



**Utilizing Data-Driven Strategic Approaches to Reduce the Number of People**

**with Serious Mental Illness in Jail**

**Sarpy County, Nebraska QUARTERLY REPORT**

**Data from Quarter 3 Oct. 21, 2021**

**Stepping Up Agenda Sequential Intercept Model (SIM) Priorities for Change**

1. Welcome and Introductions **County Priorities:**

1. Plan for a specialized law enforcement response to individuals experiencing a mental

1. Data and Strategy Review (Packet) health crisis.
   1. Explore developing a Crisis Stabilization Center to provide law enforcement and the
2. NACo Power Point community with a single point of contact to access mental health services for

individuals in crisis, providing an alternative to jail and/or Emergency Departments.

1. Stepping Up Strategy Lab Explore building a new jail to expand capacity.

3.

<https://lab.stepuptogether.org/database/results/>

**Stepping Up Team Priorities:**

1. Other/Updates 1. Create a Data Analyst position
   1. Implement Familiar Faces Project
2. Next Quarterly Meeting January 2022 3. Enhance Re-entry Planning Efforts; in-reach and warm transitions

Thursday afternoons, ok? **Sequential Intercept Model (SIM) PRIORITIES FOR CHANGE (August 2018):**

1. Creation of a crisis stabilization center located within and utilized by Sarpy County

1. Conclude law enforcement agencies accompanied by a single point of entry phone line/triage

service.

* 1. Transportation
  2. Implement utilization of virtual/telehealth crisis response services for jail staff and law enforcement officers in the field.
  3. Utilization of mobile crisis response staff as a resource to provide assessment to hospital in Sarpy County.
  4. Provide sufficient medications to person at the point of reentry from the jail to the community, as well as access to medication management and follow-up service in the community in a timely manner.
  5. Improve data collection and data sharing to identify familiar faces for improved outcomes.
  6. Expand space in the jail for needed programming and services.
  7. Utilize data as a tool to access needed funding for services, treatment, and support.
  8. Expand and increase in-reach services and programs to provide services in the jail at Intercept 3.
  9. Create a systematic assessment of an individual’s social determinants of health prior to reentry, inclusive of familiar and social supports, housing, transportation, income

**Stepping Up Key Measures**

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| **GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail | **GOAL 2:** Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail |
| **Numerator**: the number of adults booked into the jail with a diagnosed or self-reported SMI during the month  **Denominator**: the average daily total population of the jail for the month    **Data Source:** Sarpy County Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** Data through April 2019 reflects individuals with an MH disorder. Data from May 2019 to current reflect individuals with SMI | **Numerator**: the monthly average LOS for those ***discharged*** from jail with a SMI  **Denominator:** the average daily total population of the jail for the month    **Data Source:** Sarpy County Jail  **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 | **GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail |
| **Numerator**: the number people who have a Type 1 and/or Type 2 Connections to Care made during their stay in jail - reported during the month they were released from jail  **Denominator**: number of all people with a SMI discharged from jail that month    **Data Source:** Public Defender’s Office, Sarpy Co Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** Definition updated January 2021, targets updated May 2021 - Note an individual can be represented in each measure (type 1 and 2) but multiple connections within the same type will only count once. | **Numerator**: Number of repeat bookings (regardless of reason for booking)  **Denominator**: Total number of bookings      **Data Source:** Sarpy County Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** Will compare those with SMI and those without a SMI |

**Stepping Up Key Measures**

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| **Definitions** |
| * **SMI (Serious Mental Illness):**  Individuals who self-report with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, and (vi) Obsessive Compulsive Disorder (Self-Report and Diagnosed) * **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following: o Verbal or written information is shared about a service or program with the client o 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: o Verbal or written communication is received confirming that the client and the agency have been connected o Verbal or written communication is received confirming that the client has an appointment o The client is aware of the agency and the agency is aware of the client’s need for service. * **Long Acting Injectable (LAI):** LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to antipsychotic 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. * Mental Health First Aid (MHFA): 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. * Crisis Intervention Training (CIT): The Memphis Crisis Intervention Team (CIT) is 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. * Medication-Assisted Treatment (MAT): is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoes.   Data Applications Used:  P1-CAD – This system dispatches Law & Fire agencies of Sarpy County.  LRMS – Law Records Management System for the Law agencies of Sarpy County.  ProPhoenix RMS – This will be replacing LRMS for the Law agencies of Sarpy County.  IMACS – Jail booking software used at the Sarpy County Jail.  MH – System used to help track MH type customers. |

