

THE  
**STEPPINGUP**  
INITIATIVE



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

**Douglas County, Nebraska**

**QUARTERLY DATA REPORT**

**Data from Quarter 3  
Meeting Date: October 24, 2024**

# 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, and (vi) Psychotic Disorder (Self-Report and Diagnosed by Professional). <b>Obsessive-Compulsive Disorders are in the process of being removed from the SMI designation.</b>
<b>Connection to Care/Service Type 1:</b>	Information and Referral; defined as any one of the following: <ul style="list-style-type: none"> <li>Verbal or Written information is shared about a service or program with the client.</li> <li>Written contact information about a service or program is shared with the client.</li> </ul>
<b>Connection to Care/Service Type 2:</b>	Linking to Service; defined as any one of the following: <ul style="list-style-type: none"> <li>Verbal or written communication is received confirming that the client and the agency have been connected.</li> <li>Verbal or written communication is received confirming that the client has an appointment.</li> <li>The client is aware of the agency and the agency is aware of the client's need for service.</li> </ul>
<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 ..
<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..
<b>Probation Violation:</b>	There are 3 types; Technical Violations, New Law Violation, and Abscond Violations: <ul style="list-style-type: none"> <li><b>Technical Violations:</b> Examples include failed drug testing, missed appointments, etc... These are handled with sanctions.</li> <li><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..</li> <li><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).</li> </ul>
<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

<b>Goal 1:</b>	Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail *(&1.b: Incarcerated in Jail)	<b>Goal 2:</b>	Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail
<b>Numerator:</b>	The number of adults booked into the jail with a Serious Mental Illness (SMI) during the month	<b>Numerator:</b>	The monthly average LOS for those discharged from jail with a SMI
<b>Denominator:</b>	The average daily total population of the jail for the month	<b>Demoninator:</b>	The average daily total population of the jail for the month
<b>Data Source:</b>	DCDC	<b>Data Source:</b>	DCDC
<b>Date Provided:</b>	Monthly	<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly	<b>Review Frequency:</b>	Monthly
<b>Notes:</b>	This data does not include individuals who bond out or those who are sentenced to time served before receiving a mental health evaluation.	<b>Notes:</b>	

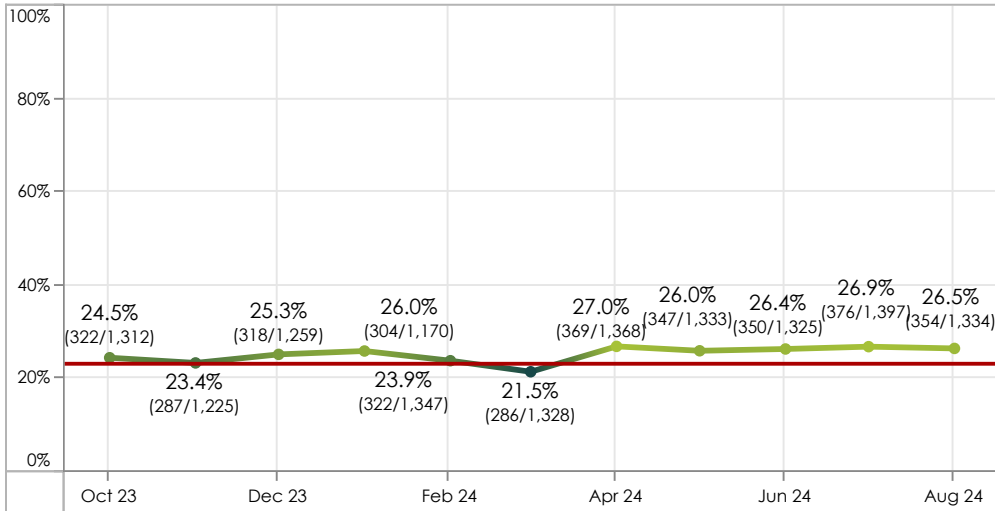
<b>Goal 3:</b>	Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail	<b>Goal 4:</b>	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
<b>Numerator:</b>	The number of individuals with a Serious Mental Illness (SMI) who have a Type 1 and/or Type 2 Connections to Care made during incarceration - reported during the month they were released from jail	<b>Numerator:</b>	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.
<b>Denominator:</b>	Number of all individuals with a SMI discharged from jail that month	<b>Denominator:</b>	Total number of bookings
<b>Data Source:</b>	DCDC (Collaborate & ERMA connected through data #)	<b>Data Source:</b>	DCDC
<b>Date Provided:</b>	Monthly	<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly	<b>Review Frequency:</b>	Monthly
<b>Notes:</b>		<b>Notes:</b>	

# 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)

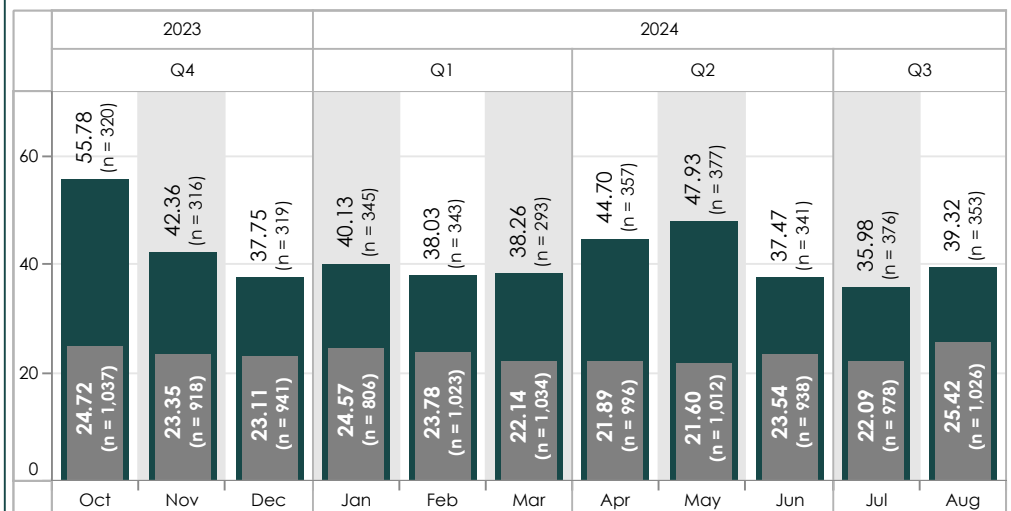
Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)  
(2023 Average = 23.25%)



## Goal 2:

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

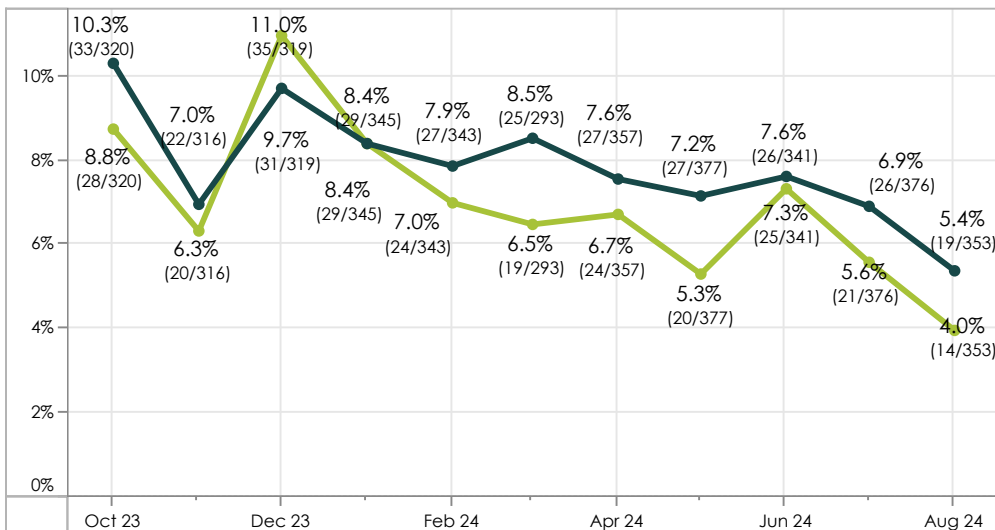
Average Length of Stay (ALOS) for Individuals **Without a Serious Mental Illness** vs. with **Serious Mental Illness (SMI)** in days



## Goal 3:

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

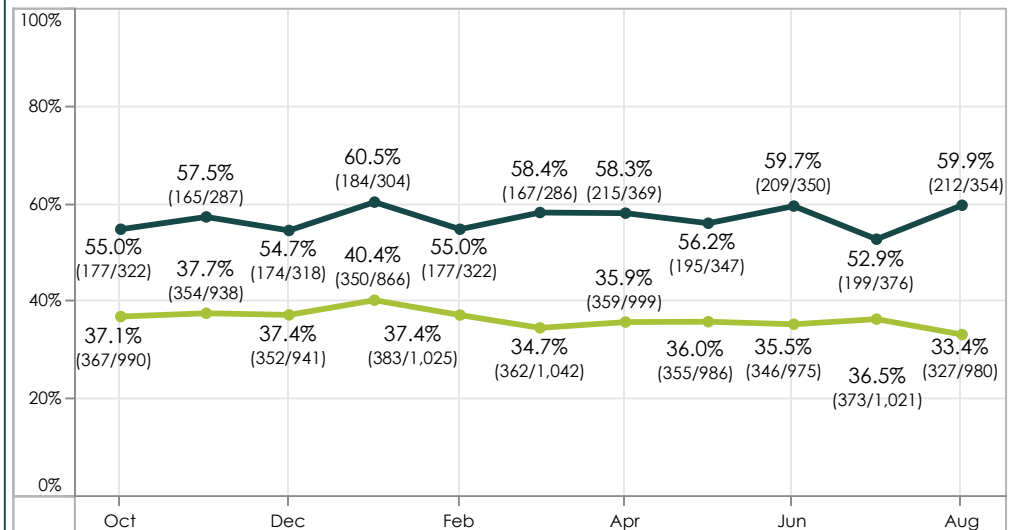
Percent of **Type 1** and **Type 2** Connections to Care for Persons with a SMI



