

# THE **STEPPINGUP** INITIATIVE



## **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 4  
February 23, 2023**

### **Stepping Up Agenda**

1. Welcome and Introductions
2. Data and Strategy Review (Packet)
3. [Stepping Up: Sarpy County Steering Committee \(SCSC\) Priorities \(below\)](#)
4. Other/ Updates
5. Next Quarterly Meeting: April 20, 2023 10:30am
6. Conclude

### **Sarpy County Steering Committee Priorities:**

1. Identify hospital protocols regarding Law Enforcement during EPC's.
2. Specialized Transition Planning (STP) beyond 90 days. [\(In-Process\)](#)
3. Stepping Up on County's website. [\(In-Process\)](#)
4. CJ - MH Information Sharing Collaboration: Identify software platform. [\(In-Process\)](#)
5. CJ - MH Information Sharing Collaboration: Amendment to NRS 38-2136.
6. Monitor LB 921 (2022): Medication Applications. [\(On-going\)](#)
7. Medications post-release from jail. [\(On-going\)](#)
8. Learn more about Certified Community Behavioral Health Clinics.

### **Complimentary Activities and Strategies**

1. Consider updating Sequential Intercept Model (SIM) mapping with Policy Research Associates (Spring 2022) [Completed](#)
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 coordination processes between Medicaid (managed care) and Criminal Justice systems (LB921)

## Stepping Up Key Measures

### Definitions

<b>SMI (Serious Mental Illness):</b>	Individuals who self-report and/or are diagnosed with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, and (vi) Obsessive Compulsive Disorder.
<b>Connection to Care/Service Type 1:</b>	Information and Referral; defined as any one of the following: <ul style="list-style-type: none"> <li>Verbal or Written information is shared about a service or program with the client.</li> <li>Written contact information about a service or program is shared with the client.</li> </ul>
<b>Connection to Care/Service..</b>	Linking to Service; defined as any one of the following: <ul style="list-style-type: none"> <li>Verbal or written communication is received confirming that the client and the agency have been connected.</li> <li>Verbal or written communication is received confirming that the client has an appointment.</li> <li>The client is aware of the agency and the agency is aware of the client's need for service.</li> </ul>
<b>LAI (Long Acting Injectable):</b>	LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to anti-psychotic medication.
<b>Recidivism:</b>	Refers to a person's relapse into criminal behavior and is measured by criminal acts that result in being "re-booked" into jail within the 12 months of the person's last rel..
<b>MHFA (Mental Health First Aid):</b>	Is an 8-hour public education training that introduces participants to risk factors and warning signs of mental health problems, builds understanding of the impact, and provides an overview of common treatments. Recertification is required every 3 years.
<b>CIT (Crisis Intervention Training):</b>	The Memphis Crisis Intervention Team (CIT) is an innovative police based first responder program that has become nationally known as the "Memphis Model" of pre-arrest jail diversion for those in a mental illness crisis. This program provides law enforcement based crisis intervention training for helping those individuals with mental illness. Involvement in CIT is voluntary and based in the patrol division of the police department. In addition, CIT works in partnership with those in mental health care to provide a system of services that is friendly to the individuals with mental illness, family members, and the police officers.
<b>MAT (Medication-Assisted Treatment):</b>	Is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoses.
<b>Data Applications Used:</b>	<p>P1-CAD: This system dispatches Law and Fire agencies of Sarpy County</p> <p>LRMS: Law Records Management System for the Law agencies of Sarpy County</p> <p>ProPhoenix RMS: This will be replacing LRMS for the Law agencies of Sarpy County</p> <p>IMACS: Jail booking software used at the Sarpy County Jail</p> <p>MH: System used to help track MHY type customers</p>

## Stepping Up 4 Key Measures

### Goal 1:

Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail

#### Numerator:

The number of adults booked into the jail with a diagnosed or self-reported SMI during the month

#### Denominator:

The average daily total population of the jail for the month

#### Data Source:

Sarpy County Jail

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

#### Notes:

Data through April 2019 reflects individuals with an MH disorder. Data from May 2019 to current reflect individuals with SMI

### Goal 2:

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

#### Numerator:

The monthly average LOS for those discharged from jail with a SMI

#### Denominator:

The average daily total population of the jail for the month

#### Data Source:

Sarpy County Jail

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

#### Notes:

July 2018 - March 2019 used Mental Health Disorder; April 2019 definition changed to SMI

### Goal 3:

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

#### Numerator:

The number of individuals with a Serious Mental Illness (SMI) who have a Type 1 an/or Type 2 Connections to Care made during incarceration - reported during the month they were released from jail

#### Denominator:

Number of all individuals with a SMI discharged from jail that month

#### Data Source:

Public Defender's Office; Sarpy County 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.

### Goal 4:

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

#### Numerator:

The number (percentage) of individuals with a SMI who are re-booked into jail for new offenses within 12 months following their last release date.

#### Denominator:

Total number of bookings

#### Data Source:

Sarpy County Jail

#### Date Provided:

Monthly

#### Review Frequency:

Monthly

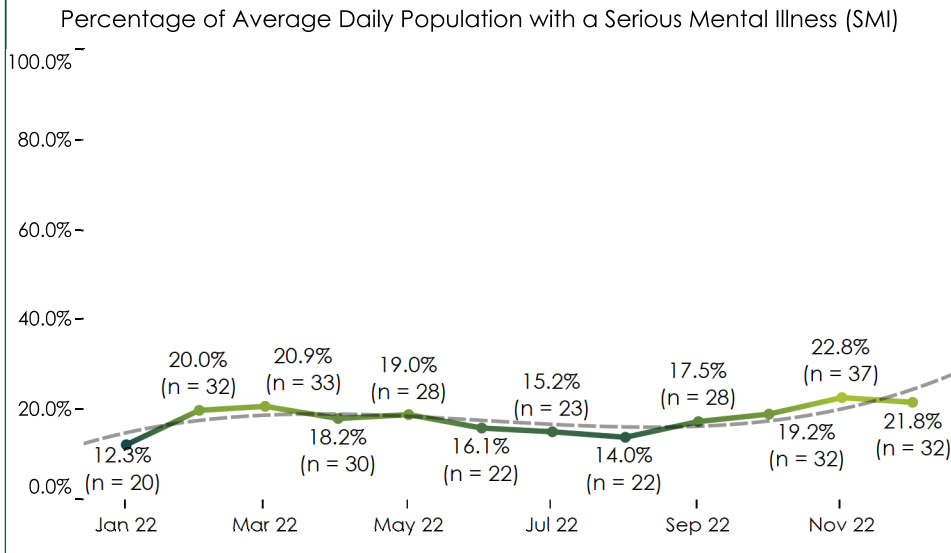
#### Notes:

Will be compared for the SMI population and non-SMI populations.

## Stepping Up 4 Key Measures

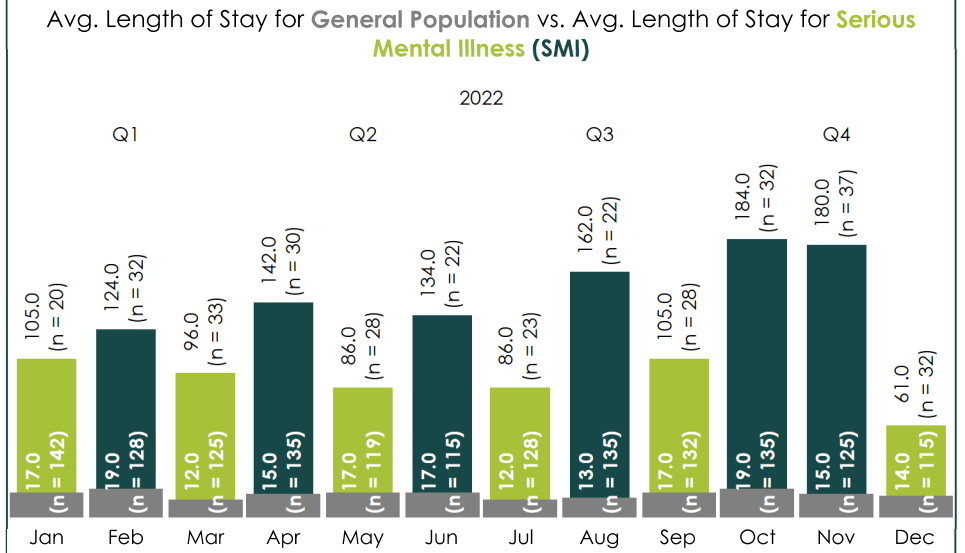
### Goal 1:

Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail



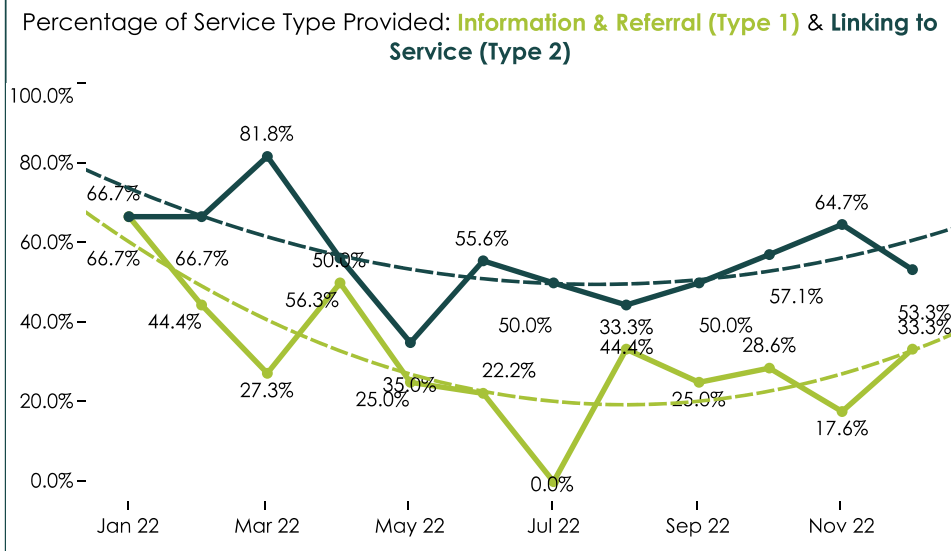
### Goal 2:

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



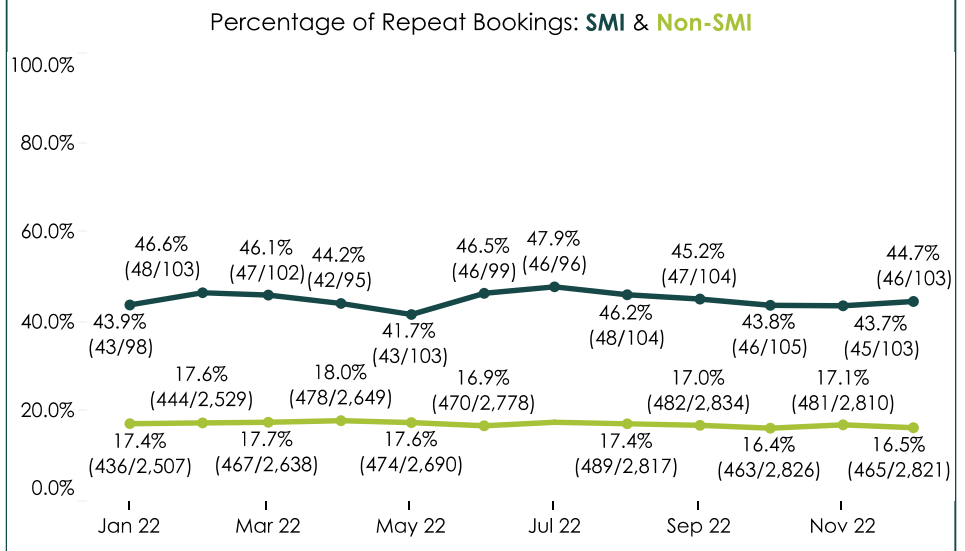
### Goal 3:

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



## "Set, Measure, & Achieve" Stepping Up 4 Key Measures

<b>Goal 1:</b>	Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail <b>by 10% annually</b>
<b>Measure:</b>	The number of individuals with a SMI booked into jail each month (S..
<b>Data Source:</b>	Sarpy County Jail
<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly
<b>Notes:</b>	<p>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>(#) in label is n for month</p>

<b>Goal 2:</b>	Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail <b>by 5% (annually)</b>
<b>Numerator:</b>	The monthly average LOS for those <b>discharged</b> from jail with a SMI
<b>Demoninator:</b>	The average daily total population of the jail for the month
<b>Data Source:</b>	Sarpy County Jail
<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly
<b>Notes:</b>	2019 had 111.5 days ALOS for SMI. A 5% reduction is 105.9 days

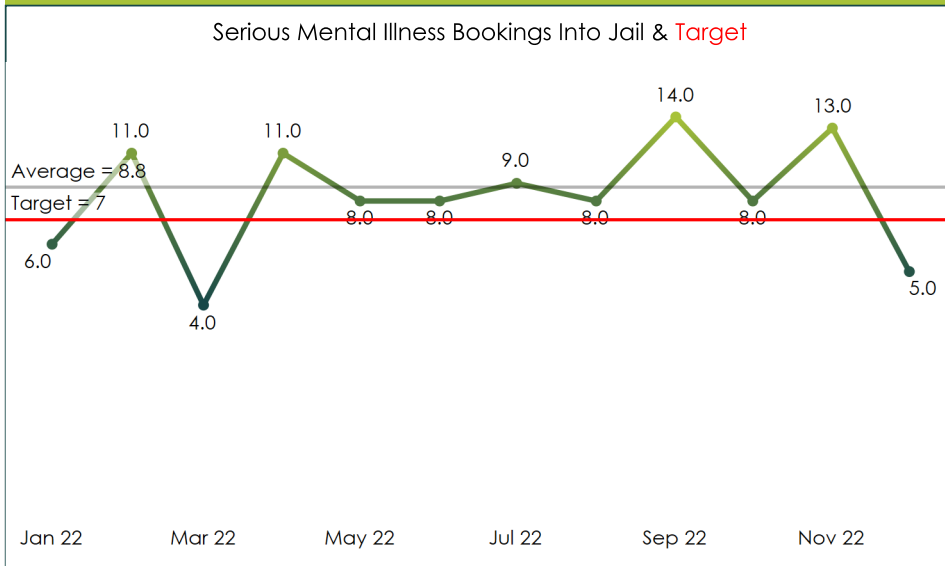
<b>Goal 3:</b>	Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail <b>by 10%</b>
<b>Numerator:</b>	The number of individuals with a SMI who are represented by the Public Defender's Office who experience an intake into jail that month who are linked to a service via Type 1 or Type 2
<b>Denominator:</b>	The number of all people with a SMI who experience intake into jail that month
<b>Data Source:</b>	Public Defender's Office; Sarpy County Jail
<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly
<b>Notes:</b>	<p>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>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>(#) in label is n for month</p>

<b>Goal 4:</b>	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail <b>by 5% annually</b>
<b>Numerator:</b>	Number of repeat bookings (regardless of reason for booking)
<b>Denominator:</b>	Total number of bookings
<b>Data Source:</b>	Sarpy County Jail
<b>Date Provided:</b>	Monthly
<b>Review Frequency:</b>	Monthly
<b>Notes:</b>	<p>2019 rate was 21.4% for those with an SMI. 5% reduction is 20.3% rate of recidivism (6 less for year, 106 individuals).</p> <p>2020 avg. 39.9% (all months) Target = 38% (5% reduction)            (#) in label is n for month</p>

