



**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 1

April 21, 2022 Postponed

Rescheduled to May 19, 2022

Stepping Up Agenda

1. Welcome and Introductions
2. Data and Strategy Review (Packet)
3. SIM Debrief/Take Aways
4. SIM Final Report
5. 2 SIM Workgroups
 - a. Sarpy Co-specific Emergency System
 - b. CJ-MH Collaboration
6. Stepping Up Core Team
7. Other/Updates
8. Next Quarterly Meeting July 21 @1:30pm 9W
9. Conclude

Sequential Intercept Model (SIM) PRIORITIES FOR CHANGE August 2018

1. Creation of a crisis stabilization center located within and utilized by Sarpy County law enforcement agencies accompanied by a single point of entry phone line/triage service.
2. Transportation
3. Implement utilization of virtual/telehealth crisis response services for jail staff and law enforcement officers in the field.
4. Utilization of mobile crisis response staff as a resource to provide assessment to hospital in Sarpy County.
5. 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.
6. Improve data collection and data sharing to identify familiar faces for improved outcomes.
7. Expand space in the jail for needed programming and services.
8. Utilize data as a tool to access needed funding for services, treatment, and support.
9. Expand and increase in-reach services and programs to provide services in the jail at Intercept 3.
- 10.** Create a systematic assessment of an individual's social determinants of health prior to reentry, inclusive of familiar and social supports, housing, transportation, income.

Complimentary Activities and Strategies

1. Consider updating Sequential Intercept Model (SIM) mapping with Policy Research Associates (Spring 2022)
2. Community Corrections/Pre-Trial implementation of Pre-Trial Risk Assessment (PRA)
3. Monitor LB 247 (2019) Advance Mental Health Directives roll-out
4. Monitor DHHS's roll-out of Outpatient Competency Restoration
5. Exploring Region 6's Housing Voucher assistance connection with Corrections
6. Exploring coordination processes between Medicaid (managed care) and Criminal Justice systems (LB921)
7. Explore connection with Stepping Up on Sarpy Co website
8. Explore connection with Stepping Up and CCJC
9. Consider who may be missing from the Stepping Up quarterly meeting (Core Team)

Stepping Up Key Measures

| | |
|---|---|
| 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 |
| <p>Numerator: the number of adults booked into the jail with a diagnosed or self-reported SMI during the month</p> <hr/> <p>Denominator: the average daily total population of the jail for the month</p> <p>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</p> | <p>Numerator: the monthly average LOS for those <i>discharged</i> from jail with a SMI</p> <hr/> <p>Denominator: the average daily total population of the jail for the month</p> <p>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</p> |
| 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 |
| <p>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</p> <hr/> <p>Denominator: number of all people with a SMI discharged from jail that month</p> <p>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.</p> | <p>Numerator: Number of repeat bookings (regardless of reason for booking)</p> <hr/> <p>Denominator: Total number of bookings</p> <p>Data Source: Sarpy County Jail Date Provided: Monthly Review Frequency: Monthly Notes: Will compare those with SMI and those without a SMI</p> |

Stepping Up Key Measures

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:
 - 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.
- **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 overdoses.

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.

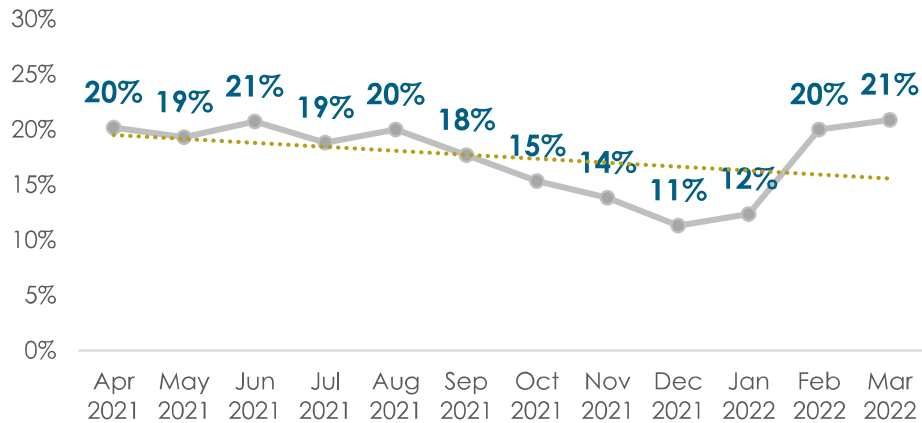
IMACS – Jail booking software used at the Sarpy County Jail.

MH – System used to help track MH type customers.

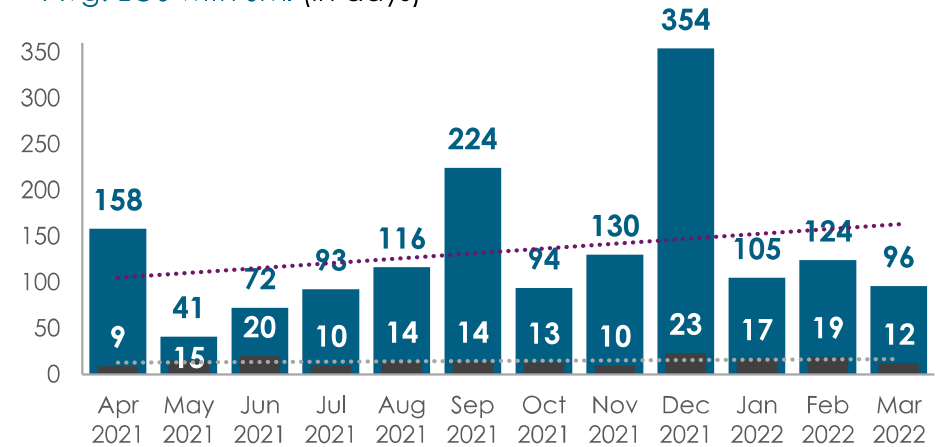
Stepping Up 4 Key Measures

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

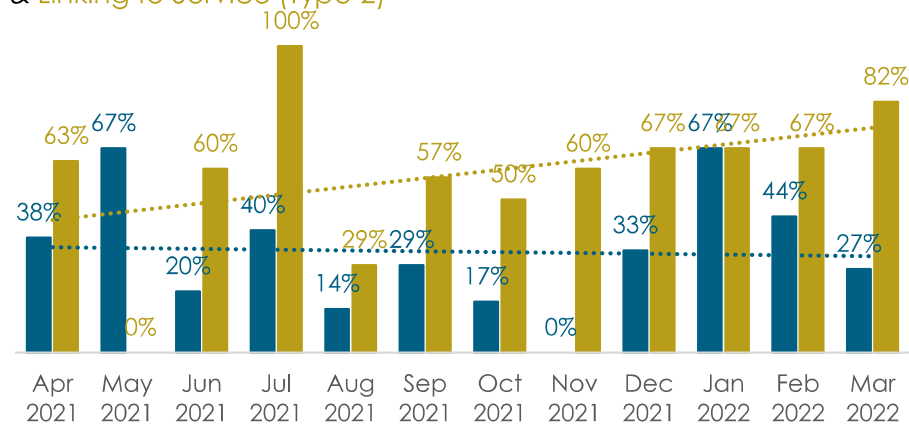
Percentage of Average Daily Population with a Serious Mental Illness (SMI)

**GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental**

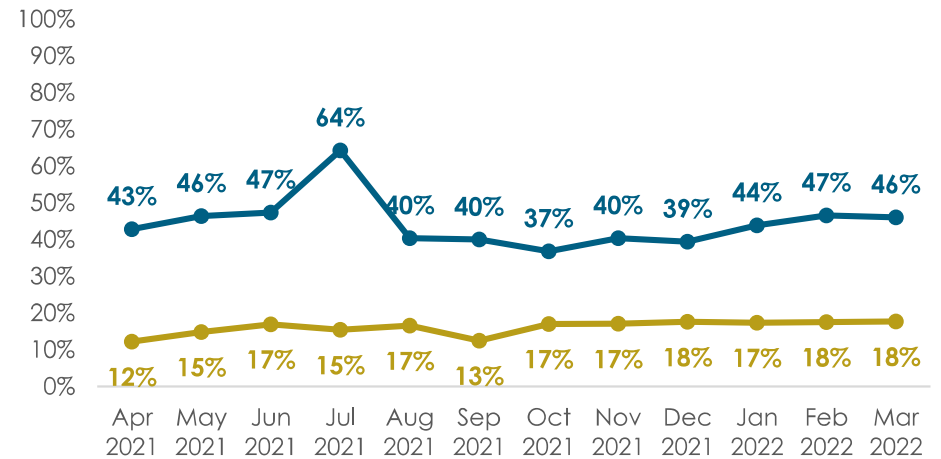
Avg. Length of Stay for General Population vs. Avg. LOS with SMI (in days)

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

Percentage of Service Type Provided:
Information & Referral (Type 1)
& Linking to Service (Type 2)

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

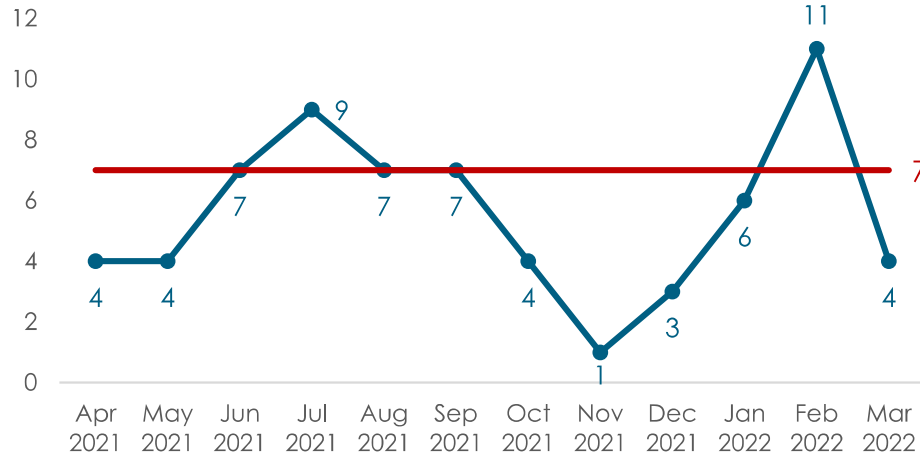
Percentage of Repeat Bookings: SMI & Non-SMI