## Goal 4:

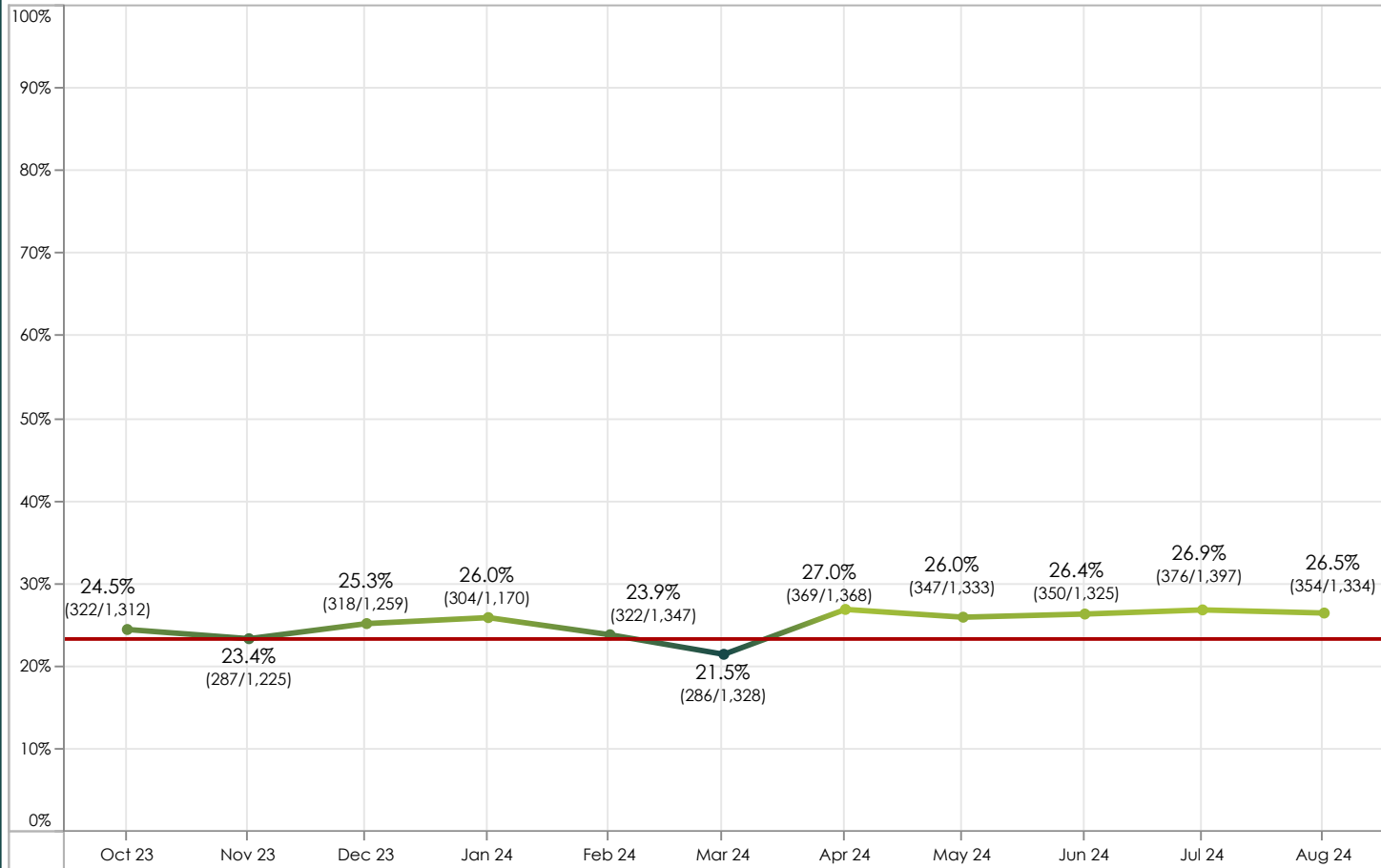
Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

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



**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 Average = 23.25%)



**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

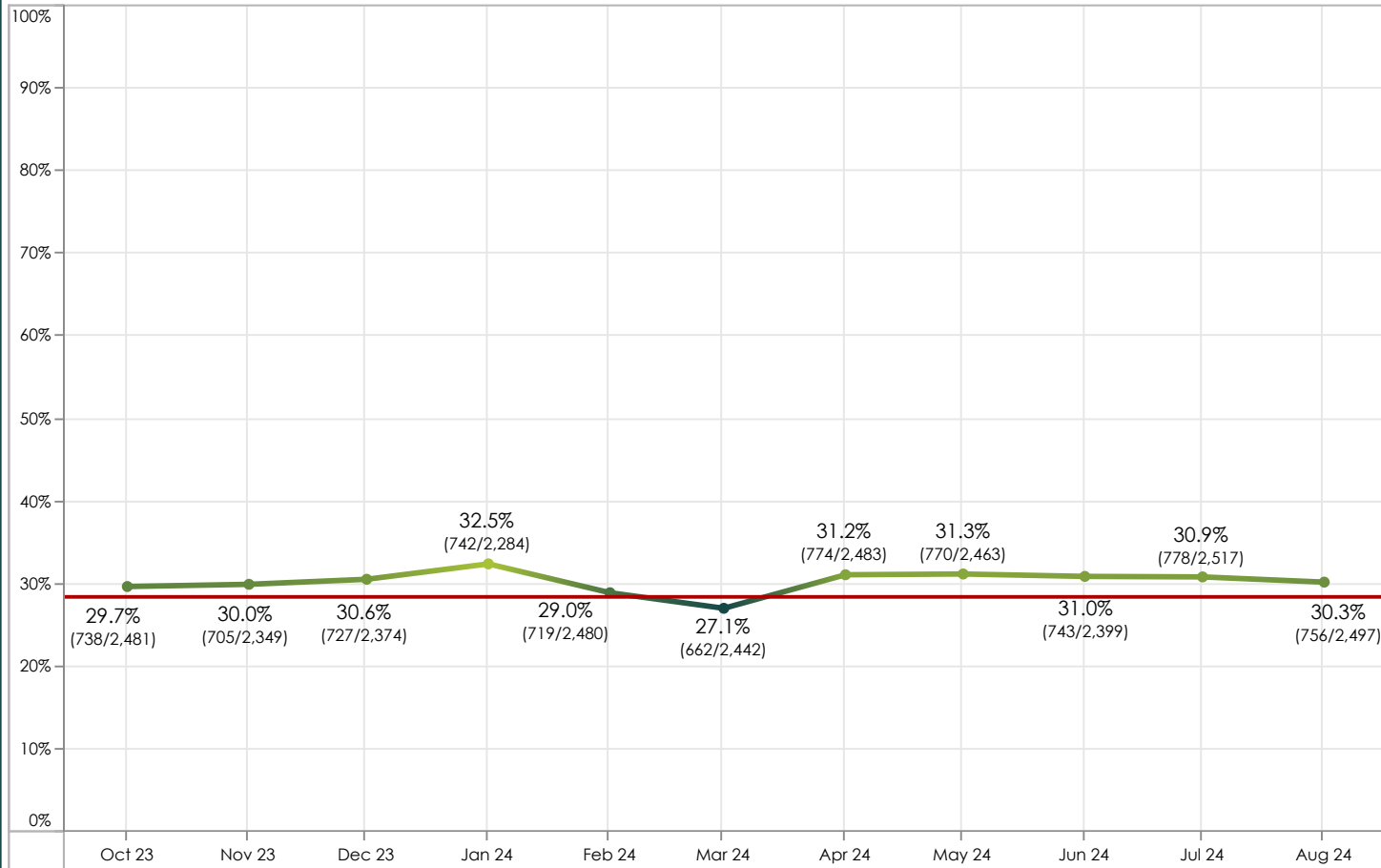
**Analysis:**

- This quarter saw the highest percentage of bookings for individuals with a SMI across all collected data, with 26.9% 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 growth of the SMI population being booked into jail isn't due to random chance.
- 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 Average = 28.38%)