## "Set, Measure, & Achieve" Targeted Reduction Measures

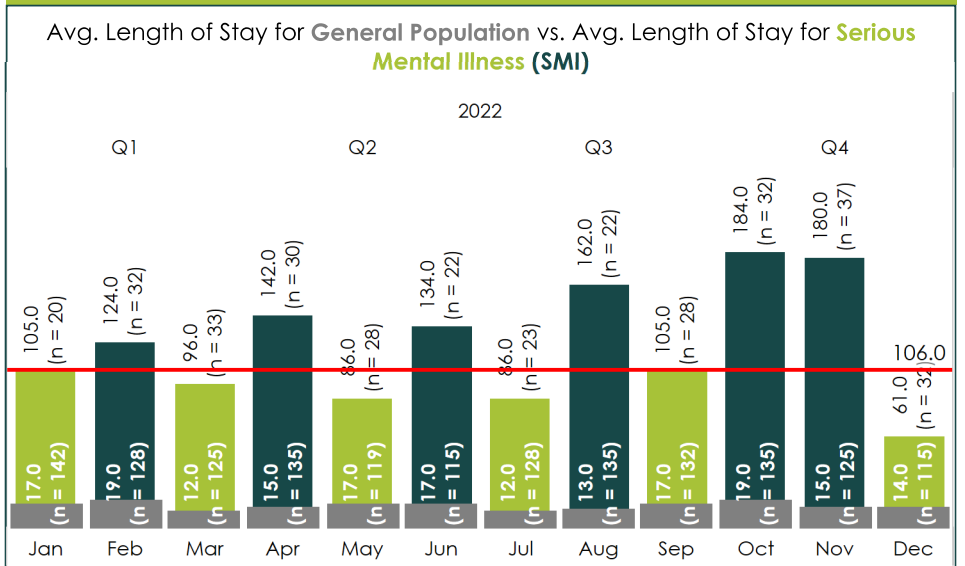
### Goal 1:

Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail **by 10%**



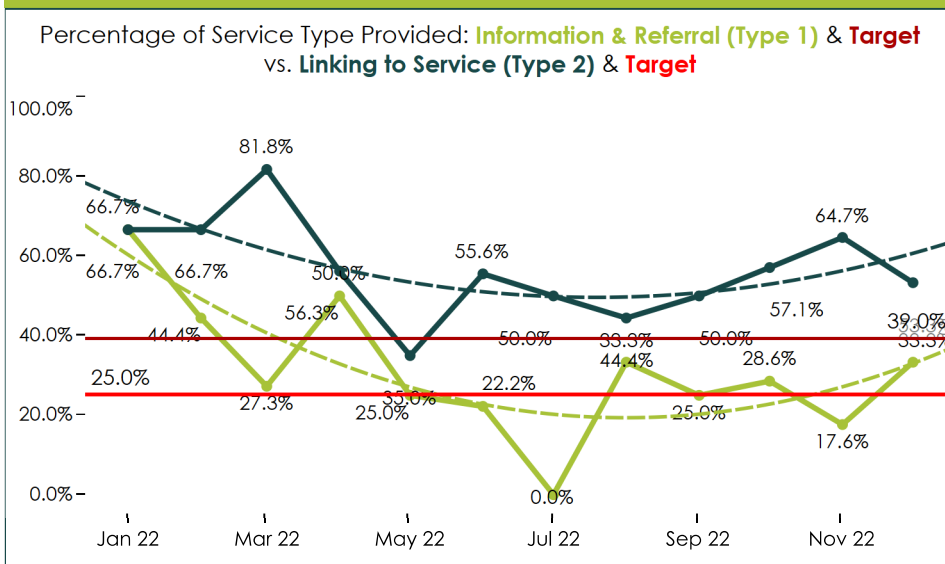
### Goal 2:

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



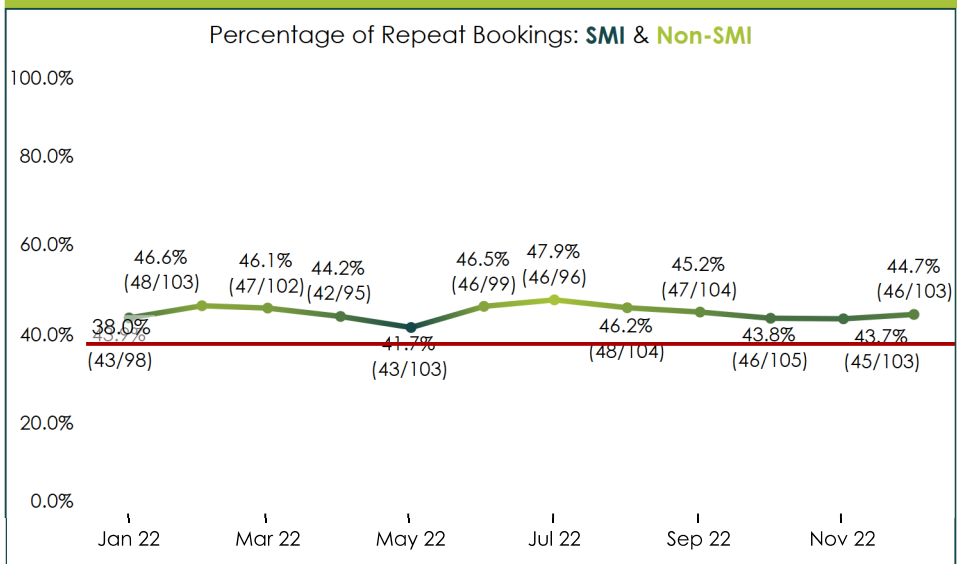
### Goal 3:

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%**



## Stepping Up 4 Key Measures

### Goal 1:

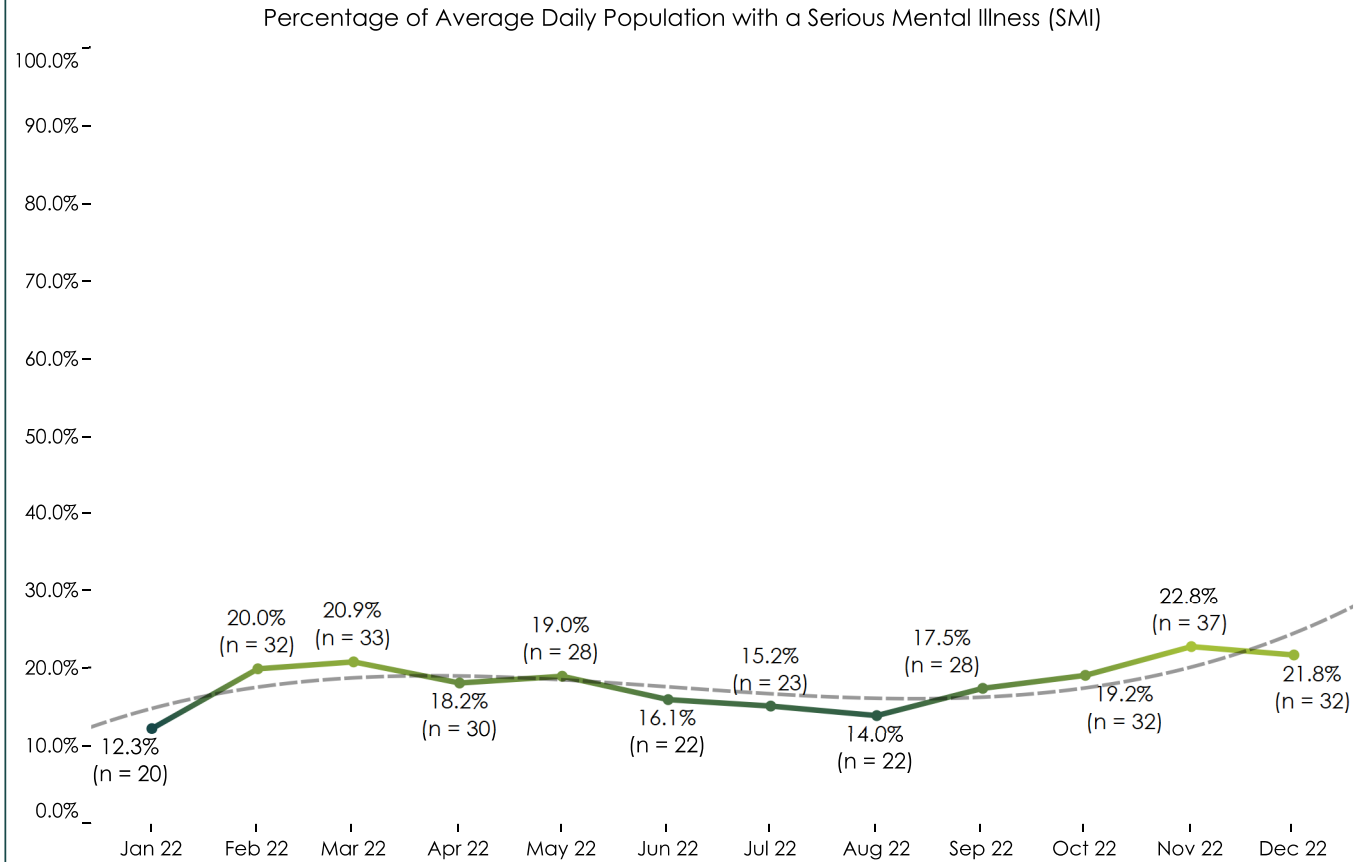
#### Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

10% Reduction or an Average of 2 Less People Each Month / Intercepts 0,1

Strategy	Target	Notes/Updates
<b>Objective 1:</b> 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.	Ongoing	
b. Engage all LE agencies; identify representative to attend quarterly meetings.		SCSC 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	Ongoing	
<b>Objective 2:</b> 911 Call Center, County 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.		
<b>Objective 3:</b> Law enforcement agencies will provide the best possible response to calls involving a mental health related crisis.		
a. SCSO collaborating with other partners to identify data-sharing software platform.		
b. Track baseline data on the number of Mobile Crisis Response contacts activated each month by Law Enforcement Agency	Ongoing	
<b>Objective 4:</b> Collect baseline data on the number of individuals with a 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.	Ongoing	
<b>Objective 5:</b> SCSO will add Co-Responder (Mental Health Professional) to existing mental health response.		



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



**Measure:**

**Definitions:**

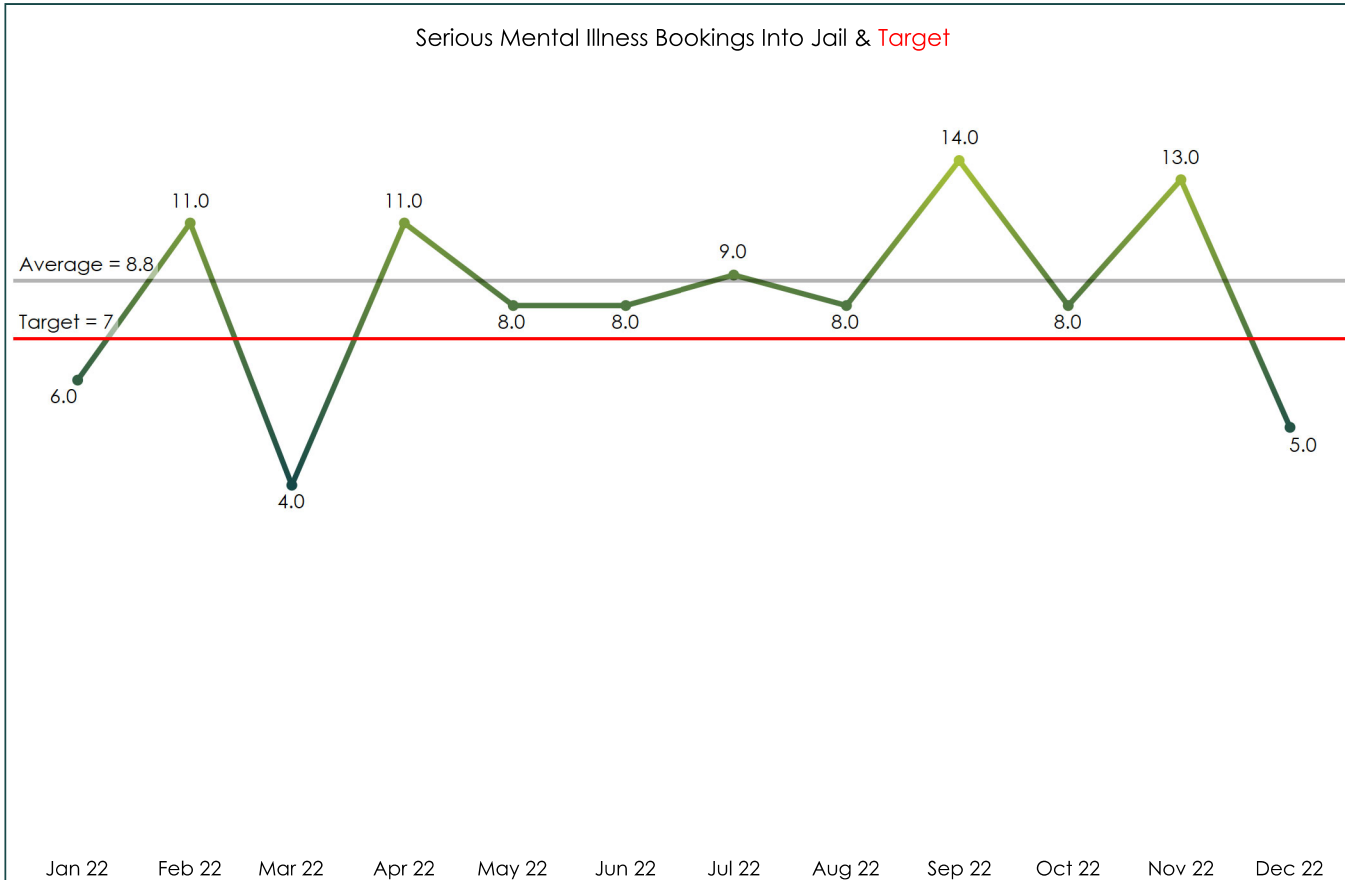
**Data Source:**

**Review Frequency:**

### Analysis:

- The average overall daily population for individuals with a Serious Mental Illness (SMI) has not shown a significant change over calendar year 2022. There is a small upward trend of the percentage of this population over this period of review, although the results of this are not statistically significant for the calendar year.
- The ALOS for this population compared to the ALOS for the general population is likely a contributing factor towards maintaining the relatively high percentage of individuals with an SMI.
- Data Questions: Does this number reflect individuals with a known SMI who re-enter the jail, or only those with a current assessment? Are the charges against this population more significant than what is found in the general population, on average? Are there processes that would inherently retain this population in the jail longer than intended, compared to the general population (e.g. evaluations, court continuances).