“Set, Measure & Achieve” Targeted Reduction Measures

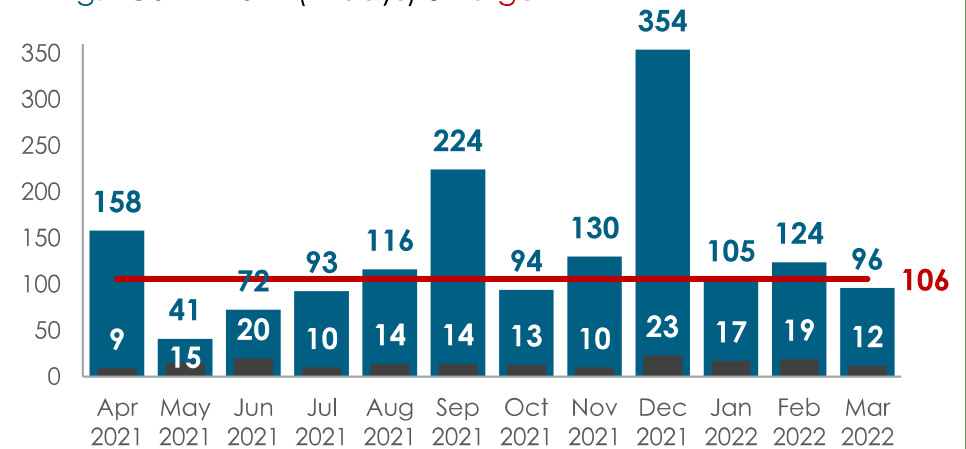
GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10%.

SMI Booking into Jail by Month & Target



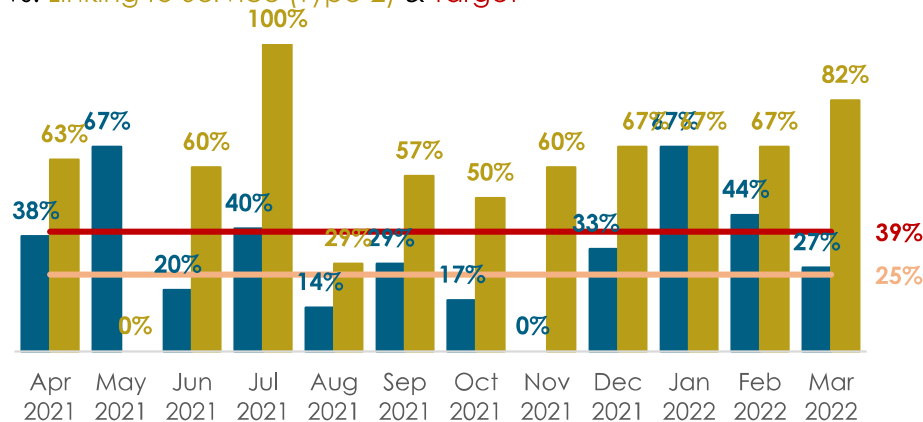
GOAL 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail by 5%.

Avg. Length of Stay for General Population vs. Avg. LOS with SMI (in days) & Target



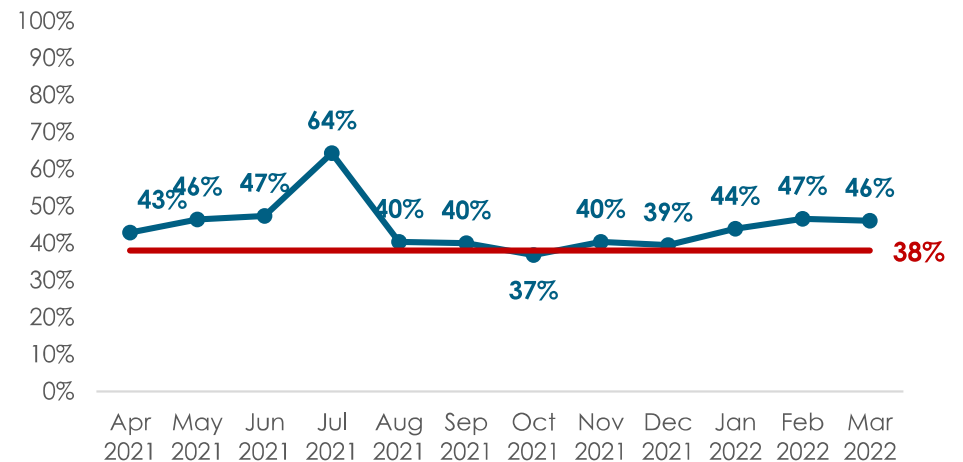
GOAL 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail by 10%.

Percentage of Service Type Provided: Information & Referral (Type 1) & Target vs. Linking to Service (Type 2) & Target



GOAL 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail by 5%

Percentage of Repeat Bookings: SMI & Target



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

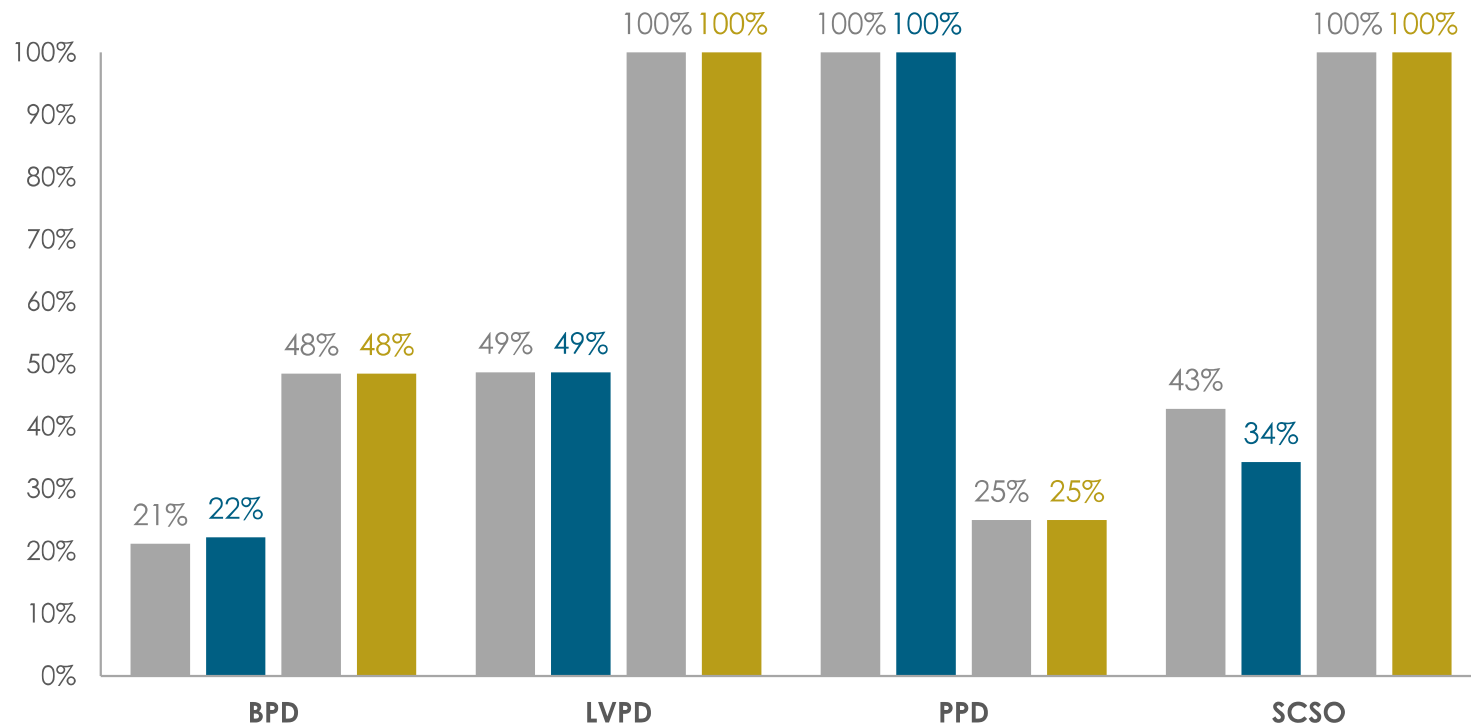
| | |
|---|---|
| GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail by 10% Annually | GOAL 2: Shorten the ALOS for People with a Serious Mental Illness (SMI) in Jail by 5% (Annually) |
| <p>Measure: The number of individuals with SMI booked into jail each month (Self-Report)</p> <hr/> <p>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)</p> | <p>Numerator: The monthly ALOS for those <i>discharged</i> from jail with a SMI</p> <hr/> <p>Denominator: The average daily total population of the jail for the month</p> <p>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</p> |
| 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 |
| <p>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</p> <hr/> <p>Denominator: The number of all people with a SMI who experience intake into jail that month Of those discharged from jail during the month</p> <p>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)</p> | <p>Numerator: The number of repeat bookings (regardless of reason for booking)</p> <hr/> <p>Denominator: The total number of bookings</p> <p>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)</p> |

