



Sequential Intercept Model Mapping Report

Sarpy County, Nebraska | May 2022

By Policy Research Associates, Inc

ACKNOWLEDGEMENTS

This report was prepared by Dan Abreu, M.S., CRC, LMHC and Arnold Remington, MA, LIMHP, CPC of Policy Research Associates, Inc. We wish to thank the Sarpy County Administration and Region 6 Behavioral Healthcare for organizing this effort, as well as all of the local stakeholders who participated.

RECOMMENDED CITATION

(May 2022). Sequential Intercept Model Mapping Report for Sarpy County, NE. Delmar, NY: Policy Research Associates.

SIM MAPPING LOCATION

May 5, 2022

Courtyard Omaha Bellevue at Beardmore Event Center
3730 Raynor Parkway, Bellevue, NE 68123

RESEARCH AND INTERACTIVITY

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SARPY COUNTY, NEBRASKA MAP, CITIES, AND LAW ENFORCEMENT

City and Area	2020 Population	Law Enforcement Agency
Bellevue	64,176	Bellevue Police Department
Papillion	24,159	Papillion Police Department
La Vista	16,746	La Vista Police Department
Gretna	5,083	Sarpy County Sheriff's Office
Springfield	1,624	Serving the Cities of Gretna, Springfield*
Unincorporated	78,816	and Unincorporated areas
Source: 2020 US CENSUS, *Wikipedia (2019 Estimate)		
Sarpy County	190,604	

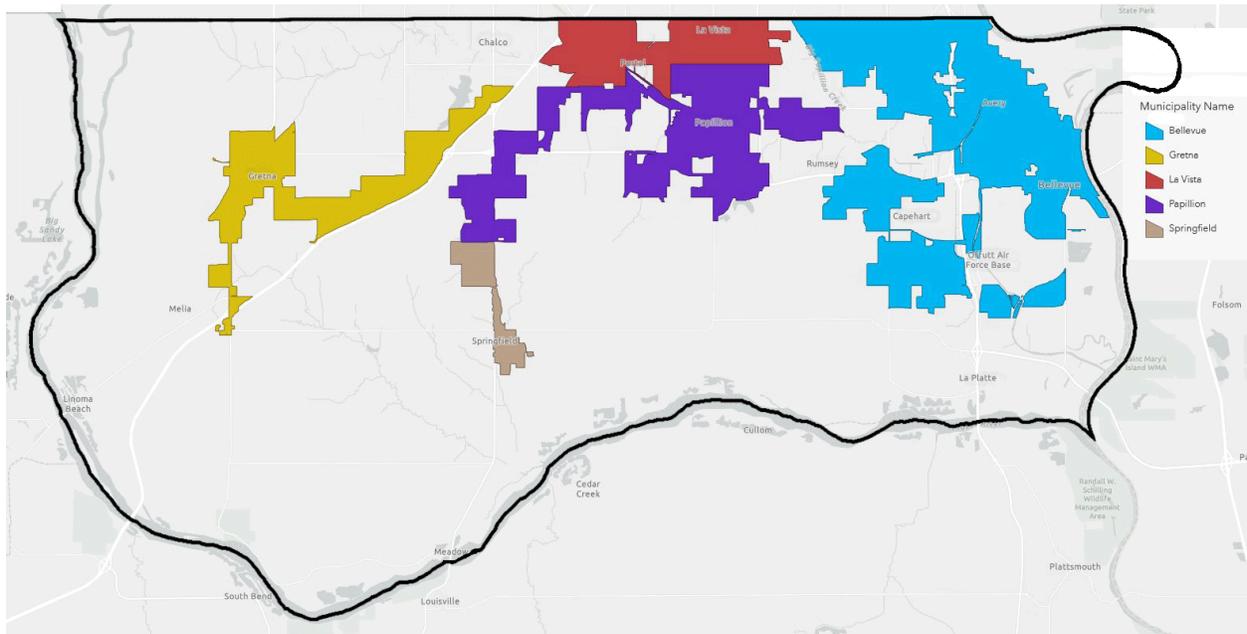


Figure 1 Map of Sarpy County, NE. (Source).



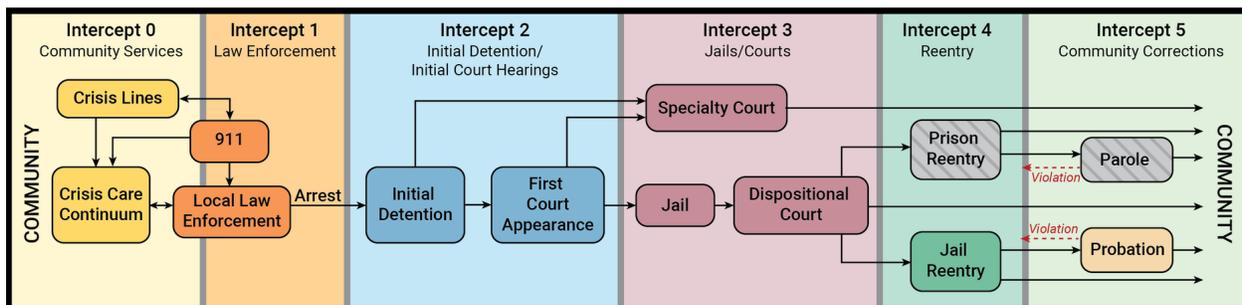
BACKGROUND

The [Sequential Intercept Model](#), developed by [Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.](#), has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal legal and behavioral health systems. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal legal system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal legal system along six distinct intercept points: (0) Community Services, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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INTRODUCTION

On May 5, 2022 about sixty-five (65) stakeholders from the Sarpy County criminal legal system, county agencies, behavioral health services, and other related stakeholders met with staff from Policy Research Associates, Inc. (PRA).

PRA facilitated discussions focused on identifying resources available to respond to the needs of adults with mental and substance use disorders involved in the criminal legal system, as well as gaps in services and opportunities for cross-system collaboration and partnerships.

This report was developed based on information and data captured from these meetings and provided by stakeholders throughout the process.

The PRA facilitators gave a presentation detailing the Sequential Intercept Model and elements to consider while mapping the community.

WELCOME AND OPENING REMARKS

Angi Burmeister, Sarpy County Commissioner 3rd District, provided introductions, thanks, and encouragement to all those participating in the SIM Workshop.

Patti Jurjevich, Regional Administrator for Region 6 Behavioral Healthcare, thanked the group for their participation and provided a review of the 2018 SIM Workshop and Report.

SARPY COUNTY PRIORITIES AND PROGRESS

Dan Hoins, Sarpy County Administrator, described the need for the county to have a more coordinated mental health effort in Sarpy County and discussed the collaboration with Sarpy County Mental Health Leadership team. The team meets on the 4th Wednesday of each month.

A new jail is being built and will contain a behavioral health unit to better serve individuals experiencing a mental health crisis. The new jail is expected to open in July 2023.

In the spring of 2021, Sarpy County and the University of Nebraska signed an agreement to work towards developing Nebraska's first forensic fellowship program to provide psychiatric services to people in the jail system. The county made a \$1.2 million/5-year commitment which would identify the Sarpy County Correctional Center as one of the sites for the new fellowship program.

"At least a quarter of our inmates would benefit from having a psychiatrist on site. This is a groundbreaking program because it's filling in missing pieces that the system is lacking -- to bring better, more accessible psychiatric care to inmates."

Jo Martin, interim Sarpy County Corrections Director¹

¹ UNMC, Sarpy County team for forensic psychiatry fellowship. April 2, 2021. Retrieved from <https://www.unmc.edu/news.cfm?match=27125>.



Jeff Davis, Sarpy County Sheriff, committed a full-time Sergeant to work daily with Dan Hoins and his assistant. Jeff reported that Mental Health First Aid (MHFA) training levels are close to 100% rates of participation. Their vision is to develop a law-enforcement centric mental health crisis response team.

Rob Hillabrand, Sarpy County Sheriff's Department, referenced the previous 2018 SIM Mapping Workshop and reported that this has been used as a road map. Credit was given to Dan Hoins and Sarpy County commissioners for making mental health a priority. Since the SIM, more information has been shared on mental health and coordinated efforts have been focused on partnerships that strengthen the county's response to individuals experiencing a mental health crisis.

The department had intended to deploy the Open Lattice software solution to help collect data on high utilizers, but the vendor stopped supporting the mental health component, so the county was not able to move forward with this software.

In 2020 that Sarpy County was identified as a Stepping Up Innovative County due to the data-driven work of the Stepping Up team. Rob shared that the county has touched every intercept to one degree or another since the last 2018 SIM workshop yet, still identifies there is still much work ahead.

MISSION STATEMENT

As a collective group we believe it is a professional and moral imperative that we take a leadership role to strategically and compassionately identify, treat, and provide ongoing support to people who are suffering a mental health crisis.

GOALS

Individually and collectively, take professional responsibility for decriminalizing mental health in Sarpy County.

Create strategic partnerships with key community stakeholders to serve those in need with the understanding that we can no longer wait for someone else to come in and help us solve this problem.

ACCOMPLISHMENTS

- **Mental Health Unit.** A dedicated, full-time Sergeant was detached from normal law enforcement duties and assigned to coordinate a comprehensive, county-wide training and response program for over 300 law enforcement officers serving in the county and five (5) cities.
- **Sarpy County Correctional Center's Special Management Unit (SMU)** will have an entire thirty-bed (30) unit dedicated to mental health care and will take an innovative approach to helping some of the most vulnerable people who come in contact with the system.
- **State's first Mental Health Court.** Sarpy County is the first county in Nebraska to have launched a dedicated Mental Health Wellness Court.²

² Sarpy County Piloting New Mental Health Court. The Daily Record. 02/11/2021. Retrieved from: <https://omahadailyrecord.com/content/sarpy-county-piloting-new-mental-health-court>



- **University of Nebraska Forensic Psychiatry Fellowship:** A five year, 1.2-million-dollar commitment by Sarpy County to establish an on-site Forensic Psychiatry Unit in our new correctional center.