**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:**

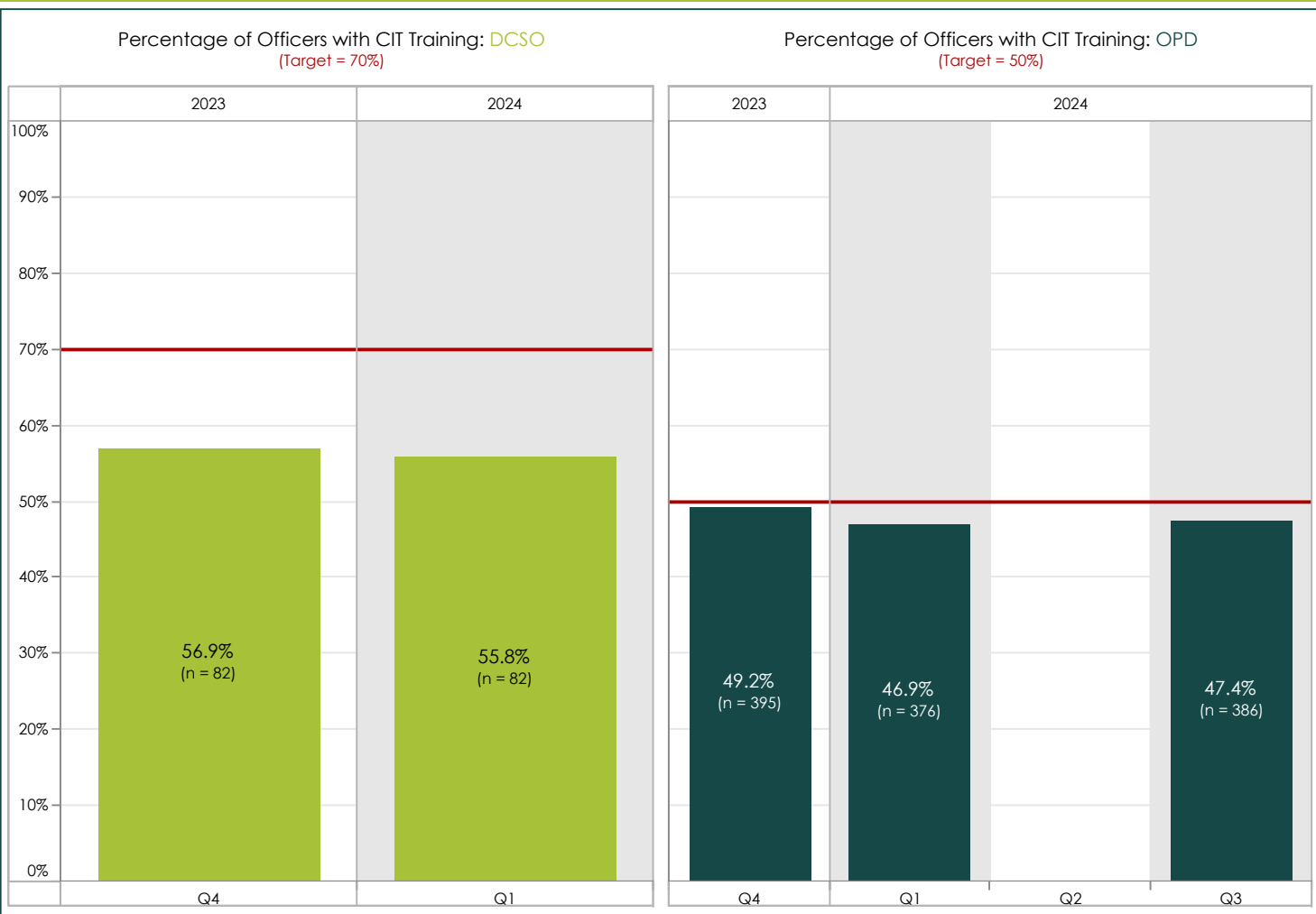
Monthly

**Analysis:**

- This calendar year continues to show high rates of incarceration for those with an SMI, compared to previous calendar years, with 11 of the last 12 rolling months showing incarceration rates higher than the previous calendar year's average.
- This calendar year 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 inmates, 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 growth of the SMI population incarcerated was not due to random chance.
- ..

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

**Objective 1:** DC SO 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 & DC SO  
Lindsay Kroll - OPD  
Sgt. Jared Langemeier - DC SO

**Review Frequency:**

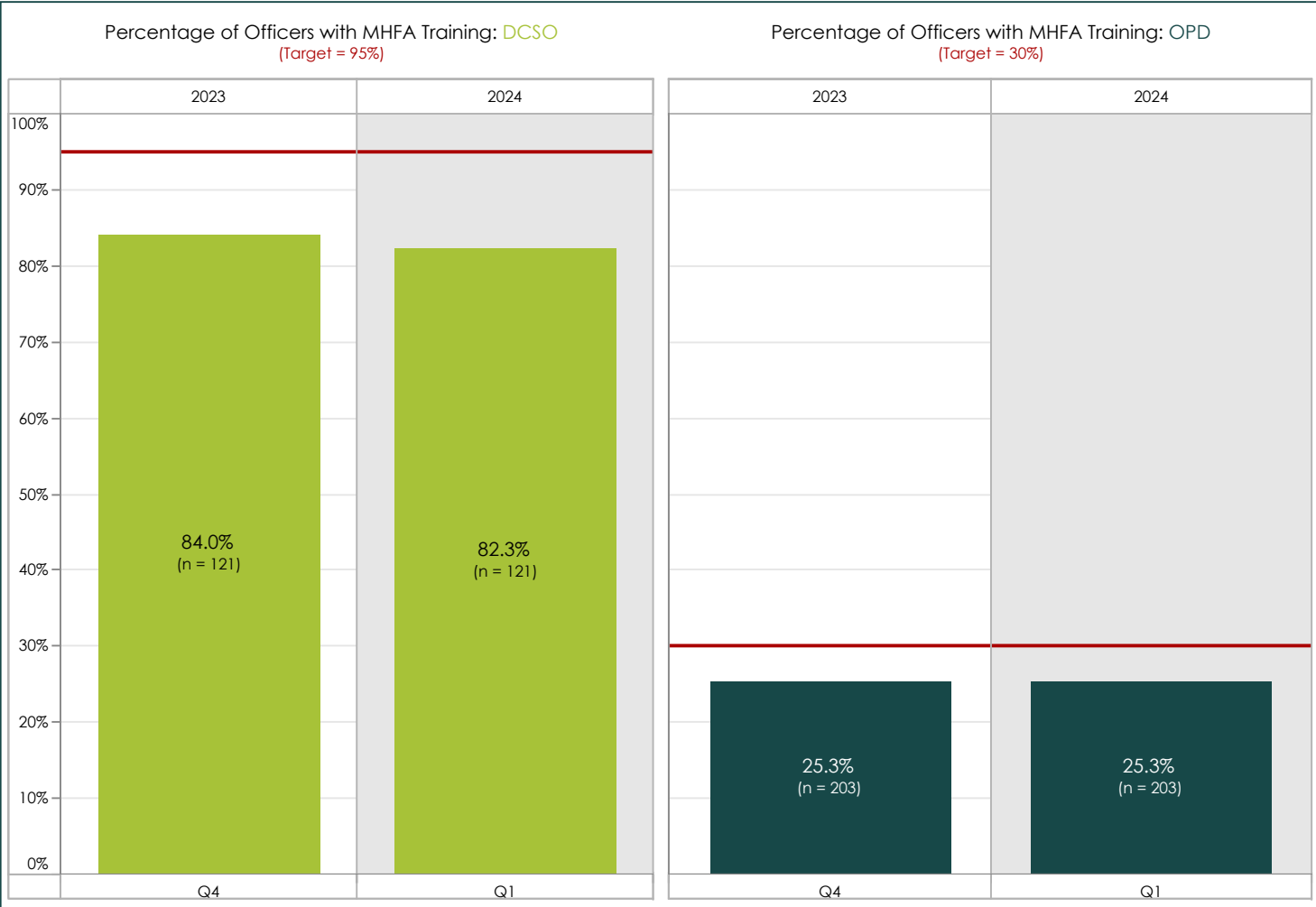
Quarterly

**Analysis:**

- This is point in time data, gathered at the end of the reporting period.
- Since data collection on this objective started in 2020, OPD has continued to train officers in CIT, showing growth from an initial training percentage of 24.9% to 47.4% in Q3 of CY 2024.

