



THE
STEPPING UP
I N I T I A T I V E

**Douglas County
Quarterly Workplan Packet
April 24, 2025**

Stepping Up Agenda

April 24, 2025

1. Welcome and Introductions
2. Updates:
 - Mental health addition to the jail-Mike
 - Information Sharing Project-Vicki/Kim
 - Frequent Users System Engagement (FUSE)-Justine/Vicki
 - Medicaid Managed Care Comparison Chart-Vicki
 - Familiar Faces Project-Justine/Vicki
 - CCBHC-Brad
 - Other
3. Quarterly Data and Strategies Packet
4. Next Meeting is August 14, 2025, 10:00am
5. Conclude

Douglas Co Sequential Intercept Mapping (SIM) Priorities (May 2022)

- Collaborative software for information and data sharing across CJ and BH systems. **In Process**
- Increase access to direct inpatient acute psychiatric care and circumvent ED waits/front door.
- Centralized Assessment Center process to identify potential diversion options for law enforcement, crisis response, etc. (Yellow Line Project in Blue Earth County, MN) **Exploration Phase**
- Collaborate and communicate on a more standardized crisis response system and increase who can/how crisis response can be activated and non-law enforcement crisis response.

Stepping Up 4 Key Measures-Douglas County

Goal 1	Reduce the Number of People with a Serious Mental Illness Booked into Jail		
Strategy		Target	Notes/Updates
Objective 1	The DCSO, OPD and 911 Call Center will work toward increasing the number of identified staff completing Crisis Intervention Training (CIT).		
	a. OPD will work toward having 50% of identified staff trained in CIT.	Ongoing	Lindsay Sends Data
	b. DCSO will work toward having 70% of identified staff trained in CIT.	Ongoing	DCSO Sends Data
	c. The 911 Call Center will work toward increasing the number of Operators and Dispatchers trained in CIT.	Ongoing	John Jackel Sends Data
Objective 2	DCSO, OPD and 911 Call Center will increase the number of designated staff trained in Mental Health First Aid (MHFA).		
	a. OPD will work toward having 30% of identified staff trained in MHFA.	Ongoing	Lindsay Sends Data
	b. DCSO will work toward having 95% of identified staff trained in MHFA.	Ongoing	DCSO Sends Data
	c. The 911 Call Center will work toward increasing the number of identified staff trained in MHFA.	Ongoing	John Jaeckel Sends Data
Objective 3	Law Enforcement will activate Mobile Crisis Response when needed.		
	a. Analyze Mobile Crisis Response utilization data by law enforcement agency.	Ongoing	Region 6 has Data
Objective 4	Law Enforcement Agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).		
	a. Track the number of mental health coded calls versus completed BHITF	Ongoing	Lindsay Sends Data
	b. Explore DCSO completing the BHITF-file format issue resolved?		Working on
Objective 5	Better understand the frequency and nature of those incarcerated due to being charged with “assault on a healthcare worker.”		
	a. Collect baseline data; identify strategies if needed.	Ongoing	

Goal 2	Shorten the Average Length of Stay for People with a Serious Mental Illness in Jail		
Strategy		Target	Notes/Updates
Objective 1	DCDC will work to have 40% of Corrections Officers trained in CIT and 90% trained in MHFA.		
a. Collect and review baseline data; identify opportunities; establish benchmarks/targets.			Ongoing
Objective 2	Utilize data to drive improvements with Competency to Stand Trial/Competency Restoration practices.		
a. Collect baseline data on the amount of time individuals are waiting to access competency restoration treatment at LRC (days between receiving the court order and transferring to LRC).			Ongoing
b. Form a workgroup to identify opportunities to develop a “CST/CR Guidelines” document to be used by CA’s office, PD’s office, LRC and bench. Document is with CA’s office for review.			In Process
c. DCDC will partner with LRC/DHHS for in-reach to stabilize individuals in jail waiting for competency treatment at LRC.			Chris Sweney sends data
d. Determine if re-evaluations can be completed virtually in the DCDC.			Initial meeting was Nov. 6, 2023
e. Sam Douez, Public Defender’s Office, will cc Heidi Altic (Jail) on all competency orders that are filed on clients represented by the Public Defender’s Office who are at DCDC.			In-reach began March 2024
			Martha made this happen.
			Effective Oct. 7,2024

Goal 3	Increase the Percentage of Connection to Care for People with a Serious Mental Illness in Jail		
Strategy		Target	Notes/Updates
Objective 1	Identify opportunities to improve information sharing between criminal justice and behavioral health systems (SIM Priority).		
a.	Understand flow of information between the Douglas County Community Mental Health Center and DCDC. Is further attention needed here?		No Data Needed
b.	Region 6 will partner with Law Enforcement agencies (OPD, DCSO, DCDC, SCSO, SCDC), Jails (DCDC, SCDC), and Omaha Fire Department to identify and purchase data sharing software (RFP).	Information Sharing Project- In process	Region 6 and Partners No Data Needed
c.	Partner with UNO Grace Abbott School of Social Work to identify training needed for implementation of LB50 (Mental Health Practitioners sharing information consistent with HIPAA).	PAUSE	No Data Needed
Objective 2	Collect baseline data on the number of individuals who are connected to Type 1 and Type 2 services prior to re-entry.		
a.	Analyze data to determine if individuals with SMI have connections to care prior to release.	Data received as of April 2024	Justine sends Data
Objective 3	Monitor implementation of LB921; Medicaid Enrollment, Assistance to those Incarcerated.		

Goal 4		Lower the Rates of Recidivism for Individuals with a Serious Mental Illness who are in Jail.	
Strategy		Target	Notes/Updates
Objective 1	Identify a pathway to restart Familiar Faces Program.		
a.	Utilize workgroup; research other FFP models, strengthen the Douglas Co FFP model. There is a connection to the FUSE project.	Workgroup	
Objective 2	Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.		
a.	Analyze baseline data.		Heidi Sends Data
Objective 3	Utilize Long Acting Injectables (LAI) when clinically appropriate.		
a.	Administer LAI's when clinically appropriate. Collect baseline data on the number of individuals receiving LAI's.		Wexford-Is this possible?
b.	Identify opportunities to provide Medication Assisted Treatment (MAT) to individuals with Opioid Use Disorder (OUD).		
c.	Ensure continuity of care with LAI's for individuals leaving LRC and returning to jail.		Going OK?
Objective 4	Individuals with an SMI are released with medication necessary to bridge to their appointment with a community prescriber.		
a.	DCDC will work with Wexford.	Ongoing	No Data Needed
Objective 5	Work with system partners to implement FUSE.		

Do we know how many individuals with an SMI have a re-entry plan developed? (Some will be in & out too fast for that to happen.)

Stepping Up Key Measures

Definitions

SMI (Serious Mental Illness):	Individuals with (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, and (vi) Psychotic Disorder (Self-Report and Diagnosed by Professional). Obsessive-Compulsive Disorders are in the process of being removed from the SMI designation.
Connection to Care/Service Type 1:	Information and Referral; defined as any one of the following: <ul style="list-style-type: none"> Verbal or Written information is shared about a service or program with the client. Written contact information about a service or program is shared with the client.
Connection to Care/Service Type 2:	Linking to Service; defined as any one of the following: <ul style="list-style-type: none"> Verbal or written communication is received confirming that the client and the agency have been connected. Verbal or written communication is received confirming that the client has an appointment. The client is aware of the agency and the agency is aware of the client's need for service.
LAI (Long Acting Injectable):	LAI antipsychotics are a pharmacologic strategy for treating patients with schizophrenia who relapse due to nonadherence to anti-psychotic medication.
Recidivism:	Refers to a person's relapse into criminal behavior and is measured by criminal acts that result in being "re-booked" into jail within the 12 months of the person's last release date.
MHFA (Mental Health First Aid):	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.
CIT (Crisis Intervention Training):	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 ..
Custodial Sanction:	If the individual is on probation for a felony conviction, they are subject to custodial sanctions per NRS 29-2266(8)(b). Custodial Sanctions consisting of jail stays from 3-30 days up to 90 days are available for use by the probation officer at any time, but only after gaining the approval of their Chief Probation Officer (or designee), and upon the Order of the Court. If the custodial sanction is contested and results in a court hearing, the Judge could decrease or increase the number of days in jail being..
Probation Violation:	There are 3 types; Technical Violations, New Law Violation, and Abscond Violations: <ul style="list-style-type: none"> Technical Violations: Examples include failed drug testing, missed appointments, etc... These are handled with sanctions. New Law Violations: Are required by State Statute 29-2255 to be submitted to the prosecuting attorney, if the individual is accused of committing through the commission of, or involvement in, any criminal activity. This could result in a motion to revoke probation and another c.. Abscond Violations: Occur when an individual is actively avoiding supervision and these violations are submitted following reasonable efforts to locate the defendant (which are unsuccessful).
MAT (Medication-Assisted Treatment):	Is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdoses.
BHITF:	Behavioral Health Incident Tracking Form.
Data Applications Used:	IMS (Information Management System - Dotcom is the Vendor); Collaborate (customizable, web-based case management software used by DCDC Re-Entry Staff)); CAD (used by Law Enforcement Agencies).