SARPY COUNTY MENTAL HEALTH LEADERSHIP TEAM



Jim Warren
Commissioner, District 5



Chris Lathrop
Deputy Public Defender



Angi Burmeister
Commissioner, District 3



Lieutenant Jacob Betsworth
Sarpy County Sheriff's Office



Lee Polikov
County Attorney



Mark Walters
Chief Information Officer



Bonnie Moore
Chief Deputy County Attorney



Patti Jurjevich
Region 6 Behavioral Health



Dan Hoins
County Administrator



Sergeant Rob Hillabrand
Mental Health Project
Coordinator



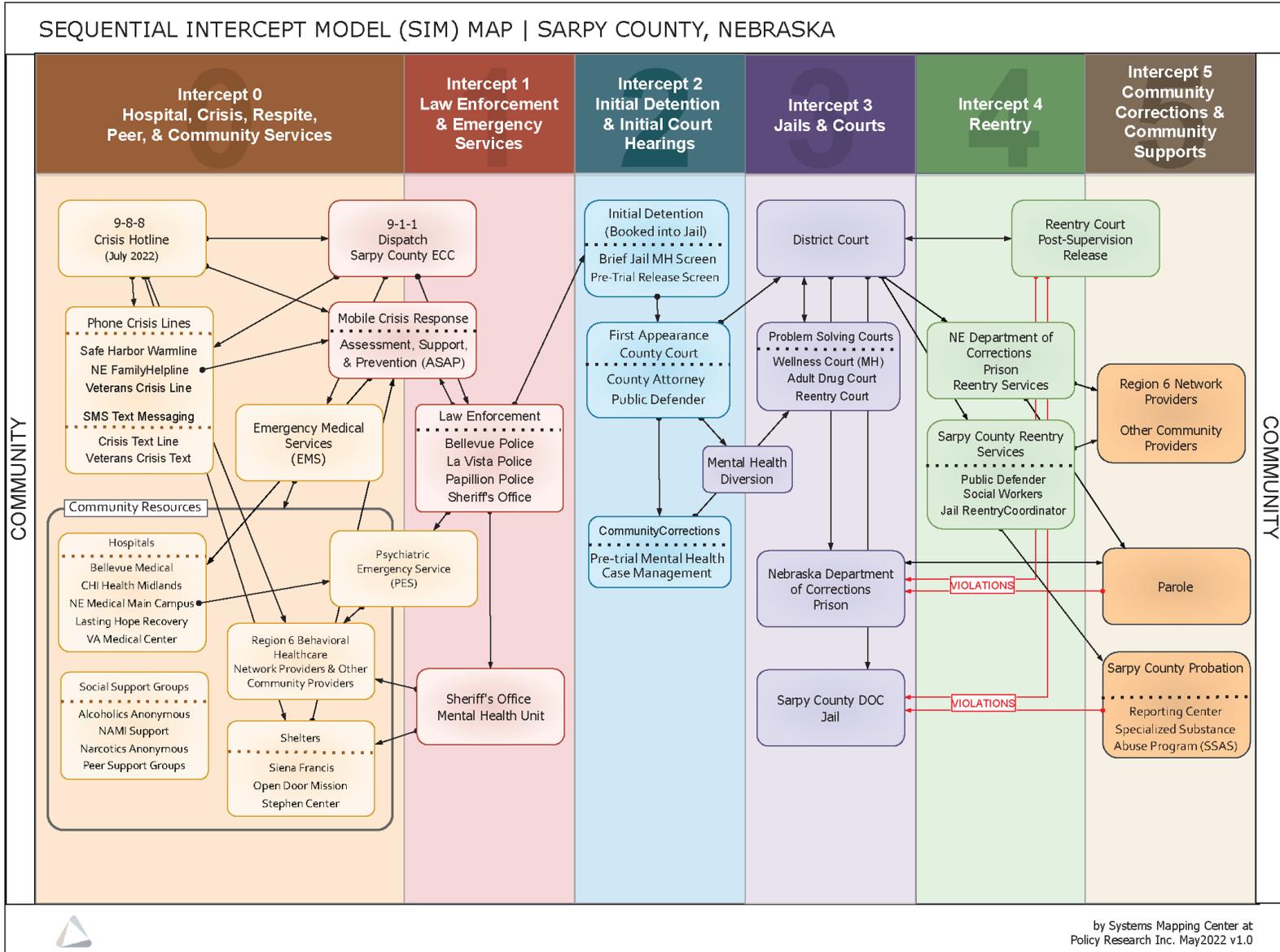
Greg London
Chief Deputy Sheriff



Lisa Haire
Administration Office
Coordinator



SEQUENTIAL INTERCEPT MODEL (SIM) MAP FOR SARPY COUNTY, NE



RESOURCES AND GAPS AT EACH INTERCEPT

The development of a SIM map is the centerpiece of the workshop. As part of the mapping process, the facilitators work with the participants to identify resources and gaps in services at each intercept. This process is important as the behavioral health and criminal legal systems and services are ever changing, and the resources and gaps in services provide contextual information for understanding the local SIM map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps in services and building on existing resources.



INTERCEPT 0 | COMMUNITY SERVICES & INTERCEPT 1 | LAW ENFORCEMENT



RESOURCES

REGION 6 BEHAVIORAL HEALTHCARE

Region 6 is responsible for the planning, developing, funding, monitoring, and evaluating of behavioral health services for several Nebraska counties including Sarpy County. They also coordinate services provided by a network of community providers outlined in their [Region 6 Service Directory](#).³

STEPPING UP

Sarpy County was named an Innovator County by the Stepping Up initiative, which the county has participated in since 2019. The Stepping Up Initiative provides a framework to develop cross-systems and data-driven approaches to tackling the problems of mental illness experienced by people incarcerated. The [Stepping Up Quarterly Reports](#)⁴ and other metrics are on the Region 6 Behavioral Healthcare website.

CRISIS CALL LINES

There are a variety of local and national help line resources that are available for individuals in Sarpy County. In collaboration with state and local agencies Sarpy County is also making preparations for the launch of 9-8-8 in July.

Resources and Descriptions	Contact Information
<p>SAFE HARBOR WARM LINE Safe Harbor is a crisis help line staffed by peers with lived experience. They report that “Nine out of 10 persons who have come to Safe Harbor report that these services averted a hospitalization.”⁵ During the mapping workshop it was reported that Safe Harbor experiences a call volume 700-900 people each month and conducts about 80 visits per month.</p>	<p>Call (402) 715-4226 Visit Website</p>

³ Region 6 Behavioral Healthcare. https://www.regionsix.com/services/service-directory/#mental_health_adult

⁴ Stepping Up, Region 6. Quarterly Reports. <https://www.regionsix.com/programs/criminal-justice-behavioral-health/#sarpy>

⁵ Safe Harbor. Retrieved May 22, 2022. <https://community-alliance.org/we-offer/safe-harbor-peer-crisis-services/>



<p>NEBRASKA FAMILY HELPLINE The Nebraska Family Helpline, available to any family member in crisis is available 24/7. The Helpline is serviced locally by Boy's Town.</p>	<p>Call (888) 866-8660 Visit Website</p>
<p>9-8-8 SUICIDE PREVENTION AND CRISIS LINE (COMING JULY 2022 WITH FULL IMPLEMENTATION BY 2023) Emergency crisis operators will be reachable by dialing 9-8-8. This service provides a non-law enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A Law Enforcement response will be included in cases as needed.</p>	<p>Call 9-8-8 (starting July 2022) Visit Website</p>
<p>2-1-1 NEBRASKA Callers or website visitors seeking human services and other resources will find a rich collection of listings of health, housing, legal, financial, education and many more types of assistance.</p>	<p>Call 2-1-1 Text Zip Code to 898211 Chat Online Visit Website Get the App Android IoS</p>
<p>CRISIS TEXT LINE Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. View metrics from over 7 million conversations since 2013 and learn more about who, what, and when people connect for help. See Appendix D for sampling of Nebraska trends.</p>	<p>Text HOME to 741741 Visit Website</p>
<p>VETERANS CRISIS LINE National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems.</p>	<p>Call (800) 273-8255 Text 838255 Visit Website</p>
<p>OTHER CRISIS LINES Primary care givers, pastors, and faith-based groups also receive calls from individuals in crisis.</p>	

HOSPITALS

Sarpy County is served by several hospitals and the Veteran's Administration Medical Center. Two of those hospitals are in Sarpy County. There are no psychiatric inpatient beds in Sarpy County. Hospitals include:

- **BELLEVUE MEDICAL CENTER**, Bellevue, NE ([Web](#))
- **NEBRASKA MEDICINE** in Omaha, NE ([Web](#))
- **CHI HEALTH MIDLANDS** in Papillion, NE ([Web](#))



- **CHI HEALTH IMMANUEL** IN OMAHA, NE
- **CHI HEALTH LAKESIDE** IN OMAHA, NE
- **CHI HEALTH BERGAN MERCY** IN OMAHA, NE
- **METHODIST** IN OMAHA, NE
- **OMAHA VA MEDICAL CENTER** in Omaha, NE (Veterans Administration) ([Web](#))

9-1-1 DISPATCH

- **THE SARPY COUNTY EMERGENCY COMMUNICATIONS CENTER (ECC)** is a 24/7 9-1-1 emergency services Public Safety Answering Point (PSAP) serving all of Sarpy County, Nebraska. The PSAP is responsible countywide to receive and respond accordingly 9-1-1 and non-emergency telephone calls, as well as dispatch police, fire and emergency medical personnel. Dispatch staff includes thirty-two (32) full-time dispatchers, four (4) senior dispatchers and four (4) lead dispatchers.⁶ Fifty percent (50%) of dispatchers are trained in Mental Health First Aid (MHFA), a skills-based training program to teach participants about mental health and substance-use issues and how they can best lend support to those with related challenges.

