between criminal justice and behavioral health systems (SIM Priority).		
a. Understand flow of information between the Douglas County Community Mental Health Center and DCDC.		Workgroup developed July 2023	No Data Needed
b. Partner with Law Enforcement agencies (OPD, DCSO, DCDC, SCSO, SCDC), Jails (DCDC, SCDC), the Community Mental Health Center and Omaha Fire Department to identify and purchase data sharing software (RFP).		In Process	Region 6 and Partners
c. Partner with UNO Grace Abbott School of Social Work to identify training needed for implementation of LB50 (Mental Health Practitioners sharing information consistent with HIPAA).		PAUSE	
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. Analyze data to determine if individuals with SMI have connections to care prior to release.		Data received as of April 2024 In Process	Justine will send Data
Objective 3	Monitor implementation of LB921; Medicaid Enrollment, Assistance to those Incarcerated.		
Objective 4	Partner with BAART to explore opportunities to provide Medication Assisted Treatment (MAT) as appropriate.		
Objective 5	Explore the Yellow Line Project (YLP) as a diversion strategy.		
a. The Steering Committee will explore the YLP to determine feasibility.			Steering Committee

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

Percent of Type 1 and **Type 2** Connections to Care for Persons with a SMI

Data points shown on chart:

- Sep 23: 9.0% (27/301); 7.6% (23/301)
- Oct 23: 10.3% (33/320); 8.8% (28/320)
- Nov 23: 7.0% (22/316); 6.3% (20/316)
- Dec 23: 11.0% (35/319); 9.7% (31/319)
- Jan 24: 8.4% (29/345)
- Feb 24: 7.9% (27/343); 7.0% (24/343)

Measure:

Number of individuals with a SMI discharged and linked to service during their stay in jail (Type 2) OR Number of SMI individuals given information or a referral to a service (Type 1) / total number of individuals with a SMI discharged from jail in the month.

Definitions:

Percentage of individuals with a SMI that were linked to service(s) during their stay in jail.