Stepping Up 4 Key Measures

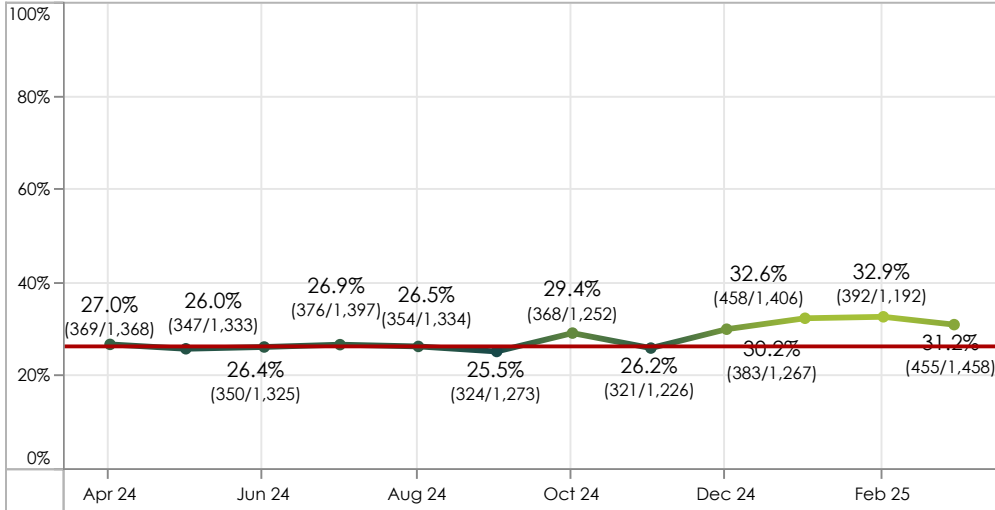
<p>Goal 1: Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail *(&1.b: Incarcerated in Jail)</p> <hr/> <p>Numerator: The number of adults booked into the jail with a Serious Mental Illness (SMI) during the month</p> <hr/> <p>Denominator: The average daily total population of the jail for the month</p> <p>Data Source: DCDC</p> <p>Date Provided: Monthly</p> <p>Review Frequency: Monthly</p> <p>Notes: This data does not include individuals who bond out or those who are sentenced to time served before receiving a mental health evaluation.</p>	<p>Goal 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail</p> <hr/> <p>Numerator: The monthly average LOS for those discharged from jail with a SMI</p> <hr/> <p>Demoninator: The average daily total population of the jail for the month</p> <p>Data Source: DCDC</p> <p>Date Provided: Monthly</p> <p>Review Frequency: Monthly</p> <p>Notes:</p>
<p>Goal 3: Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail</p> <hr/> <p>Numerator: The number of individuals with a Serious Mental Illness (SMI) who have a Type 1 and/or Type 2 Connections to Care made during incarceration - reported during the month they were released from jail</p> <hr/> <p>Denominator: Number of all individuals with a SMI discharged from jail that month</p> <p>Data Source: DCDC (Collaborate & ERMA connected through data #)</p> <p>Date Provided: Monthly</p> <p>Review Frequency: Monthly</p> <p>Notes:</p>	<p>Goal 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail</p> <hr/> <p>Numerator: The number (percentage) of individuals with a Serious Mental Illness (SMI) who are re-booked into jail for new offenses within 12 months following their last release date</p> <hr/> <p>Denominator: Total number of bookings</p> <p>Data Source: DCDC</p> <p>Date Provided: Monthly</p> <p>Review Frequency: Monthly</p> <p>Notes:</p>

Stepping Up 4 Key Measures

Goal 1:

Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail *(&1.b: Incarcerated in Jail)

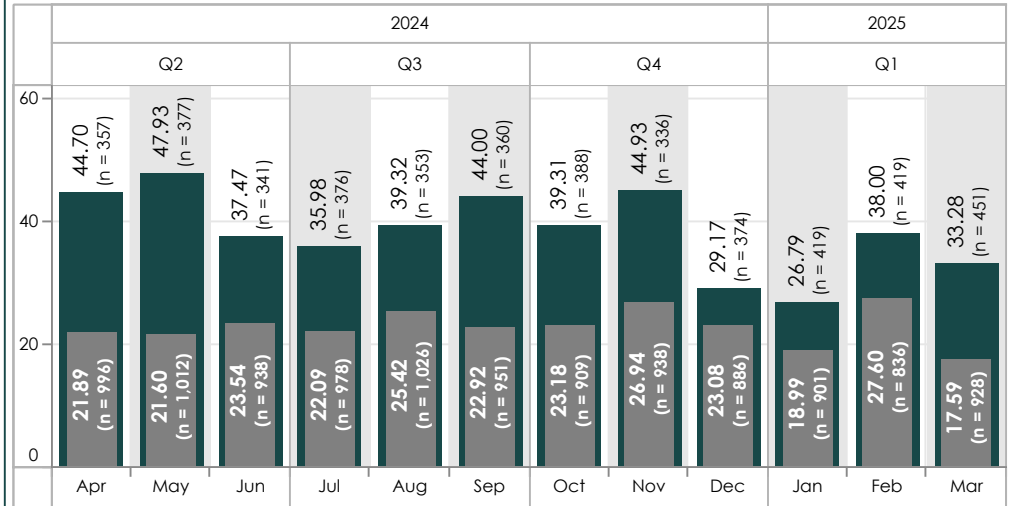
Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)
(2024 Average = 26.27%)



Goal 2:

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

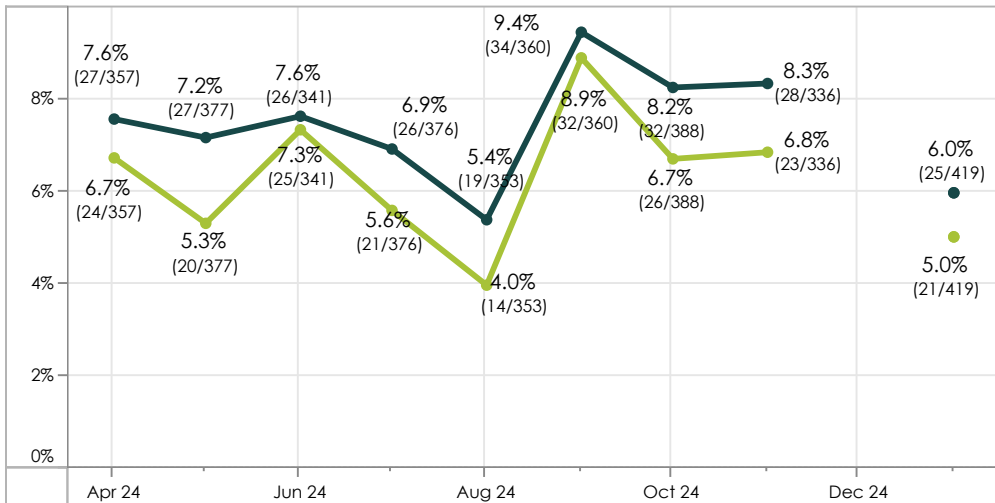
Average Length of Stay (ALOS) for Individuals **Without a Serious Mental Illness** vs. with **Serious Mental Illness (SMI)** in days



Goal 3:

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

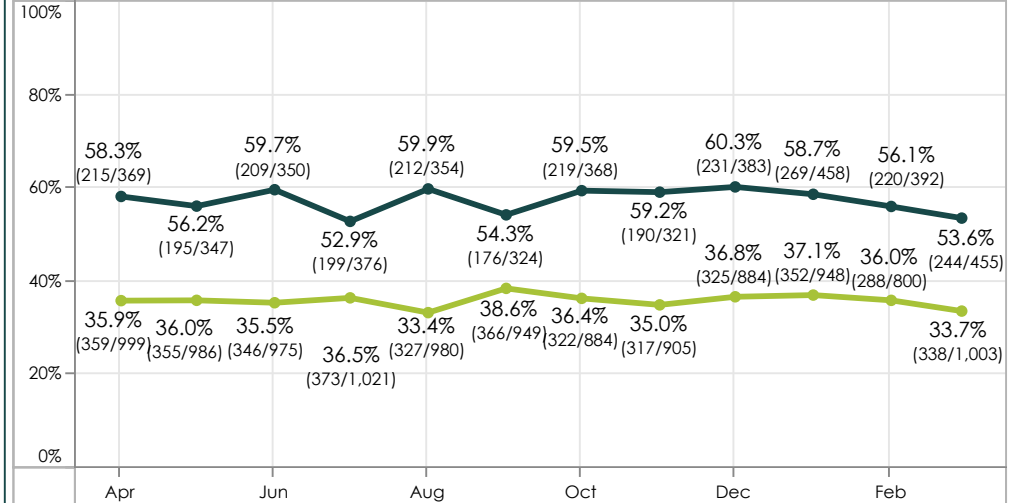
Percent of **Type 1** and **Type 2** Connections to Care for Persons with a SMI



Goal 4:

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

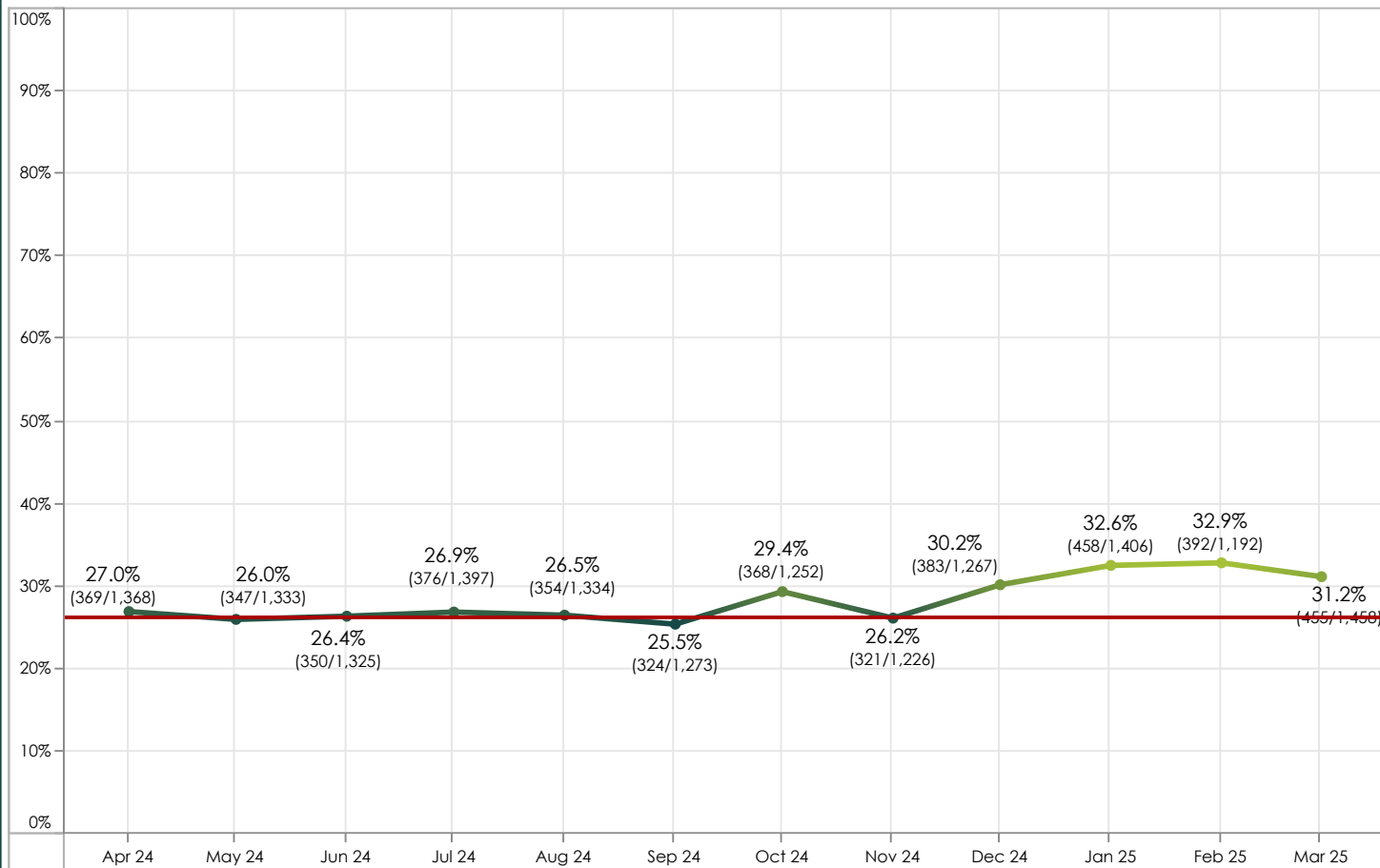
Percentage of Repeat Bookings by Population
(SMI Population/Non-SMI Population)