**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 30%



**Measure:**

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

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**Definitions:**

Percentage of Law Enforcement Officers with initial MHFA training

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**Data Source:**

OPD & DCSO  
Lindsay Kroll - OPD  
Sgt. Jared Langemeier - DCSO

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**Review Frequency:**

Quarterly

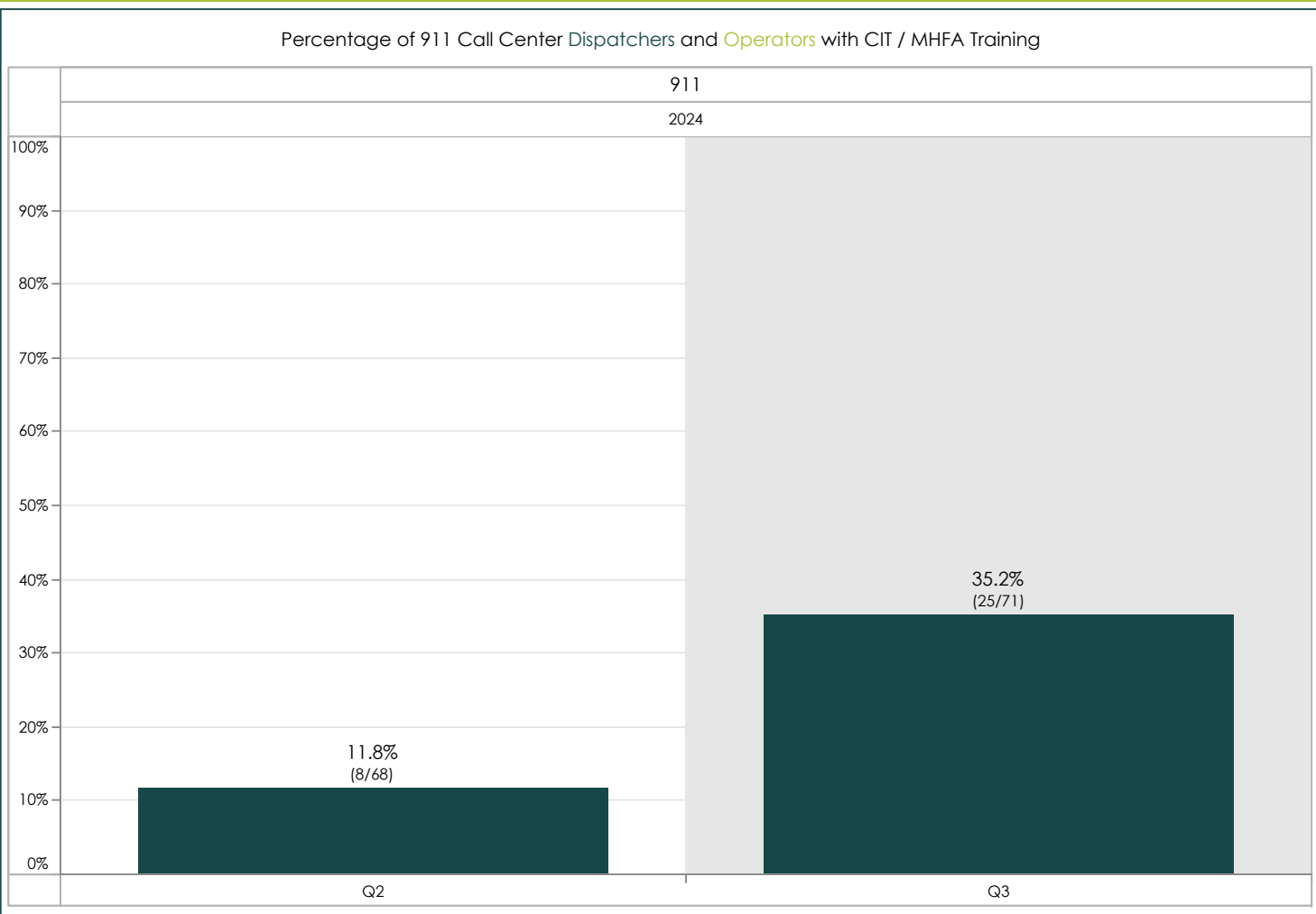
**Analysis:**

- 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.
- Since data collection on this objective started in 2020, OPD has continued to train officers in MHFA, showing growth from an initial training percentage of 7.9% to 25.3% in Q3 of CY 2024.



**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:**

John Jaeckel - Douglas County 911 Call Center

**Review Frequency:**

Quarterly

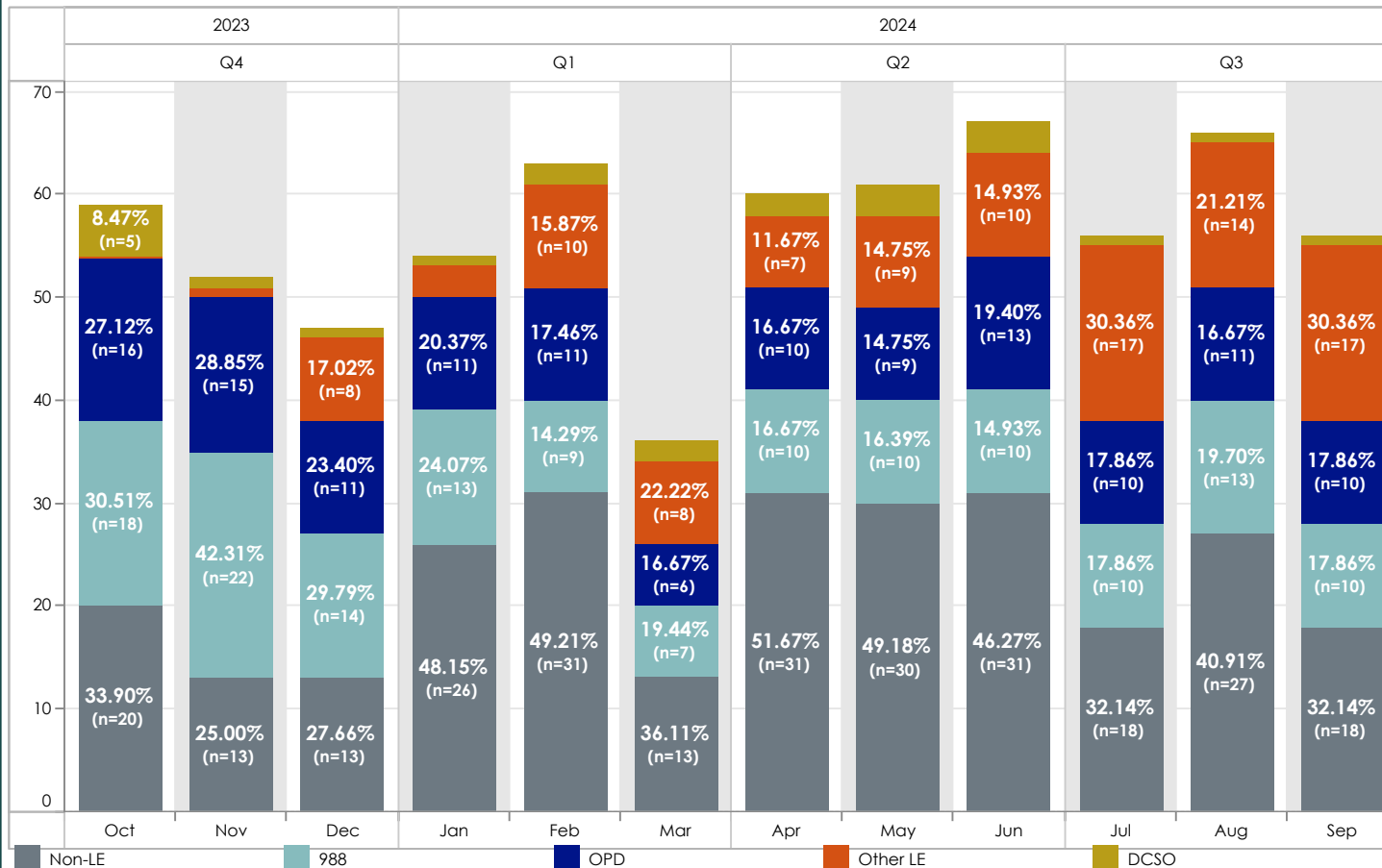
**Analysis:**

- This is point in time data, gathered at the end of the reporting period.
- 911 reports that over 1/3 of their current staff are now trained in CIT, with a significant increase in overall persons trained in CIT between Q2 and Q3 of CY 2024.

**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/Category



**Measure:**

Number of Mobile Crisis Response calls by month

**Definitions:**

Mobile Crisis Response is activated by a variety of sources to include: Law Enforcement, Shelters, 988, Jails, and the Behavioral Health Helpline

**Data Source:**

Brad Negrete - LFS

**Review Frequency:**

Quarterly

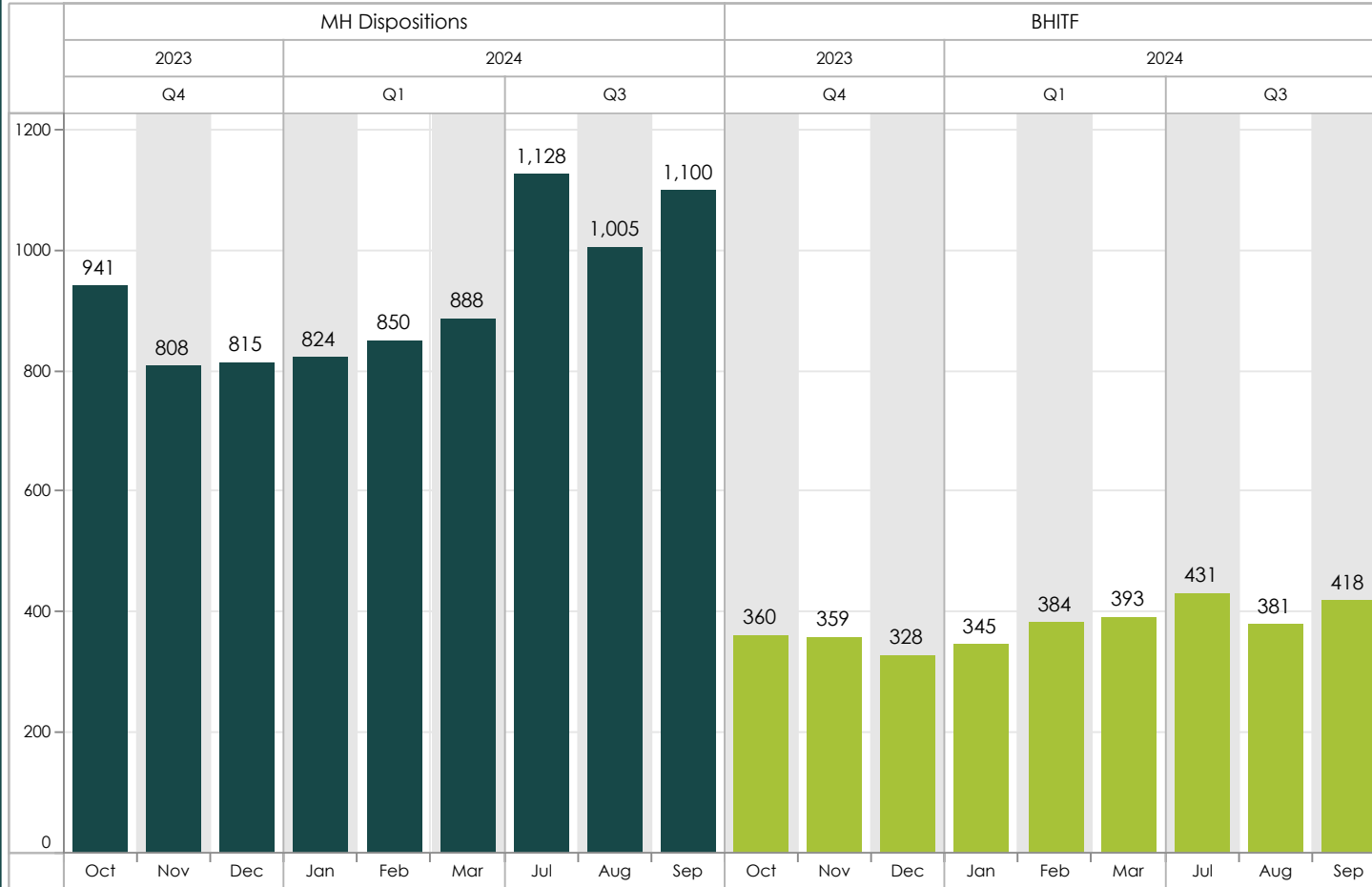
**Analysis:**

- Other Law Enforcement Examples: Dodge County SO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington County SO, Valley PD, Waterloo PD, Eppley Airport Police, Washington County Jail, Douglas County Jail.
- Non-Law Enforcement Examples: Nebraska Family Helpline, Shelters, Campuses, Schools, etc.
- In future updates, Jail data will be separated out as it's own category
- 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. Despite this, Crisis Response services are being more heavily utilized by non-law enforcement entities, other law enforcement entities, and 988. Fremont PD specifically has shown significant growth in Crisis Response utilization over the last calendar year, accounting for the largest change in the "Other Law Enforcement" category.