**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**

| 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. | On-going | |
| b. Distribute CIT and MHFA aggregate data with all Law Enforcement agencies. | | CORE TEAM |
| c. SCSO will explore having an in-house MHFA trained trainer. | PAUSE-COVID | |
| 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 | |
| Objective 3: Law Enforcement agencies will provide the best possible response to calls involving a mental health related crisis. | | |
| a. Sarpy County will begin exploring a different vendor to serve as a platform for data integration to assist with Identifying high utilizers. | This is a new strategy-Rob is leading | Rob is working on Jolata software and will lead the Sarpy Co-Specific Workgroup |
| b. WORKGROUP: Sarpy County-Specific Emergency System | | |
| b. Track baseline data on the number of Mobile Crisis Response contacts activated each month by Law Enforcement Agency. | On-going | |
| 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 | |
| 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. <i>Next Steps: Jo M will share the name with Kate G., start with those who were in the ED due to an EPC.</i> | Does this still make sense? Squeeze versus Juice? | |
| b. Explore creating "cheat sheet" for hospital direct care staff; clearly identifying information about EPC's, consider meeting with hospital staff to review EPC protocol and share data. <i>Vicki is to schedule a meeting with Curt V and Kate G to discuss this.</i> | This would seem to be a good fit with the Sarpy Co-Specific Emergency System Workgroup (???) | |

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

Percentage of Officers with CIT & MHFA Training: 2021 Q3 & 2022 Q1



Measure:
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

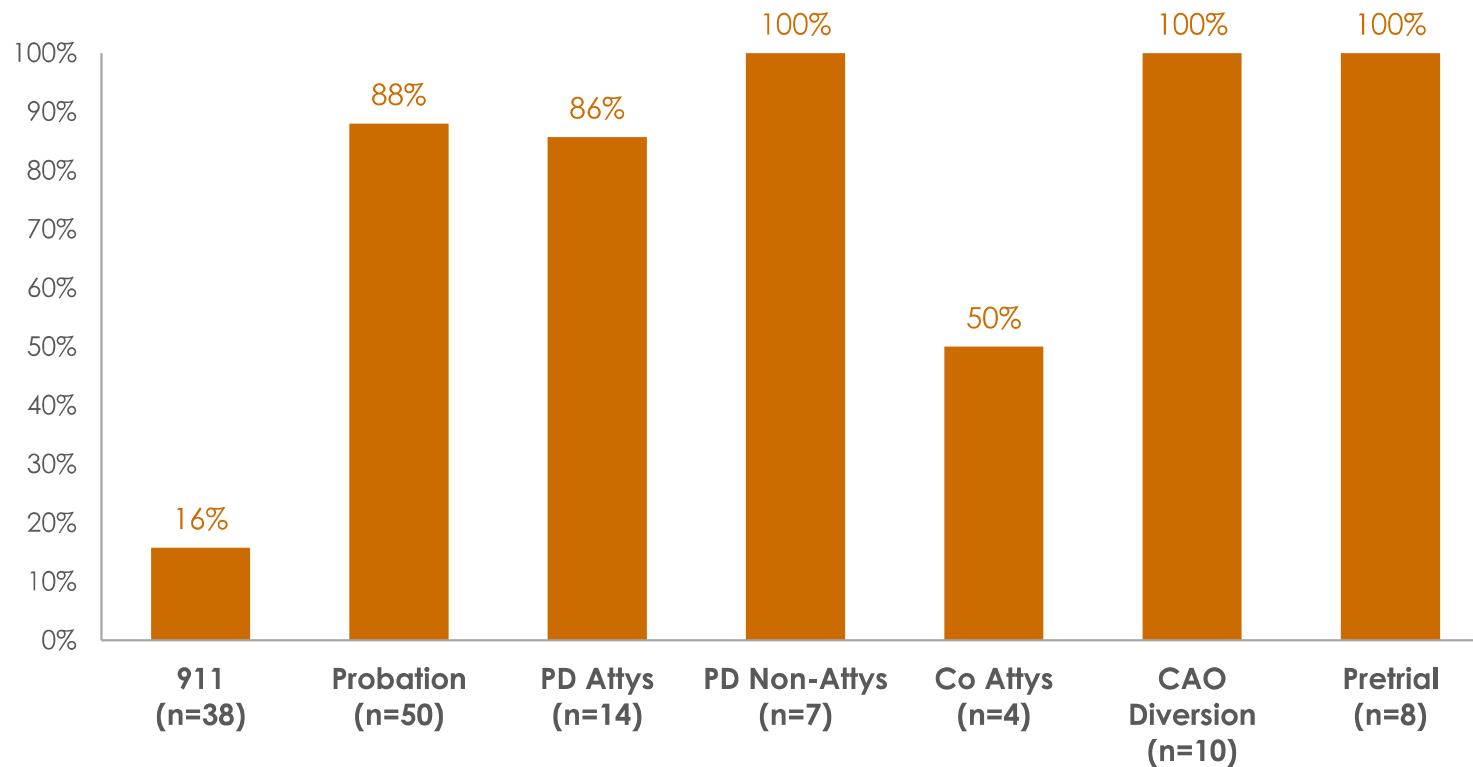
Gray data is for previous quarter compared to current quarter in blue (CIT) and gold (MHFA).

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

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

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.

Percent of Officials with CIT and/or MHFA Training: 2022 Q1



Measure: Number of 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.

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail**Objective 3:** Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.

Placeholder/ Jalota

Measure:

Definitions:

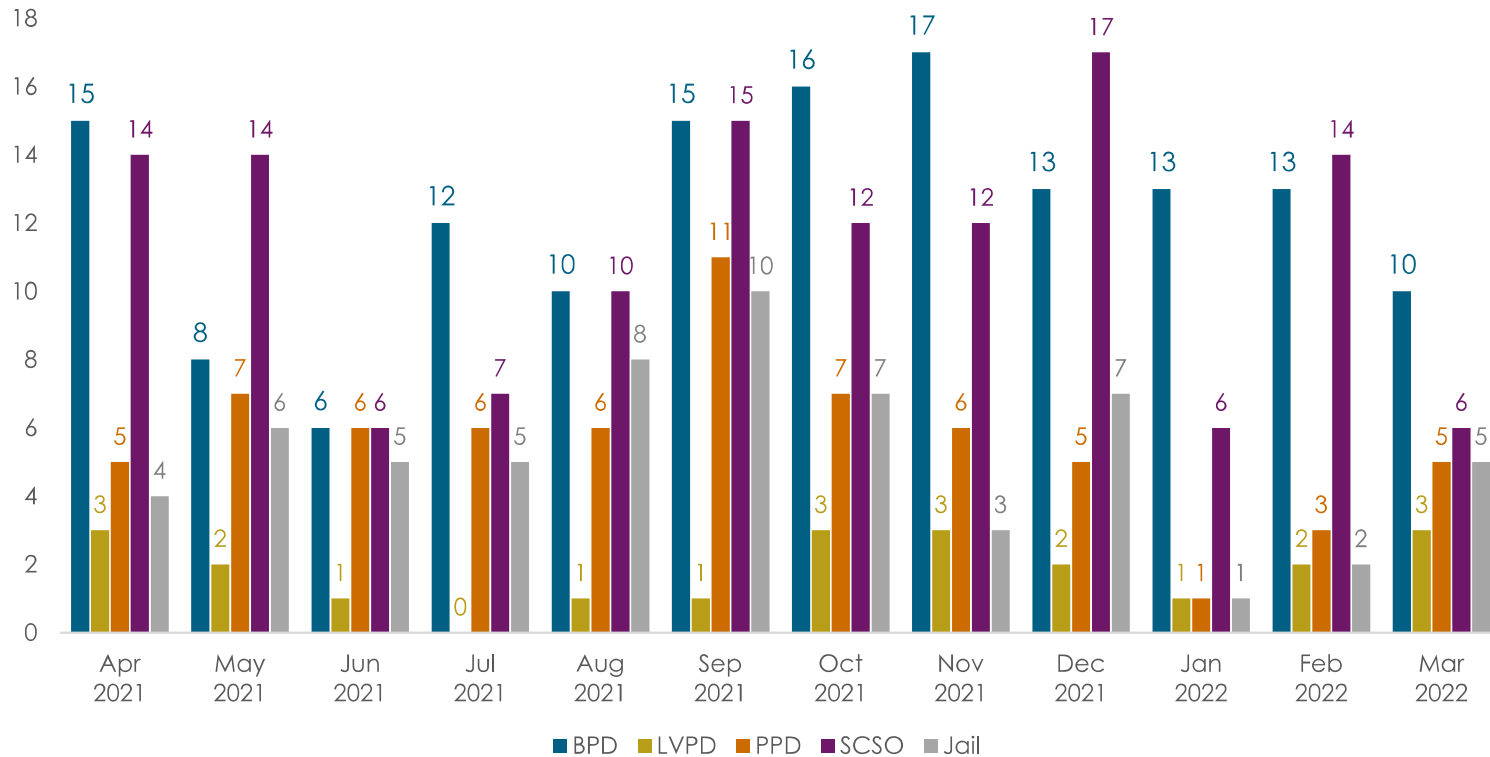
Data Source:
Sgt. Hillabrand SCSO

Review Frequency:

Analysis:

GOAL 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail**Objective 3: Law Enforcement agencies will provide the best response possible to calls involving a mental health related crisis.**

Mobile Crisis Response Assessments by L.E. Agency



Measure:
Total MCR interventions by month

Definitions:
Number of MCR interventions by month.