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



**Measure:**

**Definitions:**

**Data Source:**

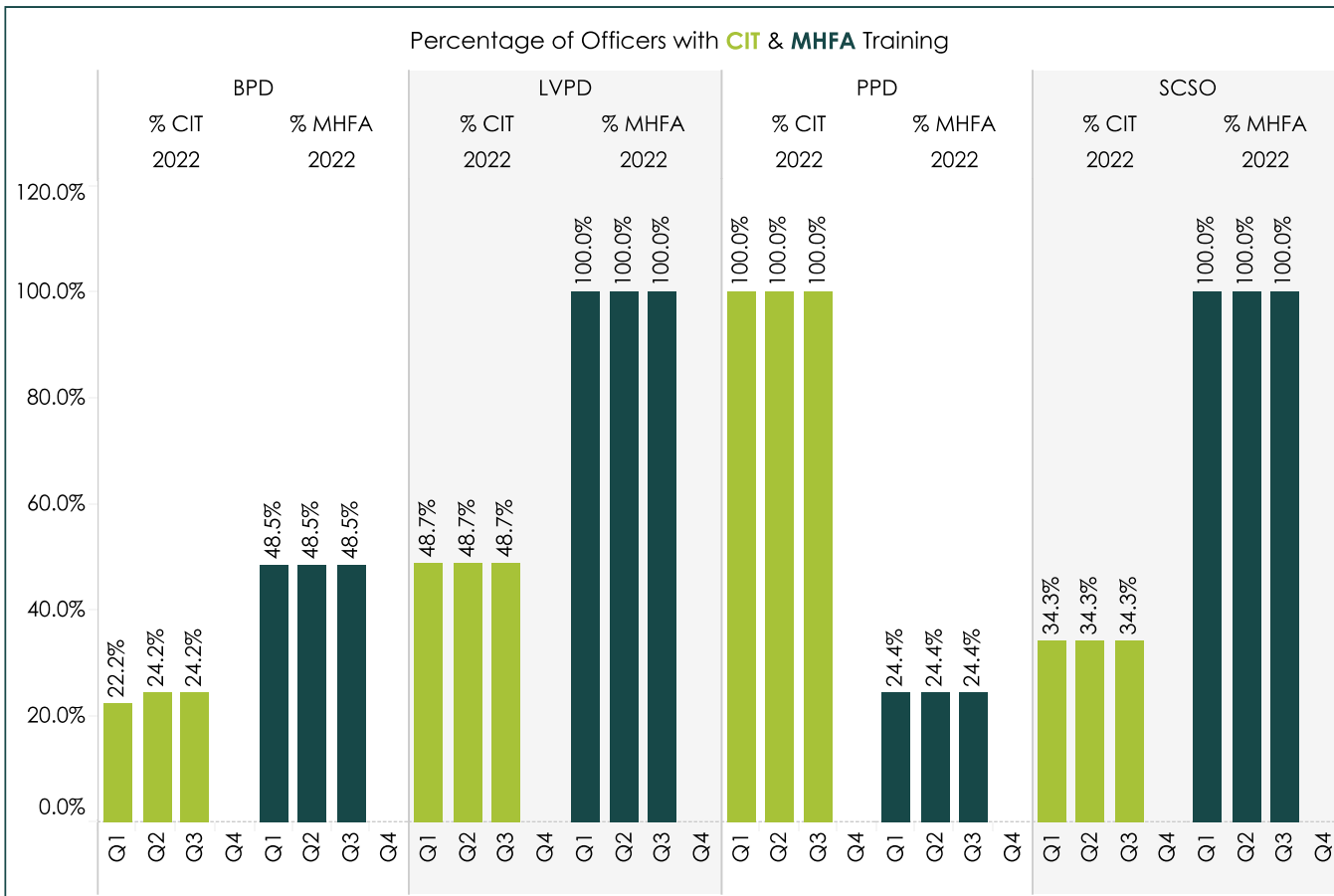
**Review Frequency:**

**Analysis:**

- The number of SMI bookings for calendar year 2022 peaked in September and November, but showed a drop in December. For the calendar year, the target was only achieved in three (3) of the twelve (12) months, although considering the small  $n$ , the target was only missed by one booking in an additional 4 months.
- There is no statistically significant trend found with the calendar year data.

**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/designated staff trained in CIT, MHFA, or Both.



**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

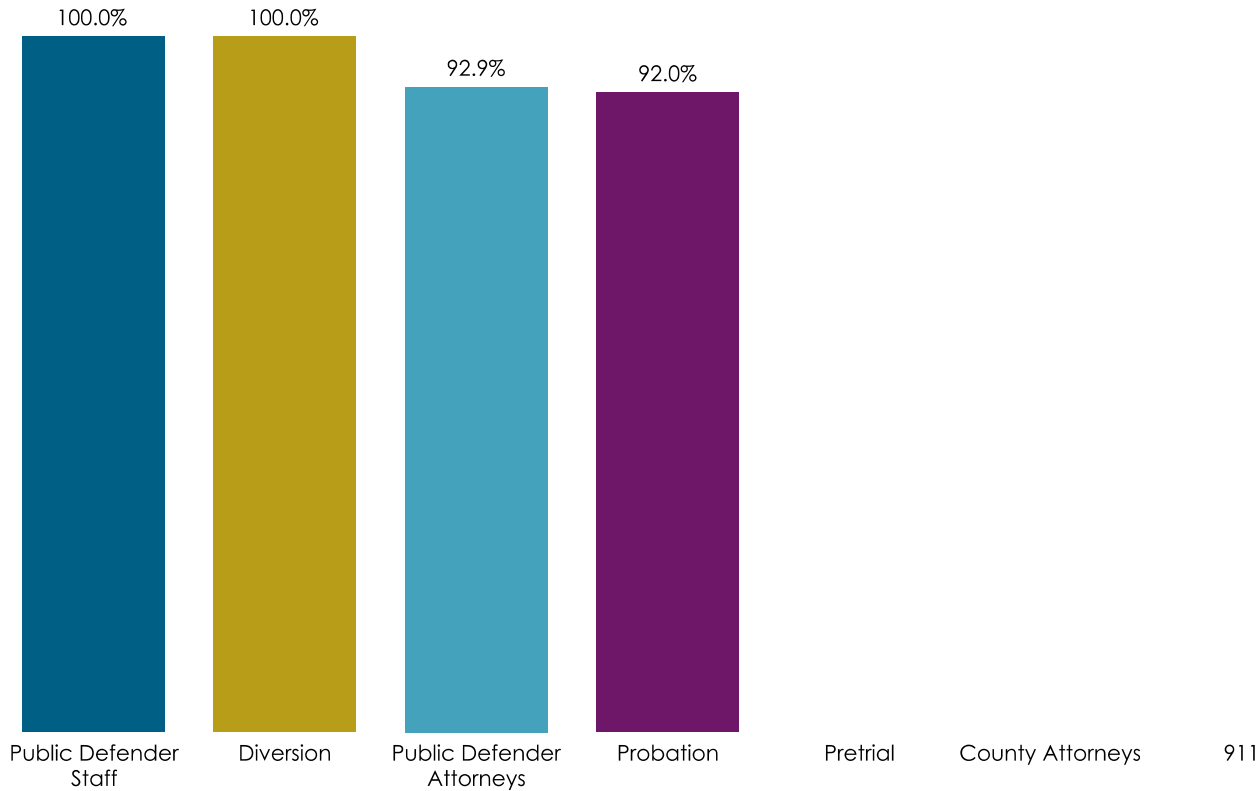
**Analysis:**

- 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.
- Data Questions: What current barriers exist in exploring MHFA training for the agencies who need training? Have any agencies reported any noticeable change with training in regards to applicability to their responses to calls, or does the training appear to be mitigating other items (e.g. filing charges, SMI bookings)?

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

**Objective 2:** 911 Call Center, County 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



**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 / Software

**Measure:**

**Definitions:**

**Data Source:**

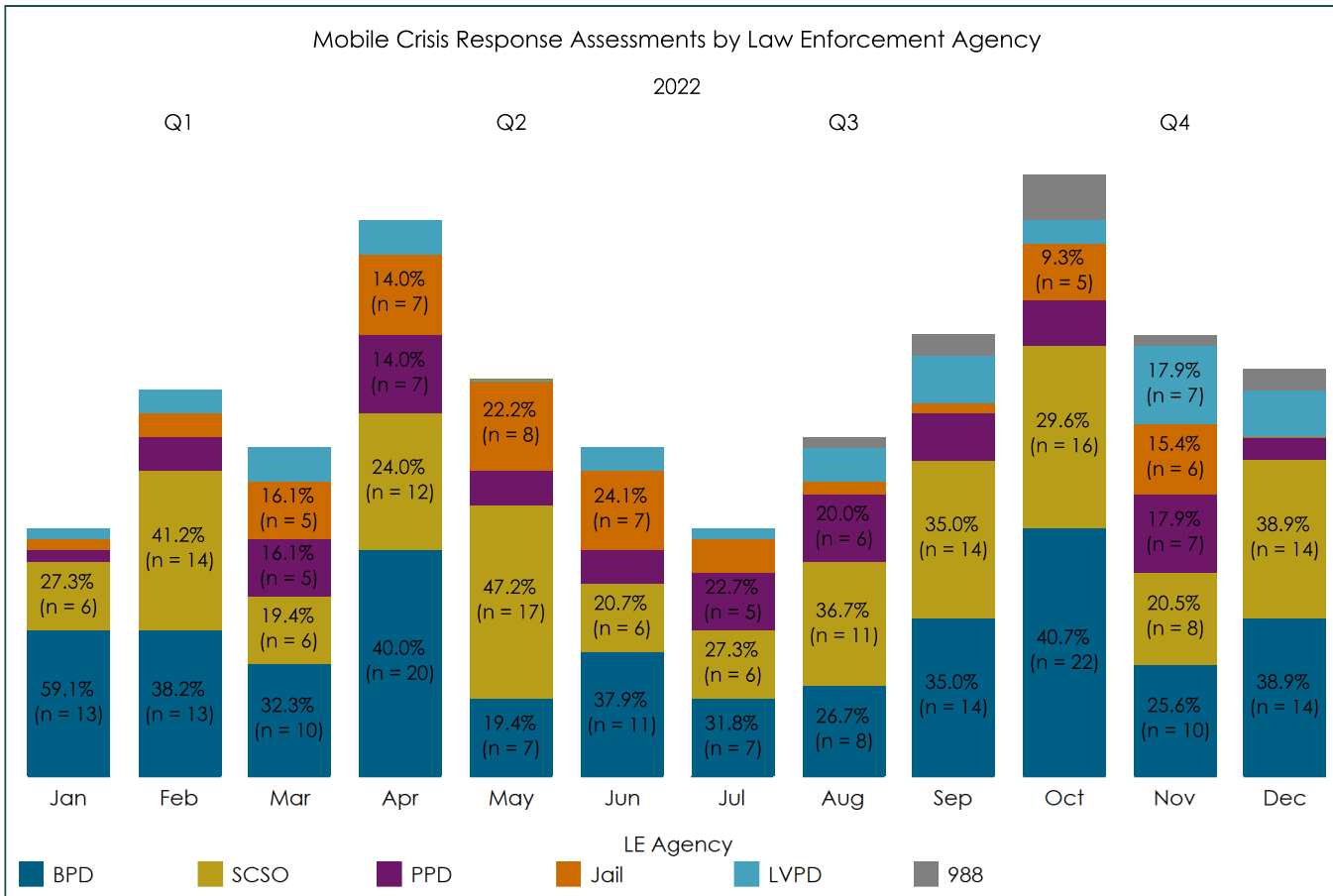
Sgt. Hillabrand SCSO

**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.



**Measure:**

Total MCR Interventions by Month

**Definitions:**

Number of MCR Interventions by Month

**Data Source:**

Heartland Family Services Jenny Stewart

**Review Frequency:**

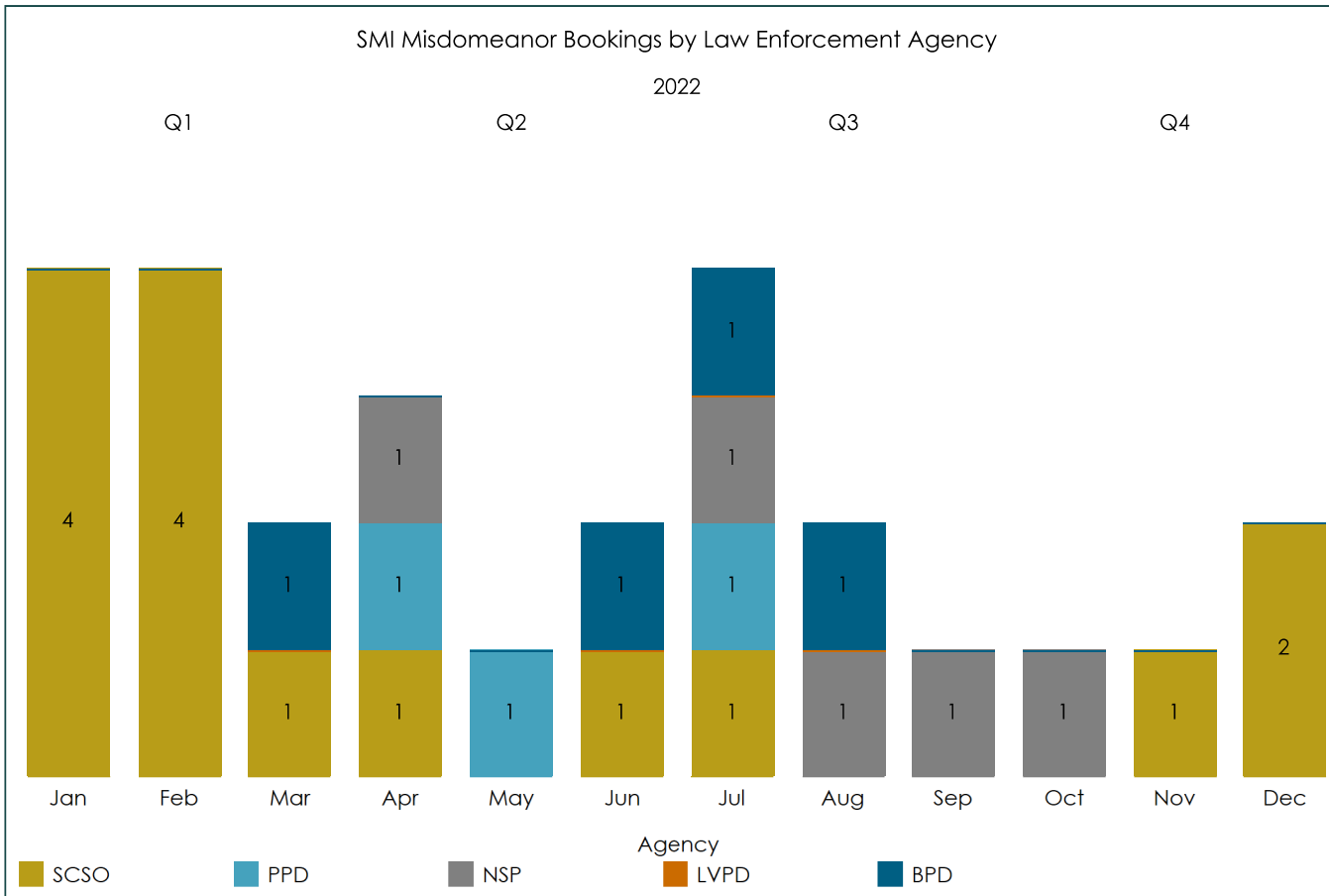
Quarterly

**Analysis:**

- Data includes Face to Face Assessments, Telehealth Assessments, Telephone Consultations, and Cancelled Calls.
- 988 Data is included in this chart in gray.
- Bellevue Police Department and SCSO continue to show the largest percentage of MCR response assessments completed, compared to other referral sources.

**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 a SMI who were booked into jail on a misdemeanor charge, by Law Enforcement Agency



**Measure:**

Number of Individuals with a SMI booked into Jail on a Misdemeanor each Month, Organized by Law Enforcement Agency

**Definitions:**

**Data Source:**

Jo Martin - Sarpy County Jail

**Review Frequency:**

Quarterly

**Analysis:**

- These may be unique or repeat bookings/individuals.