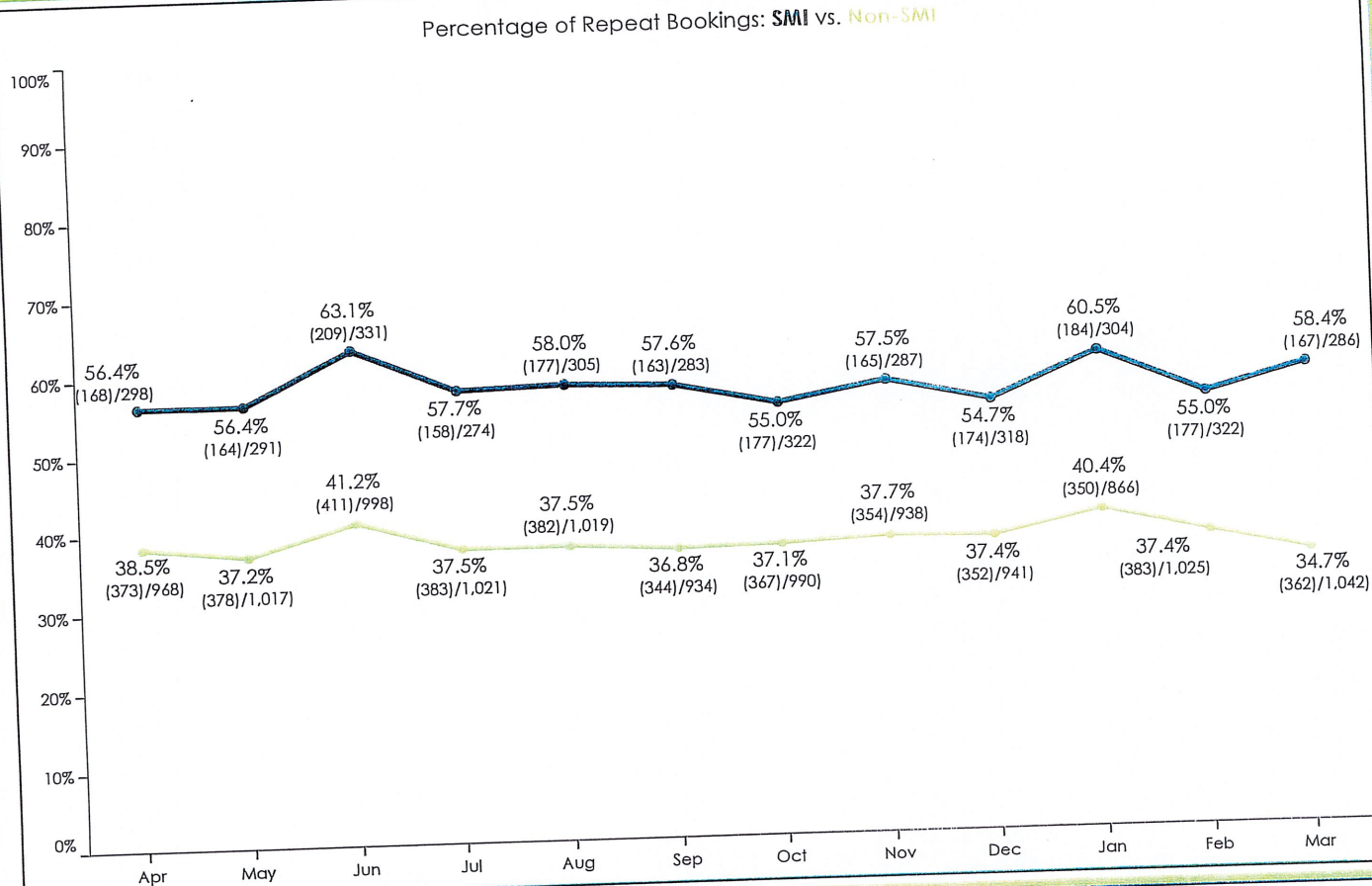**Data Source:**

Justine Wall - DCDC

Review Frequency:

Quarterly

Analysis:

- Will need clarity on whether an individual is counted both in Type 1 and Type 2 connections, or individually based on highest connection.

- Data collection and reporting on this item is relatively new. Both Type 1 and Type 2 connections are currently averaging below 10% of SMI releases.

Goal 4	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness who are in Jail.		
		Target	Notes/Updates
Strategy			
Objective 1	Identify a pathway to restart Familiar Faces Program.		
	a. Utilize workgroup; research other FFP models, strengthen the Douglas Co FFP model.		
Objective 2	Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.		Heidi Sends Data
	a. Analyze data		
Objective 3	Utilize Long Acting Injectables (LAI) when clinically appropriate.		Wellpath will send data
	a. Collect and review baseline data on the number of individuals receiving LAI's		
Objective 4	Individuals with an SMI are released with medication necessary to bridge to their appointment with a community prescriber.	Ongoing	No Data Needed
	a. DCDC will work with Wellpath.		
Objective 5	Clarify the process for EPC requests from the Jail and the Sheriff's role/response	Ongoing	No Data Needed
	a. Justine and Jared will meet to problem-solve.		
Objective 6	Explore if client-level data for this population could be made available to fully understand those that recidivate (age, race, gender, zip code) and by primary charge (felony or misdemeanor).	Ongoing	No Data Needed
	a. Justine will see if she can obtain this data.		

Percentage of Repeat Bookings: SMI vs. Non-SMI

Chart data — SMI (dark blue line):
- Apr: 56.4% (168)/298
- May: 56.4% (164)/291
- Jun: 63.1% (209)/331
- Jul: 57.7% (158)/274
- Aug: 58.0% (177)/305
- Sep: 57.6% (163)/283
- Oct: 55.0% (177)/322
- Nov: 57.5% (165)/287
- Dec: 54.7% (174)/318
- Jan: 60.5% (184)/304
- Feb: 55.0% (177)/322
- Mar: 58.4% (167)/286

Chart data — Non-SMI (green line):
- Apr: 38.5% (373)/968
- May: 37.2% (378)/1,017
- Jun: 41.2% (411)/998
- Jul: 37.5% (383)/1,021
- Aug: 37.5% (382)/1,019
- Sep: 36.8% (344)/934
- Oct: 37.1% (367)/990
- Nov: 37.7% (354)/938
- Dec: 37.4% (352)/941
- Jan: 40.4% (350)/866
- Feb: 37.4% (383)/1,025
- Mar: 34.7% (362)/1,042

Measure:

Percent of repeat bookings between SMI and Non-SMI groupings

Definitions:

Total number of repeat bookings within 12 months by SMI group / Total number of bookings for SMI group

Data Source:

Justine Wall - DCDC

Review Frequency:

Quarterly

Analysis:

- Repeat SMI bookings by month hit it's lowest recorded point in December 2023 with 54.7% of bookings occuring a repeat booking for individuals.