Data Source:
Heartland Family Services
Jenny Stewart

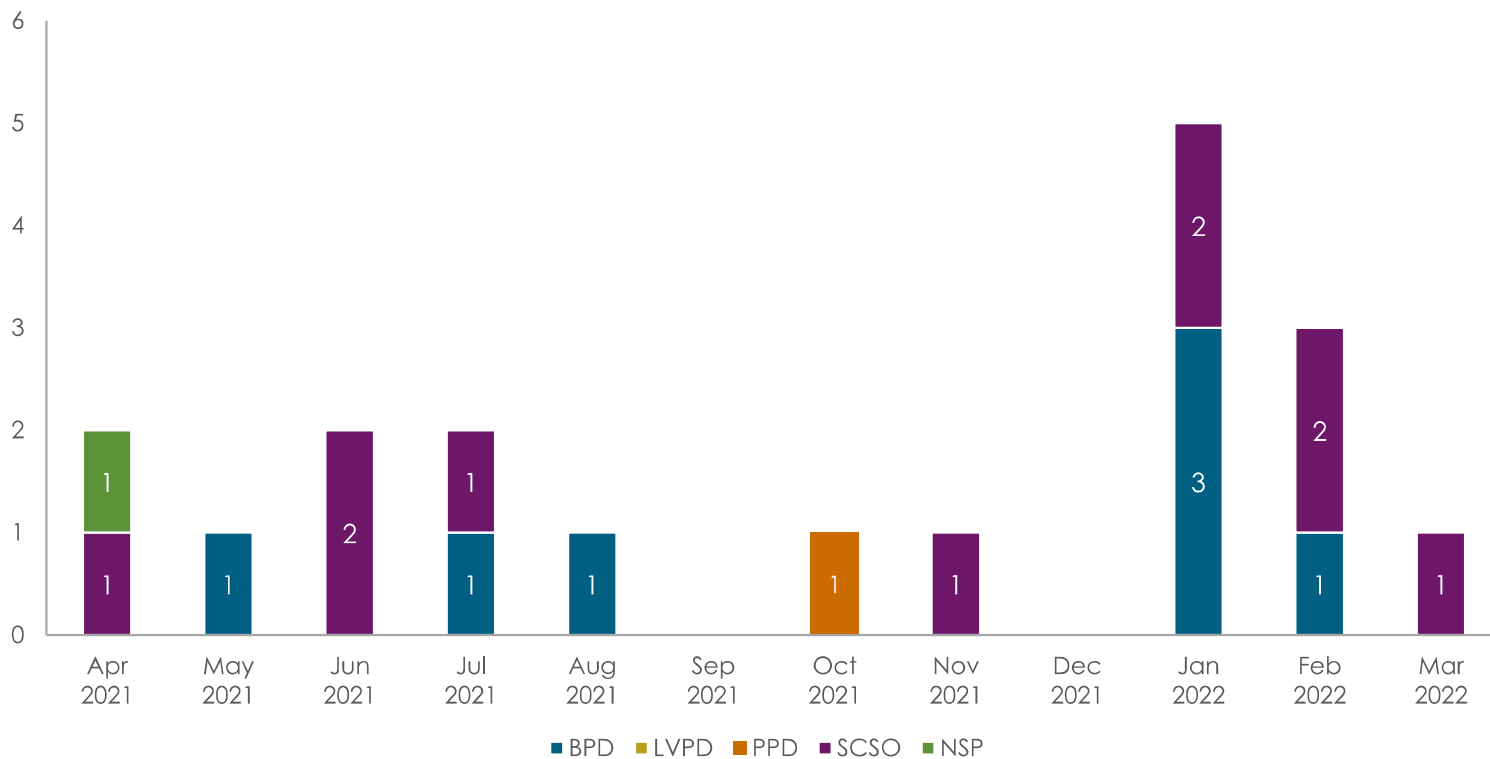
Review Frequency:
Quarterly

Analysis:

Data includes Face to Face Assessments, Telehealth Assessments, Telephone Consultations, and Cancelled Calls.

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

Individuals with SMI Booked on Misdemeanor by LE Agency



Measure:
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

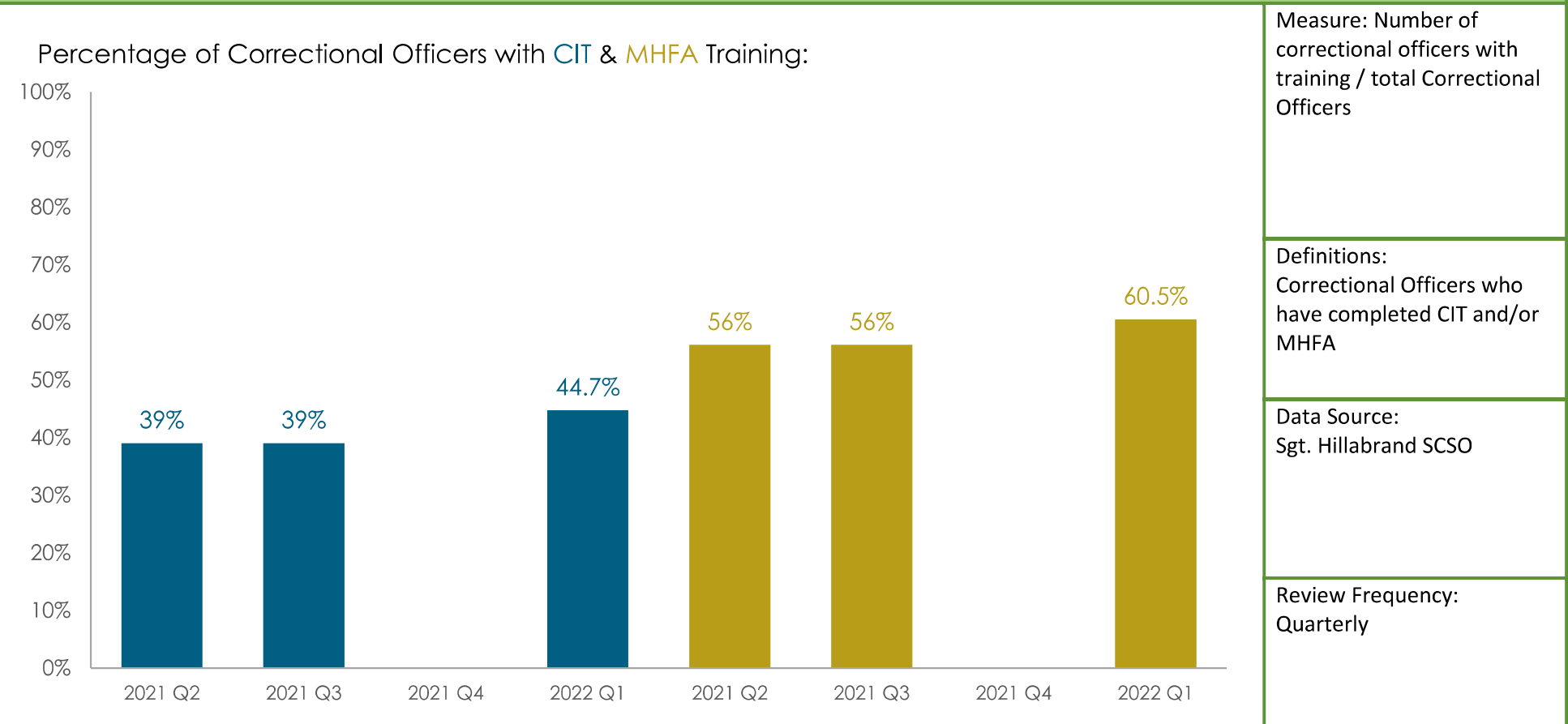
Analysis:

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**

| 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. |
| Objective 2: Collect and analyze Mental Health Diversion data. | | |
| a. Collect and review baseline data; identify opportunities; establish benchmarks/targets | | |
| Objective 3: Collect and analyze Pre-Trial (Mental Health) data. | | |
| a. Collect and review baseline data; identify opportunities; establish benchmarks/targets | | |
| Objective 4: Utilize best practices and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR). | | |
| a. Form workgroup with PD, 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 to engage 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 | |
| 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. | On Hold | Workgroup #2-CJ and BH System Collaboration Ashley B Lead |

GOAL 2: Shorten the Average Length of Stay 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.****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.