## Stepping Up 4 Key Measures

### Goal 2:

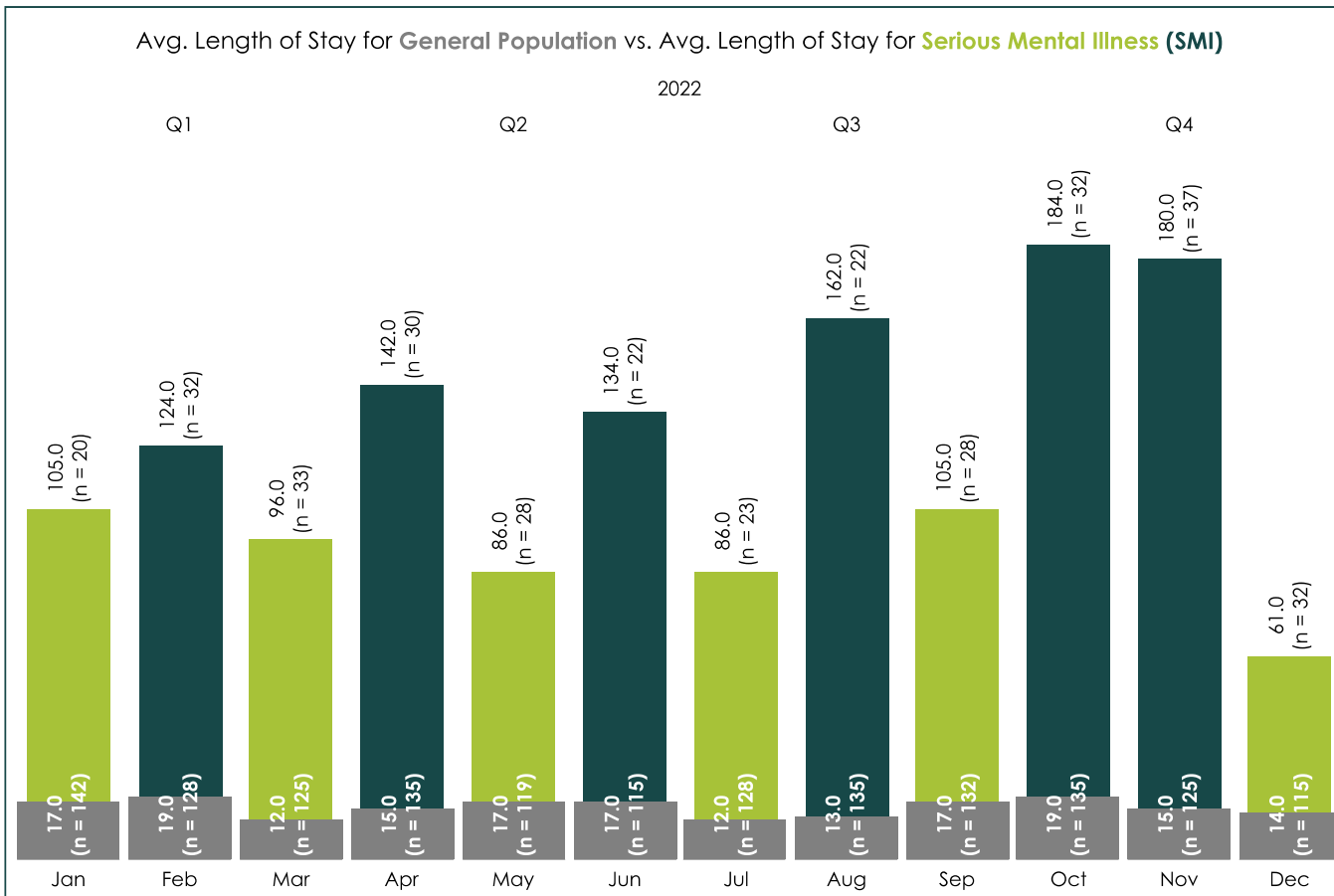
**Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail**

**Shorten by 5% or 6 Fewer Days in Jail for Each Person / Intercepts 2,3**

Strategy	Target	Notes/Updates
<b>Objective 1:</b>	<b>Corrections will work to have 100% of Correctional Officers trained in CIT, MHFA, or both.</b>	
a. Collect and review baseline data on CO's training.		Using Heartland CIT Training as Douglas County Jail's ..
<b>Objective 2:</b>	<b>Collect and analyze Mental Health Diversion data.</b>	
a. Collect and review baseline data; identify opportunities; establish benchmarks/targets.		
<b>Objective 3:</b>	<b>Collect and analyze Pre-Trial (Mental Health) data.</b>	
a. Collect and review baseline data; identify opportunities; establish benchmarks / targets.		
<b>Objective 4:</b>	<b>Utilize best practices and data to drive improvements with Competency to Stand Trial / Competency Restoration (CST / CR).</b>	
a. Form a workgroup with Public Defender's, County Attorney's, 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. CA has the lead.
b. Explore Jail-Based Competency Restoration with DHHS/LRC representatives.	In Process	Jo leads this
<b>Objective 5:</b>	<b>Identify opportunities to improve information sharing between CJ &amp; MH systems.</b>	
a. Form a Douglas and Sarpy County combination workgroup to review Nebraska Revised Statute 38-2136 to explore aligning NE state statute with HIPAA, as recommended by J.D. Pettila, national consultant. LB 337 (2023)	January 2023	Please Support
b. Utilize workgroup to identify data sharing software platform to be utilized by OPD, Douglas Co. and Sarpy Co.		Chris Schneweis: 8/25/2022 Decision-Making Team: 12/12/2022 Planning Team: 1/9/2023 ; 1/30/2023



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



**Measure:**

**Definitions:**

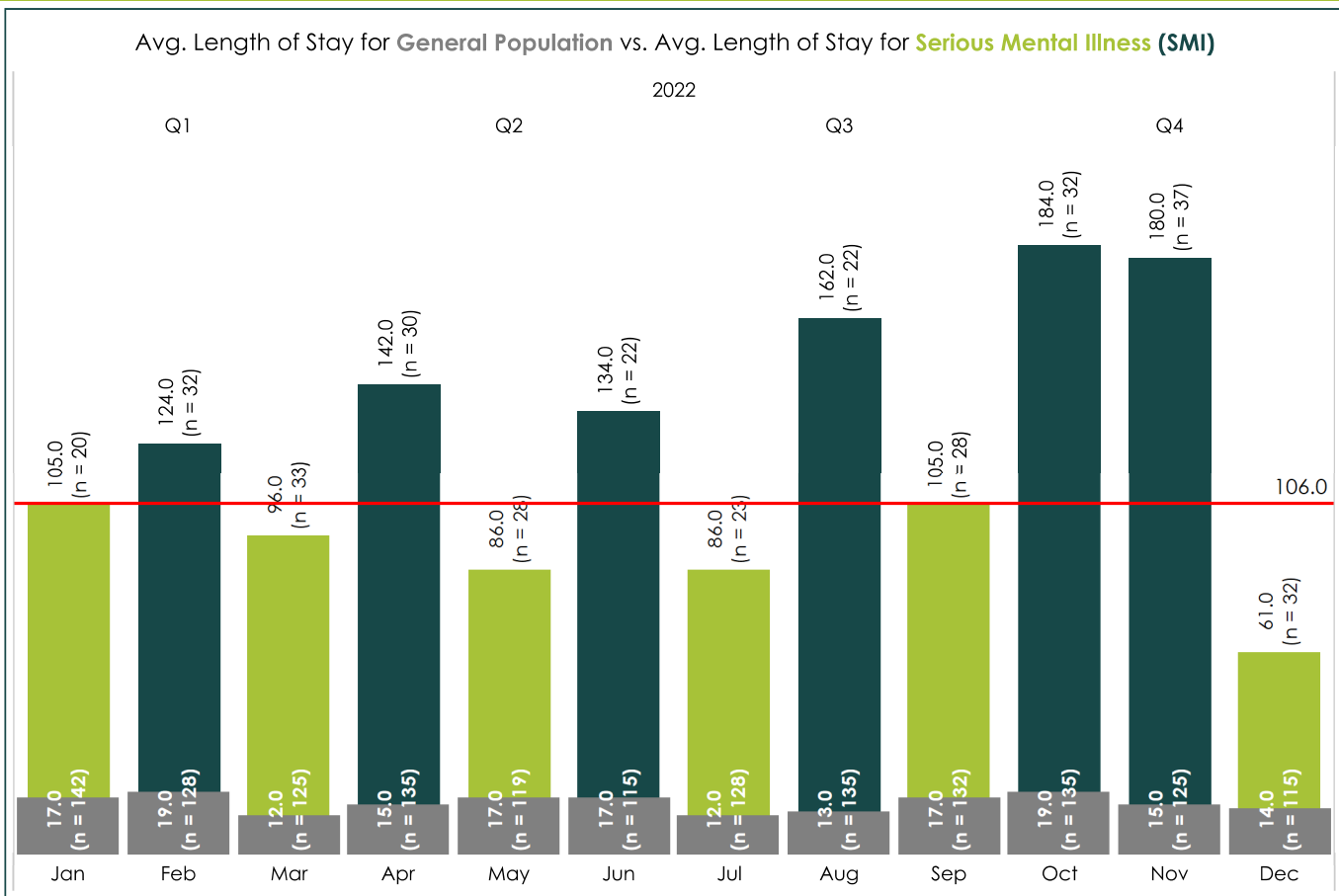
**Data Source:**

**Review Frequency:**

**Analysis:**

- The average length of stay for individuals with an SMI continues to far exceed the ALOS for the general population; however, the established target of 106 days is being achieved more consistently than in previous fiscal years, with about 50% of report months in calendar year 2022 achieving this target (light green). The ALOS for the general population continues to remain very low in comparison.
- Data Questions: What are known contributing factors for this discrepancy from the perspective of the jail; is this related to seriousness of charges, court delays, competency evaluations, lack of ability to post bail, etc?

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



**Measure:**

**Definitions:**

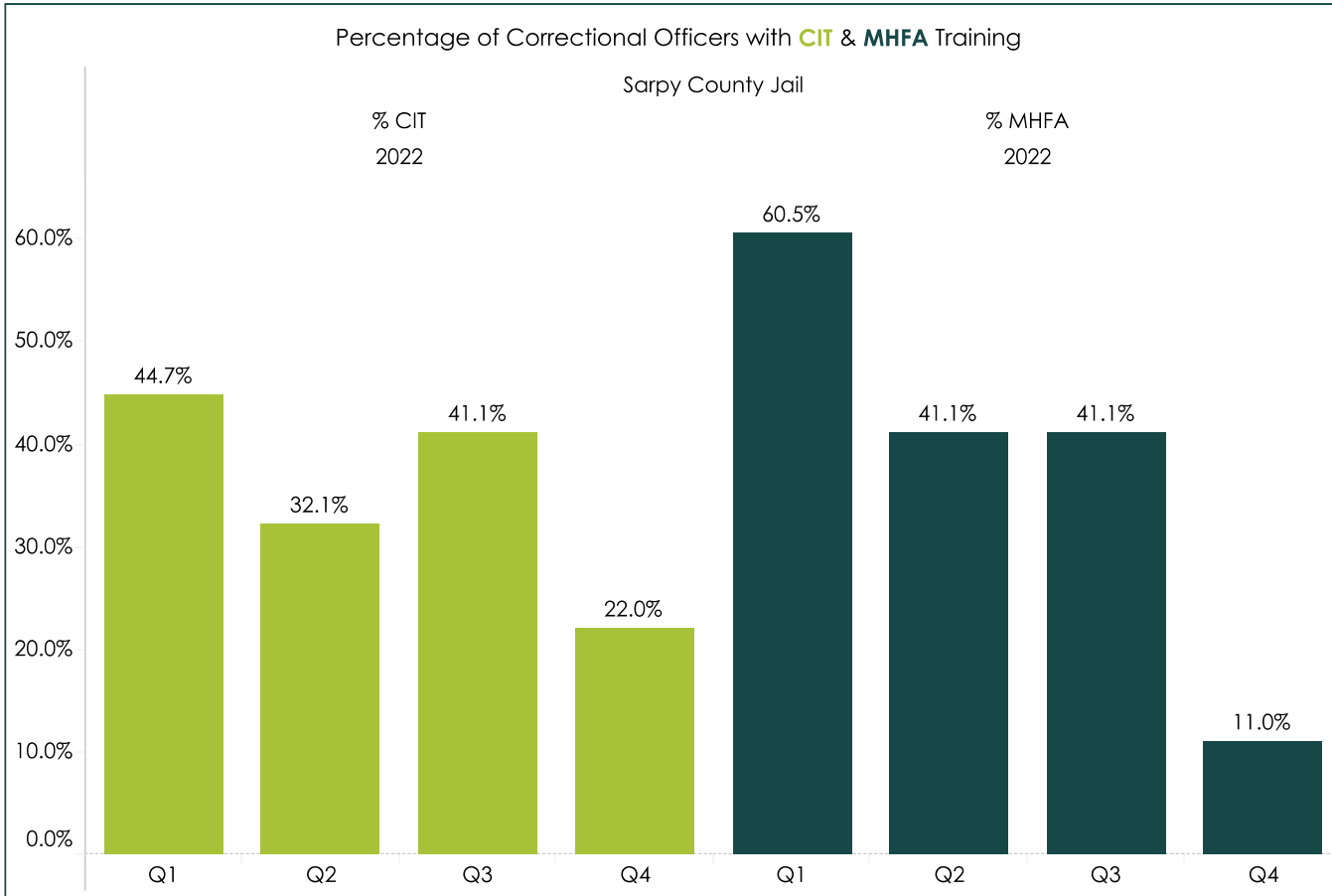
**Data Source:**

**Review Frequency:**

**Analysis:**

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

**Objective 1:** Corrections will work to have 100% of Correctional Officers trained in CIT (40 hours), MHFA (8 hours), or both.



**Measure:**

Number of Correctional Officers with Training /  
Total Correctional Officers

**Definitions:**

Correctional Officers who have completed CIT  
and/or MHFA

**Data Source:**

Jo Martin - Sarpy County Jail

**Review Frequency:**

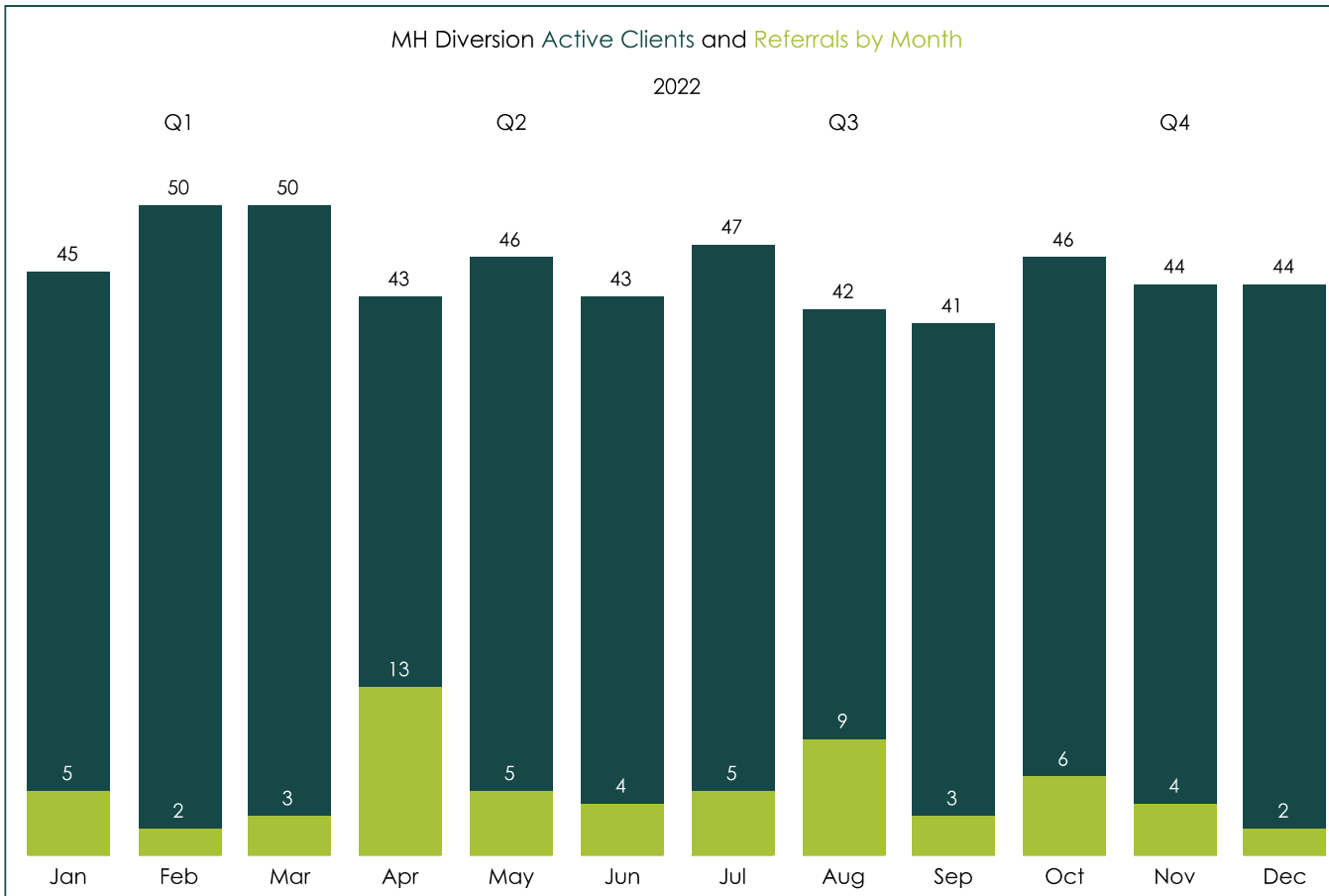
Quarterly

**Analysis:**

- This is point in time data gathered at the end of the period of review.
- Recertification for MHFA is required every 3 years.
- Q4 Decrease is due to new staff at the Jail.