**Stepping Up 4 Key Measures**

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| **GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail | **GOAL 2:** Shorten the Average Length of Stay for People with a Serious Mental | |
| Percentage of Average Daily Population with a Serious Mental Illness (SMI)  30%  **24%**  25% **21%**  **21**  **%**  **21**  **%**  **20**  **%**  **20**  **%**  **20**  **%**  **19**  **%**  **21**  **%**  **19**  **%**  **20**  **%**  **18**  **%**  20%  15%  10%  5%  0%  Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 | Avg. Length of Stay for General Population vs.  Avg. LOS with SMI (in days)  **57**  **117**  **55**  **204**  **87**  **43**  **158**  **41**  **72**  **93**  **116**  **224**  **15**  **13**  **17**  **13**  **17**  **10**  **9**  **15**  **20**  **10**  **14**  **14**  0  50  100  150  200  Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 | |
| **GOAL 3:** Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail | **GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail | |
| Percentage of Service Type Provided:  Information & Referral (Type 1)  & Linking to Service (Type 2)  %  7  %  10  75  %  %  7  %  17  63  %  50  %  25  %  %  67  20  %  40  %  14  %  %  57  33  %  20  %  0  %  27  %  %  83  %  13  %  75  %  63  0  %  60  %  100  %  43  %  29  %  Oct  2020  Nov  2020  Dec  2020  2020  Total  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | 100% 90%  80%  70%  60% 50% 40%  30%  20%  10% 0% | Percentage of Repeat Bookings: Individuals with SMI and those without SMI  **%**  **37.7**  **48.1**  **%**  **61.7**  **%**  **45.9**  **%**  **%**  **37.9**  **37.3**  **%**  **%**  **31.6**  **22.5**  **%**  **%**  **42.9**  **%**  **42.9**  **%**  **47.4**  **64.3**  **%**  **13.5%15.9%12.2%13.0%15.7%12.8%12.1%12.6%15.4%12.2%16.9%15.4%**  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  2020 2020 2020 2020 2020 2020 2021 2021 2021 2021 2021 2021 |

**“Set, Measure & Achieve” Targeted Reduction Measures**

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| **GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10%. | | **GOAL 2:** Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail by 5%. |
| SMI Booking into Jail by Month & 2020 Target  10 9  4  1  6  6  2  4  5  5  3  1  2  7  0  1  2  3  4  5  6  7  8  9  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 | | Avg. Length of Stay for General Population vs.  Avg. LOS with SMI (in days) & Target  **224**  **57**  **117**  **55**  **204**  **87**  **43**  **158**  **41**  **72**  **93**  **116**  **15**  **13**  **17**  **13**  **17**  **10**  **9**  **15**  **20**  **10**  **14**  **14**  **106**  0  50  100  150  200  Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 |
| **GOAL 3:** Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail by 10%. |  | **GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail by 5% |
| Percentage of Service Type Provided:  Information & Referral (Type 1) & Target  vs. Linking to Service (Type 2) & Target **100%**  **7**  **%**  **10**  **%**  **75**  **%**  **17**  **%**  **63**  **%**  **50**  **%**  **%**  **25**  **67**  **%**  **%**  **20**  **40**  **%**  **14**  **%**  **57**  **%**  **33**  **%**  **20**  **%**  **0**  **%**  **%**  **83**  **13**  **%**  **75**  **%**  **63**  **%**  **0**  **%**  **60**  **%**  **43**  **%**  **29**  **%**  Oct  2020  Nov  2020  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | **39%**  **25%** | Percentage of Repeat Bookings: SMI & Target  100% 90%  80%  **%**  **37.7**  **48.1**  **%**  **61.7**  **%**  **45.9**  **%**  **37.9**  **%**  **%**  **37.3**  **31.6**  **%**  **22.5**  **%**  **%**  **42.9**  **42.9**  **%**  **47.4**  **%**  **64.3**  **%**  **38**  **%**  0  %  10  %  20  %  30  %  40  %  50  %  60  %  70  %  Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun  2020 2020 2020 2020 2020 2020 2021 2021 2021 2021 2021 2021 |