The PSAP handles emergency radio communications for:

- Sarpy County Sheriff's Office
 - Bellevue Police Department
 - Bellevue Fire Department
 - Papillion Police Department
 - Papillion Fire Department
 - La Vista Police Department
 - Springfield Fire Department
 - Gretna Fire Department
 - Metropolitan Community College Police Department
 - Wireless calls for Offutt Air Force Base
- The phone number 9-8-8 has been designated by the Federal Communications Commission (FCC) as a primary crisis line which will route callers to the National Suicide Prevention Lifeline⁷. Callers will be connected with trained counselors from the Lifeline network. These counselors will listen and provide support or resources, including notifying 9-1-1 for people who appear to be in life-threatening situations. All U.S. telephone providers must route all 9-8-8 calls by July 2022.
 - Plan for web-based communication tool to be implemented within two (2) months.

CRISIS SERVICES

- **LASTING HOPE RECOVERY CENTER** is an adult psychiatric assessment center with inpatient psychiatric services operated by CHI Health. The facility receives referrals from area professionals, accepts walk-in clients, and provides quick drop-off capabilities for law enforcement.

⁶ Sarpy County Emergency Communications 2021 Year in Review. Retrieved May 23, 2022. <https://www.sarpy.gov/Archive.aspx?ADID=360>.

⁷ The Lifeline and 9-8-8. Retrieved May 22, 2022. From: <https://suicidepreventionlifeline.org/current-events/the-lifeline-and-9-8-8/>.



- **PSYCHIATRIC EMERGENCY SERVICE (ADULT PES)** operated by Nebraska Medicine is an emergency room staffed by psychiatrists and an array of psychiatric nurses and support staff, as well as peer support specialists. Although the facility is designed for adults but, could accommodate children and adolescents as well. Patients can walk-in or be transported by ambulance or law enforcement. The PES is equipped with a Triage/Interview area, six (6) closely supervised private rooms, and lounge chairs for up to twelve (12) moderate-risk patients. The primary goals of the Adult PES are:
 - Rapid assessment and initial treatment for consumers in psychiatric crisis.
 - Shorter stay in the emergency medical setting while ensuring medical stabilization.
 - Symptom stabilization and transfer to the right level of care - including home.
 - Increased availability of community inpatient beds for those who need them.
 - Management of psychiatric crises in a setting tailored to the needs of consumers.
 - Consumer and family satisfaction with services provided.
- **OPEN DOOR MISSION** offers nine-hundred seventeen (917) safe shelter beds to people experiencing homelessness. Open Door has on on-site mental health therapist on staff and a part-time psychiatric nurse.
- **STEPHEN CENTER** is an emergency shelter that also provides substance-use treatment as well as permanent supportive housing units.
- **SIENA FRANCIS HOUSE** is a four-hundred fifty (450) bed emergency shelter that opened in 2019. Siena Francis House, Open Door Mission and the Stephen Center located in Omaha (Douglas County) are three homeless shelters serving Sarpy County residents with various programming that includes mental health services. In certain circumstances, law enforcement can transport people to shelters.
- **COMMUNITY MENTAL HEALTH CENTER** although located in Douglas County the CMHC Detoxification services are available to Sarpy residents. CMHC provides detox services for people arriving voluntarily and involuntarily. This program admits individuals with a BAC (Blood Alcohol Content) of up to .40, while individuals with a BAC higher than .40 must first be cleared by an Emergency Department (ED).

LAW ENFORCEMENT/OTHER FIRST RESPONDERS

- Mental Health Unit – a dedicated, full-time Sergeant has been detached from normal law enforcement duties and assigned to coordinate a comprehensive, countywide training and response program for more than three hundred (300) law enforcement officers serving in Sarpy County and the five cities.
- Law Enforcement carries Narcan, but Opioid epidemic has not been as impactful. Methamphetamine is a huge problem.

MOBILE CRISIS RESPONSE:

- Assessment, Support, and Prevention (ASAP) is an on-site Mobile Crisis Response program and provides an average of eight-minute (8) response time on a 24/7 basis. Law Enforcement and ASAP always are on-scene together. ASAP ensures people in crisis are initially connected to resources and provides 90-days of follow-up case management and a thirty (30) day follow-up



visit.

- Law Enforcement has had a good relationship with ASAP.
- ASAP provides a resource sheet for Law Enforcements' reference.
- Law Enforcement utilizes fifty (50) tablets for telehealth purposes and connecting with ASAP.
- Correctional officers are also provided ASAP tablets.
- Shelters, law enforcement and the Nebraska Family Helpline are able to activate Mobile Crisis Response.
- When needed, ASAP can respond to the jail.

OTHER

- **CENTERPOINTE CAMPUS FOR HOPE** although located in Douglas County is available to Sarpy County residents with co-occurring disorders and provides short-term residential treatment programs.
- **COMMUNITY ALLIANCE** provides integrated health care to address mental, physical and social wellbeing. Community Alliance received a portion of American Rescue Plan (ARP) funds through recent passage by the Nebraska Legislature of [LB1014](#) to expand mental health services and building new treatment facilities.
- **BELLEVUE HOUSING AUTHORITY** received American Rescue Plan (ARP) funds and Federal Emergency Management Agency (FEMA) dollars.
- The **TELEHEALTH IMPLEMENTATION GUIDE**⁸ created by Houston Police Department's Frank Webb is a valuable resource for Law Enforcement.

GAPS

CRISIS CALL LINES

- Federal law requires all telephone carriers to provide 9-8-8 access by July 2022⁹. However, there have been challenges implementing a respective service since to date no state or federal funding sources has been made available.
- 9-8-8 also carries challenges in relation to geo-location of callers, interactions between the Public Safety Answering Point (PSAP) the 9-8-8 Lifeline service by Vibrant, and the Nebraska Family Helpline operated by Boy's Town who can currently dispatch ASAP services. Other issues include the question of liability, training of Law Enforcement, and the source of funding.
- There are fears about increases in demand for responses related to the launch of the 9-8-8 service.

* From 2018 SIM Report

⁸ [Telehealth Implementation Guide](http://www.harriscountycit.org/wp-content/uploads/Implementation-Guide-June-9-2020-1.pdf). Harris County Sheriff's Office. Retrieved May 22, 2022. <http://www.harriscountycit.org/wp-content/uploads/Implementation-Guide-June-9-2020-1.pdf>.

⁹ Website. Suicide Prevention Hotline (9-8-8). Federal Communications Commission (FCC). Retrieved May 22, 2022. From: <https://www.fcc.gov/suicide-prevention-hotline>.



9-1-1 DISPATCH

- There is a need for an expansion of training of 9-1-1 staff in relation to identifying the prevalence of, and dispatching appropriate responses to those with mental health, substance-use, and co-occurring disorders.
- There are plans in the works to develop a CIT training program for 9-1-1 dispatch team.
- *9-1-1 Emergency Communications does not have the capability to transfer calls to a warm line or a crisis line.
- *There is limited linkage between 9-1-1 operators and dispatching CIT trained officers.

MOBILE CRISIS RESPONSE (MCR)

- The community needs an option to utilize a dedicated non-law enforcement MCR service. Currently, law enforcement remains on-scene while MCR is conducting their assessment.

HEALTHCARE

- What training and clinical resources are needed for hospital Emergency Departments in Sarpy County?
- Emergency Department boarding people on a Mental Health Board Commitment, long waits.
- How does the county address criminalized behavior of agitated people in the Emergency Departments?
- *There is no dedicated person on-site or otherwise available to Emergency Department staff to help address people presenting with a behavioral health crisis. The two hospitals in Sarpy County do not provide full time psychiatric services. Bellevue Medical Center utilizes tele-psychiatry, but this is generally only available in the evenings and on the weekends.
- *An individual can be waiting in a Sarpy County hospital ED anywhere from one hour to several days when waiting for inpatient psychiatric care to be available, should the individual be assessed as needing inpatient care.
- *There is no detox facility located in Sarpy County. Individuals must be transported to the detox service (operated by DCCMHC) at the Centerpointe Campus for Hope in Omaha. If the individual's BAC is over .40 or they need medical clearance, they are taken to the nearest ED.
- There are no local inpatient psychiatric services in Sarpy County.

LAW ENFORCEMENT/OTHER FIRST RESPONDERS

- The county has not determined the law enforcement specialized response model that will be utilized by the mental health unit.
- There is a need for a process or resource that updates Law Enforcement with current and available resources. Perhaps utilizing a mobile APP?
- Transporting people to the Lasting Hope CHI Health psychiatric facility takes up an excessive amount of officer time and removes them from service.
- There has been some field resistance by officers around utilizing the telehealth resource.
- There is a need to disseminate more wellness resources for 1st responders (Employee assistance programs (EAPs), 1st responder associations, and peer support groups and associations).
- Law enforcement becomes frustrated and concerned that the two nearest hospital emergency departments (both in Sarpy County) do not have full-time psychiatric support available 24/7.



When individuals are evaluated in one of the ED's in Sarpy County and determined to need in-patient psychiatric care, there appears to be confusion about who is and who should be responsible for providing transportation to the in-patient hospital.

- There is a need for a clear and consistent communication to law enforcement agencies about (how to access, and under what circumstances) the PES in Omaha should be considered. Do all individuals require medical clearance through Nebraska Medicine Main Campus Emergency Department?
- Law enforcement is not aware of the continuum of crisis services that are available and how to access these services.

HOUSING

- There is a need for housing and related support services
- There are no emergency shelters available to serve those experiencing temporary homelessness
- There are housing needs for those with sex offenses.
- Local Housing Authority has local restrictions that dramatically hinder potential housing operator's ability to offer their services.
- Siena Francis House residential substance treatment program in Douglas County might be underutilized

PEER SUPPORT

- Utilize non-licensed staff. (Albuquerque and other models)

TRANSPORTATION

- *There is a lack of public transportation to access services in the county. Thus, when individuals are released from the hospital and jail, they have limited options for transportation.
- *Lack of transportation is a gap in this intercept.