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

**Objective 2:** Collect and analyze Mental Health Diversion data.



**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:**

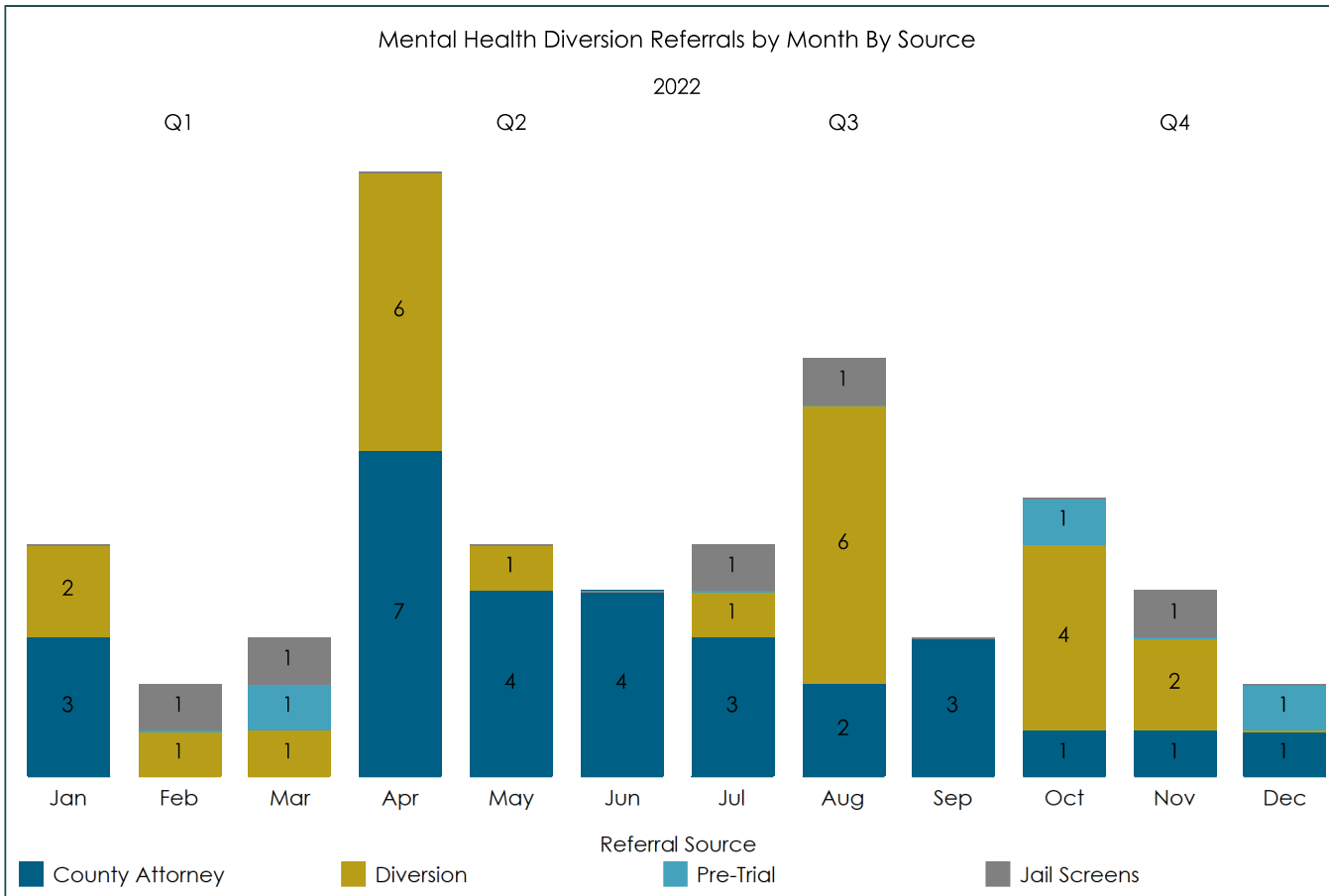
Quarterly

**Analysis:**

- Data Questions: Do we know the success rate and/or recidivism rate for consumers who participate in MH diversion?

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

**Objective 2:** Collect and analyze Mental Health Diversion data.



**Measure:**

Mental Health Diversion Data Organized by Referral Source

**Definitions:**

Number of Mental Health Diversion Referrals by Month by Referral Source

**Data Source:**

Carisa Gosda

**Review Frequency:**

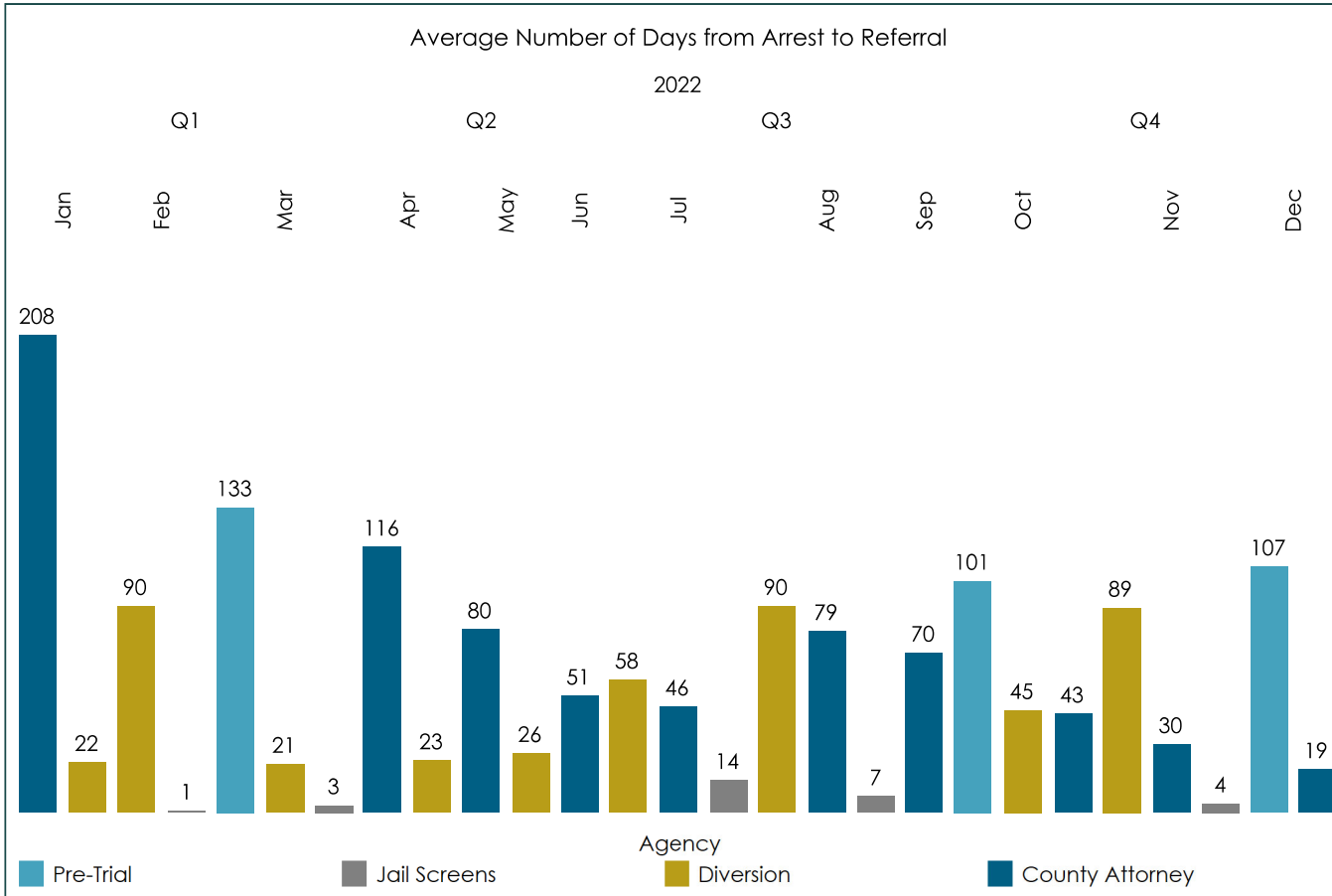
Quarterly

**Analysis:**

- During calendar year 2022, the County Attorney's Office and Diversion constituted the largest portions of MH Diversion referrals.
- There is a small downward trend in the number of MH Diversion referrals over the calendar year, but the overall  $n$  each month remains small.

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

**Objective 2:** Collect and analyze Mental Health Diversion data.



**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:**

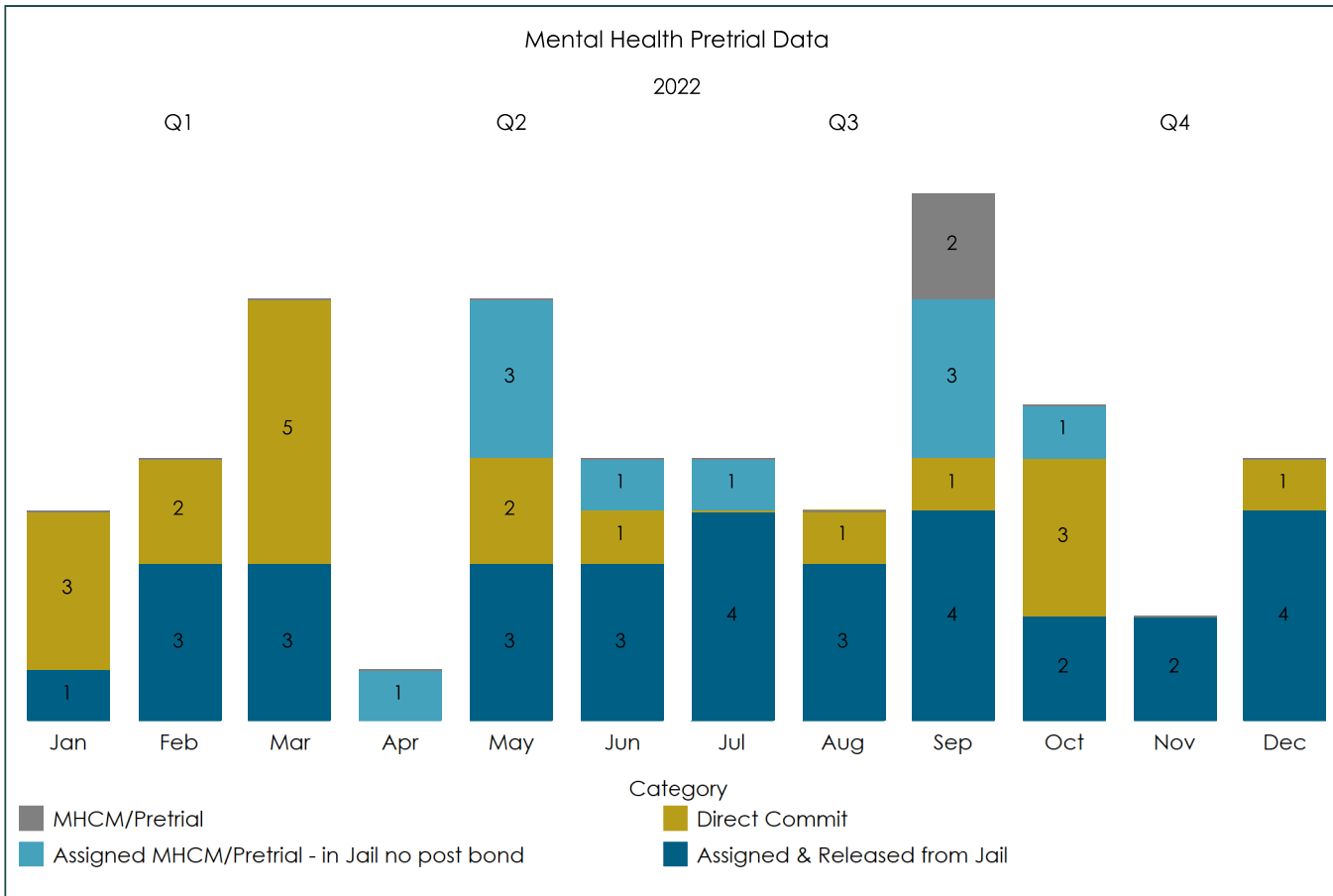
Quarterly

**Analysis:**

- Wellness Court may impact this data at times.
- The average number of days from arrest to referral for the County Attorney's Office has decreased significantly over the calendar year, with an average of 19 days in December. Conversely, the average number of days from arrest to referral for Diversion has shown an upward trend in the length of time.
- This is impacted by a low  $n$  across all programs.

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

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



**Measure:**

The Number of Individuals Referred to Mental Health Pre-Trial Organized by Referral Source and Month.