**“Set, Measure & Achieve” Stepping Up 4 Key Measures**

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| **GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10% Annually | **GOAL 2:** Shorten the ALOS for People with a Serious Mental Illness (SMI) in Jail by 5% (Annually) |
| **Measure:** The number of individuals with SMI booked into jail each month (Self-Report)    **Data Source:** Sarpy County Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** 8-month average for 2019 was 7.75 SMI bookings per month.  A 10% reduction would be 7 bookings per month (2 less each month) | **Numerator**: The monthly ALOS for those ***discharged*** from jail with a SMI  **Denominator:** The average daily total population of the jail for the month    **Data Source:** Sarpy County Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** 2019 had 111.5 days ALOS for SMI. A 5% reduction is 105.9 days |
| **GOAL 3:** Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail by 10% | **GOAL 4:** Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail by 5% Annually |
| **Numerator**: The number of individuals with a SMI who are represented by the Public Defender’s Office who experience an intake into jail that month who are linked to a service via Type 1 or 2  **Denominator**: The number of all people with a SMI who experience intake into jail that month  **Of those discharged from jail during the month**    **Data Source:** Public Defender’s Office, Sarpy Co Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** Definition updated January 2021, targets updated May 2021  Category 1 avg. 28.1% (Jan-Apr 2021) Target = 25% (10% reduction)  Category 2 avg. 43.8% (Jan-Apr 2021) Target = 39% (10% reduction) | **Numerator**: The number of repeat bookings (regardless of reason for booking)    **Denominator**: The total number of bookings      **Data Source:** Sarpy County Jail  **Date Provided:** Monthly  **Review Frequency:** Monthly  **Notes:** 2019 rate was 21.4% for those with an SMI. 5% reduction is  20.3% rate of recidivism (6 less for year, 106 individuals)  2020 avg. 39.9% (all months) Target = 38% (5% reduction) |

**GOAL 1:** Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail  **10% Reduction or an Average of 2 Less People Each Month/ Intercepts 0,1**

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| **Strategy** | **Target** | **Notes/Updates** |
| **Objective 1: Each law enforcement agency in Sarpy County will work toward having 100% of sworn officers trained in either CIT, MHFA or both.** |  |  |
| a. Review CIT and MHFA data for each law enforcement agency, develop strategies as needed. |  | Page 9 |
| b. Distribute CIT and MHFA aggregate data with all Law Enforcement agencies. |  |  |
| c. SCSO will explore having an in-house MHFA trained trainer. | PAUSE | HOLD COVID-19 |
| d. MHFA training will continue to be provided during new hire training at the Sarpy/Douglas County Training Academy. | On-going |  |
| **Objective 2: 911 Call Center, County Attorney Attorney’s Office, Public Defender’s Office and Probation will have 100% of identified staff trained in MHFA or CIT.** | | |
| a. Collect and monitor baseline data; develop strategies as needed. | On-going | Page 10 |
| **Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.** | | |
| a. Once OpenLattice has been implemented, Rob will re-engage with Sarpy Co LE agencies to increase the number of Crisis Intervention Tracking Forms completed. | PAUSE until OpenLattice has been implemented |  |
| b. Track baseline data on the number of Mobile Crisis Response contacts activated each month by Law Enforcement Agency. | On-going | Page 12 |
| **Objective 4: Collect baseline data on the number of individuals with SMI who were booked into jail on a misdemeanor charge, by law enforcement agency.** | | |
| a. Analyze data and develop strategies as needed. Deep dive as needed to determine if individuals are unique or duplicated. | On-going | Page 13 |
| **Objective 5: Collect data to better understand the incarceration rate of individuals in jail charged with (felony) “assaulting a healthcare worker.”** | | |
| a. Analyze data and develop strategies as needed. |  | **Can this be done?** |
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| **Objective 1: Each identified Law Enforcement agency in Sarpy County will have 100% of sworn officers or designated staff trained in either CIT, MHFA or both.** | | |
|  |  | Measure: |
|  | Percentage of Officers with CIT & MHFA Training: 2021 Q2 & Q3  21.2  %  48.7  %  %  100  42.9  %  21.2  %  48.7  %  %  100  %  42.9  %  48.5  100  %  25.0  %  100  %  48.5  %  %  48.5  %  25.0  100  %  %  0  10  %  20  %  %  30  40  %  50  %  %  60  70  %  80  %  90  %  100  %  **BPD**  **LVPD**  **PPD**  **SCSO** | Number with training /Total  Officers |
| Definitions:  Percentage of Law  Enforcement Officers (by LE Agency) with CIT and MHFA  training |
| Data Source:  Sgt. Hillabrand SCSO |
| Review Frequency: Quarterly |
| Analysis:  All law enforcement agencies have 100% sworn officers trained in either CIT or MHFA with the exception of Bellevue Police Department. Recertification for MHFA is required every 3 years.  CIT Training dates for 2021: May 24 – 28, July 19 – 23, Sept. 20 – 24, Nov. 29 thru Dec. 3  **Gray data is for previous quarter compared to current quarter in blue (CIT) and gold (MHFA).** | | |