**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. BHIT Forms Completed



**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

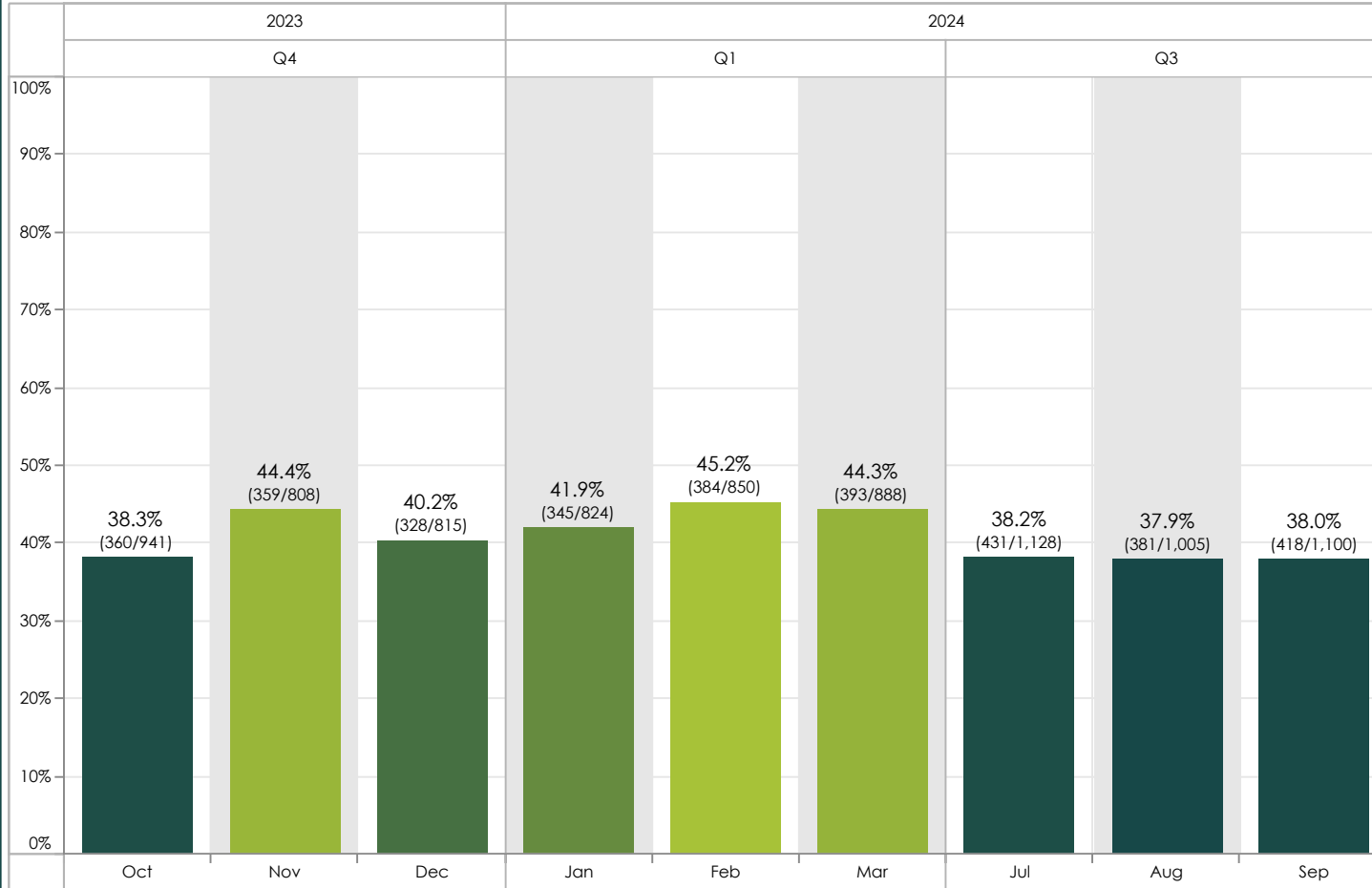
**Analysis:**

- 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.
- MH coded dispositions reached an all-time high in Q3 of CY 2024, and have continued to show significant growth year-over-year in volume. BHIT forms have remained at a consistent rate over time.

**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



**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

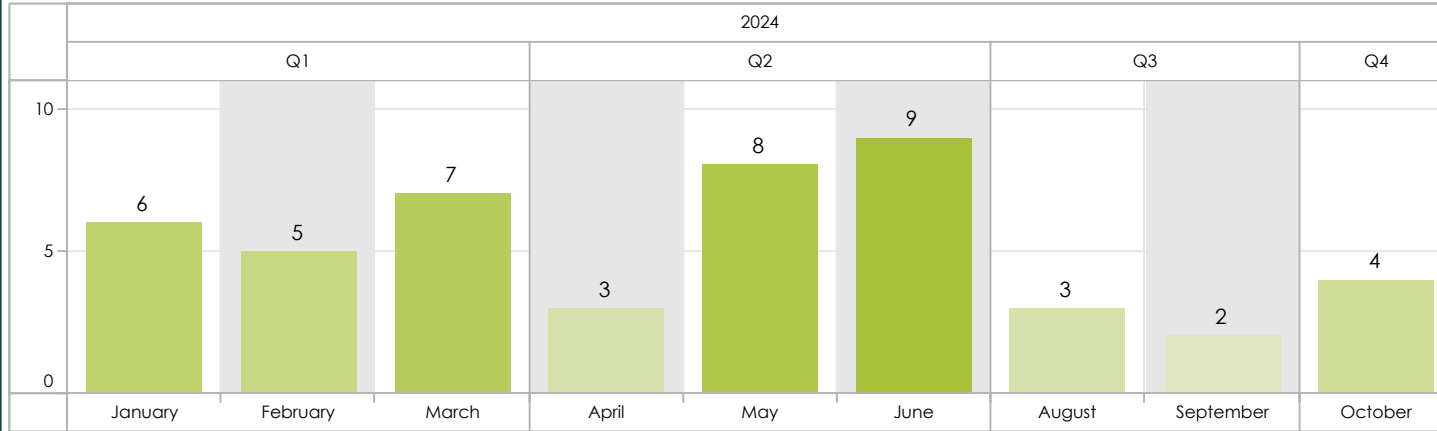
**Analysis:**

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- 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.
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- 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.)
- 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 5:** Number of Assaults on Health Care Workers/Peace Officers

Number of Reported Assaults on Health Care Workers



Percent of Reported Assaults by Category

	2024										Grand Total
	Q1			Q2			Q3			Q4	
	January	February	March	April	May	June	July	August	September	October	
Law Enforcement/Peace Officer	73.91% (n=17)	58.33% (n=7)	46.67% (n=7)	62.50% (n=5)	47.06% (n=8)	52.63% (n=10)	100.00% (n=12)	66.67% (n=10)	77.78% (n=7)	20.00% (n=1)	62.22% (n=84)
Healthcare Related	26.09% (n=6)	41.67% (n=5)	46.67% (n=7)	37.50% (n=3)	47.06% (n=8)	47.37% (n=9)		20.00% (n=3)	22.22% (n=2)	80.00% (n=4)	34.81% (n=47)
Corrections Related			6.67% (n=1)		5.88% (n=1)			13.33% (n=2)			2.96% (n=4)
Grand Total	100.00% (n=23)	100.00% (n=12)	100.00% (n=15)	100.00% (n=8)	100.00% (n=17)	100.00% (n=19)	100.00% (n=12)	100.00% (n=15)	100.00% (n=9)	100.00% (n=5)	100.00% (n=135)

**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 of who was assaulted (e.g., Law Enforcement, Healthcare, Other), as well as the entity/location involved in the Assault (e.g., OPD, Immanuel, etc.).
- Healthcare Related - Includes all healthcare staff, regardless of whether staff was at a hospital or other setting performing healthcare related duties.
- 34.81% of all collected Assaults on Healthcare/Peace Officer incidents were healthcare related, with the vast majority of incidents occurring at CHI related facilities.
- CHI is in the process of hiring a director of security, as of April 2024.