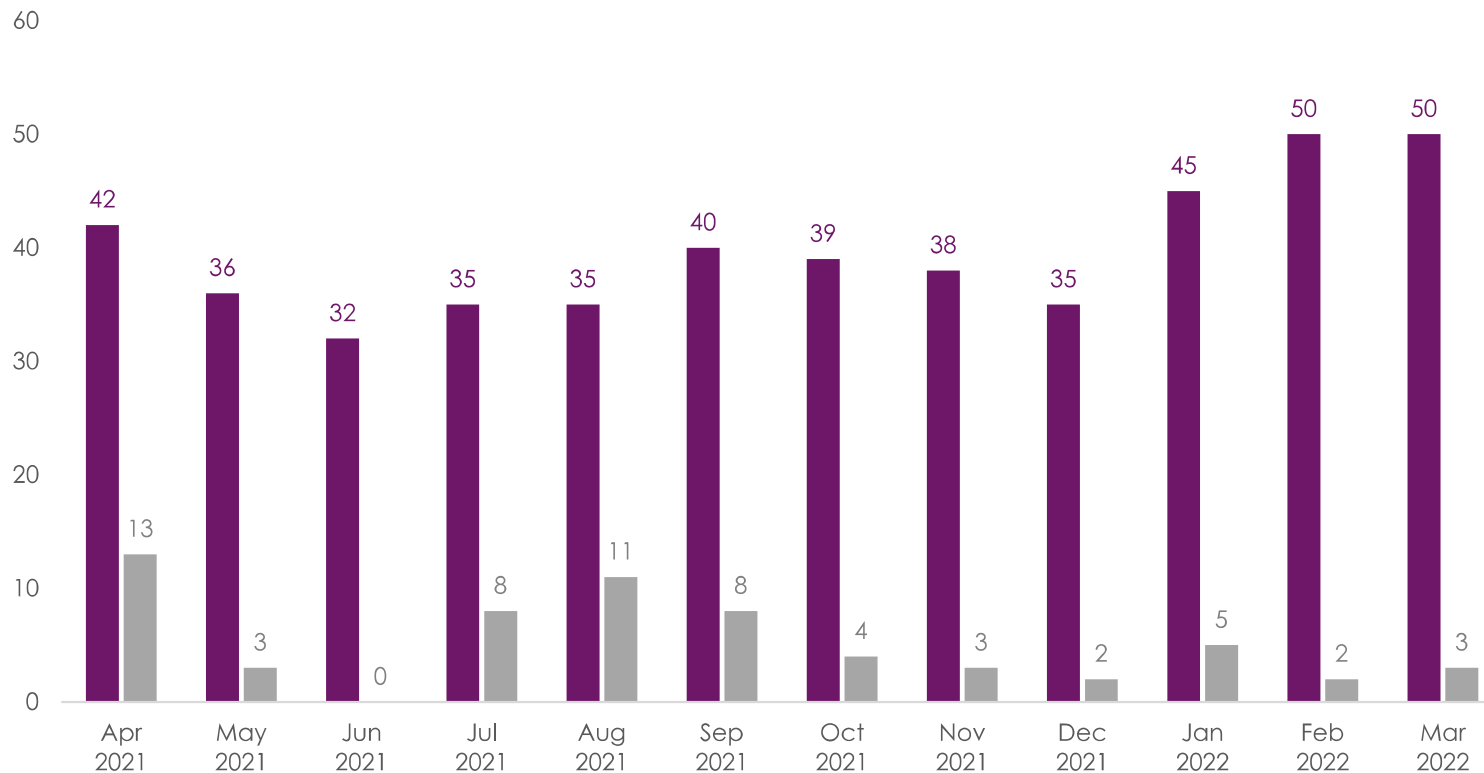
Data was not available for 2021 Q4

Staff decreased from 41 to 38 for 2022 Q1

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

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 2:** Collect and analyze Mental Health Diversion data.

MH Diversion Active Clients & Referrals by Month



Measure:
Mental Health Diversion data organized by total number

Definitions:
Number of consumers active in mental health diversion and number of new referrals by month

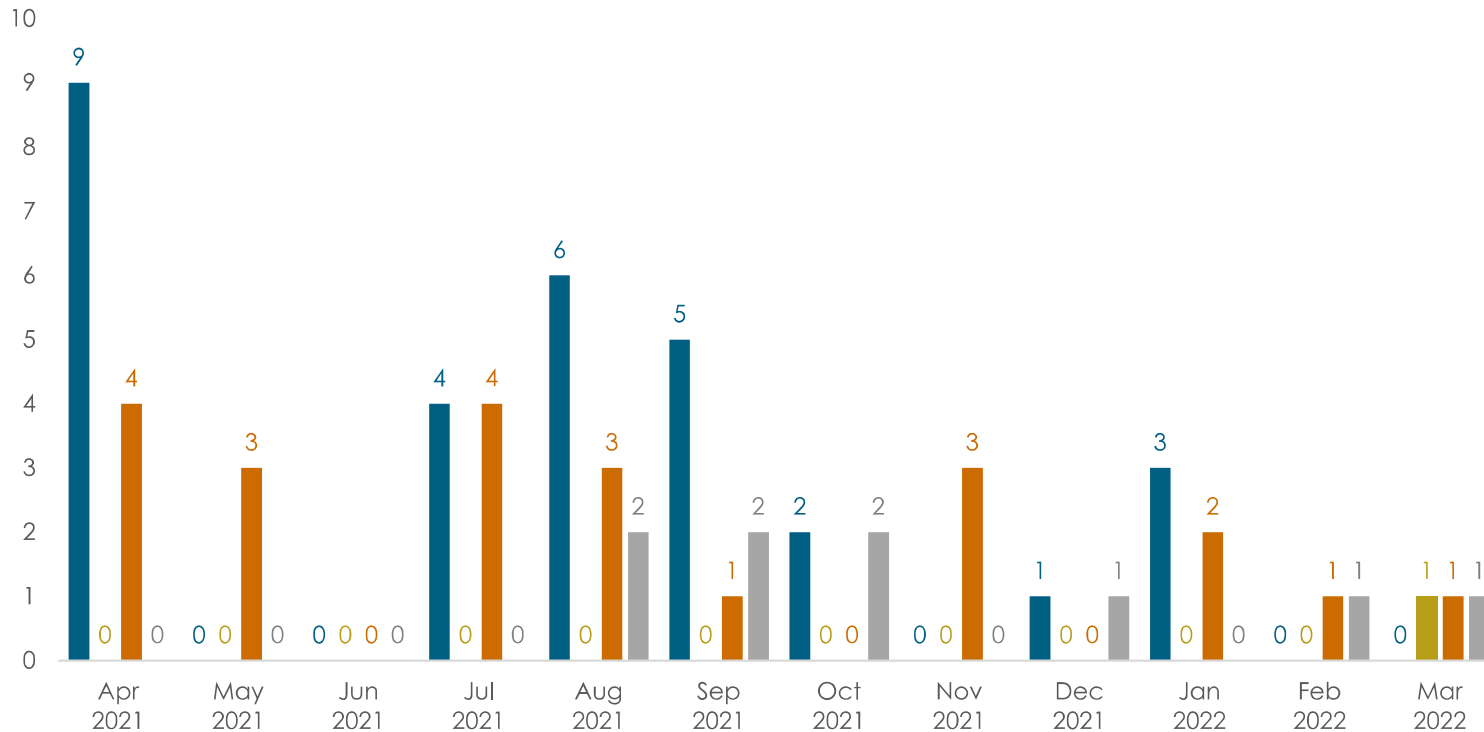
Data Source:
Carisa Gosda

Review Frequency:
Quarterly

Analysis:

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 2: Collect and analyze Mental Health Diversion data.**

MH Diversion Referrals by Month by Source:
Co. Attorney, Pre-Trial, Diversion, Jail Screens



Measure:
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:

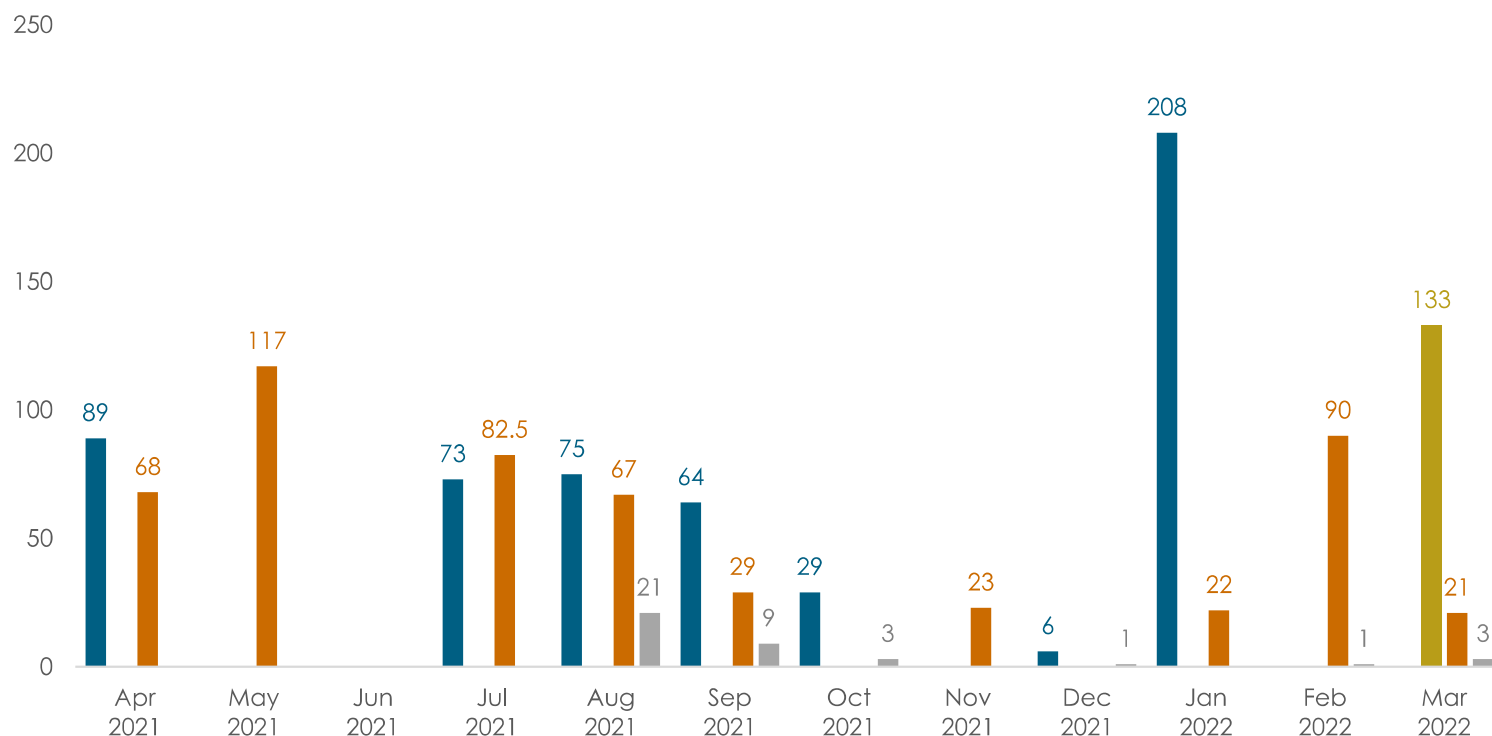
The Jail Screening process yielded a total of 4 referrals (August and September 2021)

The yellow bar=referrals from Ashlie W (MH Pretrial)

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 2: Collect and analyze Mental Health Diversion data.**

MH Diversion: Average Number of Days from Arrest to Referral

Co. Attorney, Pre-Trial, Diversion, Jail Screens



Measure:
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

Referrals by Month:
July: n=8
Aug: n=11
Sep: n=8

Analysis:

Oct. 2021: The number of days from date of arrest to date of referral are trending down. This is a good thing!