\*\* Data impacted by COVID – 19 as training has been suspended.

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

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| **Objective 2: 911 Call Center, County Attorney Attorney’s Office, Public Defender’s Office and Probation will have 100% of identified staff trained trained in MHFA or CIT.** | |
|  | Measure: Number of |
| Percent of Officials with CIT and/or MHFA Training: 2021 Q3  16  %  100  %  86  %  88  %  0  %  100  %  100  %  %  0  10  %  %  20  30  %  40  %  50  %  60  %  70  %  80  %  %  90  %  100  **911**  **Probation**  **PD Attys**  **PD Non-Attys**  **Co Attys**  **Pretrial**  **Diversion**  **(n=38) (n=44) (n=14) (n=8) (n=4) (n=8) (n=11)** | Criminal Justice  Stakeholders with MHFA and or CIT training / total staff |
| Definitions:  Number of Criminal Justice Stakeholders with MHFA and/or CIT training |
| Data Source: Agency |
| Review Frequency: Quarterly |
| Analysis:  This is point in time data gathered at the end of the period of review. Recertification for MHFA is required every 3 years. | |

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| **Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.** | |
| **On Hold** | Measure: |
| Definitions: |
| Data Source:  Sgt. Hillabrand SCSO |
| Review Frequency: |
| Analysis: | |

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

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| **Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.** | | |
|  |  | Measure: |
| MCR Assessments by L.E. Agency  20  13  13  14  15  8  6  3  2  3  3  2  1  5  7  6  5  7  6  14  17  18  14  14  6  9  4  6  4  6  5  0  2  4  6  8  10  12  14  16  18  Jan  Feb  Mar  Apr  May  Jun  2021 2021 2021 2021 2021 2021  BPD LVPD PPD SCSO Jail | 12  10  15  0  1  1  6  6  11  7  10  15  5  8  10  Jul  Aug  Sep  2021 2021 2021 | Total MCR interventions by  month |
| Definitions:  Number of MCR interventions by month. |
| Data Source:  Heartland Family Services  Trisha McArthur |
| Review Frequency: Quarterly |
| Analysis:  Data includes Face to Face Assessments, Telehealth Assessments, Telephone Consultations, and Cancelled Calls. | | |

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| **Objective 4: Collect baseline data on the number of individuals with SMI who were booked into jail on a misdemeanor charge, by law enforcement agency.** | |
|  | Measure: |
| Individuals with SMI Booked on Misdemeanor by LE Agency  1  1  1  1  1  2  0  0  3  1  1  2  1  2  1  1  0  0.5  1  1.5  2  2.5  3  3.5  4  4.5  Sep  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  2020 2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021  BPD LVPD PPD SCSO NSP | Number of individuals with SMI booked into jail on a misdemeanor each month,  organized by Law Enforcement Agency |
| Definitions: |
| Data Source: Jo Martin |
| Review Frequency: Quarterly |
| Analysis:  These may be unique or repeat bookings/individuals.    April 2021 = First occurrence by Nebraska State Patrol | |