**Definitions:**

Mental Health Pre-Trial Consumers by Category

**Data Source:**

Ashlie A. Weisbrodt

**Review Frequency:**

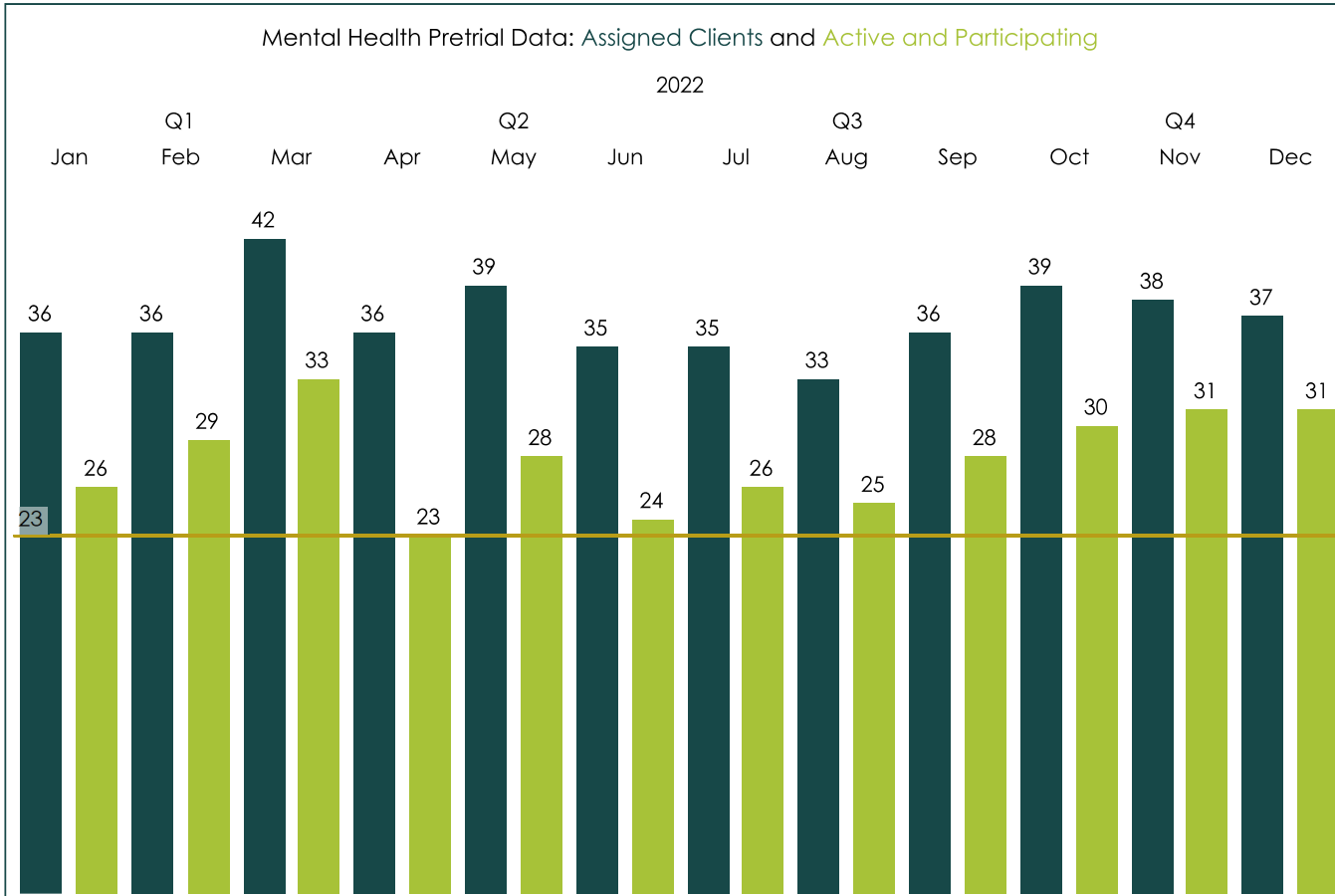
Quarterly

**Analysis:**

- Clients that are direct commits (from the court) and that already have a sentencing date set, cannot 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 (ALOS) for People with a Serious Mental Illness (SMI) in Jail

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



**Measure:**

The Number of Active and Assigned Clients Participating in Mental Health Pre-Trial by Month

**Definitions:**

Active and Assigned Clients Participating in Mental Health Pre-Trial Each Month

**Data Source:**

Ashlie A. Weisbrodt

**Review Frequency:**

Quarterly

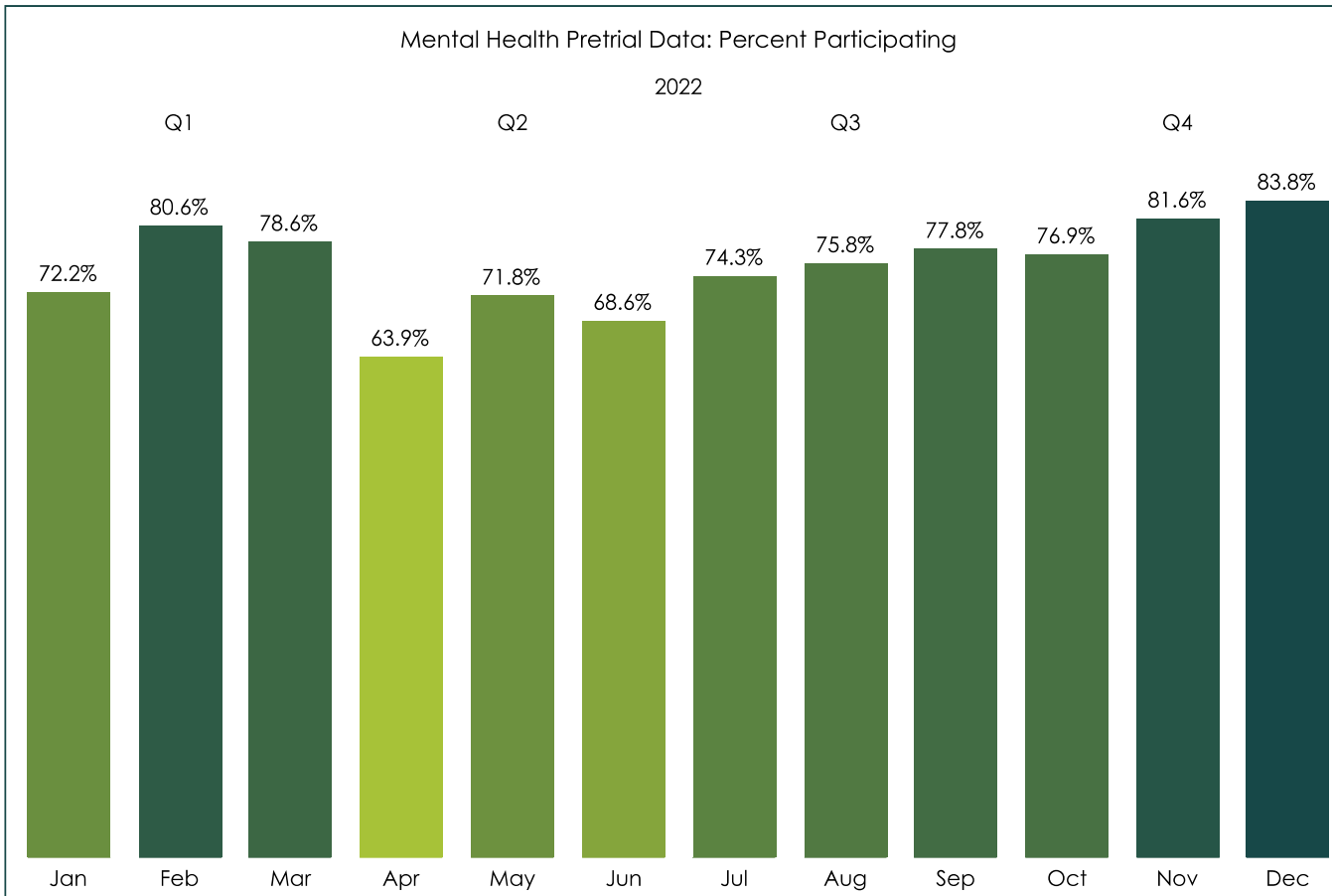
**Analysis:**

- Ideal caseload capacity is 31-32.
- The overall number of assigned clients has been over the ideal caseload capacity for the entirety of the calendar year.
- Despite this, the number of active and participating clients has shown some improvement over the course of the period under review, despite a sharp decline at the beginning of Q2.



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

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



**Measure:**

The Number of Active and Assigned Clients Participating in Mental Health Pre-Trial by Month

**Definitions:**

Active and Assigned Clients Participating in Mental Health Pre-Trial Each Month

**Data Source:**

Ashlie A. Weisbrodt

**Review Frequency:**

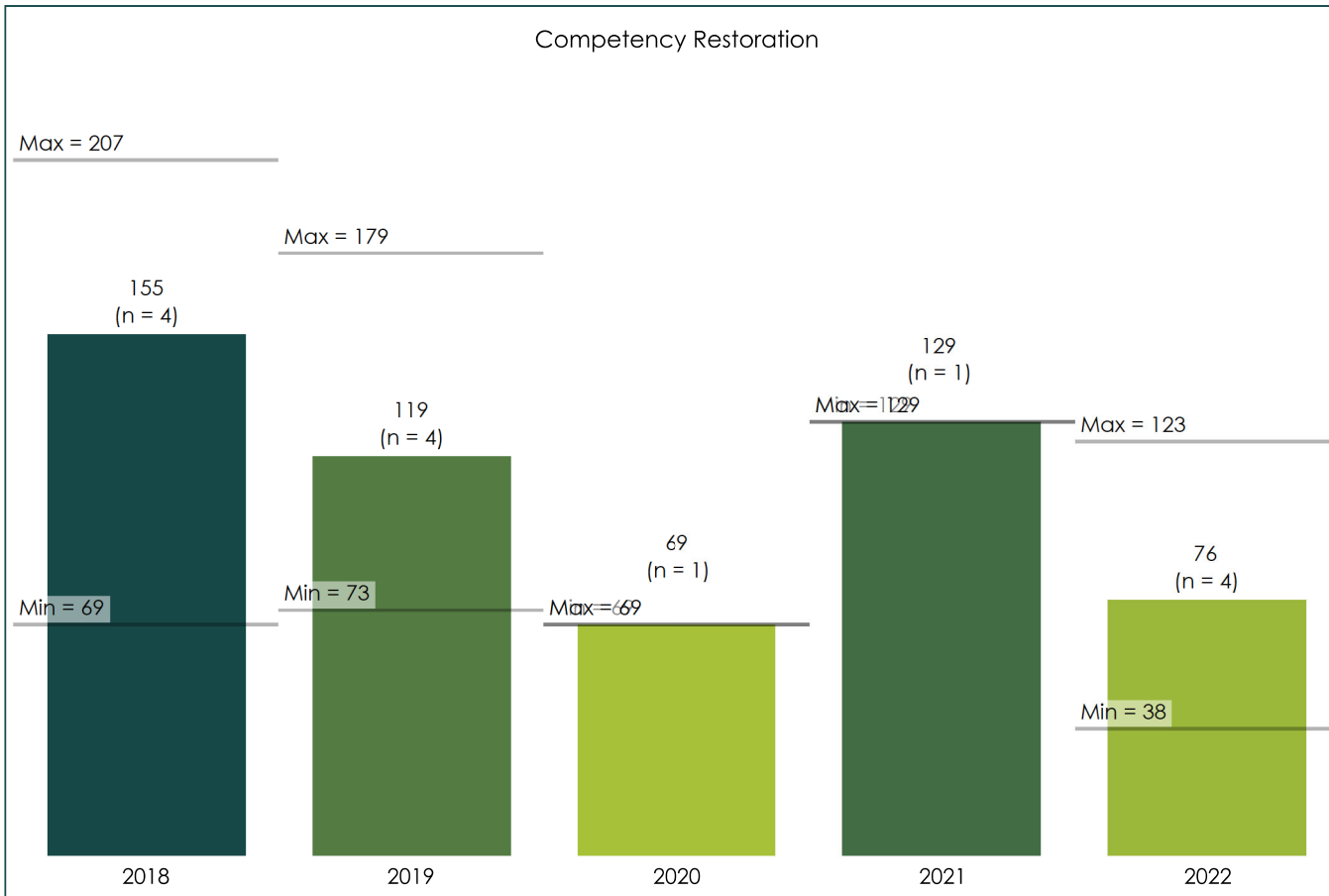
Quarterly

**Analysis:**

- Ideal caseload capacity is 31-32.
- This slide represents the percentage of active clients participating each month against the total number of assigned clients each month.
- This data point shows greater participation over the course of the calendar year. Has anything specific been noted?
- Data Question: Are there Pre-Trial outcomes that can be tracked or measured to determine outcomes for this population?

**Goal 2:** Shorten the Average Length of Stay (ALOS) 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).



**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 County 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.
- Average wait time for Competency Restoration shows a downward trend in the length of time waiting over years.

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

**Objective 5:** Identify opportunities to improve information sharing between CJ & MH systems.

Placeholder

**Measure:**

**Definitions:**

**Data Source:**

**Review Frequency:**

**Analysis:**

## Stepping Up 4 Key Measures

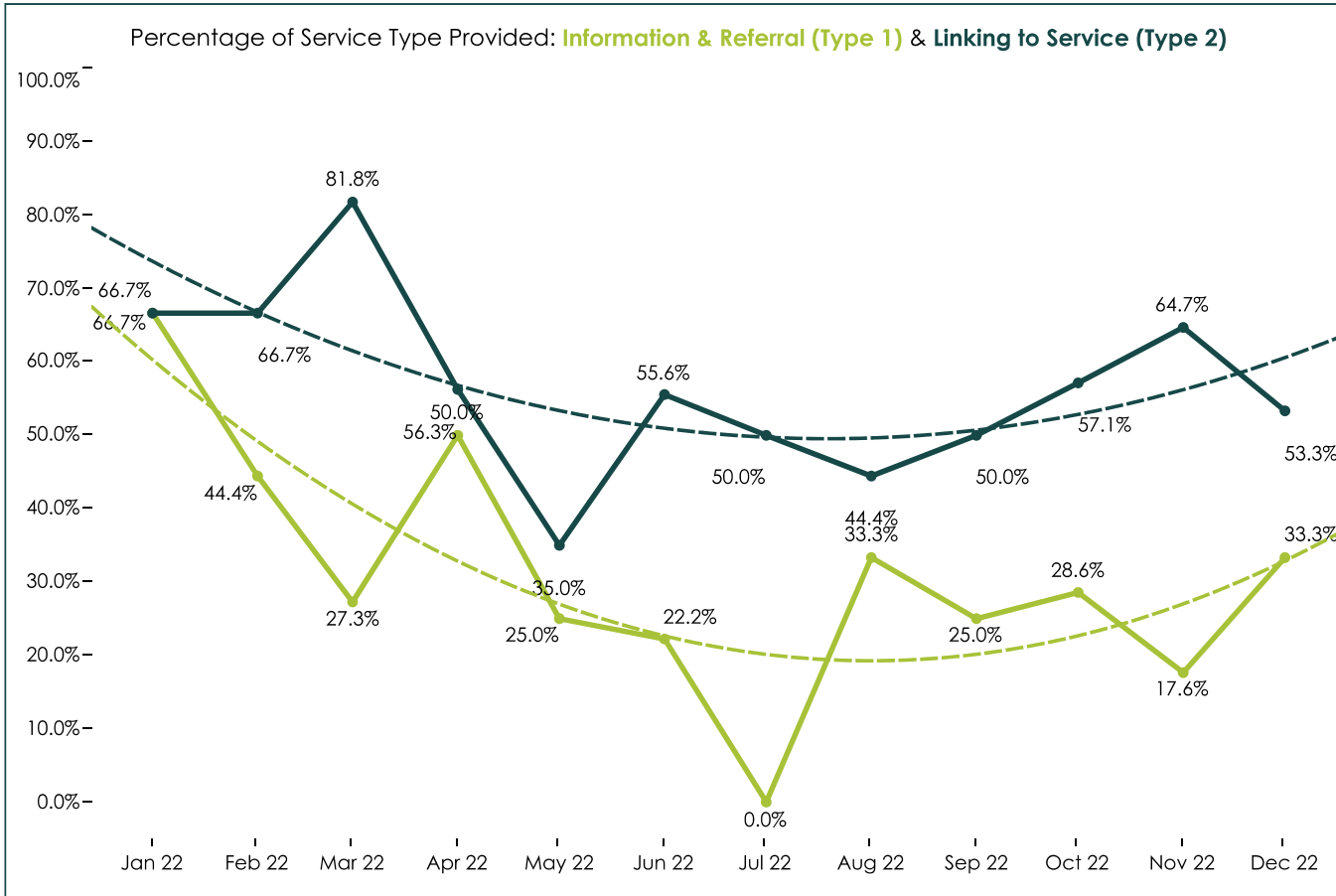
### Goal 3:

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

**Increase by 10% / Intercepts 3,4,5**

Strategy		Target	Notes/Updates
<b>Objective 1:</b>	<b>At least 43% of people with a SMI are connected to Type 2 service prior to re-entry.</b>		
a.	Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD's Office and in Jail.	In Process	
<b>Objective 2:</b>	<b>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.</b>		
a.	Collect and monitor data; identify opportunities for improvement; include data from Practicum Students in PD's Office and in Jail.	In Process	
<b>Objective 3:</b>	<b>Utilize Long-Acting Injectables (anti-psychotic) when clinically appropriate.</b>		
a.	Develop a process for ensuring 100% LAI recipients have a community-based appointment with a prescriber, prior to release.		
<b>Objective 3:</b>	<b>Partner with BAART to explore opportunities to provide methadone to individuals who were receiving methadone prior to incarceration.</b>		
a.	Schedule a meeting with BAART to explore opportunities.		Meeting #1 Completed 7-14-22
<b>Objective 4:</b>	<b>Understand the impact of Medicaid expansion on those involved with the criminal justice system.</b>		
a.	Collect and review baseline data on the number of Medicaid applications being completed and submitted while individual is incarcerated (Jail: Re-entry and Practicum Student).	Ongoing for Jail	LB921 will impact this
b.	The jail will continue to monitor the implementation fo LB 921 - Medicaid enrollment assistance, process applications, and notification of eligibility.		