COLLECTION AND SHARING OF DATA

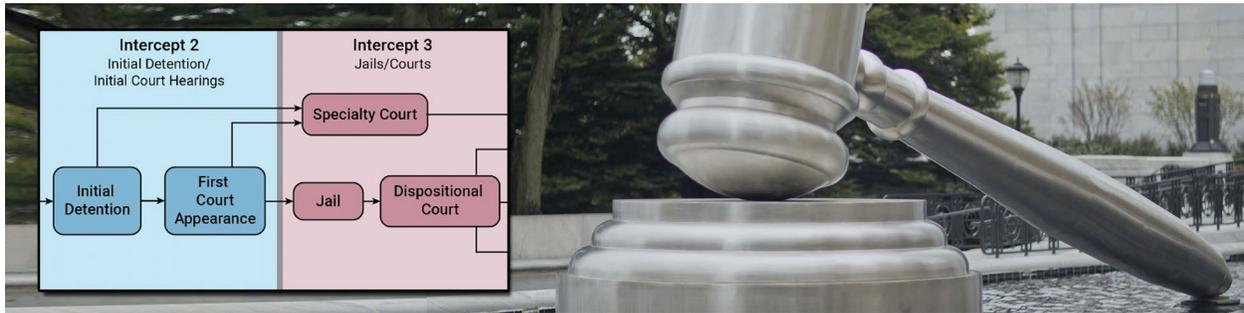
- Bed Resource strategy is not fully utilized (Open Beds).
- There is a need for data sharing within the metro area.
- It may also be beneficial to develop a data sharing platform between the Criminal Justice and Behavioral Health systems.

OTHER

- Wait times for treatment facilities can be 3-6 weeks for residential substance use treatment
- No local Medication Assisted Treatment (MAT) provider located in Sarpy County; BAART is located in Omaha.
- The available capacity of some resources are impacted by things like construction, staffing shortages, and funding.



INTERCEPT 2 | INITIAL DETENTION & COURT HEARINGS AND INTERCEPT 3 JAILS & COURTS



RESOURCES

BOOKING

- First appearance hearings occur within 48-hours and a Public Defender is assigned (when requested and eligible).
- Jail booking staff administer the Brief Jail Mental Health Screen (BJMHS).

FIRST APPEARANCE

- Homeless veterans are referred to the Veteran's Administration (VA) Veteran's Justice Outreach (VJO) program whose mission is to end veteran homelessness.

JAIL BEHAVIORAL HEALTH SERVICES:

- A nurse practitioner is available one (1) day per week and whose hours will be increasing to provide increased access.
- A full-time L.M.H.P. is available for screening and crisis intervention.
- A full-time Reentry Coordinator is available for reentry planning and facilitates evidence-based groups.
- In-reach opportunities have been expanded as collaborations with community-based providers has increased.
- Approximately one and a half (1.5) years ago the Stepping Up team developed a Specialized Transition Program (STP) to provide case management supportive services to individuals with high behavioral health needs. The STP case manager meets with individuals while they are incarcerated and continues to provide support for approximately sixty (60) days after their release.

DIVERSION

MENTAL HEALTH DIVERSION

Mental Health Diversion is an alternative focused on rehabilitation that helps clients stay on track with therapy, medications, and appointments. The Sarpy County Attorney's Office developed its Mental Health Diversion program seven years ago under the leadership of Sarpy County Attorney Lee Polikov.



PROBLEM-SOLVING COURTS

WELLNESS COURT

In early 2021, Sarpy County launched the Wellness Court, Nebraska's first dedicated Mental Health Court. Candidates for the court must first be evaluated for suitability, plead guilty to their charges, and then work with a dedicated Judge, prosecutor, defense attorney, treatment providers, and law enforcement. Candidates then work through various treatment and community services, get their housing firmly established, and remain free from alcohol and substance-use.

The court focuses on felony offenders with a major mental health diagnosis and have been known to be high-risk and high-need clients. The goal is to fully enroll candidates within forty-two (42) days from referral. The capacity for the Wellness Court is one supervision officer to 24 program participants over an 18-24-month program period. The Wellness Court identified and enrolled its first participant in March 2021.

REENTRY COURT

In 2016 the Nebraska Legislature passed [LB919](#), which authorized the expansion of the definition of Problem-Solving Courts to include Reentry Courts. The Nebraska Supreme Court approved the standards in June 2017 and authorized the establishment of the Sarpy County Reentry Court on January 3, 2018.

Nebraska Reentry Courts are designed for high-risk and high-need individuals who are reentering society from incarceration on a term of post-release supervision from prison. Similar to other problem-solving courts, reentry courts operate under a team approach where a judge, prosecutor, defense counsel, coordinator, community supervision officer, law enforcement, treatment provider(s), and other key team members work together to design an individualized program for each participant. The court's goal is to protect public safety and reduce recidivism. Intensive community supervision and interaction with a judge in non-adversarial court hearings verifies compliance with treatment and other court-ordered terms.

To qualify for reentry court, individuals must have had a felony and be placed on parole supervision for from nine (9) to twenty-four (24) months and have an LC-CMI score between twenty (20) and forty (40).

DRUG COURT

The Sarpy County Adult Drug Court is a program that can be shorter and can be longer depending on Individual. The length of the Drug Court will be long enough to allow participants to maintain recovery, develop coping and relapse prevention skills and transition to and maintain compliance with a long-term recovery plan, This will be determined on an individual basis depending on each individual's program plan. The Drug Court is divided up into five phases, A new individual program plan will be completed in each phase.



The goal of Drug Court is to provide a therapeutic setting combining rehabilitation to reduce the likelihood of future crimes committed by participants. When a participant successfully completes the program and has met all graduation requirements, he/she shall graduate from the program. Graduation from the program means that all charges shall be dismissed, and the arrest will be removed from the participant's record. The Drug Court targets individuals that have been arrested for non-violent felony drug offenses or offenses that are felony non-drug, non-violent offenses with indication of drug use, admitted to committing the offense to support habit, admitted to being under the influence at the time the offense happened. These individuals referred to as high-risk and high-need individuals.

PRETRIAL/COMMUNITY CORRECTIONS

MENTAL HEALTH INTENSIVE CASE MANAGEMENT

Mental Health Intensive Case management is a specialized form of pre-trial managed through the Community Corrections that helps monitor clients and connect them with resources such as, therapy and medication management.

GAPS

BOOKING

- Majority of clients booked with substance use issues are methamphetamine-related offenses.
- *Law enforcement does not consistently communicate all pertinent information to the Sarpy County Jail staff which then can prevent information from being shared with court personnel.
- *Approximately one-third (1/3) of all inmates bond out before any referrals for mental health or substance use assessments or treatment can be made.

PROBLEM-SOLVING COURTS

- There is not yet a dedicated Veterans court. The county is currently in the planning process and is awaiting the necessary funding.
- There is a lack of information sharing such as obtaining medical records or people's status between preferred providers and the specialty courts.
- *Veterans who are a candidate for Drug Court can participate in the Douglas County Veteran's Drug Treatment Court; Sarpy County does not have this type of specialized treatment court for veterans.

*2018 SIM Identified Gap



INTERCEPT 4 | REENTRY AND INTERCEPT 5 | COMMUNITY CORRECTIONS



RESOURCES



New Sarpy County Correctional Center (SCCC) opening soon¹¹



The new SCCC Behavioral Health Unit

JAIL SERVICES

- The county is building a new Correctional Center due to current overcrowding, the need for a mental health unit and medical clinic will improve the progression of people being served throughout the facility. The new center will also include modernized open-air indoor recreational facilities built right into each of the major housing areas. Anticipated opening is in January 2023.
- Curriculum currently in use by the jail has been proven to reduce recidivism rates (Moral Reconciliation Therapy (MRT), Interactive Journaling).
- Jail based competency restoration program is now being explored as a recent statute change which now allows for outpatient competency restoration.

¹¹ Virtual tour of the new Sarpy County Correctional Center. Retrieved May 24, 2022. From https://youtu.be/6aFJ3B_hgzM.



PRISON

The Nebraska State Penitentiary deploys a Reentry Team to work with people as they transition from prison to parole or other release. They produce a National Department of Correctional Services (NDCS) Reentry Guide¹² and Reentry Workbook¹³.

COMMUNITY REENTRY

- The Metropolitan Community College's [180 Re-entry Assistance Program](#) (180 RAP) serves both incarcerated and released individuals. 180 RAP provides services and support to help to ensure those enrolled meet their education and employment goals including assessment and guidance services as well as funding for classes.
- DOC Trauma program for men.
- Probation has a trauma program for men and women delivered by service providers.
- Reporting center offers a variety of classes -treatment, parenting, support, trauma, employment, domestic violence, victim empathy – anyone can attend but target high-risk population

GAPS

JAIL SERVICES

- The Specialized Transition Program (STP) is limited to providing assistance for only ninety (90) days. Most individuals need this type of case management much longer.
- People being released from jail are provided a seven (7) day supply of medication, which is sometimes not enough and doesn't last until they can see a community provider.
- Some community residential treatment providers require thirty (30) days of medication in order to be admitted into their program.

COMMUNITY REENTRY

- Ensuring eligible people are enrolled with a Medicaid Managed Care Organization (MCO) providing healthcare insurance and services, upon release.
- *There is a lack of safe and affordable low-income housing in Sarpy County at this Intercept.