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

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

Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)
 (2024 Average = 26.27%)



Measure:

Percent of booked inmates with a diagnosed Serious Mental Illness (SMI), by month

Definitions:

Total number of booked inmates by category divided by total number of inmates, by month

Data Source:

Justine Wall - DCDC

Review Frequency:

Monthly

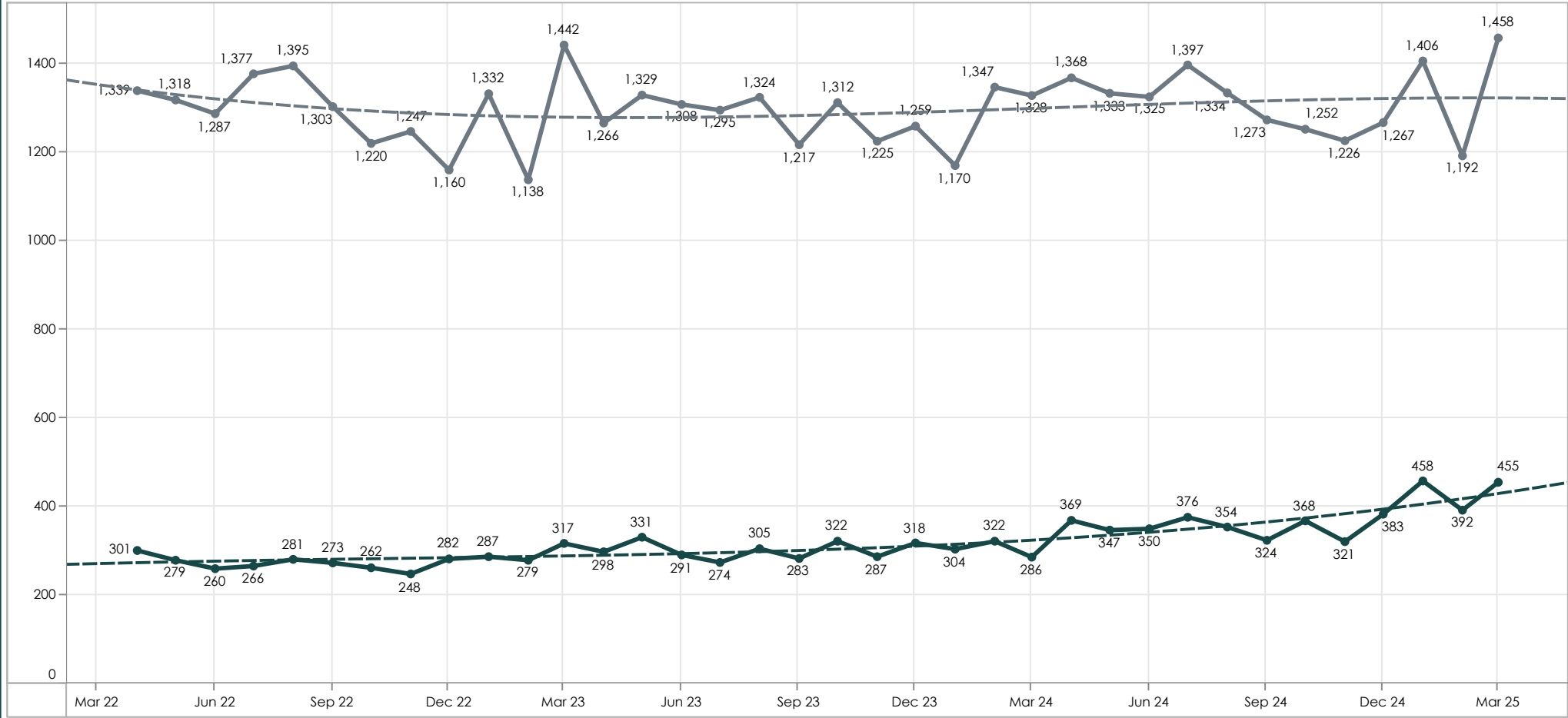
Analysis:

- This quarter saw the highest percentage of bookings for individuals with a SMI across all collected data, with 32.9% of bookings in February 2025 being attributed to persons with a SMI. With respect to the previous calendar year overall, SMI bookings accounted for 26.27% of all bookings, a significant increase from 2023, and the highest percentage of all calendar years since data collection started.
- In comparing the averages between Calendar Year 2022 and 2023, there was an 11.94% increase in the proportion of persons booked that were coded as having an SMI. A similar rate of change was noted between Calendar Year 2023 and 2024, with another 12.98% increase in proportionality. This increase does not reflect a change in the actual number of bookings, but the proportion of bookings that were coded as SMI.
- The lowest percentage of bookings for individuals with a SMI across the recorded data occurred in February 2020, with 16.3% of bookings being attributed to persons with an SMI.

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

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

Number of Monthly Bookings for Individuals with a **Serious Mental Illness (SMI)** vs. **Total Monthly Bookings** over last 36 Months



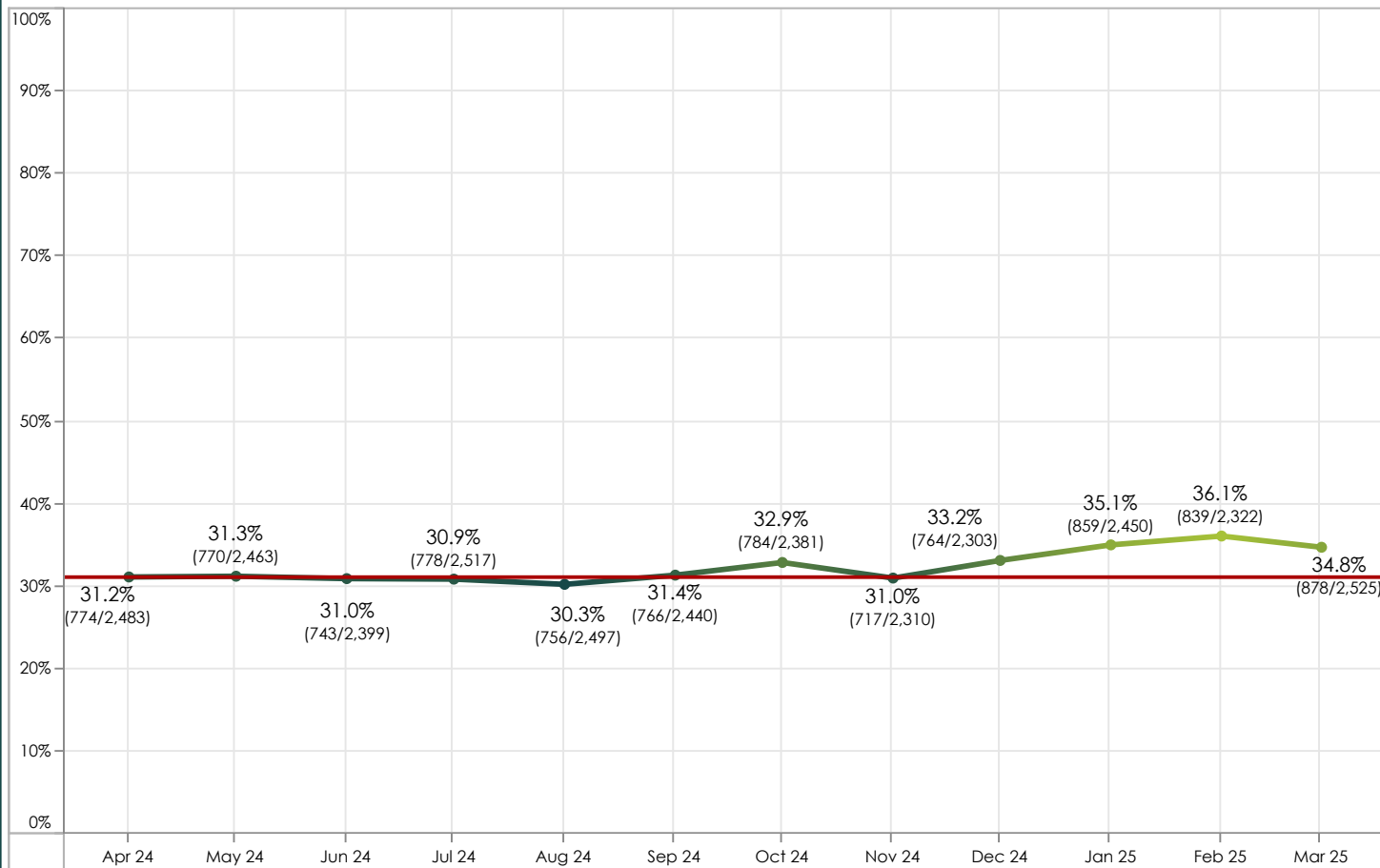
Analysis:

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

Goal 1.b: Reduce the Number of People with a Serious Mental Illness (SMI) Incarcerated in Jail

Percent of Monthly Inmates with a Serious Mental Illness (SMI) Incarcerated
(2024 Average = 30.95%)



Measure:

Percent of incarcerated inmates with a diagnosed Serious Mental Illness (SMI), by month

Definitions:

Total number of incarcerated inmates by category divided by total number of inmates, by month

Data Source:

Justine Wall - DCDC

Review Frequency:

Monthly

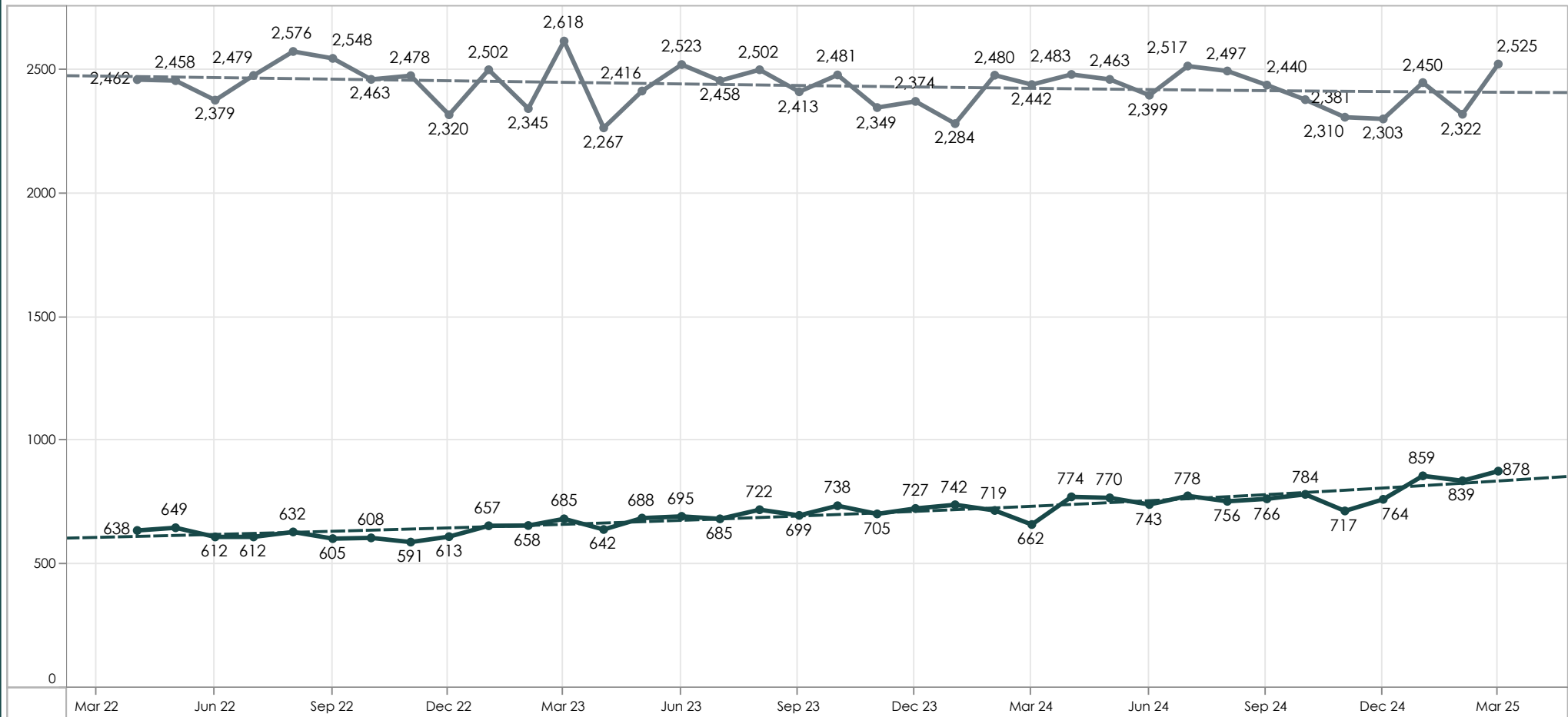
Analysis:

- This quarter saw the highest percentage of incarceration for individuals with a SMI across all collected data. With respect to the previous calendar year overall, SMI incarcerations accounted for 30.95% of all inmates, a significant increase from 2023, and the highest percentage of all calendar years since data collection started.
- This quarter saw the highest percentage of individuals with a SMI incarcerated across all collected data, with a peak of 36.1% of inmates in February 2025 being attributed as a person with a SMI. Compared to the average SMI incarceration rate in Calendar Year 2023 (28.38%), 2024 saw an 9.05% increase in proportionality of those incarcerated with an SMI. This follows a 17.80% increase in proportionality between Calendar Year 2023 to 2024. This increase does not reflect a change in the actual number of inmates, but the proportion of inmates that were coded as SMI.
- The lowest percentage of incarcerated individuals with a SMI across the recorded data occurred in February 2020, with 19.7% of inmates being persons with an SMI.

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

Goal 1.b: Reduce the Number of People with a Serious Mental Illness (SMI) Incarcerated in Jail

Number of Monthly Inmates with a **Serious Mental Illness (SMI)** vs. **Total Monthly Incarcerated** over last 36 Months

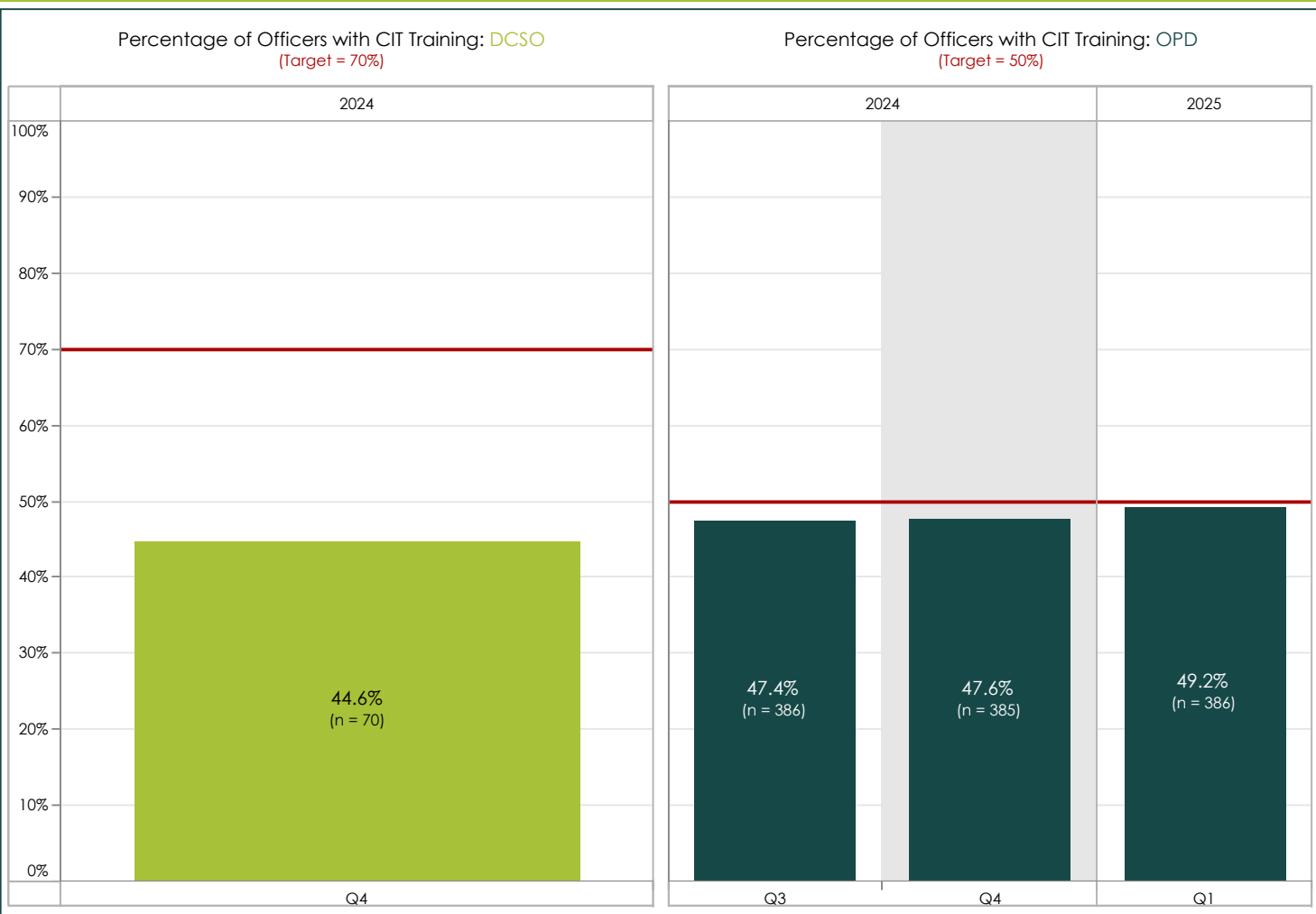


Analysis:

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

Objective 1: DCSO and OPD will increase the number of designated officers trained in Crisis Intervention Training (CIT).