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

**Objective 6:** Reduce the Number of People with an SMI Booked into Jail on a Misdemeanor

**Measure:**

**Definitions:**

**Data Source:**

Justine Wall - DCDC

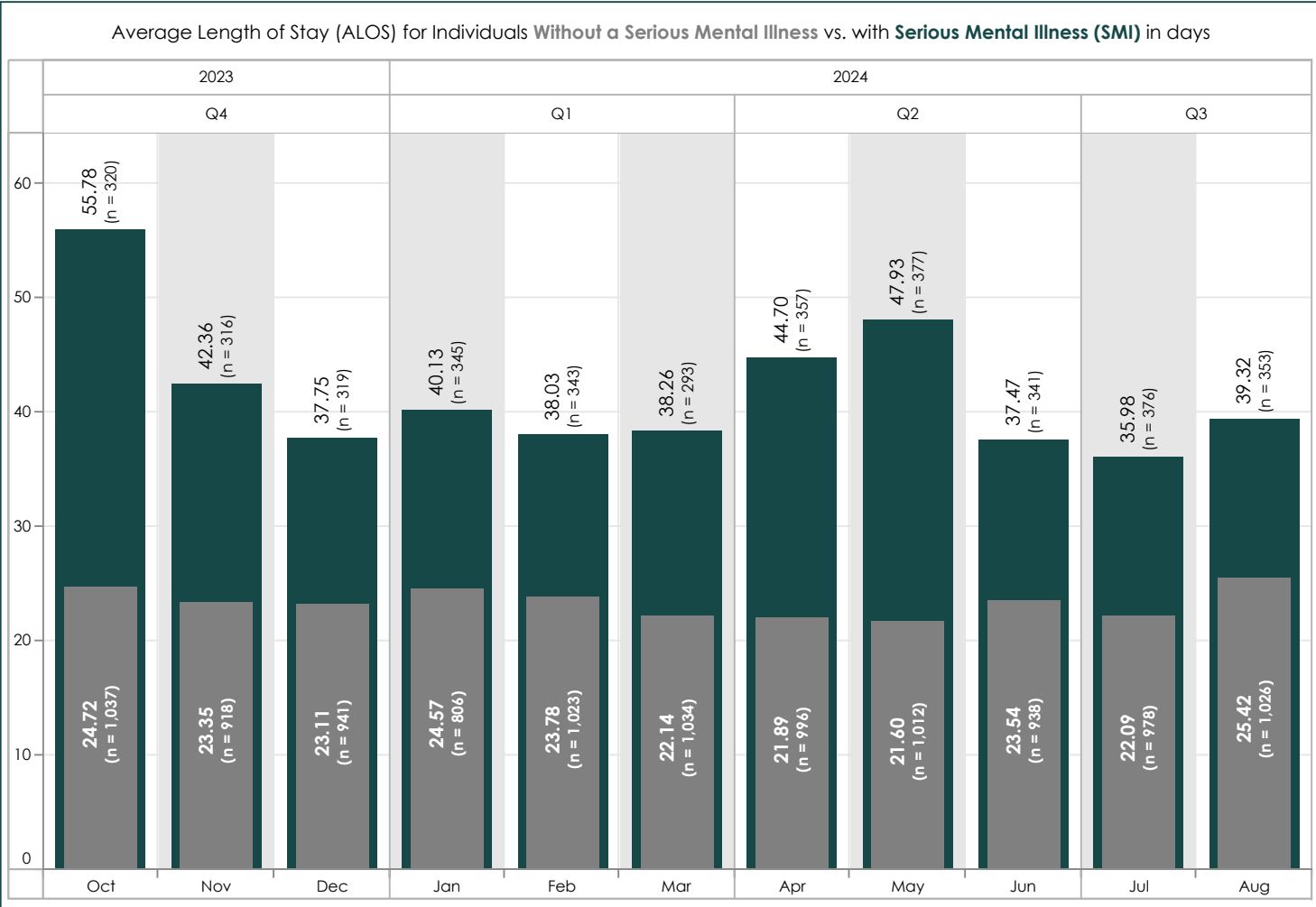
**Review Frequency:**

Quarterly

**Analysis:**

- Misdemeanor bookings are an important component with respect to all four (4) goals outlined in this packet, as they impact monthly bookings, average length of stay, recidivism, and connections to care.
- Misdemeanor booking data is currently being tracked, and a formal set of data is intended to be used in future packets.

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



**Measure:**

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

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**Definitions:**

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

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**Data Source:**

Justine Wall - DCDC

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**Review Frequency:**

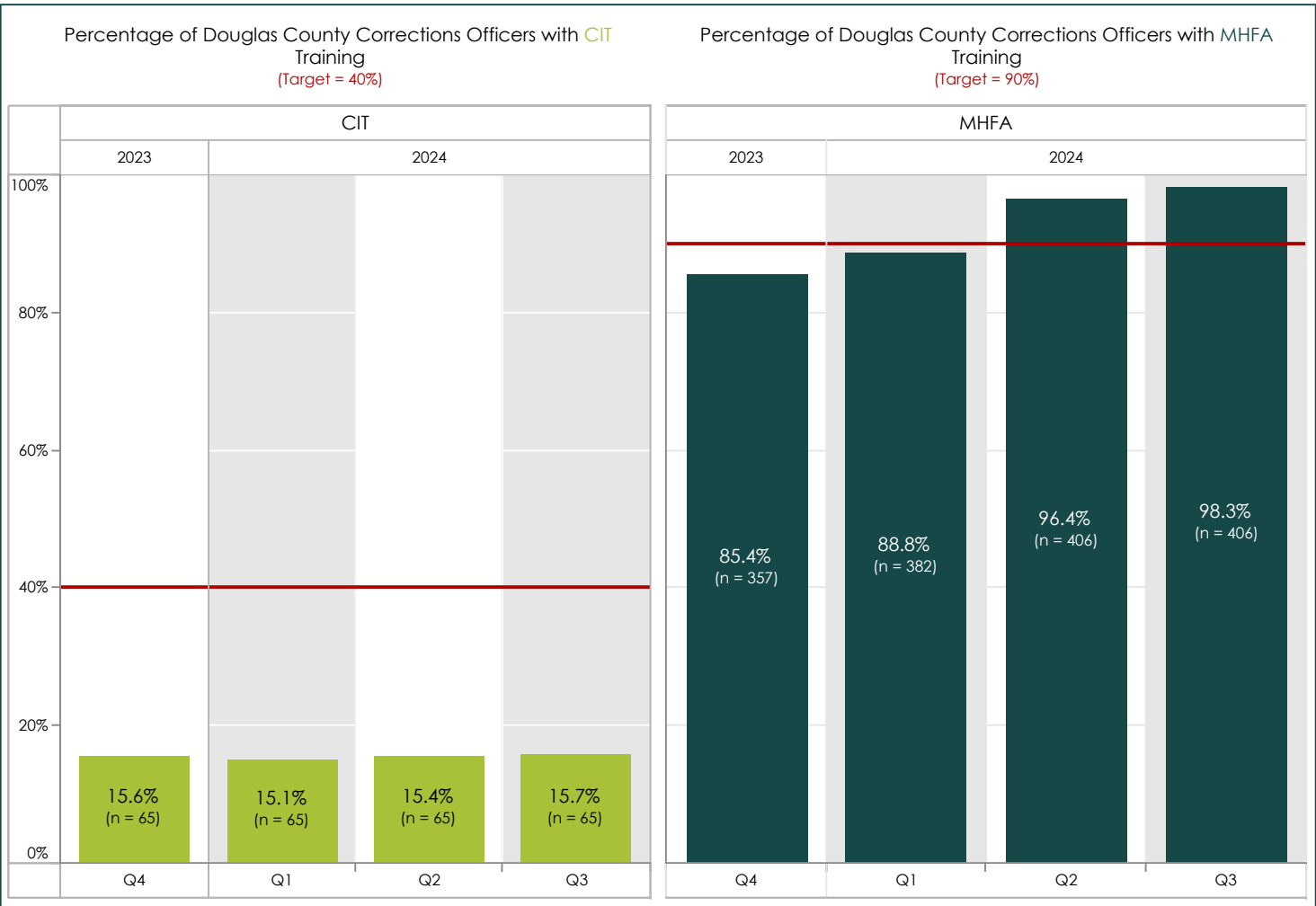
Monthly

**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.
- Increased communication between the County Attorney's Office, Public Defender's Office, and the City Prosecutor's Office has been making an impact on the average length of stay for those in need of hospitalization.