- Current trends indicate a continued slight decrease in repeat bookings for both groups over time.

- Taken with the increase in SMI bookings overall for the last rolling year, and the average of all data over time (SMI - 60.9%; non-SMI - 38.4%), it *appears* as if the increase in bookings for the last 12 rolling months may be more due to new bookings/incarcerations of SMI individuals not previously booked (within the recidvism definition) rather an increase in repeat bookings for individuals.

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) & 2023 Avg. (29.04%)
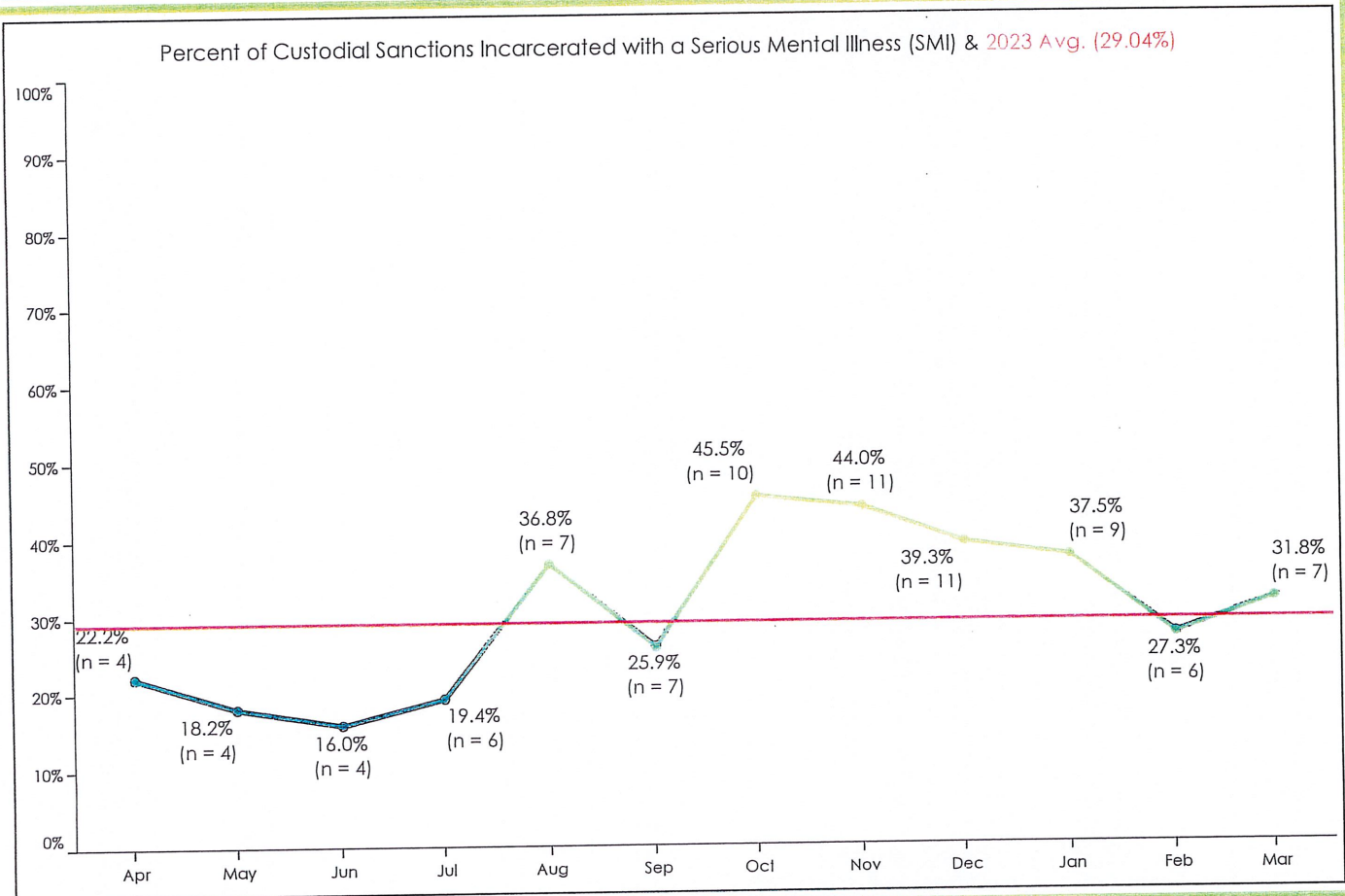
Measure:

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 - 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.