OTHER

- The Lincoln Regional Center (LRC) is not meeting the community need for competency restoration. On average, it takes individuals in custody (jail) one hundred twenty-five (125) days or just over four (4) months before they can begin their competency restoration treatment at the

*2018 SIM Identified Gap

¹² NDCS Reentry Guide. May 22, 2022. Retrieved from:
https://www.corrections.nebraska.gov/sites/default/files/ndcs_reentry_guide_2.pdf

¹³ NDCS Reentry Workbook. May 22, 2022. Retrieved from:
https://www.corrections.nebraska.gov/sites/default/files/wysiwyg/ndcs_reentry_workbook_1.2021.pdf.



Lincoln Regional Center. Nebraska did recently enact statute [LB1223](#), introduced by Lincoln Sen. Matt Hansen, DHHS would be required to reimburse counties for lodging a defendant at a rate of one-hundred dollars (\$100) per day after the first thirty (30) days if a judge orders a defendant to be committed to the Lincoln Regional Center to receive competency treatment and the defendant remains in the county jail.

- The Nebraska Total Care case managers are not aware when individuals are in jail.
- Tracking individuals on outpatient Mental Health Board Order (MHB) commitments has been challenging.
- The use of Vivitrol for opioid-dependent people in jail only recently started. Medicated Assisted Treatment (MAT) protocols could be reviewed and enhanced.
- *As with the other Intercepts there is a lack of transportation options to get individuals to meetings and appointments.
- *Most residential treatment programs are located outside of Sarpy County

* 2018 SIM Identified Gap



PARKING LOT

Some gaps identified during a SIM workshop are too large or in-depth to address during the workshop itself. There may also be additional stakeholders needed to address the parking lot items than are present at the SIM. Those items identified during the SIM are listed here:

1. Timely intervention for juveniles in crisis and juveniles cited
2. Juveniles aging out of child welfare system
3. Engagement of the Housing Authority
4. Juvenile diversions - wait times and travel challenges
5. Explore possibility of a SIM-focus on the youth system

PRIORITIES FOR CHANGE

The priorities for change are typically determined through a voting process following the discussion of gaps and resources. Workshop participants are then asked to identify and vote on a set of priorities.

At this SIM Mapping Workshop, however participants elected to forgo voting on priorities as they are currently working in partnership with the Stepping Up team and as such have already identified several priorities. Those priorities were discussed in breakout groups led by a Stepping Up team members. They include:

1. Create a Sarpy County-specific Emergency-System Workgroup specifically focused on the emergency behavioral health system.
2. Improving collaboration among providers serving both the Criminal Justice and Behavioral Health systems
3. Board of Mental Health – Upcoming Changes / Seek input

Summaries of the Action Plans the breakout groups developed are detailed below. The Stepping Up Steering Committee will be responsible for facilitating future workgroup discussions and for bringing updates back to the Stepping Up team that meets quarterly. This will provide a feedback mechanism for communication and accountability.



STRATEGIC ACTION PLANS

PRIORITY AREA #1: SARPY COUNTY-SPECIFIC EMERGENCY WORKGROUP

Item	Objective	Action Step	Who	When
1.1	Improve Stakeholder Knowledge and Engagement	<ul style="list-style-type: none"> Initiate Stakeholder Workgroup, identify needs and goals 	Rob Hillabrand/Curt Vincentini	
1.2	<p>Educate Law Enforcement</p> <p>Problem solve the gaps identified on page 16 and 17.</p> <p>Improve communication about access to PES treatment and availability</p> <p>Identify and communicate the desired law enforcement response to EPC's, take to local ED's or drive to Omaha (LHRC, PES, Immanuel)</p>	<p>Educate Law Enforcement about:</p> <ul style="list-style-type: none"> Available UNMC Services Alternatives to UNMC Identify criteria and protocol when engaging clients assaulting UNMC staff and educate stakeholder 	Rob Hillabrand/Curt Vincentini	
1.3	Explore psychiatric supports to Midlands Hospital and Bellevue Med. Center ED's		Rob Hillabrand/Curt Vincentini	



PRIORITY AREA #2: IMPROVING CRIMINAL JUSTICE & BEHAVIORAL HEALTH PROVIDER COLLABORATION

Item	Objective	Action Step	Who	When
2.1	Locating Clients & Accessing Info from Sarpy County Jail	<ul style="list-style-type: none"> Add people to arrest report email list Develop a guide to give providers, RE: What to do with client information and communications with jail? Improve communication from community providers (update contact person) Communication about evaluation when client is released from jail 	Workgroup	
2.2	Wellness Court Records <ul style="list-style-type: none"> Evaluations Timely Records Access 	<ul style="list-style-type: none"> Partner with one agency to do evaluations and treatment Carve out contact for each agency / Agreement Form Better understanding of HIPAA laws and sharing of client records among agencies Identify data to track timeliness of receiving records – helps evaluators get collateral 	Workgroup	
2.3	Agency Communication	<ul style="list-style-type: none"> List of main contacts Better mechanism for sharing initiatives and information Regular face-to-face Zoom meetings 	Workgroup	



- Periodically check if intake contact is accurate

2.4	Staff Shortage Cross-System Data Sharing	<ul style="list-style-type: none"> ▪ Cross system data sharing – look for gaps to drive services and funding 	Workgroup
2.5	Continue Workgroup	<ul style="list-style-type: none"> ▪ Hold monthly Zoom meetings ▪ Identify missing members 	Ashley Berg will coordinate meetings and send agenda
2.6	Topic Preference	<ol style="list-style-type: none"> 1) Guide 2) Records 3) Agency Contacts 4) Data Sharing 	<ol style="list-style-type: none"> 1. Alee, Carissa, Kim, Taylor, Laruen, PTR 2. Peg, Michelle, Kim, Lauren 3. Brad, Taylor, Candice, Lauren, Miles 4. Jake, Kim, Judge Martinez



PRIORITY AREA #3: UPCOMING CHANGES TO THE BOARD OF MENTAL HEALTH (BMH)

Item	Objective	Action Step	Who	When
3.1	Improve Communication with Providers	<ul style="list-style-type: none"> ▪ Region 6 coordinator – waiting for approval ▪ Training with providers ▪ Training <ul style="list-style-type: none"> ○ Police Department office ○ County Attorney 		
3.2	Some providers not willing to treat individuals on a BMHC			
3.3	Communications between agencies			
3.4	Education of families	Families can understand process		
3.5	Payment for treatment			

This workgroup will not continue post SIM. Will re-evaluate as the new Board of Mental Health processes are implemented.



RECOMMENDATIONS

The Sarpy County mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

By building on solid community commitment and collaboration, Sarpy County has a wealth of resources, yet the county is still a system dealing with gaps that are mostly related to the proximity of resources which places a burden on local resources such as emergency departments. The following recommendations are all provided with this overarching recommendation in mind.

1. EXPLORE A FIRST RESPONDER'S PROGRAM

Identify the model that will be used by law enforcement's specialized response to mental health crises. Options to consider include crisis intervention teams, co-responder teams, law enforcement assisted diversion, mobile crisis teams, disability response, EMS -based services (Cahoots), and more.

2. 9-8-8 PREPAREDNESS

9-8-8 roll out was discussed during the Sequential Intercept mapping and is a recommendation for Sarpy County, although call volume and community impact of 9-8-8 is yet to be determined. Funding was raised as an issue, but this is more of a parking lot item as the state and Region 6 will need to coordinate these details with the county in order to determine that amount of funding needed to meet the demand. In preparation for this, the Mobile Crisis Response program operated by Heartland Family Services will need to look at their resources and assess county needs to develop a response program that can address community needs as well as identify costs and types of services they are able to provide and to meet the 9-8-8 goals of, "Someone to Call, Someone to Respond and Someplace to Go".

3. EMERGENCY DEPARTMENT SUPPORT AND LOCAL CRISIS CENTER

It was identified that there is a lack of mental health support in the Emergency Departments in Sarpy County. The questions raised, is there a need for a Psychiatric Emergency Service (PES) to be developed in Sarpy County? Does data support this? Based upon these questions and discussion during the Sequential Intercept Mapping, this is a two-part recommendation addressing immediate and long-term solutions.

Immediate: There is an opportunity for Sarpy County to increase PEER services by adding Peer advocates in the Emergency Department. These individuals can be trained to assist those in mental health crisis both during the period the individual is waiting to be seen and they can be a resource post crisis to assist in connecting them to much needed resources in the community. PEER services can become a hand off point in the emergency system and increase follow through with services by preventing individuals from walking out before they are seen. There are many Peer models across the country that could be replicated in Sarpy County and these services could prove beneficial in taking some of the pressure off the system. Sarpy County would also be encouraged to explore opportunities to utilize Peer Services throughout the five (5) intercepts.

Long Term: Sarpy County identified that local law enforcement underutilizes the PES in Omaha due to its distance from the County. This in turn places a heavy burden on the local emergency system. Sarpy



County would be encouraged to review data to include number of calls, repeat calls, wait times etc. to determine the feasibility of developing a crisis center/PES in Sarpy County. In addition, Dr. Sheryl Kubiak, of Wayne State University found in her report, Mental Health Across the Criminal Legal Continuum: A Summary of 5 Years of Research Across 10 Counties that for every 1-mile increase in the distance between the call location and the crisis center, officers were 1% less likely to take the individual to the crisis center.

4. TREATMENT WAIT TIMES

Wait times for services was identified during the mapping and although this impacts all intercepts, they are especially important at Intercepts 0 and 5 where the community is trying to prevent a person from entering the justice system or facilitate a successful reentry from the justice system.

Sarpy County is not unique in this process as it impacts communities across the country. This is especially true as it relates to residential treatment for substance use disorders. Case managers and PEERS can play a crucial role can mean the difference between a diversion program or entry into the justice system by providing needed support to the “at risk” and “reentry population.” This can include housing needs, medication access, transportation as well as general support. All of these are often overlooked in systems but can have significant impact in reducing emergency system utilization which also translates to cost savings for the community. These services also create warm handoff points should the person come into contact with the justice system which can translate to a Diversion rather than a booking.