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



**Measure:**

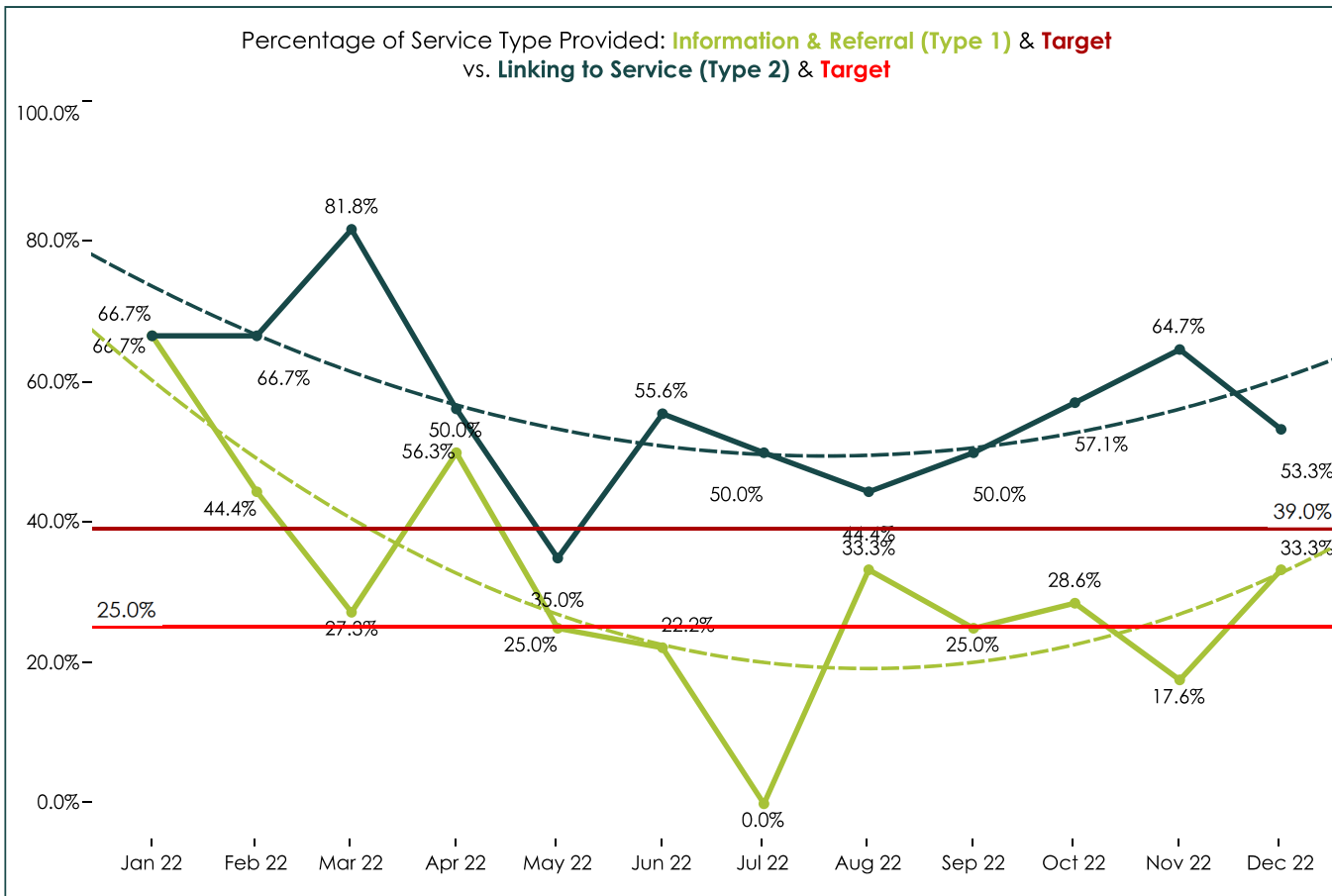
**Definitions:**

**Data Source:**

**Review Frequency:**

**Analysis:**

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



**Measure:**

**Definitions:**

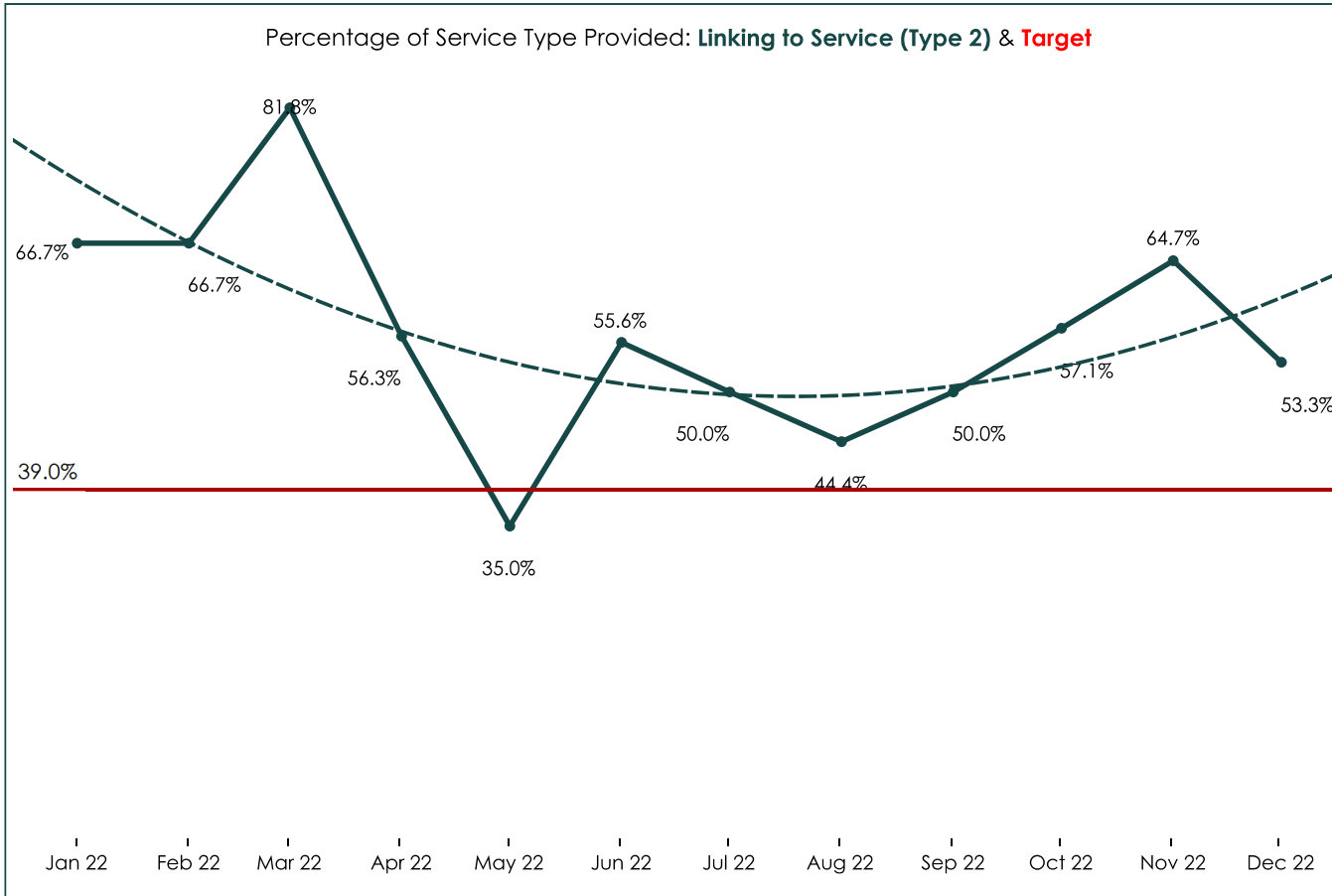
**Data Source:**

**Review Frequency:**

**Analysis:**

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

**Objective 4:** At least 43% of people with a SMI are connected to Type 2 services prior to re-entry



**Measure:**

Number of individuals with a SMI discharged and linked to service during their stay in jail / total number of individuals with a SMI discharged from jail in the month

**Definitions:**

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

**Data Source:**

Taylor Stanton  
Ashley Berg  
Lauren Reed

**Review Frequency:**

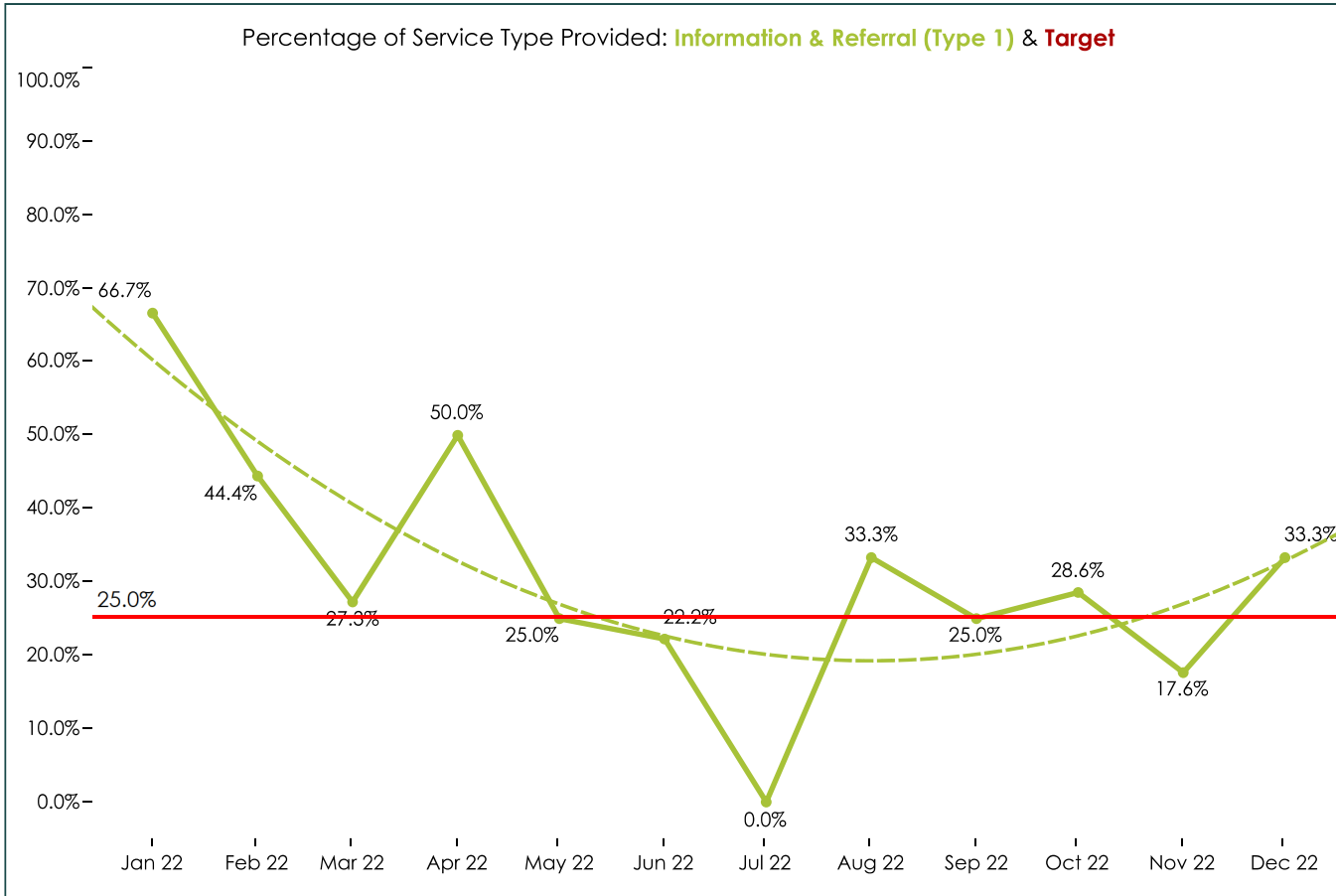
Quarterly

**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.
- 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.

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

**Objective 4:** At least 14% of people with a SMI who are not connected to Type 2 services prior to re-entry are connected to Type 1 services prior to re-entry.



**Measure:**

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 a SMI that were given information or referred to a service during their stay in jail.

**Data Source:**

Taylor Stanton  
Ashley Berg  
Lauren Reed

**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.
- 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.



**Goal 3:** Increase the Percentage of Connection to Care for people with a Serious Mental Illness (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:**

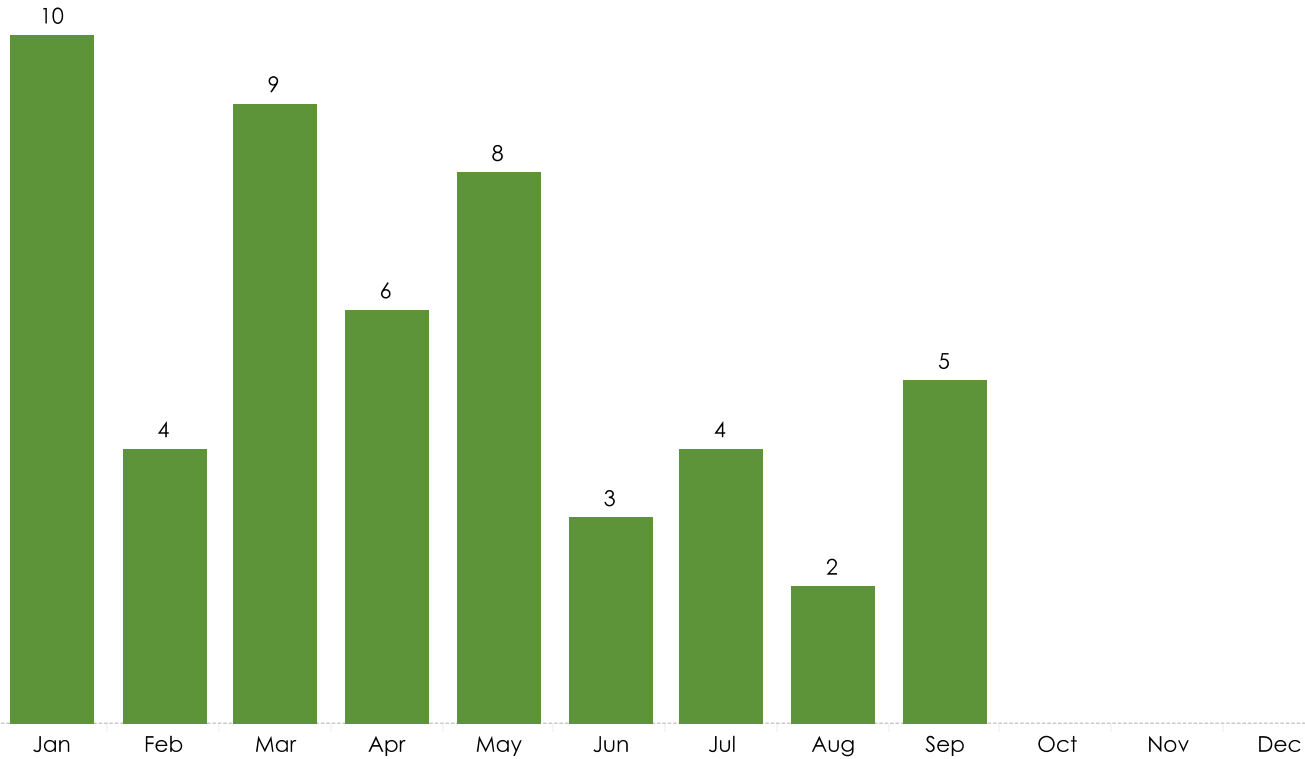
**Analysis:**

**Goal 3:** Increase the Percentage of Connection to Care for people with a Serious Mental Illness (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