**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:**  
Lt. Sanduski - DCDC

**Review Frequency:**  
Quarterly

**Analysis:**

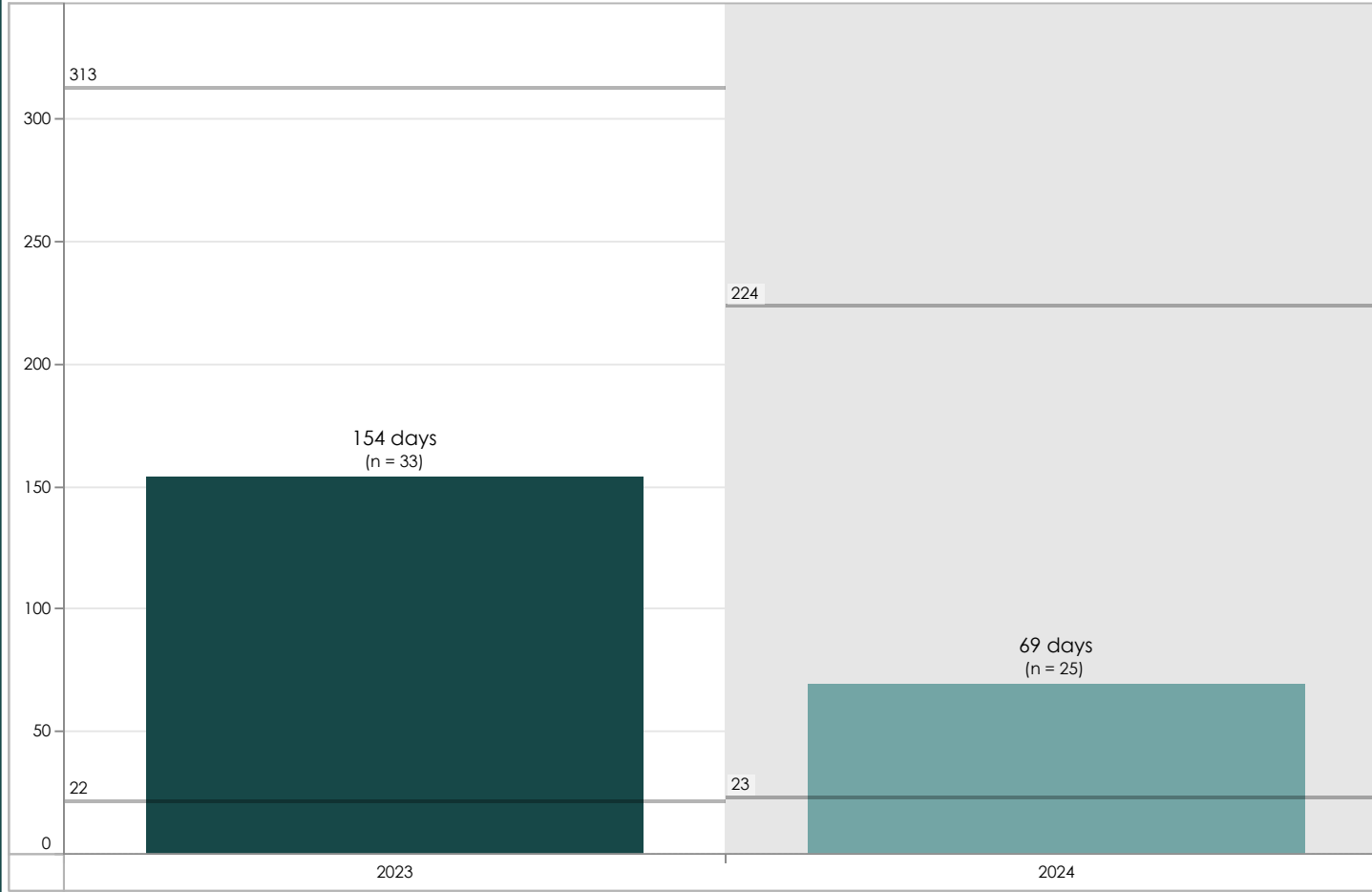
- As of Q3 of CY 2024, DCDC has reported 98.3% of all correctional officers trained in MHFA. Data collection on this measure started in 2020, and at that time DCDC was reporting 23.7% of correctional officers trained in MHFA.



**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:**

Heidi Altic - DCDC

**Review Frequency:**

Quarterly

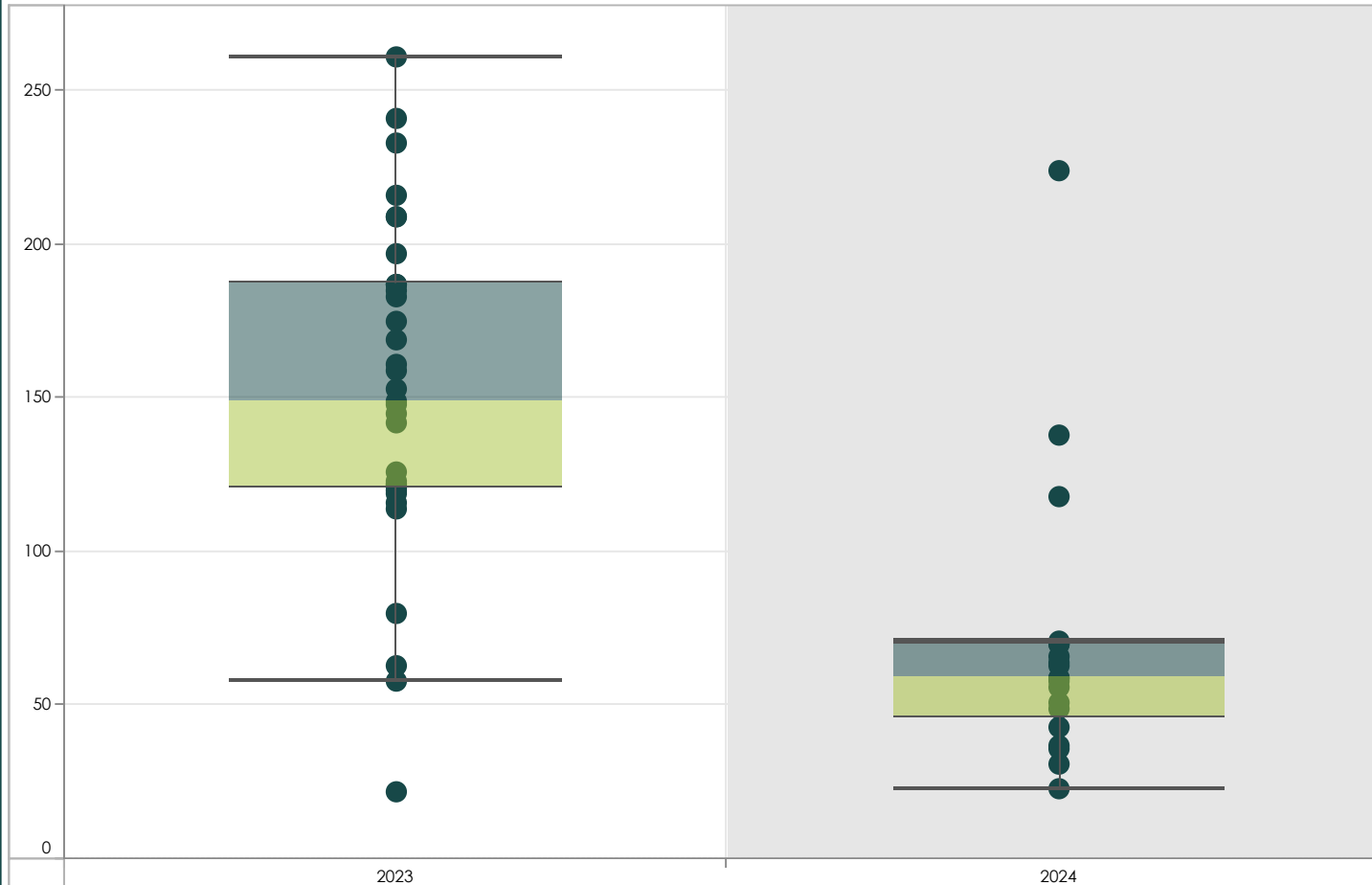
**Analysis:**

- 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 some 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.
- Data tracking was re-developed within the last fiscal year, and previous year data is not included in these numbers.

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

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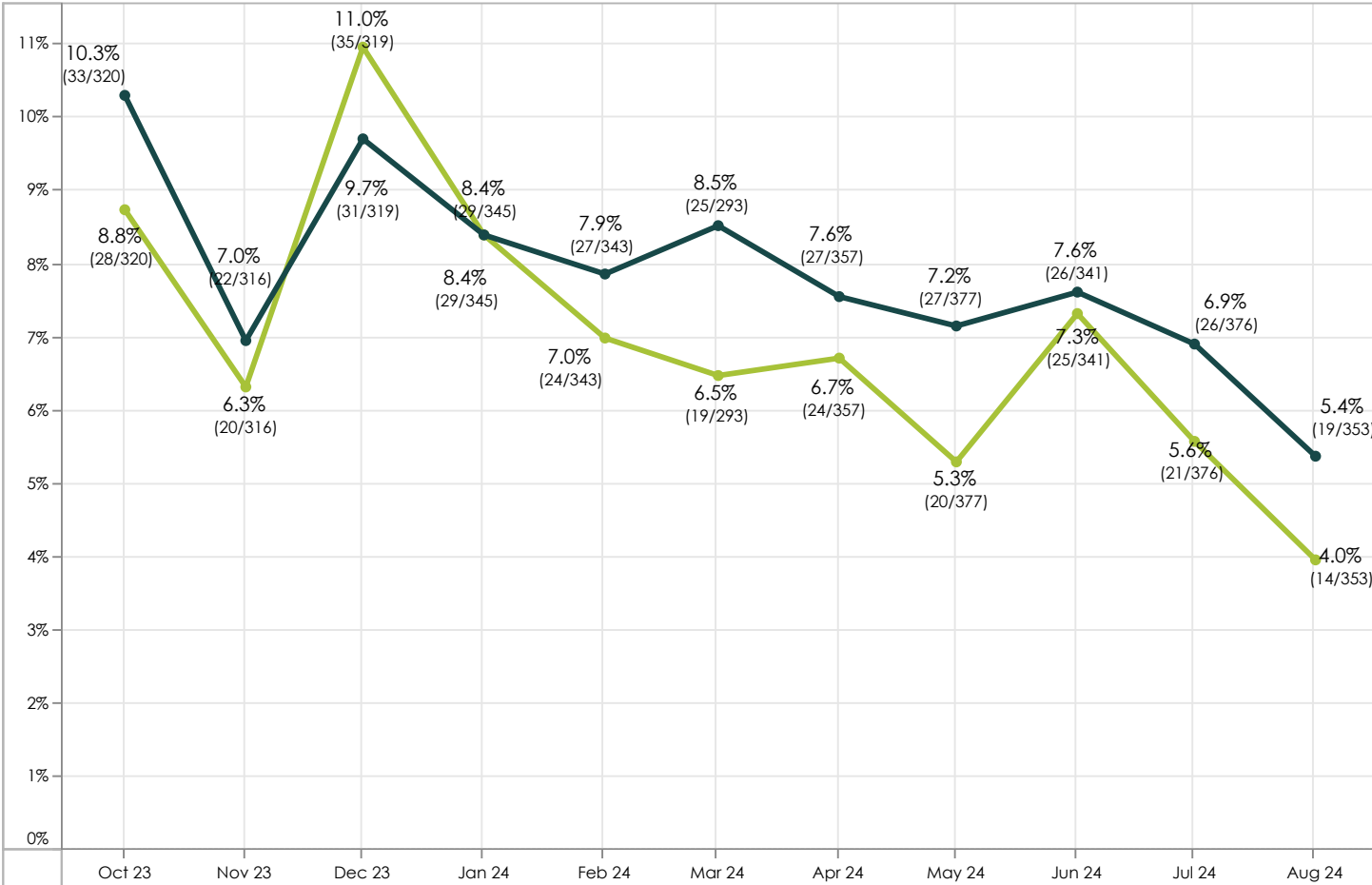
Quarterly

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- 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.