**GOAL 2:** Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail  **Shorten by 5% or 6 Fewer Days in Jail for Each Person/Intercepts 2,3**

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| **Strategy** | **Target** | **Notes/Updates** | |
| **Objective 1: Corrections will work to have 100% of Correctional Officers trained in CIT, MHFA or both.** |  |  | |
| a. Collect and review baseline data on CO’s training. |  | Using Heartland CIT Training as Douglas  Co Jail’s CIT was suspended due to  COVID. **Page 15** | |
| **Objective 2: Collect and analyze Mental Health Diversion data.** | | | |
| a. Collect and review baseline data; identify opportunities; establish benchmarks/targets |  | **Pages 16, 17 & 18** | |
| **Objective 3: Collect and analyze Pre-Trial (Mental Health) data.** |  |  | |
| a. Collect and review baseline data; identify opportunities; establish benchmarks/targets |  | **Pages 19 & 20** | |
| **Objective 4: Utilize best practices and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR).** | | | |
| a. Form workgroup with POD, CA, Corrections and LRC to identify opportunities to improve communication and flow of information re. CST/CR practices, utilize lessons learned from GAINS Center Technical Assistance. | In-Process | | Document has been drafted; next step is seeking approval from agency heads and presiding judges. |
| b. Collect and review baseline on the number of days individuals are in jail waiting to go to LRC for competency treatment. | On-going | | **Page 21** |
| **Objective 5: Explore opportunities to use the Daily Arrest Report with specific service providers.** | | | |
| a. Form a Douglas and Sarpy Co combo workgroup to review Nebraska Revised Statute 38- 2136 to explore aligning NE state statute with HIPAA, as recommended by J.D. Petrila, national consultant. | In-  Progress | | **Draft amendment will be shared with workgroup Oct. 2021.** |

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| **Objective 1: Corrections will work to have 100% of Correctional Officers trained in CIT, MHFA or both.** |  |
|  | Measure: Number of |
| Percentage of Correctional Officers with CIT & MHFA Training:   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | 92.0% | 92.0% | 62.2% | 62.2% | 56.1% | 56.1% | | 52.0% | 52.0% | 37.8% | 43.2% | 39.0% | 39.0% |  |  |  |  |  |  |   100%  90%  80%  70%  60%  50%  40%  30%  20%  10%  0%  2020 Q2 2020 Q3 2020 Q4 2021 Q1 2021 Q2 2021 Q3 2020 Q2 2020 Q3 2020 Q4 2021 Q1 2021 Q2 2021 Q3 | correctional officers with training / total Correctional  Officers |
| Definitions:  Correctional Officers who  have completed CIT and/or  MHFA |
| Data Source:  Sgt. Hillabrand SCSO |
| Review Frequency: Quarterly |
| Analysis:  This is point in time data gathered at the end of the period of review.  Employees who are trained and employed at end of reporting period.    Staff increased from 37 to 41 for 2021 Q2 |  |

\*\* This data is impacted by COVID – 19 – training was temporarily suspended

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| **Objective 2: Collect and analyze Mental Health Diversion data.** | |  |
|  |  | Measure: |
| 45  40  35  30  25  20  15  10  5  0 | MH Diversion Active Clients & Referrals by Month  33  39  40  41  41  41  42  36  32  35  35  40  9  6  6  9  2  3  13  3  0  8  11  8  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 | Mental Health Diversion data organized by total  number |
| Definitions:  Number of consumers active in mental health diversion and number of new referrals by month |
| Data Source: Carisa Gosda |
| Review Frequency: Quarterly |
| Analysis:  Referrals to MH Diversion increased during July, August & September. | |  |