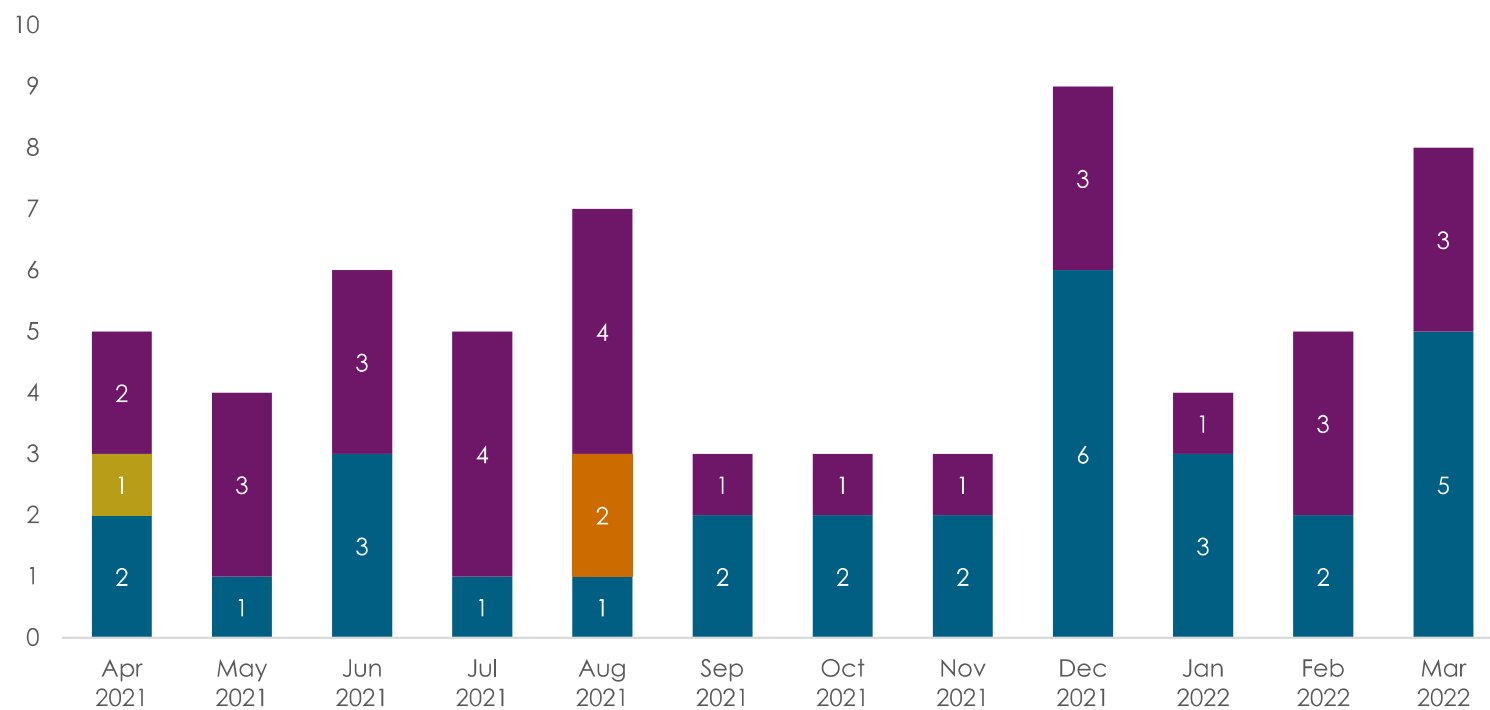
Oct. 2020: Started jail screenings, individuals are getting connected to MH Diversion much quicker now. If an individual in jail screens positive for a possible mental health disorder, their criminal history is reviewed and if they appear to be a good candidate for MH Diversion, Dean will go into jail 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.

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

Objective 2: Collect and analyze Pre-Trial (Mental Health) data.

Where are the referrals coming from?

Mental Health Pretrial Data: Direct Commit, Pretrial to MHCM, Assigned & Remain in Jail-Need to Post Bond, Assigned & Released from Jail (Screened & Placed on MHCM at Bonds/Court)



Measure: The number of individuals referred to Mental Health Pretrial organized by referral source and month.

Definitions:
Mental Health Pretrial consumers by category

Data Source:
Ashlie A. Weisbrodt

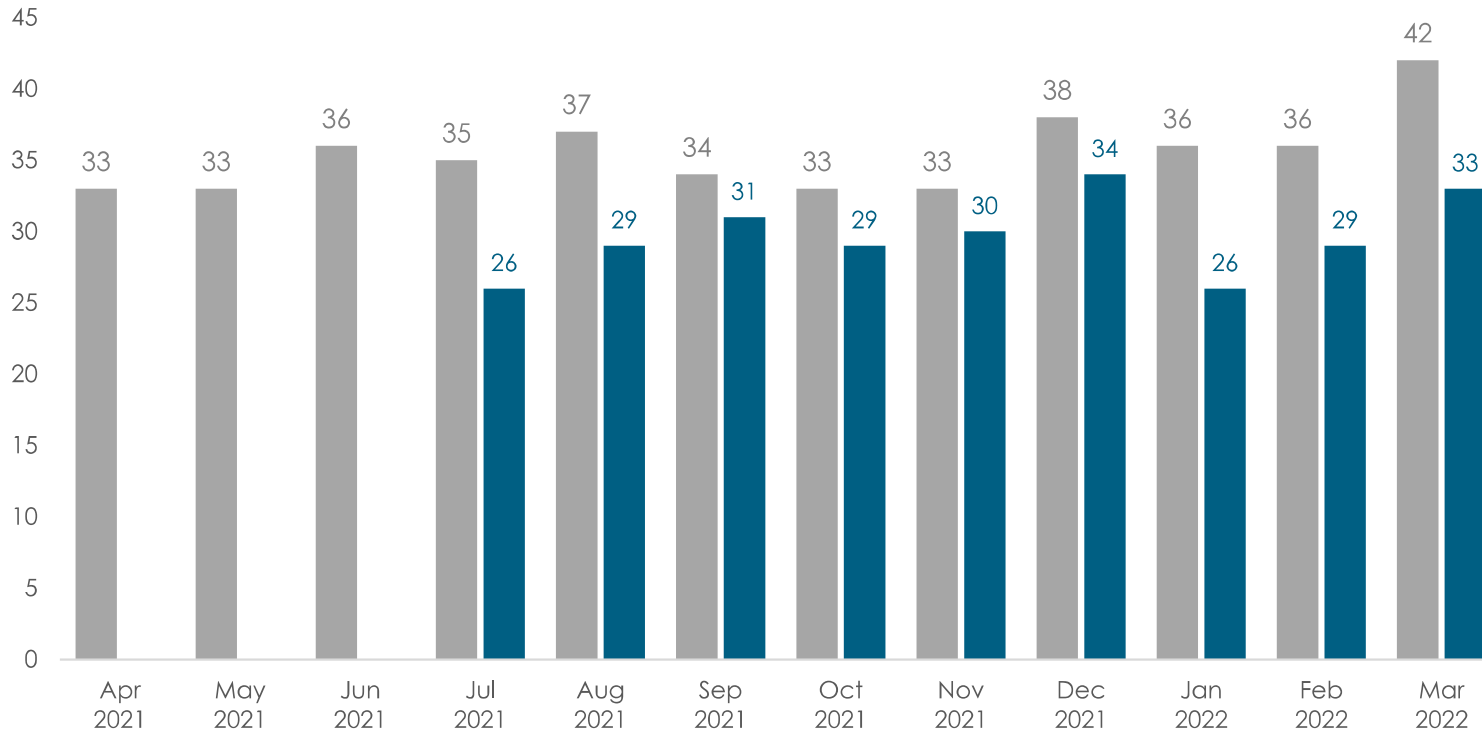
Review Frequency:
Quarterly

Analysis:

Clients that are direct commits (from the court) and that already have a sentencing date set, can't be referred to Diversion. There are direct commits that can be referred to Diversion as long as they are not set for sentencing.

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 2:** Collect and analyze Pre-Trial (Mental Health) data.

Mental Health Pretrial Data: Assigned Clients &
Active Clients Participating



Measure:
Number of Active and Assigned clients participating in Mental Health Pretrial by month

Definitions:
Active and Assigned clients participating in Mental Health Pretrial each month