**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



**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

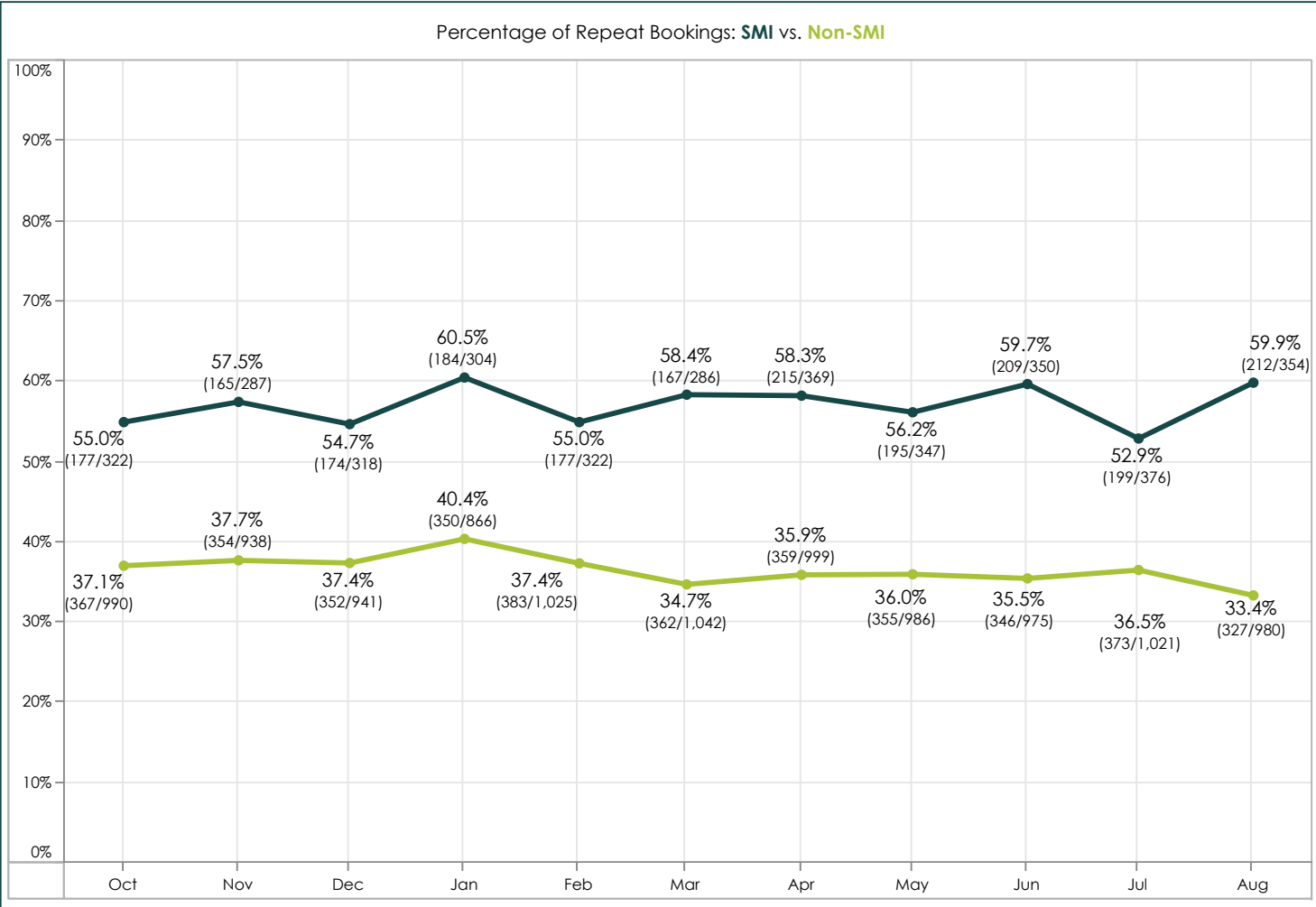
**Review Frequency:**

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 (SMI) in Jail



**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

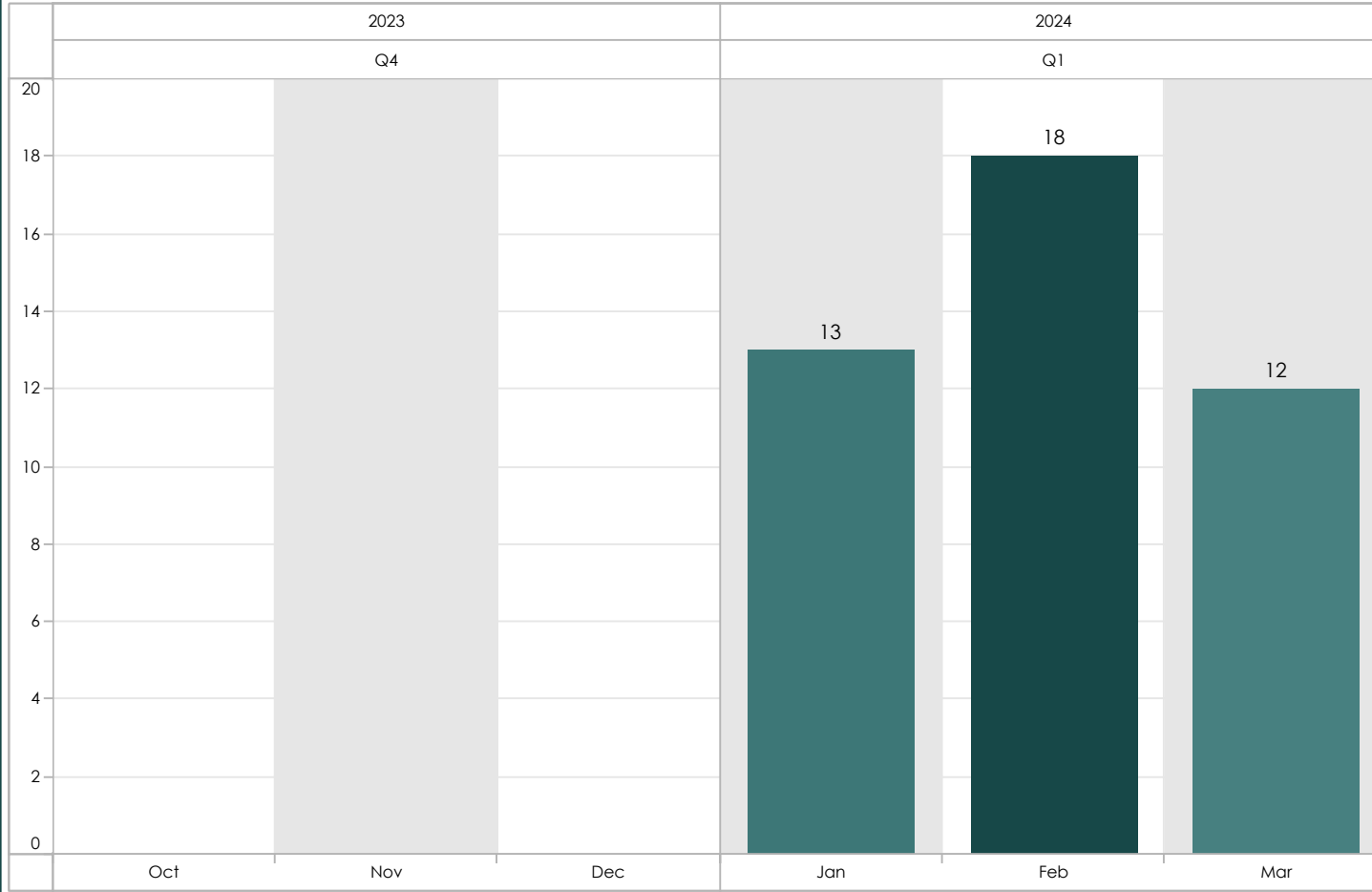
**Analysis:**

- Repeat SMI bookings by month hit it's lowest recorded point in July 2024 with 52.9% of bookings occurring a repeat booking for individuals.
- Current trends indicate a continued slight decrease in repeat bookings for both groups over time.

**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 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:**

**Review Frequency:**

Quarterly

**Analysis:**

- Douglas County Jail changed medical providers during this period of review, and is currently working with the new provider to develop data reporting for LAI information. This measure will be updated once this is completed.