2022



**Measure:**

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

**Definitions:**

**Data Source:**

Lauren Reed - Re-entry Sarpy County Jail

**Review Frequency:**

Quarterly

**Analysis:**

## Stepping Up 4 Key Measures

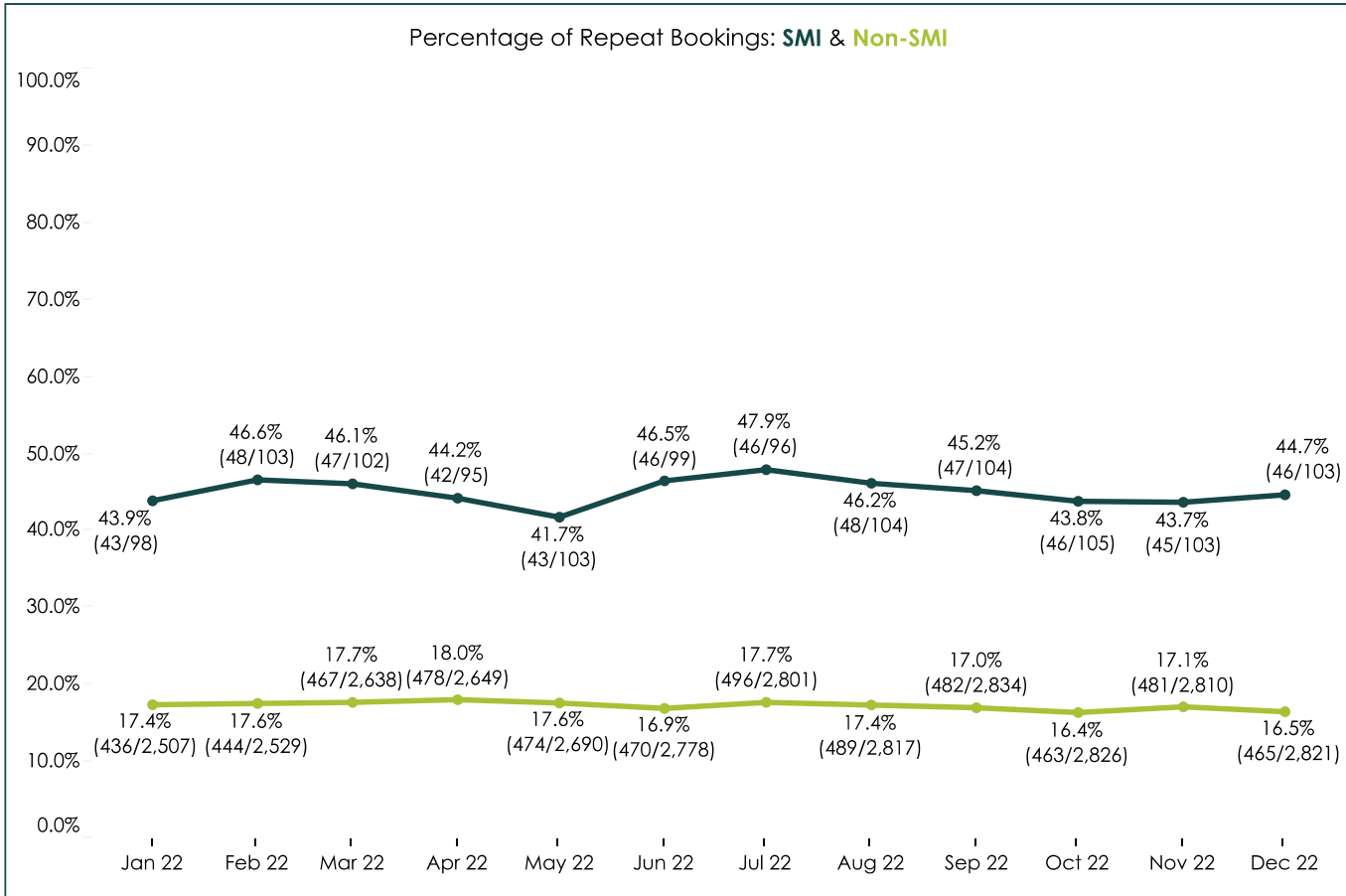
### Goal 4:

**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
<b>Objective 1:</b>	<b>Evaluate data from the Specialized Transition Planning (STP) to determine impact on recidivism.</b>		
a.	Collect baseline data, develop report, share with the team.		Vicki will work with Lauren, Kim, and Jo.
b.	Explore funding for the STP program beyond 90 days.	2022	Steering Committee
<b>Objective 2:</b>	<b>Utilize Long-Acting Injectables (LAI) when clinically appropriate (voluntary).</b>		
a.	Collect and monitor baseline data to better understand the utilization of LAI's in the jail.		Ongoing
<b>Objective 3:</b>	<b>Provide 7 days' worth of medication at the time of release from jail.</b>		
a.	Review current practice, and identify any improvements as needed.		Steering Committee

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



**Measure:**

**Definitions:**

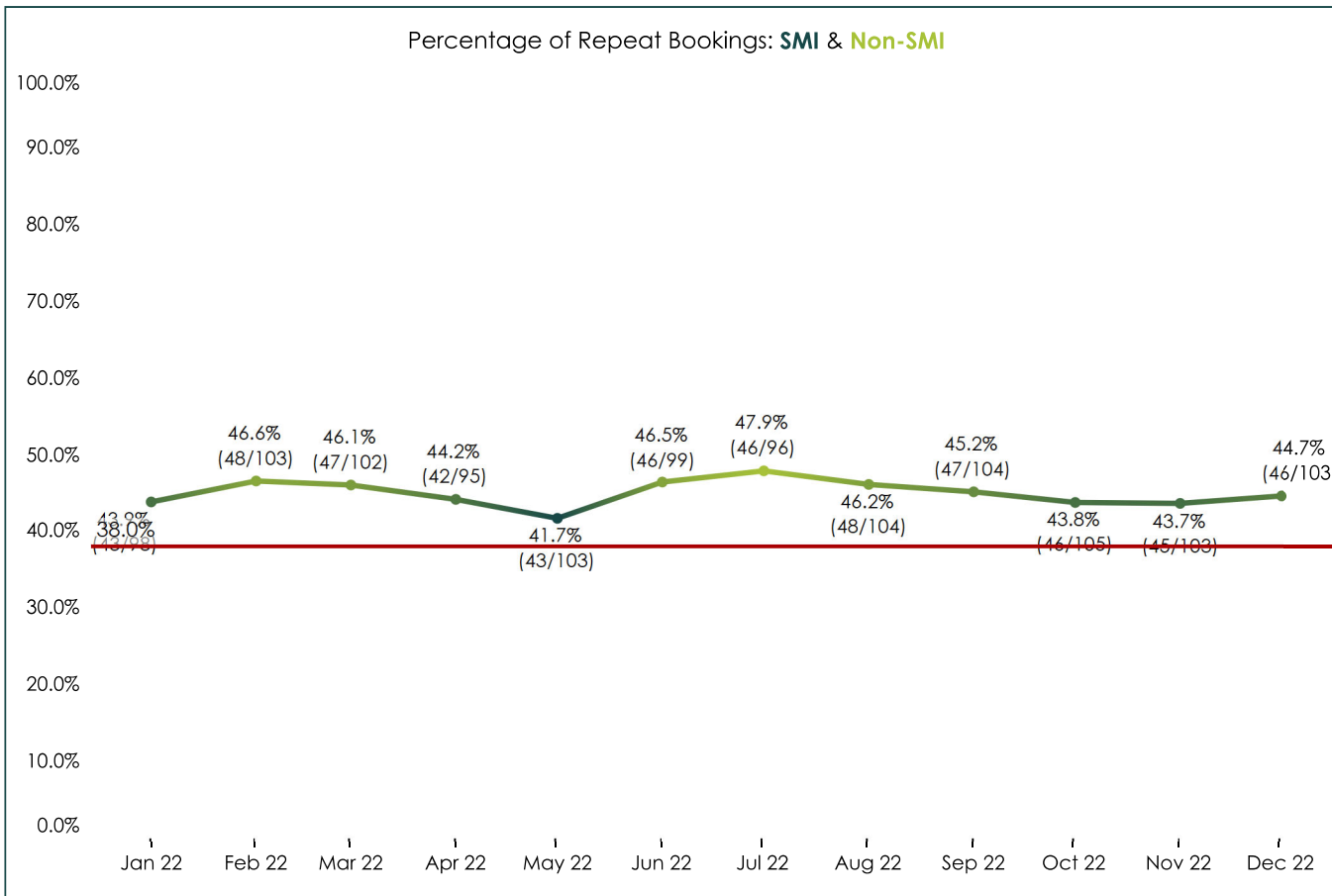
**Data Source:**

**Review Frequency:**

**Analysis:**

- The overall percentage of repeat bookings for both populations continues to remain flat over all data collected, with some minor variations over the calendar year of review.
- These numbers are compared against the number of bookings by each category, not by the *total* number of bookings, in order to highlight the recidivism differences between each population, rather than the percent of total bookings with an SMI.

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



**Measure:**

**Definitions:**

**Data Source:**

**Review Frequency:**

**Analysis:**

**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:**

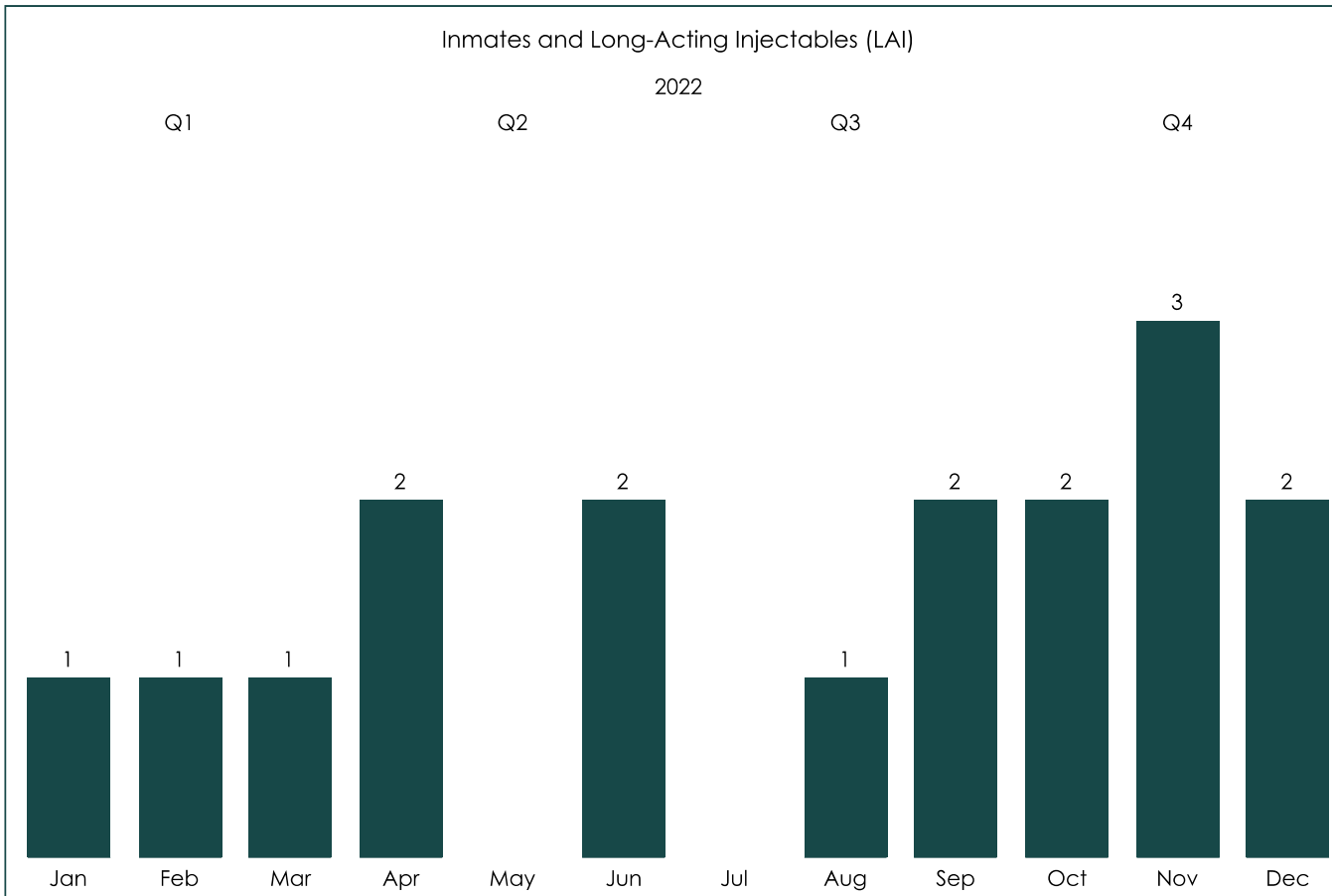
**Data Source:**

**Review Frequency:**

**Analysis:**

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

**Objective 2:** Utilize Long-Acting Injectables (LAI; anti-psychotic) when clinically appropriate (Voluntary).



**Measure:**

Inmates on Long-Acting Injectables

**Definitions:**

Inmates prescribed 1st or 2nd generation LAIs

**Data Source:**

Jo Martin - Sarpy County Jail

**Review Frequency:**

**Analysis:**

- Generation 1 LAI's include: Haldol, Clopixol, Fluanxol
- Generation 2 LAI's include: Aristada, Abilify, and Invega

Long-Acting Injectable (LAI): LAI anti-psychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to non-adherence to anti-psychotic medication.

• The average number of LAI's prescribed has not changed significantly over the calendar year; this item has a very small *n* of individuals, and as such, it is difficult to assess the overall impact this is having on items related to ALOS in the jail, recidivism, etc.

• Data Question: How many individuals who receive LAI's have had re-entries into the jail? What services are this population being connected to help maintain LAI's following release?

## Stepping Up

### Analysis

**Data Questions:**

**Data Considerations:**

**Complicating Factors:**

**Recommendations:**

**Notes:**



## **Participants**

- Jo Martin - Corrections Admin.
- Lauren Reed - Corrections Reentry
- Sgt. Rob Hillabrand - Sarpy County Sheriff
- Tom Dargy - County Administration
- Kate Gatewood - County Attorney
- Ashley Berg - Public Defender Social Worker
- Taylor Partusch - Public Defender Social Worker
- Dean Loftus - Mental Health Diversion
- Carisa Godsa - Diversion
- David Soto - Diversion
- Jacob Berst - Community Corrections
- Ashlie Weisbrodt - Mental Health Pre-Trial
- Jeff Jennings - Probation
- Creston Ashburn - Speciality Courts
- D.J. Barcal - LaVista PD
- Captain Tim Melvin - Bellevue PD
- Chris Goley - Papillion PD

## **Region 6 Behavioral Healthcare Contacts**

Nick Chadwell  
Data Analyst  
nchadwell@regionsix.com  
OFFICE: 402.996.8390 | FAX: 402.444.7722

Curt Vincentini, MS  
Emergency System Manager  
cvincentini@regionsix.com  
OFFICE: 402.444.7719 | CELL: 402.658.1298 | FAX: 402.444.7722

Kim Kalina, MSW  
Director of Quality Improvement  
kkalina@regionsix.com  
OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

Vicki Maca, LCSW, LMHP  
Director of Criminal Justice / Behavioral Health Initiatives  
vmaca@regionsix.com  
OFFICE: 402.591.5010 | CELL: 531.444.8615 | FAX: 402.444.7722