• This data is heavily impacted due to having a low "n" in the total number of sanctions overall, meaning that minor variations in the total number of sanctions and the number of individuals with an SMI that have a sanction can create significant changes in percentages. In October 2023, 10 individuals with an SMI were sanctioned, accounting for 45.5% of all sanctions that month - much higher than previously seen. This is due to changes in both factors mentioned above.

• Between 2022 and 2023, there was a *percent increase of 35.32%* in the average percent of custodial sanctions for those with an SMI, with an average percent of 29.04% in 2023, up from an average percent of 21.46% in 2022.

Goal 4:	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
Objective 3:	Utilize Long-Acting Injectabiles (LAI's) when clinically appropriate.

Number of LAIs Administered by Month for Last 12 Months
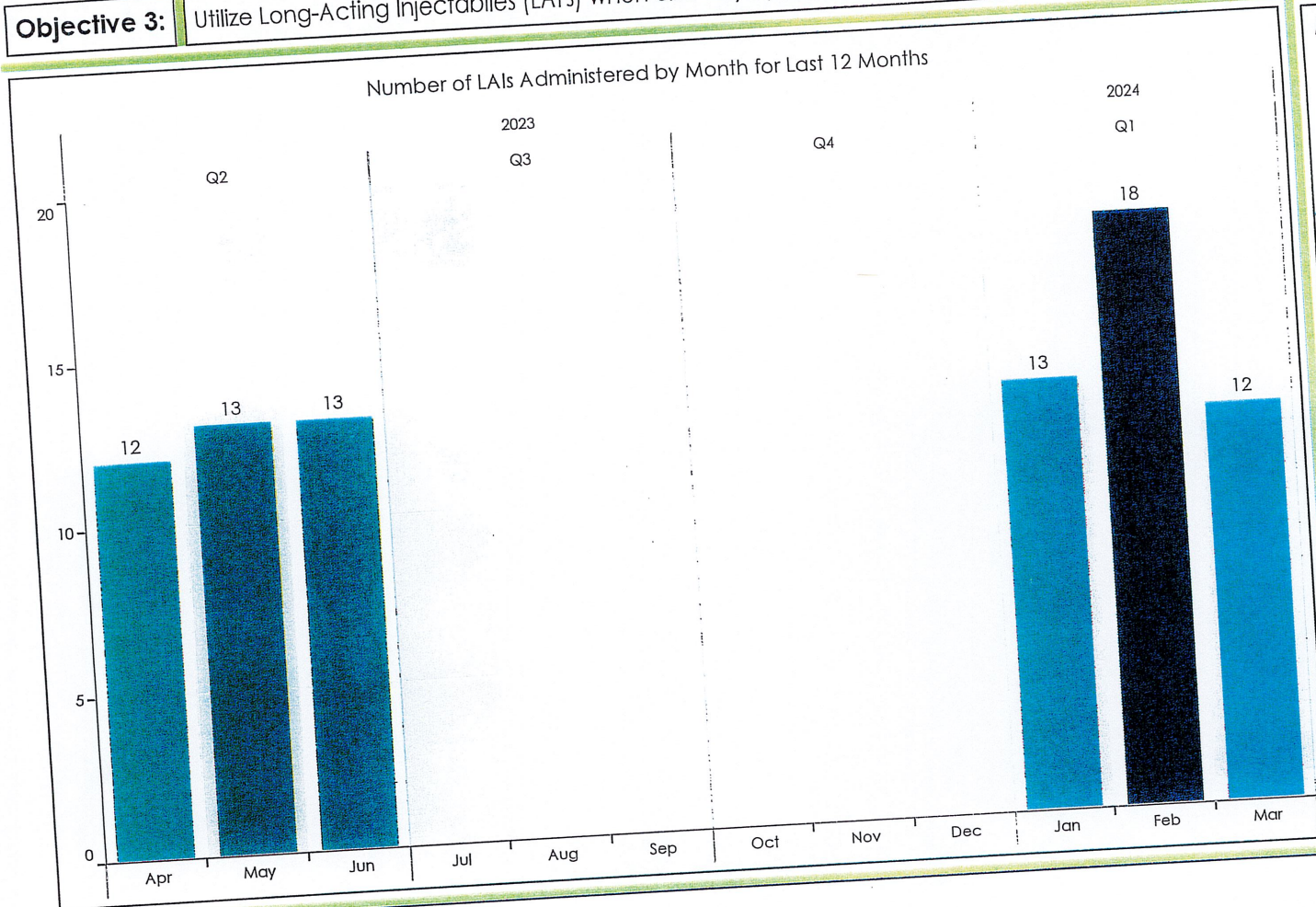
Measure:

Number of LAIs administered in Douglas County Jail by month

Definitions:

Number of LAIs administered by month

Data Source:
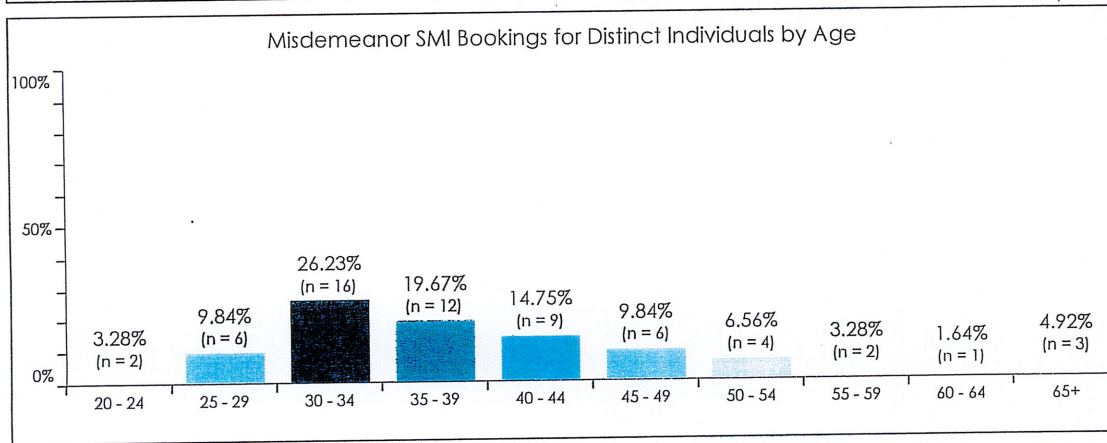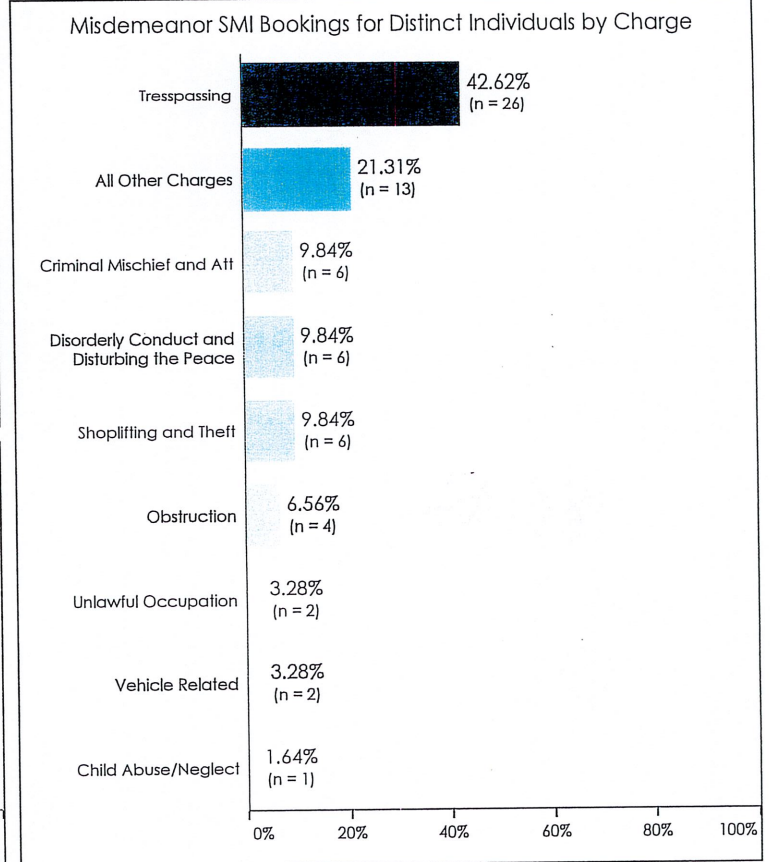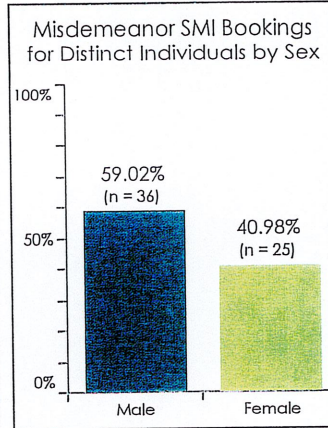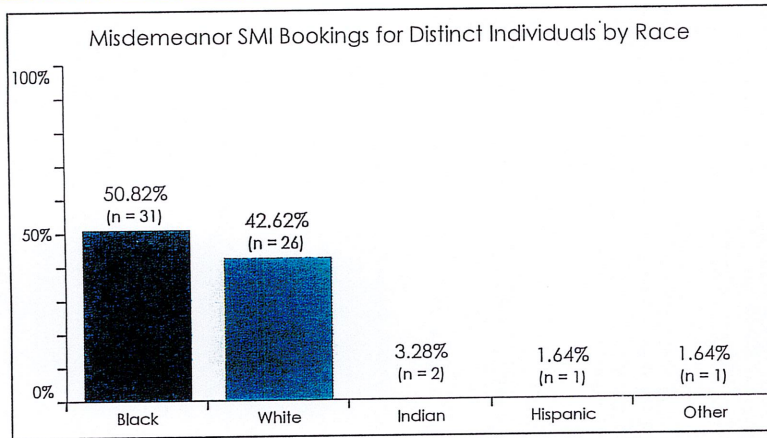
Tonya Batt - DCDC - Wellpath