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| **Objective 2: Collect and analyze Mental Health Diversion data.** | |  |
|  | | Measure: |
| Co. Attorney  10  9  8  7  6  5  4  3  1  0  0  3  3  0  1  2  3  Oct Nov  2020 2020 | MH Diversion Referrals by Month by Source: , Pre-Trial, Diversion, Jail Screens  3  2  0  2  9  0  0  4  6  5  1  0  0  0  0  0  0  0  0  0  2  1  4  2  0  4  3  0  4  3  1  3  1  3  0  1  0  0  0  0  2  2  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | Mental Health Diversion data organized by referral source. |
| Definitions:  Number of MH Diversion referrals by month by referral source. |
| Data Source: Carisa Gosda |
| Review Frequency: Quarterly |
| Analysis:  The Jail Screening process yielded a total of 4 referrals (August and September 2021)        The yellow bar=referrals from Ashlie W (MH Pretrial) | |  |

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| **Objective 2: Collect and analyze Mental Health Diversion data.** | |
|  | Measure: |
| Average Number of Days from Arrest to Referral  Co. Attorney, Pre-Trial, Diversion, Jail Screens  140  1  6  1  95  5  2  61  8  9  73  75  4  6  81  110  64  33  107  2  8  8  6  117  8  2.5  67  29  6  2  2  6  4  21  9  0  20  40  60  80  100  120  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  2020 2020 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 | Mental Health Diversion  data organized by category |
| Definitions:  Number of days from date of arrest to date of referral |
| Data Source: Carisa Gosda |
| Review Frequency: Quarterly |
| Analysis:  Oct. 2021: The number of days from date of arrest to date of referral are trending down. This is a good thing!    Oct. 2020: Started jail screenings, individuals are getting connected to MH Diversion much quicker now. If an individual in jail screens positive for a possible mental health disorder, their criminal history is reviewed and if they appear to be a good candidate for MH Diversion, Dean will go into jail and meet with the individual to obtain additional information. This is shared with the County Attorney who reviews and decides if individual is appropriate for MH Diversion. Wellness Court may impact the data at times. | |

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| **Objective 2: Collect and analyze Pre-Trial (Mental Health) data. Where are the referrals coming from?** | | |
|  |  | Measure: The number of |
| 8  7  6  5  4  3  2  1  0 | Mental Health Pretrial Data: Direct Commit, Pretrial , Assigned & Remain in Jail-Need to Post Bond, Assigned & Released from Jail (Screened & Placed on MH Pretrial/Case Management at Bonds/Court)  1  2  4  4  2  1  3  1  1  2  1  1  1  1  1  2  2  1  2  3  2  1  2  3  3  4  4  1  Oct  2020  Nov  2020  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | individuals referred to Mental Health Pretrial organized by referral source and month. |
| Definitions:  Mental Health Pretrial consumers by category |
| Data Source:  Ashlie A. Weisbrodt |
| Review Frequency: Quarterly |
| Analysis:      Individuals on Mental Health Pretrial who were committed by the courts (direct commits) can’t be referred to Diversion (court ordered to MH Pretrial). | | |

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| **Objective 2: Collect and analyze Pre-Trial (Mental Health) data.** | |  |
|  | | Measure: |
| 40  35  30  25  20  15  10  5  0 | Mental Health Pretrial Data: Active Clients Participating  28  27  28  31  32  31  33  33  36  35  37  34  Oct  2020  Nov  2020  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | Number of active clients participating in Mental Health Pretrial by month |
| Definitions:  Active clients participating in Mental Health Pretrial each month |
| Data Source:  Ashlie A. Weisbrodt |
| Review Frequency: Quarterly |
| Analysis:  Active cases peaked in August 2021 (37 cases)      Ideal caseload capacity is 31-32 | |  |

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| **Objective 4: Utilize best practice and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR).** | |
|  | Measure: |
| Competency Restoration: Avg. days Waiting in Jail for Competency Restoration at  LRC  180  155  119  111  125  0  20  40  60  80  100  120  140  160  2018  2019  2020  2021 | Total jail days for individuals  waiting to receive restorative treatment at  LRC, organized by year |
| Definitions:  The average number of days individuals wait (in jail) to receive competency restoration at LRC. |
| Data Source:  Jo Martin-Sarpy Co Jail |
| Review Frequency: Quarterly |
| Analysis:  N is the number of people court ordered in said year (not the year they transferred to LRC) and waiting to access LRC for competency treatment by year  2018: 4 people  2019: 4 people 2020: 1 person  2021: 2 people | |