These case management and peer-model programs could also be bridged with the specialty courts and can assist individuals in successfully completing requirements of the courts.

This recommendation also aligns with the Stepping Up Key Measures Goal 3 which is to Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail.

5. DATA-RELATED PRACTICES

At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.

This recommendation was from the 2018 mapping but is still relevant and encouraged for Sarpy County in 2022. Data should be used to assess needs based upon the identified GAPs in this report and to support funding requests to meet those needs.

Improving cross system data collection and integration is key to identifying high user populations, justifying expansion of programs, and measuring program outcomes and success. Creating a data match with information from local/state resources from time of arrest to pre-trial can enhance diversion opportunities before and during the arraignment process.

Data collection does not have to be overly complicated. For example, some 9-1-1 dispatchers spend an inordinate amount of time on comfort and support calls. Collecting information on the number of calls, identifying the caller and working to link them to services has been a successful strategy in other communities to reduce repeated calls. In addition, establishing protocols to develop a “warm handoff” or



direct transfers to crisis lines can also result in directing calls to the most appropriate agency and result in improved service engagement.

Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the jail, sentenced to prison, placed on probation, etc.

A mental health dashboard can also be developed to monitor wait times in hospitals for people in mental health crises and transfer times from the emergency department to inpatient units or other services to determine whether procedures can be implemented to improve such responses. These dashboard indicators can be employed by a county planning and monitoring council to better identify opportunities for programming and to determine where existing initiatives require adjustments.

- The sharing of data and information between the criminal justice and behavioral health systems must be considered during Sarpy County's planning efforts to create a comprehensive criminal justice system that creates the necessary resources to increase recovery and decrease the over-utilization of jails and emergency departments.
- Over the past year, the Sarpy County Jail leadership has made tremendous strides with their data collection efforts, especially as it relates to inmates with a serious mental illness. The Stepping Up Initiative has provided the impetus for this data collection. However, additional effort is needed to connect the jail data with 9-1-1 call center data, law enforcement data and behavioral health data.
- Incorporate data obtained via the Stepping Up initiative in planning and evaluation processes.
- Explore a county-wide data warehouse that combines criminal justice information from major local public safety agencies (9-1-1, police, sheriff, county attorney, courts, probation) with regional behavioral health data that allow for the linking and sharing of person information sharing across systems. Integrating behavioral health data with criminal justice data in order to improve the response to individuals who cycle between the justice system, behavioral health emergency systems will provide policy maker and analysts with essential tools for data-driven and evidence-based decision making.
- Consider the creation of a county Data Analyst position.
- Explore what other counties have done in this area.

Join the Arnold Foundation and National Association of Counties (NAoC) Data Driven Justice Initiative (DDJ) now reopened as the [Familiar Faces Initiative](#). The publication "[Data-Driven Justice Playbook: How to Develop a System of Diversion](#)" provides guidance on development of data driven strategies and use of data to develop programs and improve outcomes.

See also the Data Analysis and Matching publications in the Resources section.

6. TRANSPORTATION

Increase and improve transportation options.



At all intercepts as with the 2018 mapping Transportation remains an issue and oftentimes a barrier for Sarpy County. The recommendations from the 2018 mapping still apply, including:

A jurisdiction in Texas with coordination from the Public Defender utilized retired veterans to assist with transportation needs of those being released from jail. This or something similar may be an opportunity. Transportation is frequently identified as a priority by communities across the country. Yet, nationally, few program models or planning strategies have been identified to address this critical component of service access.

The Ohio Association of County Behavioral Health Authorities published “White Paper: Criminal Justice and Behavioral Health Care, Housing, Employment, Transportation and Treatment” (January 2015). The White Paper describes three transportation initiatives:

1. The NET – Plus initiative in Wood County, Ohio. NET Plus program coordinates transportation resources for Medicaid eligible populations and funds transportation for non-Medicaid eligible populations.
2. The Hardin County Volunteers in Police Service (VIPS) initiative operated by the Sheriff’s Department provides volunteer transportation to essential services for drug court clients.
3. The Franklin County Turn It Around Transportation & Re-development Services provides transportation for workers to various employers. The program is funded by self-contribution, payroll deduction and/or employers.

Additional resources include:

- Review the SAMHSA resource, [Getting There: Helping People with Mental Illness Access Transportation](#).
- Explore the [Non-Medical Transportation Services](#) (NEMT) provided by counties and states, including the Wisconsin Department of Health Services Badger Care+ program.
- Review the Transit Cooperative Research Program, [“Economic Benefits of Coordinating Human Service Transportation and Transit Services.”](#)

7. DEMAND FOR DIVERSION ALTERNATIVES

Examine the feasibility and need for alternatives to detention and pre-plea/post-plea diversion options for people with mental health disorders at Intercept 2.

Defendants with mental health disorders who are remanded to pretrial detention often have worse public safety outcomes than defendants who are released to the community pending disposition of their criminal cases. Consider proportional responses based on the severity of a defendant’s criminal risk and behavioral health treatment needs.

- Defendants with pending cases who are released to pre-trial services as an alternative to detention. These may be cases with moderate criminal risk, but where the individuals would benefit from community-based services that are not available while in pretrial detention and pretrial failure can be avoided.



- Consider a competency court docket, such as was established by the Seattle Municipal Court, to reduce time spent in jail during the competency process. Refer to the journal article by Finkle and colleagues (2009) and the 2013 report on the Seattle Municipal Court Mental Health Court, which houses the competency court docket.

8. ARRAIGNMENT AND PRE-PLEA DIVERSION STRATEGIES

Develop more formal and coordinated screening and diversion strategies for arraignment diversion (Intercept 2) and pre-plea diversion (Intercept 3).

Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies. Many screens, such as the Brief Jail Mental Health Screen (used by the Sarpy Co. Jail), are in the public domain.

Additional brief mental health screens include the:

- [Correctional Mental Health Screen](#)
- [Mental Health Screening Form III](#)

Brief alcohol and drug screens include the:

- [Texas Christian University Drug Screen V](#)
- [Simple Screening Instrument for Substance Abuse](#)
- [Alcohol, Smoking and Substance Involvement Screening Test](#)

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, "[Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders in the Criminal Justice System.](#)" The monograph identifies four essential elements of arraignment diversion programs.

Improving screening, clinical assessment, and behavioral health disorders who are released without referral or follow-up. The [CASES Transitional Case Management](#) and the [Manhattan Arraignment Diversion Program](#) are two examples.

9. EXPAND USE OF TECHNOLOGY

Developing capacity to implement or expand use of technology across the justice system could help address many of the gaps identified. The [Rural and Frontier Technology Technical Assistance Center](#) recently held a seminar on technology in criminal justice settings.

- Intercept 1 applications include using video conferencing to provide Crisis Worker consultation to field law enforcement in rural areas and to interview persons in crisis (Appendix 2)
- Intercept 2-3 applications include using video conferencing for follow-up court hearings to avoid taking time off from work, disrupting treatment programs or to address transportation barriers; telepsychiatry to provide consultation and treatment in hard to recruit locations; telephone consultation by local crisis centers to jails with limited mental health services. (Appendix 3)
- Intercept 4 applications include video conferencing detained individuals with prospective service and housing providers.



- Intercept 5 applications include probation substituting videoconferencing for direct report to avoid probationers taking time off from work, disrupting treatment or to address transportation barriers.

10. INCREASE AND IMPROVE HOUSING OPTIONS

Housing was also identified as a 2018 Gap for Sarpy County.

Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. The 100,000 Home Initiative identifies key steps for communities to take to expand housing options for persons with mental illness. The following resources are suggested to guide strategy development. See also Housing under Resources below.

- GAINS Center. [*Moving Toward Evidence-based Housing Program for Persons with Mental Illness in Contact with the Justice System.*](#)
- Stefancic, A., Hul, L., Gillespie, C., Jost, J., Tsemberis, S., and Jones, H. (2012). [*Reconciling Alternative to Incarceration and Treatment Mandates with a Consumer Choice Housing First model: A Qualitative study of Individuals with Psychiatric Disabilities.*](#) *Journal of Forensic Psychology Practice*, 12, 382–408.
- Tsemberis, S. (2010). [*Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction.*](#) Center City, MN: Hazelden Press.
- Stefancic, A., Henwood, B. F., Melton, H., Shin, S. M., Lawrence-Gomez, R., and Tsemberis, S. (2013). [*Implementing Housing First in Rural Areas: Pathways Vermont, American Journal of Public Health*](#), 103, 206–209.
- National Law Center on Homelessness and Poverty Monograph: [*Housing, Not Handcuffs*](#)
- [*Built for Zero*](#) (formerly Zero: 2016) is a rigorous national change effort working to help a core group of committed communities end veteran and chronic homelessness. Coordinated by Community Solutions, the national effort supports participants in developing real time data on homelessness, optimizing local housing resources, tracking progress against monthly goals, and accelerating the spread of proven strategies.
- [*Milwaukee Housing First.*](#)
- [*Effective Property Management Engagement Strategies: Addressing the Housing Needs of Individuals with Serious Mental Illness, Substance Use Disorders, and Co-occurring Disorders.*](#)



RESOURCES

COMPETENCY EVALUATION AND RESTORATION

- [Policy Research Associates. Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.](#)
- [Finkle, M., Kurth, R., Cadle, C., and Mullan, J. \(2009\) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. Behavioral Science and the Law, 27, 767-786.](#)

CRISIS CARE, CRISIS RESPONSE, AND LAW ENFORCEMENT

- Substance Abuse and Mental Health Services Administration. [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.](#)
- International Association of Chiefs of Police. [Building Safer Communities: Improving Police Responses to Persons with Mental Illness.](#)
- Suicide Prevention Resource Center. [The Role of Law Enforcement Officers in Preventing Suicide.](#)
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.](#)
- International Association of Chiefs of Police. [One Mind Campaign.](#)
- Optum. [In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.](#)
- Bureau of Justice Assistance. [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.](#)
- The [Case Assessment Management Program](#) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 9-1-1 system, and individuals at high risk of death or injury to themselves.
- National Association of Counties. [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.](#)
- [CIT International.](#)