Review Frequency:

Quarterly

Analysis:

- Tonya Batt with Wellpath is currently providing data for LAIs administered each month, following the leave of Kim Zueter.

Misdemeanor SMI Bookings for Distinct Individuals by Race

- Black: 50.82% (n = 31)
- White: 42.62% (n = 26)
- Indian: 3.28% (n = 2)
- Hispanic: 1.64% (n = 1)
- Other: 1.64% (n = 1)

Misdemeanor SMI Bookings for Distinct Individuals by Sex

- Male: 59.02% (n = 36)
- Female: 40.98% (n = 25)

Misdemeanor SMI Bookings for Distinct Individuals by Charge

- Tresspassing: 42.62% (n = 26)
- All Other Charges: 21.31% (n = 13)
- Criminal Mischief and Att: 9.84% (n = 6)
- Disorderly Conduct and Disturbing the Peace: 9.84% (n = 6)
- Shoplifting and Theft: 9.84% (n = 6)
- Obstruction: 6.56% (n = 4)
- Unlawful Occupation: 3.28% (n = 2)
- Vehicle Related: 3.28% (n = 2)
- Child Abuse/Neglect: 1.64% (n = 1)

Misdemeanor SMI Bookings for Distinct Individuals by Age

- 20 - 24: 3.28% (n = 2)
- 25 - 29: 9.84% (n = 6)
- 30 - 34: 26.23% (n = 16)
- 35 - 39: 19.67% (n = 12)
- 40 - 44: 14.75% (n = 9)
- 45 - 49: 9.84% (n = 6)
- 50 - 54: 6.56% (n = 4)
- 55 - 59: 3.28% (n = 2)
- 60 - 64: 1.64% (n = 1)
- 65+: 4.92% (n = 3)

Analysis:

Douglas County Stepping Up Team Members

*Indicates Stepping Up Steering Committee Member
Mike Myers-Department of Corrections
*Justine Wall-Dept. of Corrections/Comm. Corrections
Shy Meckna-Dept. of Corrections/Comm. Corrections
Heidi Altic-Department of Corrections/Booking
*Diane Carlson-Dougals County Administration
*Martha Wharton-Public Defender
Jameson Cantwell-County Attorney
Heather Wetzel-Public Defender/Social Services
*Sgt. Jared Langemeier-Douglas County Sheriff's Office
*Lindsay Kroll-Omaha Police Department/Mental Health
Deputy Chief Sherie Thomas-Omaha Police Department
John Jaeckel-Operations Manager Douglas Co Communications/911 Center
Damon Strong-Chief Probation District 4A
*Sara Baker-Community Mental Health Center
Brad Negrete/Eve Jarboe-Lutheran Family Services
Teresa Noah-Douglas Co District Court/Drug Court
Lindsey Bitzes-Assistant City Prosecutor-City of Omaha

Region 6 Behavioral Healthcare

Nick Chadwell-Business Analyst
Arrow Caryl-BOMH Coordinator/Sarpy Co.
Miles Glasgow-Sr. Mgr. System Coordination
Kim Kalina-Quality Improvement Director
*Vicki Maca-CJ & MH Initiatives Director