Data Source:
Ashlie A. Weisbrodt

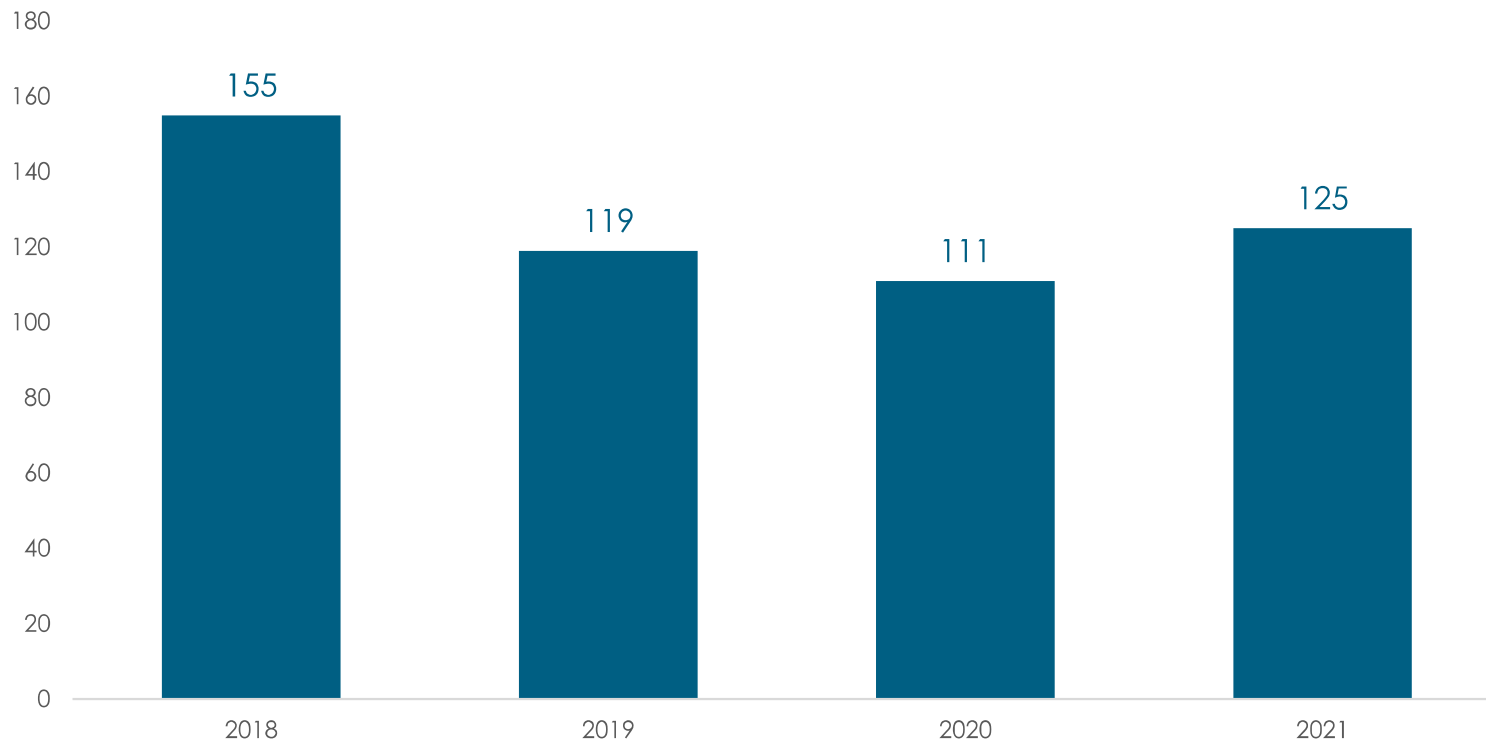
Review Frequency:
Quarterly

Analysis:
Cases peaked in March 2022 with 42 assigned cases.

Ideal caseload capacity is 31-32

GOAL 2: Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail**Objective 4:** Utilize best practice and data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR).

Competency Restoration: Avg. days Waiting in Jail for Competency Restoration at LRC

**Measure:**

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**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:

GOAL 3: Increase the percentage of connection to care for people with a SMI in jail. Increase by 10%/Intercepts 3,4,5

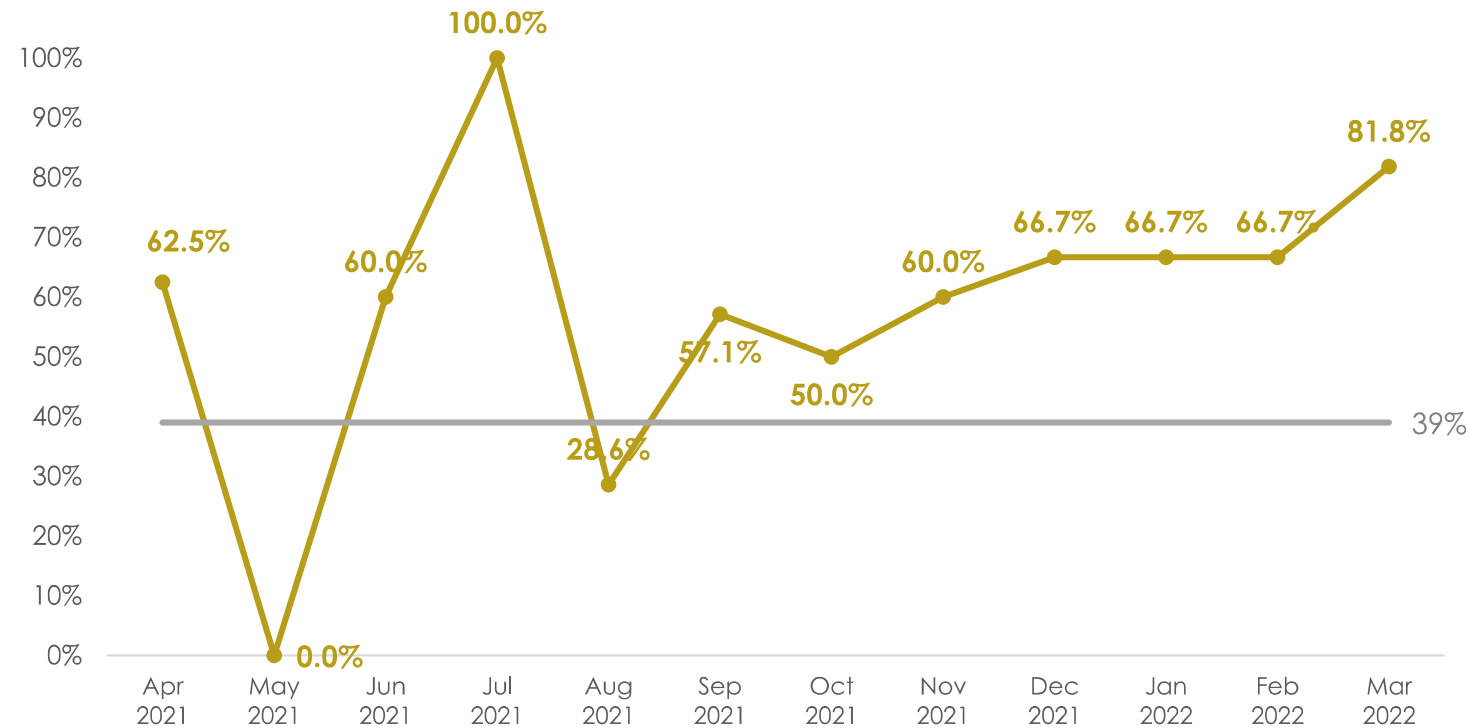
- **Connection to Care/Service Type 1:** Information & Referral; defined as any one of the following:
 - Verbal or written information is shared about a service or program with the client
 - Written contact information about a service or program is shared with the client
- **Connection to Care/Service 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.

| 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. | | |
| 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 re-entry. | | |
| a. Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD's Office and in Jail. | | |
| 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. | | |
| 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 (Jail: Reentry and Practicum Student). | On-going for Jail | Do we want to collect data for MH Pre-trial? |

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.**Objective 1:** At least 43% of people with a SMI are connected to Type 2 services prior to re-entry.

Percentage of Service Type Provided:

Linking to Service (Type 2) & Target



Measure:

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:

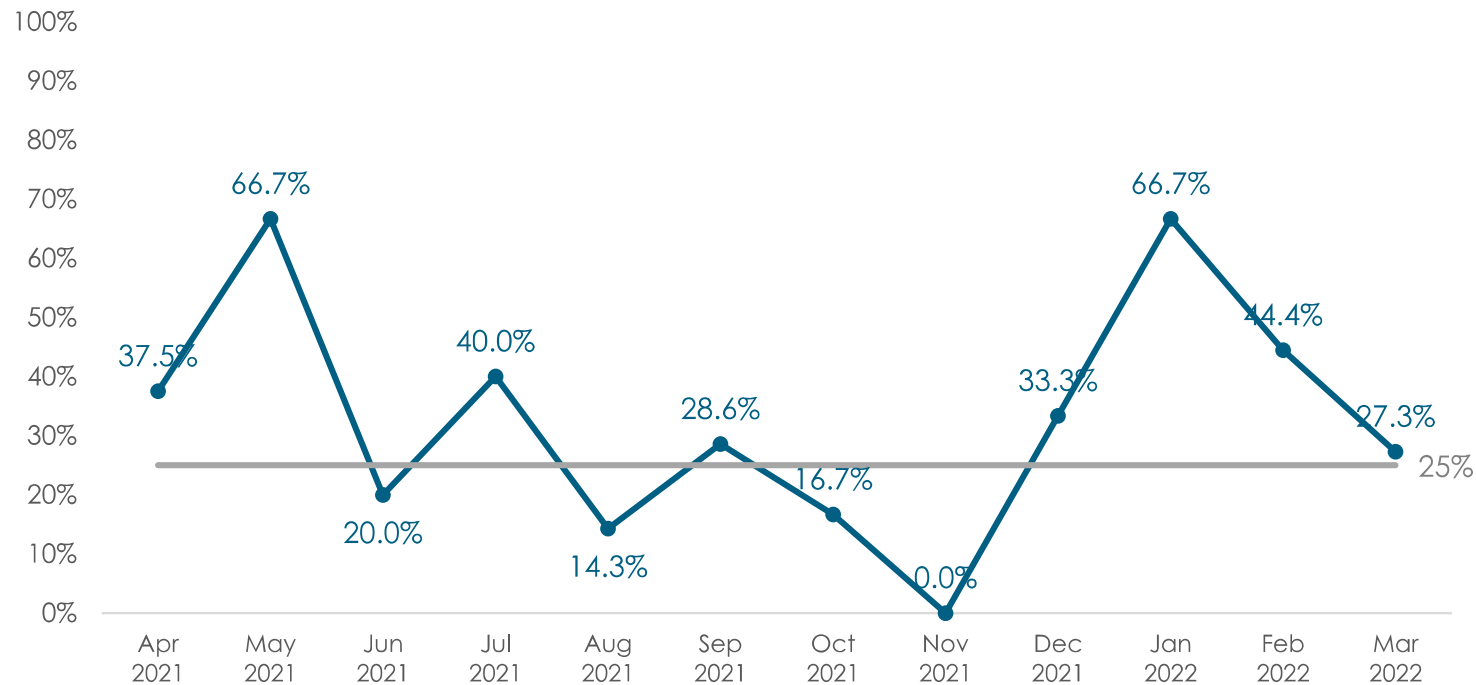
Shannon Eustice
Ashley Berg

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
- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.**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.Percentage of Service Type Provided:
Information & Referral (Type 1) & Target**Measure:**