DATA ANALYSIS AND MATCHING

- Data-Driven Justice Initiative. [Data-Driven Justice Playbook: How to Develop a System of Diversion.](#)
- Urban Institute. [Justice Reinvestment at the Local Level: Planning and Implementation Guide Second Edition.](#)
- The Council of State Governments Justice Center. [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.](#)
- New Orleans Health Department. [New Orleans Mental Health Dashboard.](#)
- Pennsylvania Commission on Crime and Delinquency. [Criminal Justice Advisory Board Data Dashboards.](#)
- Corporation for Supportive Housing. Jail Data Link Frequent Users: A Data Matching Initiative in Illinois



- Vera Institute of Justice. [*Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*](#)

HOUSING

- Alliance for Health Reform. [*The Connection Between Health and Housing: The Evidence and Policy Landscape.*](#)
- Economic Roundtable. [*Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.*](#)
- 100,000 Homes. [*Housing First Self-Assessment.*](#)
- Urban Institute. [*Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.*](#)
- Corporation for Supportive Housing. [*NYC FUSE – Evaluation Findings.*](#)
- Corporation for Supportive Housing. [*Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.*](#)
- Corporation for Supportive Housing. [*Guide to the FUSE Model.*](#)

INFORMATION SHARING

- American Probation and Parole Association. [*Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.*](#)
- Legal Action Center. [*Sample Consent Forms for Release of Substance Use Disorder Patient Records.*](#)
- Council of State Governments Justice Center. [*Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.*](#)

JAIL INFORMATION

- NAMI California. [*Arrest Guides and Medication Forms.*](#)

MEDICATION ASSISTED TREATMENT (MAT)

- American Society of Addiction Medicine. [*The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.*](#)
- American Society of Addiction Medicine. [*Advancing Access to Addiction Medications.*](#)
- Substance Abuse and Mental Health Services Administration. [*Federal Guidelines for Opioid Treatment Programs.*](#)
- Substance Abuse and Mental Health Services Administration. [*Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.*](#)
- Substance Abuse and Mental Health Services Administration. [*Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction \(Treatment Improvement Protocol 40\).*](#)
- Substance Abuse and Mental Health Services Administration. [*Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.*](#)

MENTAL HEALTH FIRST AID

- [*Mental Health First Aid.*](#)
- Illinois General Assembly. [*Public Act 098-0195: Illinois Mental Health First Aid Training Act.*](#)



- Pennsylvania Mental Health and Justice Center of Excellence. [City of Philadelphia Mental Health First Aid Initiative.](#)

PEER SUPPORT SERVICES

- SAMHSA's GAINS Center. [Involving Peers in Criminal Justice and Problem-Solving Collaboratives.](#)
- NAMI California. [Inmate Medication Information Forms](#)
- [Keya House.](#)
- Lincoln Police Department Referral Program.

PRETRIAL DIVERSION

- CSG Justice Center. [Improving Responses to People with Mental Illness at the Pretrial State: Essential Elements.](#)
- National Resource Center on Justice Involved Women. [Building Gender Informed Practices at the Pretrial Stage.](#)
- Laura and John Arnold Foundation. [The Hidden Costs of Pretrial Diversion.](#)
- [The Definition of Insanity Film.](#)

PROCEDURAL JUSTICE

- Center for Alternative Sentencing and Employment Services. [Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.](#)
- Hawaii Opportunity Probation with Enforcement (HOPE). [Overview.](#)
- American Bar Association. [Criminal Justice Standards on Mental Health.](#)

REENTRY

- SAMHSA's GAINS Center. [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison.](#)
- Community Oriented Correctional Health Services. [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.](#)
- Bureau of Justice Assistance. [National Reentry Resource Center.](#)
- Bureau of Justice Assistance. [Center for Research Partnerships and Performance Management.](#)
- Washington State Institute of Public Policy. [What Works and What Does Not?](#)
- Washington State Institute of Public Policy. [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.](#)

SCREENING AND ASSESSMENT

- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools.](#)
- SAMHSA's GAINS Center. [Screening and Assessment of Co-occurring Disorders in the Justice System.](#)
- STEADMAN, H.J., SCOTT, J.E., OSHER, F., AGNESE, T.K., AND ROBBINS, P.C. (2005). [Validation of the Brief Jail Mental Health Screen.](#) PSYCHIATRIC SERVICES, 56, 816-822.
- THE STEPPING UP INITIATIVE. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.](#)



SEQUENTIAL INTERCEPT MODEL

- Munetz, M.R., and Griffin, P.A. (2006). [*Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*](#). *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [*The Sequential Intercept Model and Criminal Justice*](#). New York: Oxford University Press.
- SAMHSA's GAINS Center. [*Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model*](#).

SSI/SSDI OUTREACH, ACCESS, AND RECOVERY (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplemental Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- Information regarding [*SOAR for justice-involved persons*](#).
- The online [*SOAR training portal*](#).

TRANSITION-AGED YOUTH

- National Institute of Justice. [*Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults*](#).
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. [*Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21 Executive Summary and Recommendations*](#).
- [*Roca, Inc.*](#)
- University of Massachusetts Medical School. [*Transitions ACR for Youth and Young Adults*](#).

TRAUMA-INFORMED CARE

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. [*Essential Components of Trauma Informed Judicial Practice*](#).
- SAMHSA's GAINS Center. [*Trauma Specific Interventions for Justice-Involved Individuals*](#).
- SAMHSA. [*SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*](#).
- National Resource Center on Justice-Involved Women. [*Jail Tip Sheets on Justice-Involved Women*](#).

VETERANS

- [*SAMHSA's GAINS Center*](#).
- Justice for Vets. [*Ten Key Components of Veterans Treatment Courts*](#).



APPENDICES

A. SIM WORKSHOP AGENDA



SEQUENTIAL INTERCEPT MODEL MAPPING WORKSHOP

SARPY COUNTY, NE

AGENDA MAY 5, 2022 | 8:30 AM – 4:30 PM

- 8:30-9:00 Registration, Networking and Continental Breakfast
- 9:00-9:15 Welcome and Opening Remarks
- Angie Burmeister, Sarpy County Commissioner
 - Patti Jurjevich, Regional Administrator, Region 6 Behavioral Healthcare
- Sarpy County Priorities and Progress
- Dan Hoins, Sarpy County Administrator
 - Sgt. Rob Hillabrand-Sarpy County Sheriff's Office
- 9:15-9:45 Overview of SIM and Review of Previous SIM Mapping
- 9:45-10:00 Break
- 10:00-12:00 Updating SIM Map
- Intercepts 0-1
 - Intercepts 2-3
- 12:00-1:00 Working Lunch (Complete Intercepts 0-3)
- 1:00-2:00 Updating SIM Map
- Intercepts 4-5
- 2:00-2:15 7th Inning Stretch Break
- 2:15-4:00 Identification of Additional Gaps and Development of Priorities and Strategic Action Plans
- 4:00-4:30 Next Steps and Closing
- Vicki Maca, Director of Criminal Justice and Behavioral Health Initiatives, Region 6 Behavioral Healthcare



B. SIM WORKSHOP PARTICIPANTS

Name	Agency
Brian Anderson	Capstone Behavioral Health
Creston Ashburn	Problem Solving Courts
Ashley Berg	Sarpy County Public Defender's Office
Jake Berst	Community Corrections
Michelle Bobier	Siena Francis
Aileen Brady	Community Alliance
Angie Burmeister	Sarpy County Commissioner, 3rd District
Dr. Jennifer Cimpl Bohn	Lincoln Regional Center (LRC), DHHS
Tom Dargy	Captain, Bellevue Police Department
Robin Conyers	Lasting Hope Recovery Center (LHRC)-CHI
Jennifer Determan	Region 6 Behavioral Healthcare, Housing
Sherry Driver	Sarpy County Mental Health Center (CMHC)
Kate Gatewood	Sarpy County Attorney
Miles Glasgow	Region 6 Behavioral Healthcare
Carisa Gosda	MH Diversion
Jen Hazuka	Region 6 Behavioral Healthcare, Consumer Specialist
Rob Hillabrand	Sarpy County Sheriff
Dan Hoins	Sarpy County Administrator
Russell Janssen	Open Door Mission
Lauren Jatton	Sarpy County Jail
Jeff Jennings	Probation, Second Judicial District
Patti Jurjevich	Region 6 Behavioral Healthcare
Sam Kaase	MSW/MPA Student at Jail
Lori Koch	The Stephen Center
Vicki Maca	Region 6 Behavioral Healthcare
Ryan Mahr	Sarpy County Jail
Jo Martin	Sarpy County Jail
Stefanie Martinez	District Court Judge, 2nd Judicial District



Name	Agency
Bonnie Moore	Sarpy County Attorney
Bill Muldoon	9-1-1, Sarpy County Emergency Communications Center
Brad Negrete	Lutheran Family Services of Nebraska
Candace Pagnano	Salvation Army, Episcopal Community Services (ECS)
Taylor Partusch	Sarpy County Public Defender
Taren Peterson	Region 6 Behavioral Healthcare
Mike Phillips	Sarpy County Mental Health Center (CMHC)
Erin Porterfield	Heartland Workforce Solutions
Dr. John Sheehan	Boy's Town
Sara Siebler	Telecare
Peg Siemek Asche	NOVA Treatment Community (NOVA TC)
Jennifer Sparrock	Adult Psychiatric Emergency Services, Nebraska Medicine
Jenny Stewart	Heartland Family Service
Tom Strigenz	Sarpy County Public Defender
Curt Vincentini	Region 6 Behavioral Healthcare
Ashlie Weisbrodt	Pre-Trial, Mental Health Case Manager
Robert Wester	District Court Judge, 2nd Judicial District
Chris Whitted	Chief, Papillion Police Department