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

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| **Objective 5: Explore opportunities to use the Daily Arrest Report with specific service providers.** | |  |
| We may or may not have data with this objective, TBD. | **PLACEHOLDER** | Measure: |
| Definitions: |
| Data Source: |
| Review Frequency: |
| Analysis: | |  |

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| **GOAL 3:** Increase the percentage of connection to care for people with a SMI in jail. **Increase by 10%/Intercepts 3,4,5**   * **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following: o Verbal or written information is shared about a service or program with the client o 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: o Verbal or written communication is received confirming that the client and the agency have been connected o Verbal or written communication is received confirming that the client has an appointment o The client is aware of the agency and the agency is aware of the client’s need for service. |

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| **Strategy** | **Target** | **Notes/Updates** |
| **Objective 1: At least 43% of people with SMI are connected to Type 2 service prior to re-entry.** |  |  |
| a. Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD’s Office and in Jail. |  | **Page 24** |
| **Objective 2: At least 14% of people with a SMI who are not connected to Type 1 services prior to re-entry are connected to type 1 services prior to reentry.** | | |
| a. Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD’s Office and in Jail. |  | **Page 25** |
| **Objective 3: Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.** | | |
| a. Re-engage discussions with pharmaceutical reps to identify and document the process for accessing the LAI free samples. | Summer 2021 |  |
| b. Develop a process for ensuring 100% LAI recipients have a community-based appointment with a prescriber, prior to release. |  | **Will have data once implemented** |
| **Objective 4: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.** | | |
| a. Schedule meeting with BAART to explore opportunities. |  | Vicki will reschedule meeting |
| **Objective 5: Collect baseline data to understand the impact of Medicaid expansion with those involved with the criminal justice system.** | | |
| a. Collect and review baseline data on the number of Medicaid applications being completed and submitted while individual is incarcerated (Practicum Student, Re-entry and Pre-Trial) |  | **Page 28**  **First Time Viewing** |

Increase the percentage of connection to care for people with an SMI in jail.

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| **Objective 1: At least 43% of people with a SMI are connected to Type 2 services prior to re-entry.** | | |
|  |  | Measure: |
|  | Percentage of Service Type Provided: Linking to Service (Type 2) & Target  **33.3**  **%**  **%**  **20.0**  **%**  **0.0**  **83.3**  **%**  **12.5**  **%**  **75.0**  **%**  **62.5**  **%**  **0.0**  **%**  **60.0**  **%**  **100.0**  **%**  **42.9**  **%**  **28.6**  **%**  39  %  %  0  10  %  20  %  30  %  40  %  %  50  %  60  %  70  %  80  %  90  %  100  Oct  2020  Nov  2020  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | Number of individuals with  SMI discharged and linked to service during their stay in jail / total number of individuals with SMI discharged from jail in the month. |
| Definitions:  Percentage of individuals with an SMI that were linked to service(s) during their stay in jail. |
| Data Source:  Shannon Eustice  Ashley Berg |
| Review Frequency: Quarterly |
| Analysis:  \*\* 39% represents an increase of 10% above Sarpy County’s baseline of Type 2 connections to care in accordance with the National Stepping Up Initiative’s target goal for CY21 (Set Measure Achieve).  \*\* This data point is impacted by the COVID-19.  Target changed when data reporting was revised, beginning January 2021.  Note: An individual can be represented in each measure (Type 1 and Type 2) but, multiple connections within the same type will only count once. | | |

Increase the percentage of connection to care for people with an SMI in jail.