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:

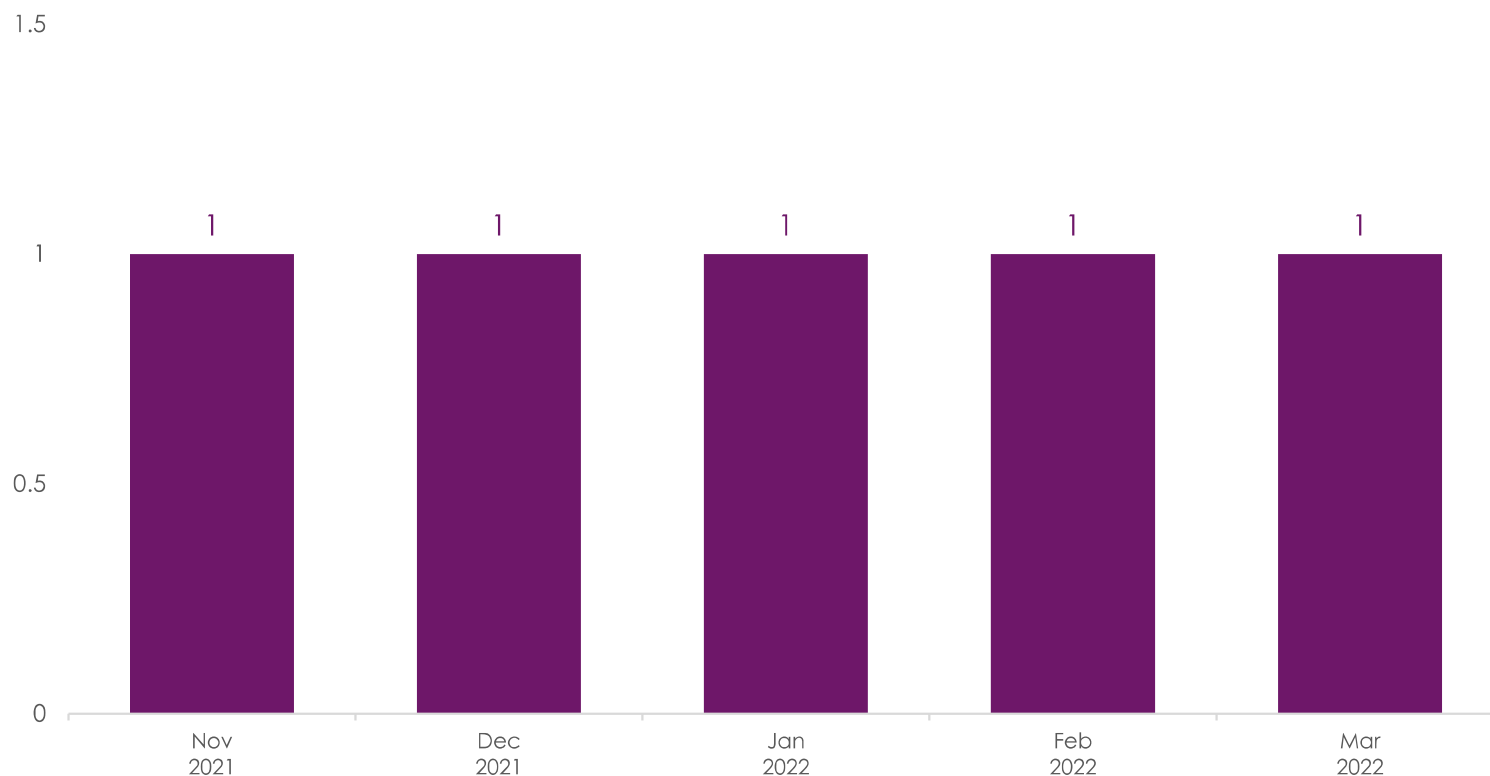
Quarterly

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.
- 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
- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.**Objective 3:** Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.

Inmates & LAI: 1st Generation, 2nd Gen, Prescribed Didn't Receive



Measure:
Inmates on Long-Acting
Injectables

Definitions:
Inmates prescribed 1st or 2nd
generation LAI

Data Source:
Jo Martin

Review Frequency:

Analysis:

Are these new people or the same person?

Generation 1 LAI's include: Haldol, Clopixol, Fluanxol

Generation 2 LAI's include: Aristada, Abilify and Invega

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

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.

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

PLACEHOLDER

Measure:

Definitions:

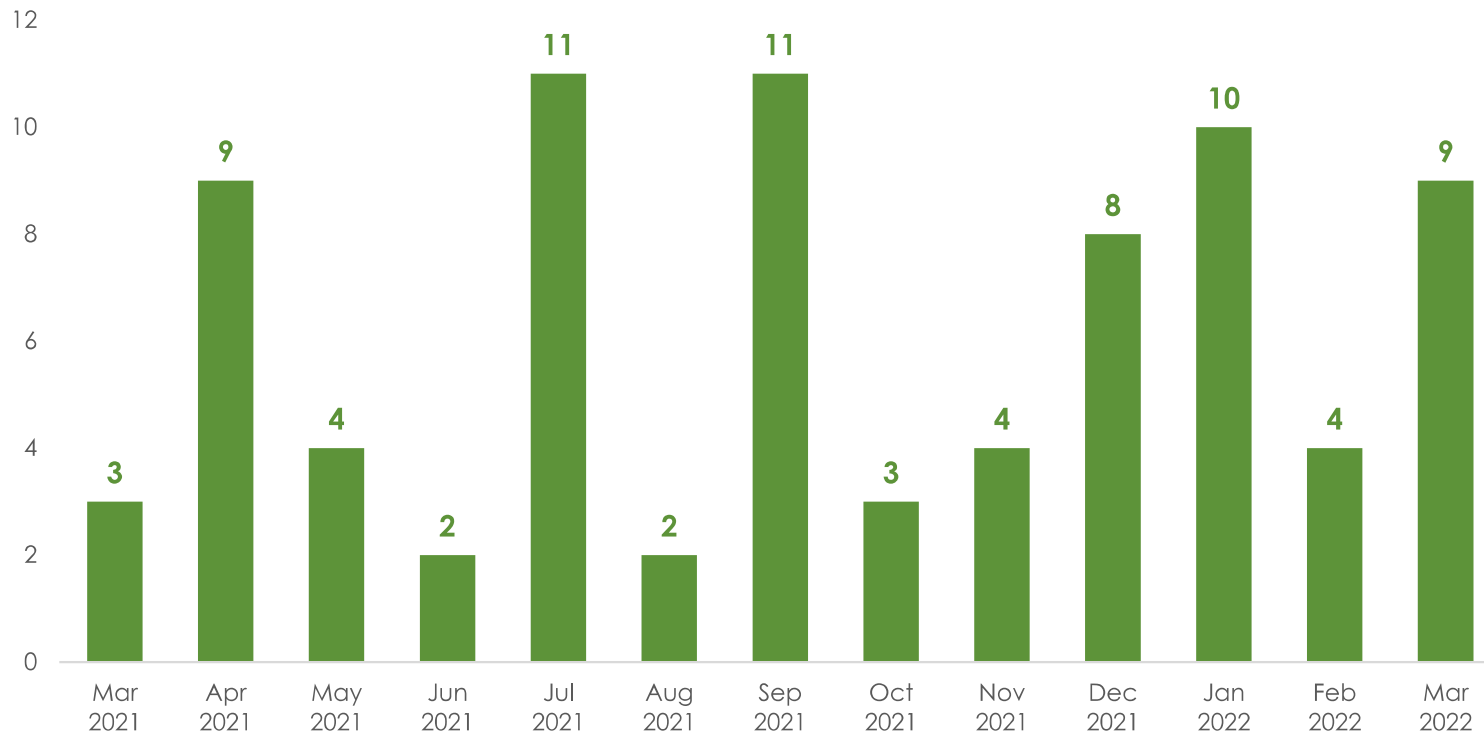
Data Source:

Review Frequency:

Analysis:

GOAL 3: Increase the percentage of connection to care for people with an SMI in jail.**Objective 5:** Collect baseline data to understand the impact of Medicaid expansion with those involved in the criminal justice system.

Number of Medicaid Applications Completed & Submitted for Incarcerated Individuals

**Measure:**

Number of Medicaid applications completed and submitted while individual is incarcerated, by month.

Definitions:**Data Source:**

Lauren Jatton, Reentry
Sarpy Co Jail

Review Frequency:
Quarterly

Analysis:

Oct. 2021: First time viewing data

- MSW-MSCRJ Practicum Student at the Jail: Practicum ended April 30, 2021, started part-time position end of May 2021 and moved to full-time end of Sept. 2021
- COVID impacts this 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

| 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. | Q1 2022 | Vicki will work with Lauren and then Jo and Kim to develop this report |
| b. Distribute final report with Stepping Up Team for feedback. | Winter 2021 | |
| c. Explore funding for ESC after 90 days for the STP program | 2022 | CORE Team |
| 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. Draft a survey | | Jo and Vicki- In process of final review |
| Objective 4: Collect and monitor baseline data to better understand the utilization of antipsychotic Long-Acting Injectables (LAI's). | | |
| a. Jo will collaborate with Wellpath to collect and report on 1 st Generation LAI's and 2 nd Generation LAI's by month. | In-process | |
| Objective 5: Medications at the time of Release: Explore current practice and identify potential strategies to enhance practice. | | CORE Team |
| Objective 6: Explore Fast Track Housing for incarcerated population and Bellevue Housing Authority. Recommendation from Dan Abrua (PRA Consultant) | | CORE Team |

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

Analysis:

Participants

- 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
- Honorable Stefanie Martinez-District Court Judge

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