C. PRE-SIM COMMUNITY SELF-ASSESSMENT SENT TO STAKEHOLDERS

Where on the Sequential Intercept Model is your role in the community most related?	%	#
Intercept 0: Community Services	56%	14
Intercept 1: Law Enforcement	12%	3
Intercept 2: Initial Detention/Initial Court Hearings	16%	4
Intercept 3: Jails/Courts	28%	7
Intercept 4: Reentry	28%	7
Intercept 5: Community Corrections	16%	4
Total Respondents		25

Key Theme: Collaboration

Please indicate the accuracy of the following statements about your community. (Answered: 23, Skipped: 2)	TRUE		FALSE		DON'T KNOW		All
	%	#	%	#	%	#	
There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental disorders and substance use disorders.	91%	21	9%	2	0%	0	23
The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	74%	17	17%	4	9%	2	23
Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental disorders or substance use disorders.	74%	17	4%	1	22%	5	23
Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	70%	16	13%	3	17%	4	23
There is cross-system recognition that all systems are responsible for responding to these adults with mental and substance use disorders.	61%	14	35%	8	4%	1	23
Stakeholders have established a shared mission and goals to facilitate collaboration in criminal justice and behavioral health.	61%	14	17%	4	22%	5	23
Based on research evidence and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental disorders and substance use disorders.	48%	11	17%	4	35%	8	23
Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	48%	11	39%	9	13%	3	23
In the justice system, criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental disorders or substance use disorders.	43%	10	39%	9	17%	4	23



Criminal justice and behavioral health agencies share data on a routine basis for program planning, program evaluation, and performance measurement.	35%	8	52%	12	13%	3	23
People with lived experience of mental disorders, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	26%	6	35%	8	39%	9	23
Family members of people with mental disorders or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	22%	5	43%	10	35%	8	23

Key Theme: Identification

Please indicate the accuracy of the following statements about your community. (Answered: 23, Skipped: 2)	TRUE		FALSE		DON'T KNOW		All
	%	#	%	#	%	#	
Adults in contact with the criminal justice system are screened for mental disorders by standardized instruments with demonstrated reliability and validity.	74%	17	9%	2	17%	4	23
There are procedures to access crisis behavioral health services for adults in contact with the criminal justice system.	70%	16	0%	0	30%	7	23
Adults in contact with the criminal justice system are screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	48%	11	26%	6	26%	6	23
Adults in contact with the criminal justice system are screened for suicide risk by standardized instruments with demonstrated reliability and validity.	48%	11	9%	2	43%	10	23
Mental health assessments are conducted routinely whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	48%	11	22%	5	30%	7	23
Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	39%	9	17%	4	43%	10	23
Information obtained through screening and assessments is never used in a manner that jeopardizes an individual's legal interests.	39%	9	9%	2	52%	12	23
Substance use assessments are conducted regularly whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	22%	5	30%	7	48%	11	23
Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	17%	4	26%	6	57%	13	23
Regular data-matching between criminal justice agencies and behavioral health identifies active and former consumers who have entered the criminal justice system.	17%	4	26%	6	57%	13	23
Adults in contact with the criminal justice system are screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	9%	2	30%	7	61%	14	23



Key Theme: Strategies

Please indicate the accuracy of the following statements about your community. (Answered: 22, Skipped: 3)	TRUE		FALSE		DON'T KNOW		All
	%	#	%	#	%	#	
Treatment courts are aligned with best-practice standards and serve high-risk/high-need individuals.	64%	14	5%	1	32%	7	22
Law enforcement and other first responders are trained to respond to adults experiencing mental health crises effectively.	59%	13	9%	2	32%	7	22
Justice-involved people with mental and substance use disorders have access to comprehensive community-based services.	55%	12	32%	7	14%	3	22
Pre-trial strategies are in place to reduce detention of low-risk defendants and failure to appear rates for people with mental and substance use disorders.	50%	11	9%	2	41%	9	22
Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental disorders to improve public safety outcomes, including reduced rates of technical violations.	50%	11	9%	2	41%	9	22
Emergency communications call-takers and dispatchers can effectively identify and communicate details about crisis calls to law enforcement and other first responders.	45%	10	18%	4	36%	8	22
Jail transition planning is provided to inmates with mental disorders to improve post-release recidivism and health care outcomes.	41%	9	23%	5	36%	8	22
Strategies to intervene with justice-involved adults with mental disorders and substance use disorders are evaluated regularly to determine whether they are achieving the intended outcomes.	41%	9	14%	3	45%	10	22
Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental disorders and substance use disorders.	36%	8	23%	5	41%	9	22
There are adequate crisis services to meet the needs of people experiencing mental health crises.	27%	6	73%	16	0%	0	22
Psychotropic medication or prescriptions are provided to inmates with mental disorders to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	27%	6	27%	6	45%	10	22
Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems	27%	6	14%	3	59%	13	22
Jail-based programming and health care meet the complex needs of individuals with mental disorders and substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, HIV/AIDS).	14%	3	50%	11	36%	8	22
Medication-assisted treatment is provided to inmates with substance use disorders to reduce relapse episodes and risk for opioid overdoses following release from incarceration.	14%	3	18%	4	68%	15	22



Key Theme: Services

Please indicate the accuracy of the following statements about your community.

(Answered: 22, Skipped: 3)

	TRUE		FALSE		DON'T KNOW		All
	%	#	%	#	%	#	
Access to housing, peer, employment, transportation, family, and other recovery supports for justice-involved adults with mental and substance use disorders are significant priorities for behavioral health providers.	59%	13	23%	5	18%	4	22
Adults with mental disorders and substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	55%	12	27%	6	18%	4	22
Justice-involved adults with mental disorders or substance use disorders receive legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	50%	11	9%	2	41%	9	22
Regardless of the setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are manual-based interventions with positive outcomes based on repeated rigorous evaluation studies.	45%	10	18%	4	36%	8	22
Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental disorders or substance use disorders to the extent permitted by law to assist the effective delivery of services and programs.	41%	9	23%	5	36%	8	22
There are gender-specific services and programs for women with mental disorders and substance use disorders involved with the criminal justice system.	32%	7	18%	4	50%	11	22
Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental disorders or substance use disorders.	27%	6	23%	5	50%	11	22
The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	27%	6	14%	3	59%	13	22
Justice-involved adults are fully engaged with behavioral health providers to develop their treatment plans.	18%	4	23%	5	59%	13	22

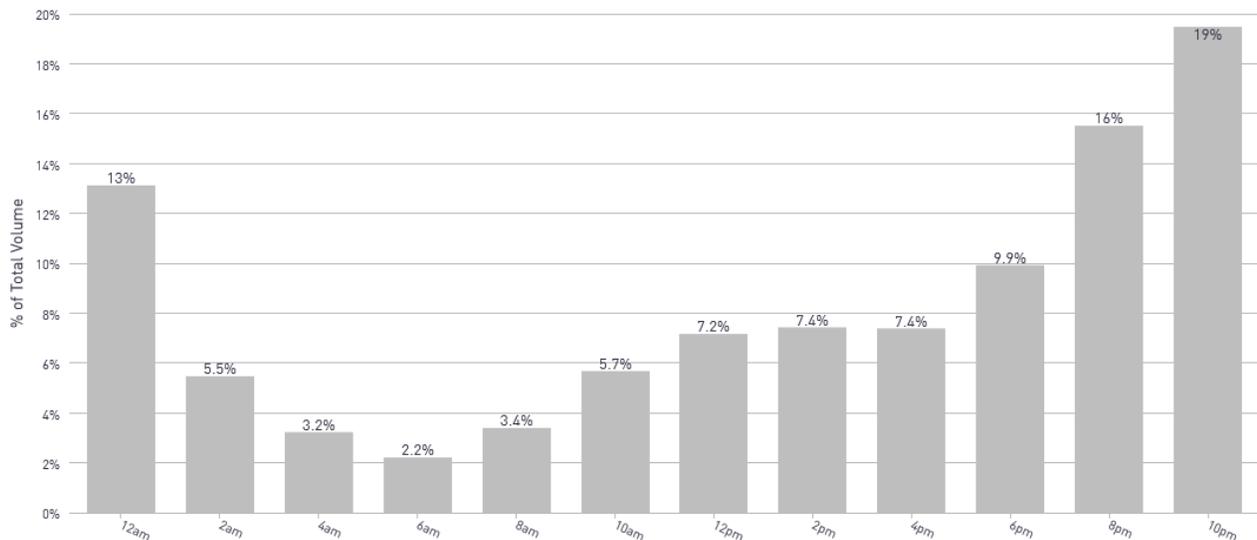


D. CRISIS TEXT LINE – NEBRASKA TRENDS

The following charts illustrate the time of day and co-occurring issues people experience when they use the Crisis Text Line¹⁵ service to interact through an SMS message platform with trained crisis counselors.

HOURS OF THE DAY

Hour of day. Texters in Nebraska experiencing Anxiety/stress throughout the day.



Hours of the Day. When Nebraskans text Crisis Text Line for help.

CO-OCCURRING ISSUES

Co-occurring issues. Texters in Nebraska experiencing Anxiety/stress also experience these issues in the same conversation.

ISSUE TAG	% OF CONVERSATIONS INVOLVING ISSUE
Depression/Sadness	39.8%
Relationship	36.1%
Suicide	23.1%
Isolation/Loneliness	19.8%
Self Harm	11.3%
Eating Body Image	3.3%
Grief	3.3%
Bullying	3.2%
Abuse(sexual)	3.2%
Abuse(emotional)	2.5%
Substance Abuse	2.5%
Abuse(physical)	1.9%
Gender/Sexual Identity	1.7%
3rd Party	0.5%

¹⁵ (2022) Crisis Text Line and Crisis Trends. May 22, 2022. Retrieved from <https://CrisisTrends.org>.





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