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| **Objective 2: At least 14% of people with a SMI who are not connected to type 2 services prior to re-entry are connected to Type 1 services prior to re-entry.** | | |
|  |  | Measure: |
|  | Percentage of Service Type Provided:  Information & Referral (Type 1) & Target  100%  90%  %  6.7  10.0  %  75.0  %  %  16.7  62.5  %  50.0  %  25.0  %  66.7  %  20.0  %  40.0  %  %  14.3  57.1  %  %  25  0  %  %  10  %  20  %  30  %  40  %  50  %  60  %  70  80  %  Oct  2020  Nov  2020  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | Number of SMI individuals given information or a referral to a service / total number of SMI individuals  discharged from jail in the month |
| Definitions:  Percentage of individuals with an SMI that were given information or referred to a service during their stay in jail. |
| Data Source:  Shannon Eustice  Ashley Berg |
| Review Frequency: Quarterly |
| Analysis:  \*\* 25% represents an increase of 10% above Sarpy County’s baseline of Type 1 connections to care in accordance with the National Stepping Up Initiative’s target goal for CY21.  \*\* This data point is impacted by the COVID-19.  Target changed when data reporting was revised, beginning January 2021. | | |

Increase the percentage of connection to care for people with an SMI in jail.

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| **Objective 3: Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.** | |  |
|  | **PLACEHOLDER** | Measure: |
| Definitions: |
| Data Source: |
| Review Frequency: |
| Analysis: | |  |

Increase the percentage of connection to care for people with an SMI in jail.

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| **Objective 4: Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.** | |
| **PLACEHOLDER** | Measure: |
| Definitions: |
| Data Source: |
| Review Frequency: |
| Analysis: | |

Increase the percentage of connection to care for people with an SMI in jail.

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| **Objective 5: Collect baseline data to understand the impact of Medicaid expansion with those involved in the criminal justice system.** | | |
|  |  | Measure: |
| 12  10  8  6  4  2  0 | Number of Medicaid Applications Completed & Submitted for Incarcerated Individuals  **4**  **7**  **9**  **3**  **9**  **4**  **2**  **11**  **2**  **11**  Dec  2020  Jan  2021  Feb  2021  Mar  2021  Apr  2021  May  2021  Jun  2021  Jul  2021  Aug  2021  Sep  2021 | Number of Medicaid applications completed and submitted while individual is incarcerated, by month. |
| Definitions: |
| Data Source:  Lauren Jaton, Reentry  Sarpy Co Jail |
| Review Frequency: Quarterly |
| Analysis:  Oct. 2021: First time viewing data | | |

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

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

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| **Strategy** | **Target** | **Notes/Updates** |
| **Objective 1: Evaluate data from the Specialized Transition Planning (STP) to determine impact on recidivism.** |  |  |
| a. Collect baseline data, develop report, share with team. | Winter 2021 | **Vicki work with Jo and Kim to develop this report** |
| b. Distribute final report with Stepping Up Team for feedback. | Winter 2021 |  |
| **Objective 2: Consider if LB247 (2019) Advanced Mental Health Directives impacts recidivism.** |  |  |
| a. Region 6 will keep us updated as things develop. | On-going |  |
| **Objective 3: Consider developing a brief questionnaire for inmates to gain information on causes of recidivism.** |  |  |
| a. Vicki and Jo will draft survey. | October 2021 | **In Process** |
| **Objective 4: Review Stepping Up Strategy Lab interventions for Goal 4, decide if any should be added as strategies for Goal 4.** | October 2021 |  |
| a. Vicki will bring the Strategy Lab interventions for Goal 4 to the Oct. 21, 2021 meeting for team to review. | October 2021 | **Handout** |

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

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| **Objective 1: Evaluate data from the Specialized Transition Planning (STP) to determine impact on recidivism.** | |  |
|  | **PLACEHOLDER** | Measure: |
| Definitions: |
| Data Source: |
| Review Frequency: |
| Analysis: | |  |

**AD HOC Data**

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|  | **Analysis & Findings** |
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| Analysis: |  |

**Participants Region 6 Behavioral Healthcare Contacts**

* Ryan Mahr-Corrections Director ▪ Jo Martin- Corrections Admin.
* Sgt. Rob Hillabrand-Sarpy Co. Sheriff
* Kate Gatewood- County Attorney
* Ashley Berg- Public Defender/Social Work
* Dean Loftus-Mental Health Diversion
* Carisa Gosda-Diversion
* David Soto-Diversion
* Jacob Berst- Community Corrections
* Ashlie Weisbrodt-Mental Health Pre-Trial
* Sharon Boehmer-Human Services
* Jeff Jennings-Probation
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