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

Definitions:
Percentage of Law Enforcement Officers with initial CIT training

Data Source:
OPD & DCSO
Lindsay Kroll - OPD
Sgt. Mandy Peth - DCSO

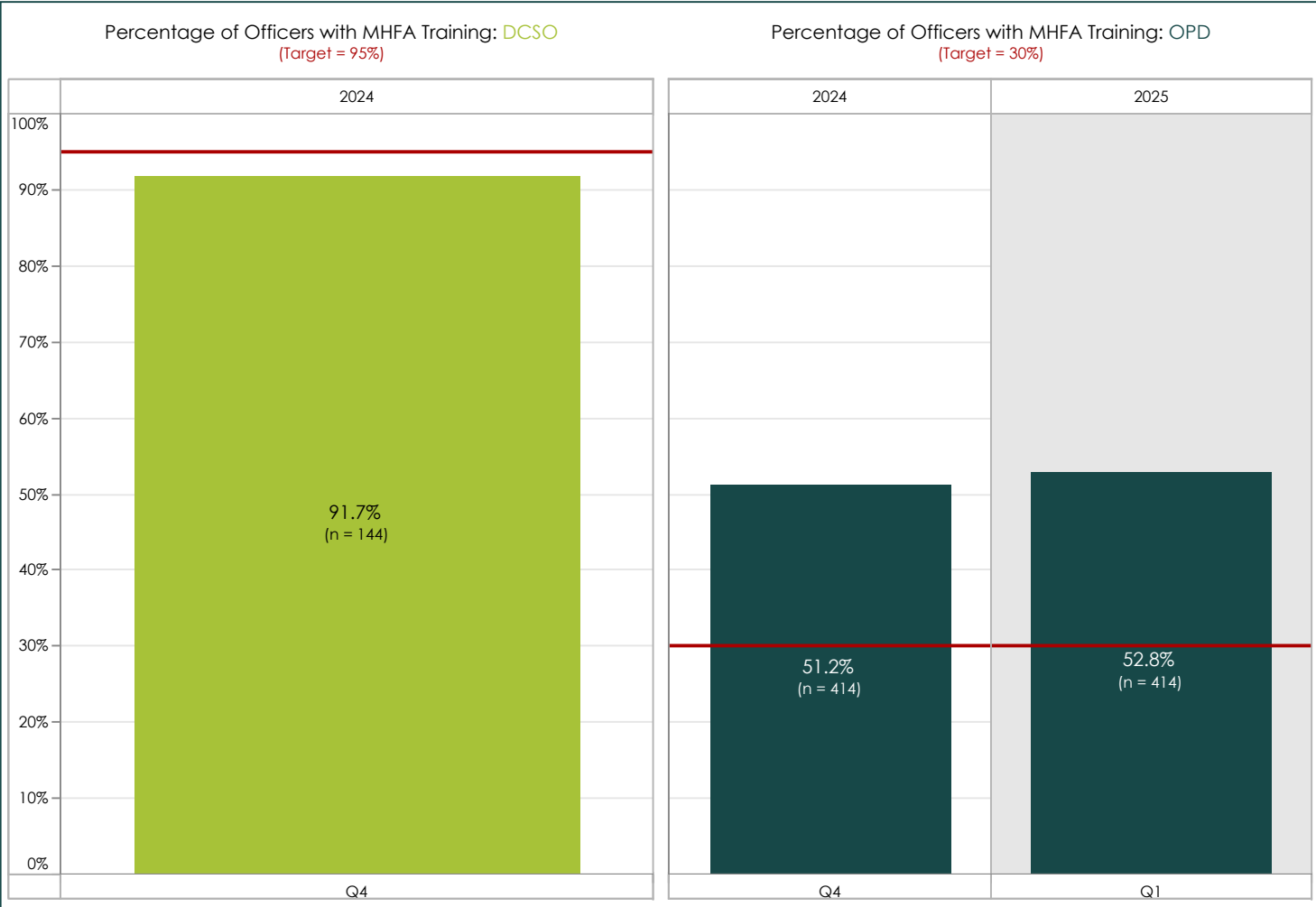
Review Frequency:
Quarterly

Analysis:

- This is point in time data, gathered at the end of the reporting period.
- Since data collection on this objective started in 2020, OPD has continued to train officers in CIT, and more recently - CRIT, showing growth from an initial training percentage of 24.9% to 49.2% in Q1 of CY 2025.

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

Objective 2: DCSO and OPD will increase the number of designated officers trained in Mental Health First Aid (MHFA). | DCSO Goal is 95% | OPD Goal is 30%



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

Definitions:
Percentage of Law Enforcement Officers with initial MHFA training

Data Source:
OPD & DCSO
Lindsay Kroll - OPD
Sgt. Mandy Peth - DCSO

Review Frequency:
Quarterly

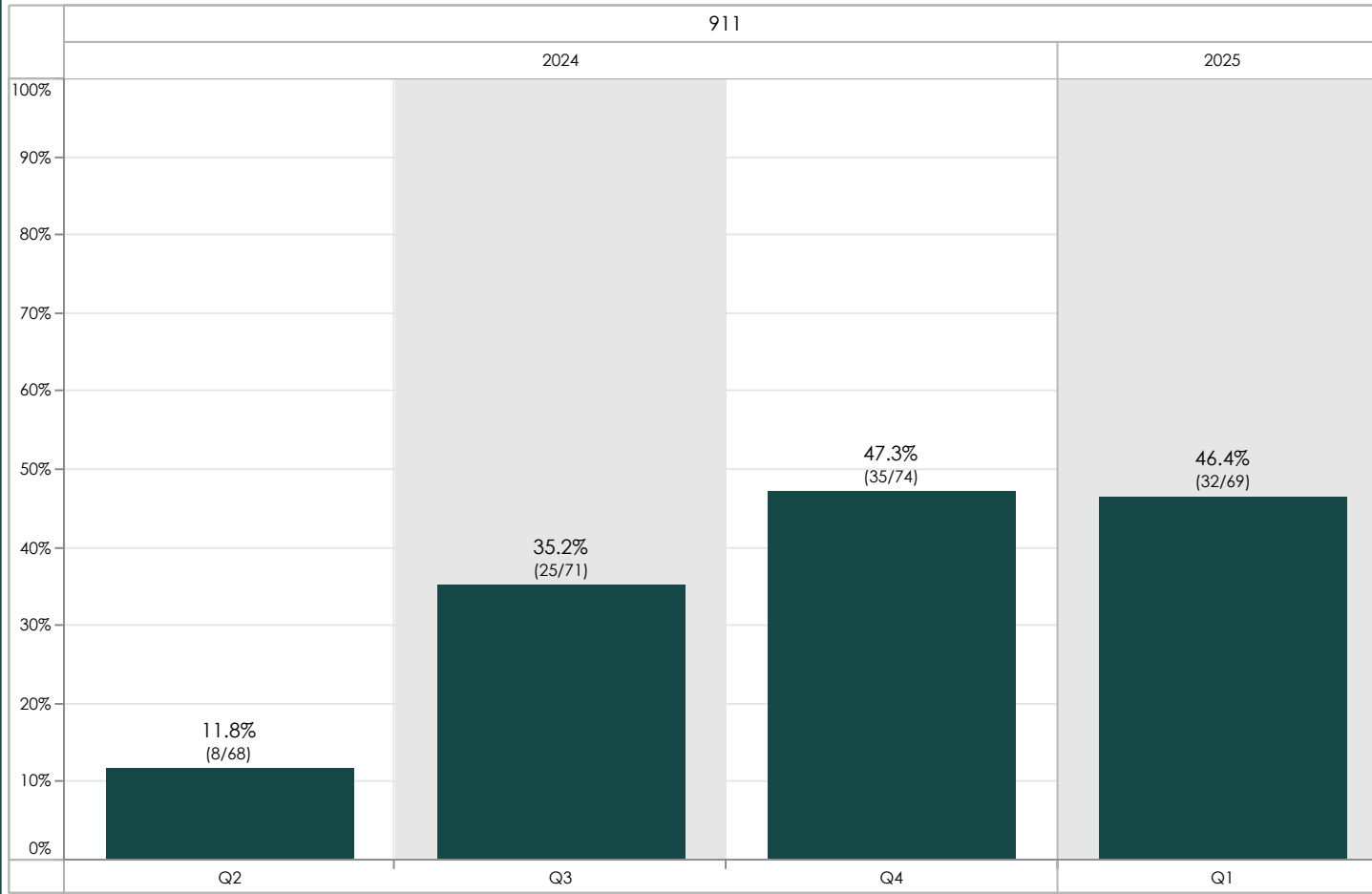
Analysis:

- This is point in time data, gathered at the end of the reporting period.
- MHFA is now provided during new hire/recruit training at the Douglas/Sarpy Co. Training Academy.
- Since data collection on this objective started in 2020, OPD has continued to train officers in MHFA, showing growth from an initial training percentage of 7.9% to 52.8% in Q1 of CY 2025, and passing their target of 30%. DCSO continues to grow towards their target of 95%.

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

Objective 1 & 2: 911 Call Center will work toward having 100% of designated staff trained in CIT, MHFA, either, or both.

Percentage of 911 Call Center Employees with CIT and/or MHFA Training



Measure:

Number of trained 911 call center employees / Total FTE's

Definitions:

Percentage of 911 Call Center employees with CIT training

Data Source:

John Jaeckel - Douglas County 911 Call Center

Review Frequency:

Quarterly

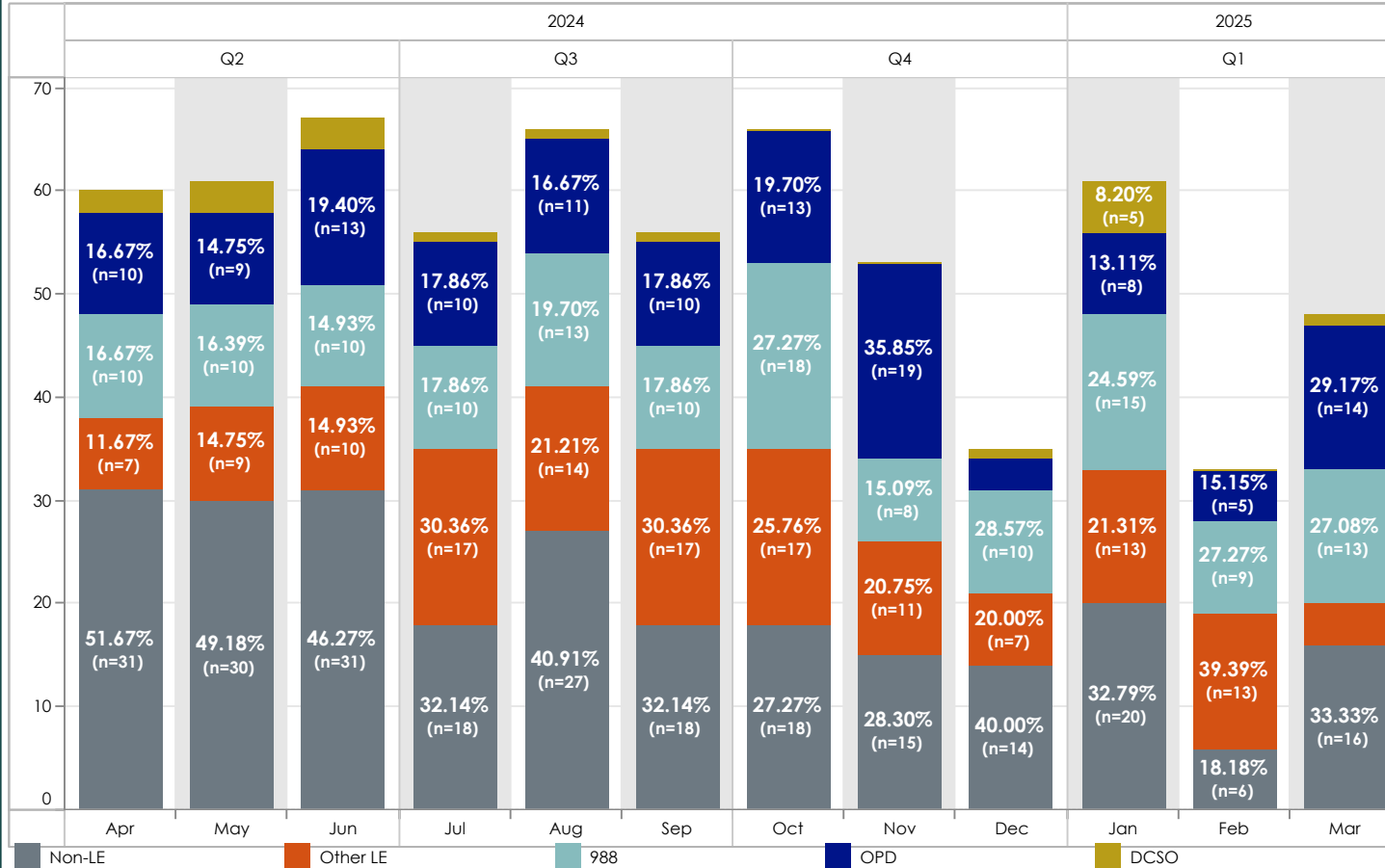
Analysis:

- This is point in time data, gathered at the end of the reporting period.
- 911 reports that 46.4% of their current staff are now trained in CIT, with a significant increase in overall persons trained in CIT since resumed data collection in Q2 of CY 2024. This also includes four (4) retired personnel in this metric.

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

Objective 3: Analyze Mobile Crisis Response (MCR) data (from Region 6) to identify potential opportunities.

Mobile Crisis Response Calls by Agency / Category



Measure:

Number of Mobile Crisis Response calls by month

Definitions:

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

Data Source:

Brad Negrete - LFS

Review Frequency:

Quarterly

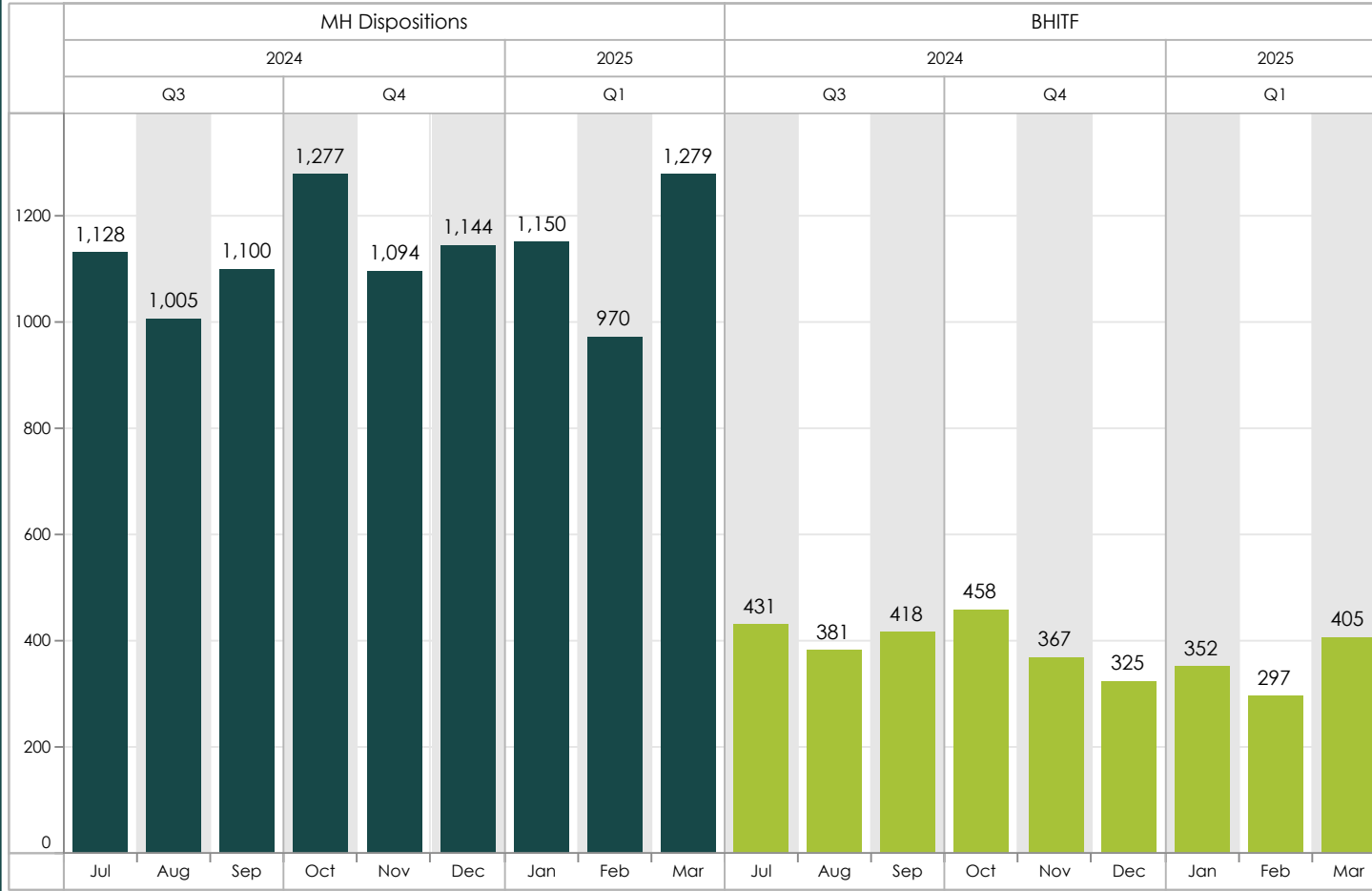
Analysis:

- Other Law Enforcement Examples: Dodge County SO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington County SO, Valley PD, Waterloo PD, and Eppley Airport Police.
- Non-Law Enforcement Examples: Nebraska Family Helpline, Shelters, Campuses, Schools, etc.
- OPD and DCSO both utilize a co-responder model when responding to mental health calls. Due to this, the data shows an overall decrease in Crisis Response utilization over time for both organizations. Despite this, Crisis Response services are being more heavily utilized by non-law enforcement entities, other law enforcement entities, and 988. Fremont PD specifically has shown significant growth in Crisis Response utilization over the last calendar year, accounting for the largest change in the "Other Law Enforcement" category.

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

Objective 4: LE agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).

Mental Health Coded Dispositions vs. BHIT Forms Completed



Measure:

Counts of 911 calls coded as MH and BHITF completed

Definitions:

The number of 911 calls coded as MH calls and the number of BHITF completed by OPD each month

Data Source:

Lindsay Kroll - OPD

Review Frequency:

Quarterly

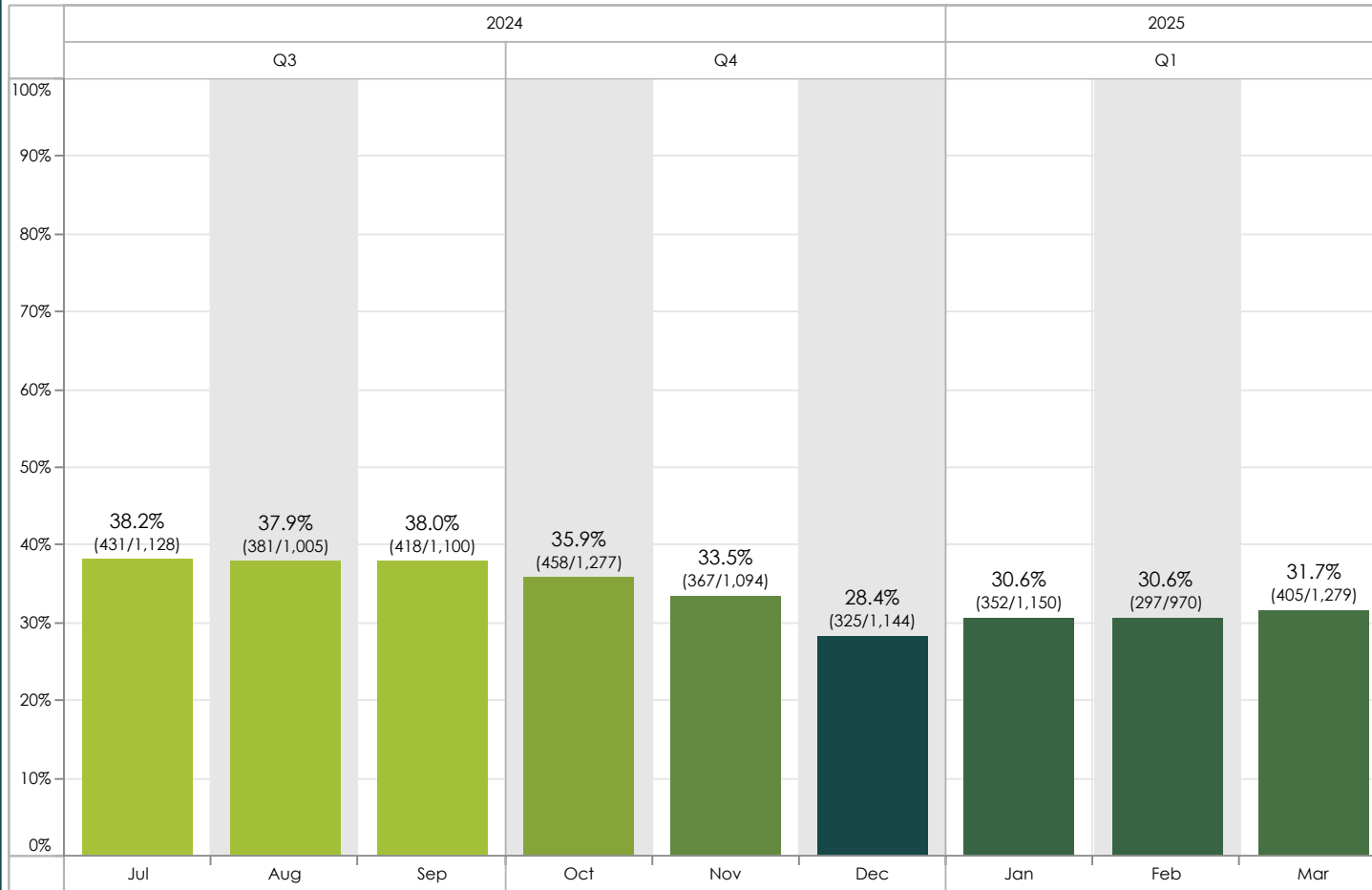
Analysis:

- DCSO and Other Law-Enforcement agencies not included in data above, **data is for OPD only**
 - Mental Health dispositions are coded as "MH" by the responding officer, NOT the 911 Call Center.
 - 911 Call Center may not know that there is a mental health crisis / issue during the call - so wouldn't be able to screen the call as mental health. If OPD has CORE TEAM follow up, this call won't count as a MH Coded disposition.
 - BHITF - Law Enforcement codes the call as mental health - Forms completed electronically in OPD Cruisers.
 - Some reason for the discrepancy would be for some of our repeat callers. Officers are encouraged to only do 1 BHITF for an individual in a 24-hour period, unless something changes (i.e. transported, EPC, etc.). There is also noted discrepancy between calls that come in, but no LE contact occurs, leading to no BHITF to be completed.
 - OPD is working with the Public Policy Center to analyze BHITF Data.
 - DCSO data will be included soon, file format issue.
- MH coded dispositions reached an all-time high in Q3 of CY 2024, and have continued to show significant growth year-over-year in volume. BHIT forms have remained at a consistent rate over time.

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

Objective 4: LE agencies will work toward increasing the number of completed Behavioral Health Incident Tracking Forms (BHITF).

Percent of BHIT Forms completed by MH Coded Dispositions



Measure:

Counts of 911 calls coded as MH and BHITF completed

Definitions:

The number of 911 calls coded as MH calls and the number of BHITF completed by OPD each month

Data Source:

Lindsay Kroll - OPD

Review Frequency:

Quarterly

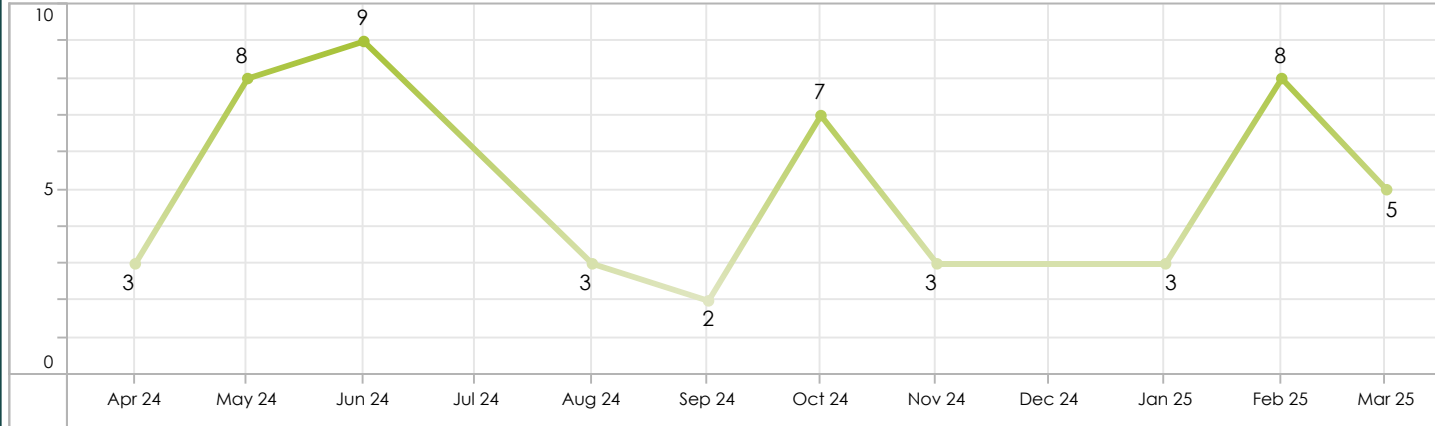
Analysis:

- DCSO and Other Law-Enforcement agencies not included in data above, **data is for OPD only**
- Mental Health dispositions are coded as "MH" by the responding officer, NOT the 911 Call Center.
- 911 Call Center may not know that there is a mental health crisis / issue during the call - so wouldn't be able to screen the call as mental health. If OPD has CORE TEAM follow up, this call won't count as a MH Coded disposition.
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- OPD is working with the Public Policy Center to analyze BHITF Data.
- DCSO data will be included soon, file format issue.

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

Objective 5: Number of Assaults on Health Care Workers/Peace Officers

Number of Reported Assaults on Health Care Workers



Percent of Reported Assaults by Category

	2024									2025			Grand Total
	Q2			Q3			Q4			Q1			
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Law Enforcement/Peace Officer	62.50% (n=5)	47.06% (n=8)	52.63% (n=10)	100.00% (n=12)	66.67% (n=10)	77.78% (n=7)	41.67% (n=5)	44.44% (n=4)	72.73% (n=8)	62.50% (n=5)	35.71% (n=5)	58.33% (n=7)	58.90% (n=86)
Healthcare Related	37.50% (n=3)	47.06% (n=8)	47.37% (n=9)		20.00% (n=3)	22.22% (n=2)	58.33% (n=7)	33.33% (n=3)		37.50% (n=3)	57.14% (n=8)	41.67% (n=5)	34.93% (n=51)
Corrections Related		5.88% (n=1)			13.33% (n=2)			22.22% (n=2)	9.09% (n=1)		7.14% (n=1)		4.79% (n=7)
Unknown									18.18% (n=2)				1.37% (n=2)
Grand Total	100.00% (n=8)	100.00% (n=17)	100.00% (n=19)	100.00% (n=12)	100.00% (n=15)	100.00% (n=9)	100.00% (n=12)	100.00% (n=9)	100.00% (n=11)	100.00% (n=8)	100.00% (n=14)	100.00% (n=12)	100.00% (n=146)

Measure:

Number of Assaults on Health Care Workers

Definitions:

Number of Assaults on Health Care Workers

Data Source:

Heidi Altic - DCDC

Review Frequency:

Quarterly

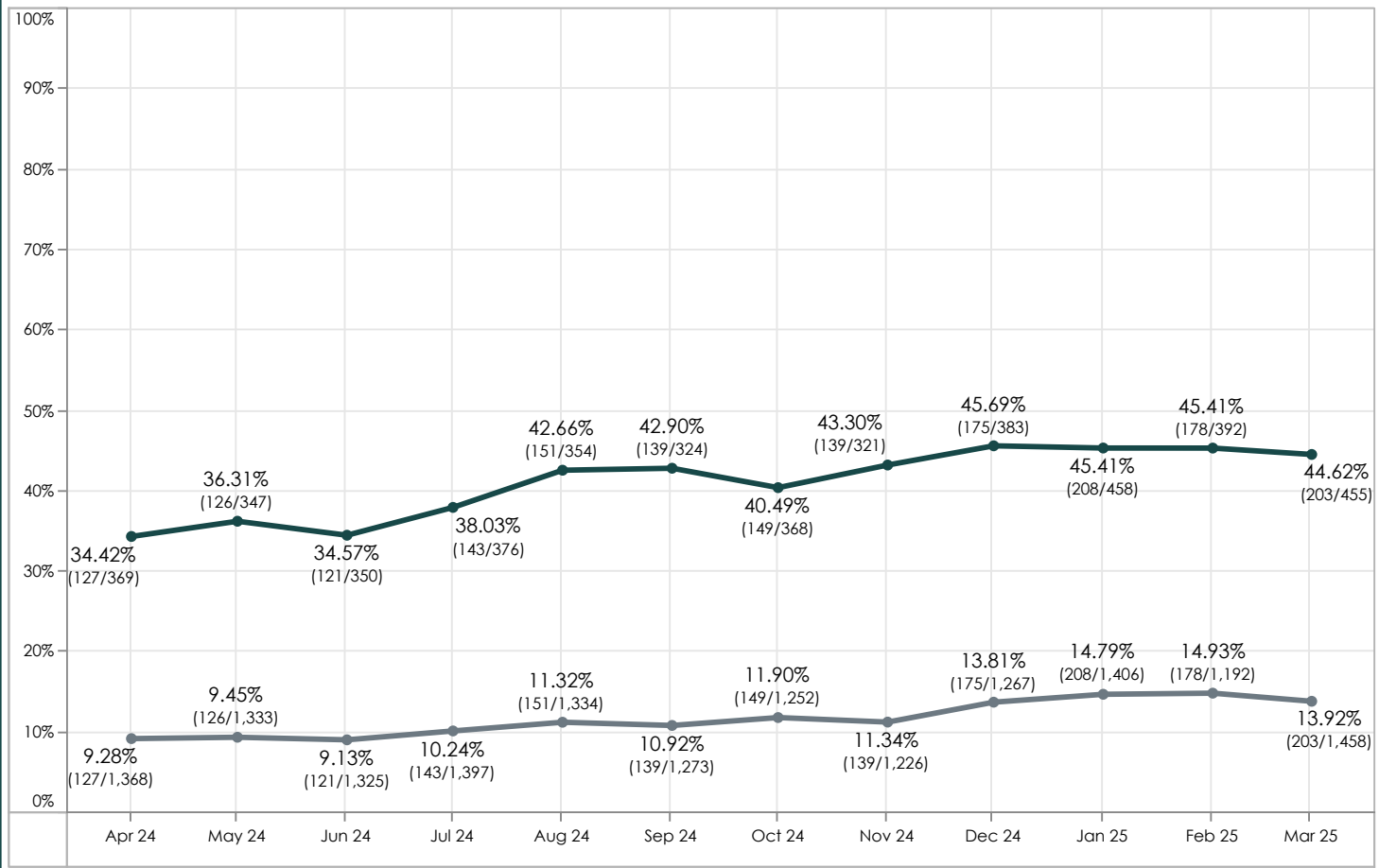
Analysis:

- We have started receiving data on Assaults on Healthcare Workers/Peace Officers, broken down by category of who was assaulted (e.g., Law Enforcement, Healthcare, Other), as well as the entity/location involved in the Assault (e.g., OPD, Immanuel, etc.).
- Healthcare Related - Includes all healthcare staff, regardless of whether staff was at a hospital or other setting performing healthcare related duties.
- 34.93% of all collected Assaults on Healthcare/Peace Officer incidents were healthcare related during the last rolling 12 months. There is high variation on a month-to-month basis in the number of filings, primarily due to a low n each given month. However, taken together, there is an average of 12 Assault on Healthcare/Peace Officer incidents per month, with 4.25 of those each month associated with a healthcare worker or setting.
- CHI is in the process of hiring a director of security, as of April 2024.

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

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

Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI) booked on a Misdemeanor
(SMI Population/Total Population)



Measure:

Definitions:

Data Source:

Justine Wall - DCDC

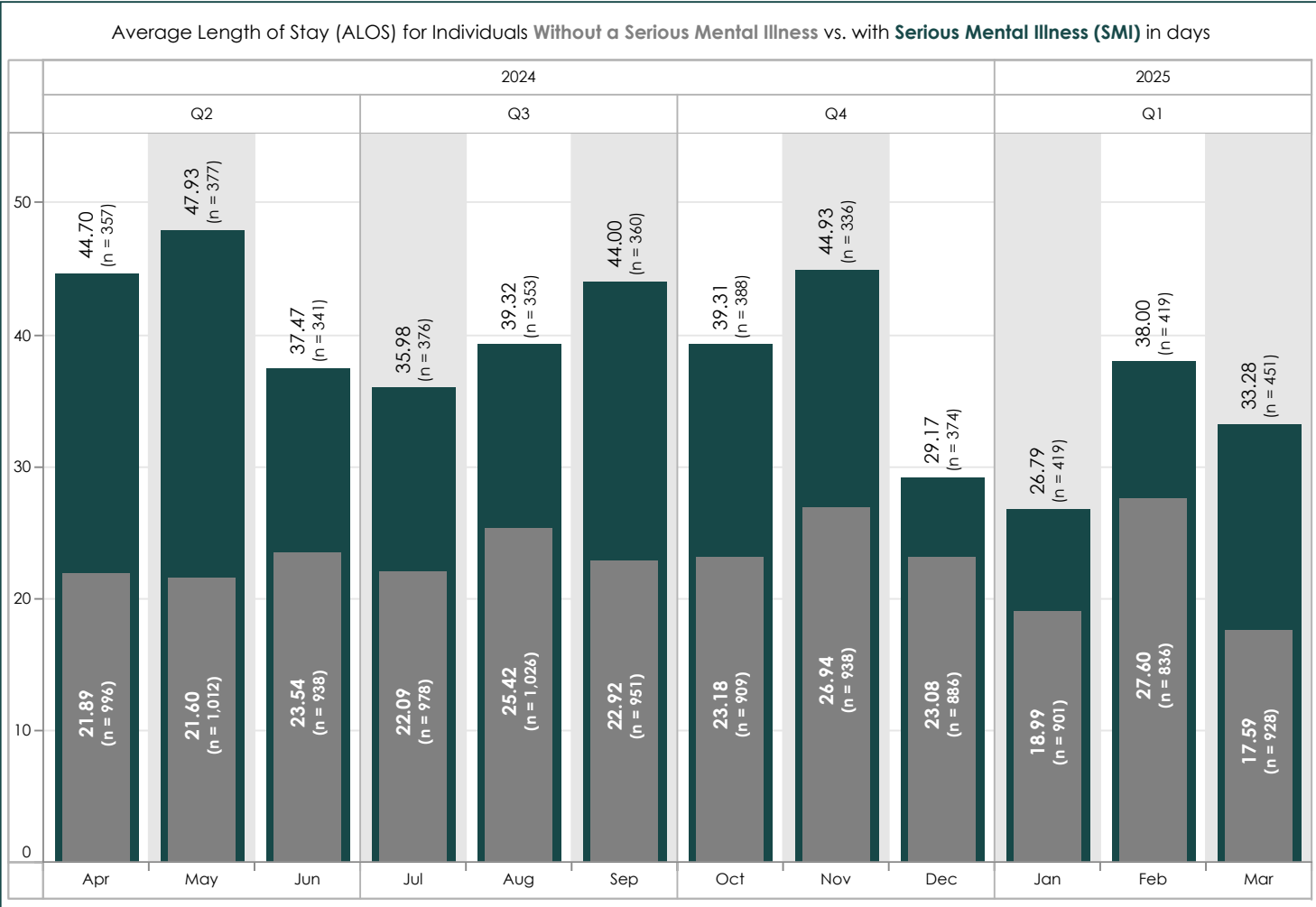
Review Frequency:

Quarterly

Analysis:

- Misdemeanor bookings are an important component with respect to all four (4) goals outlined in this packet, as they impact monthly bookings, average length of stay, recidivism, and connections to care.

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



Measure:

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

Definitions:

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

Data Source:

Justine Wall - DCDC

Review Frequency:

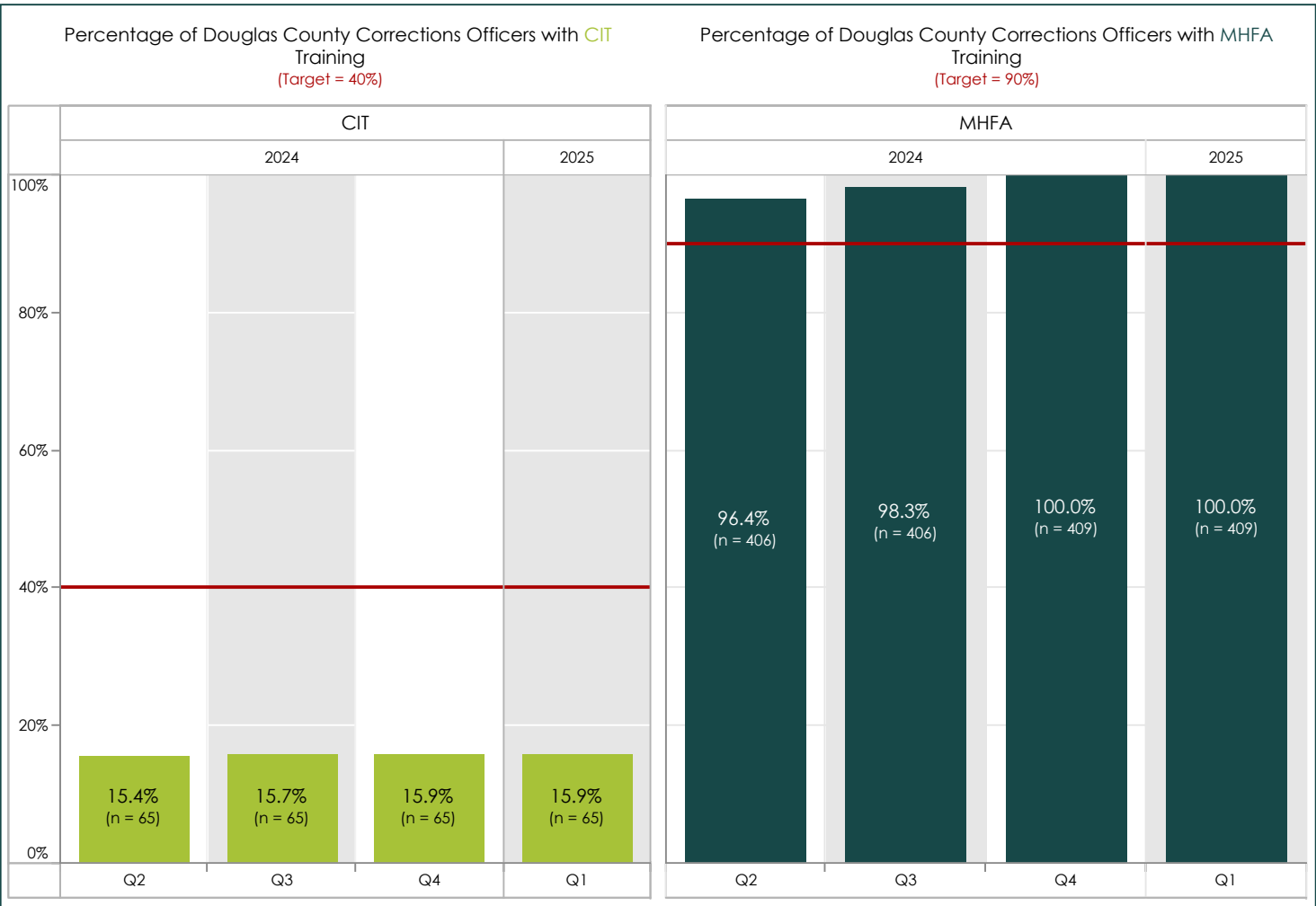
Monthly

Analysis:

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

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

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



Measure:
Number of Correctional Officers with Training / Total FTE's

Definitions:
Percentage of Corrections Officers with CIT / MHFA Training

Data Source:
Lt. Sanduski - DCDC

Review Frequency:
Quarterly

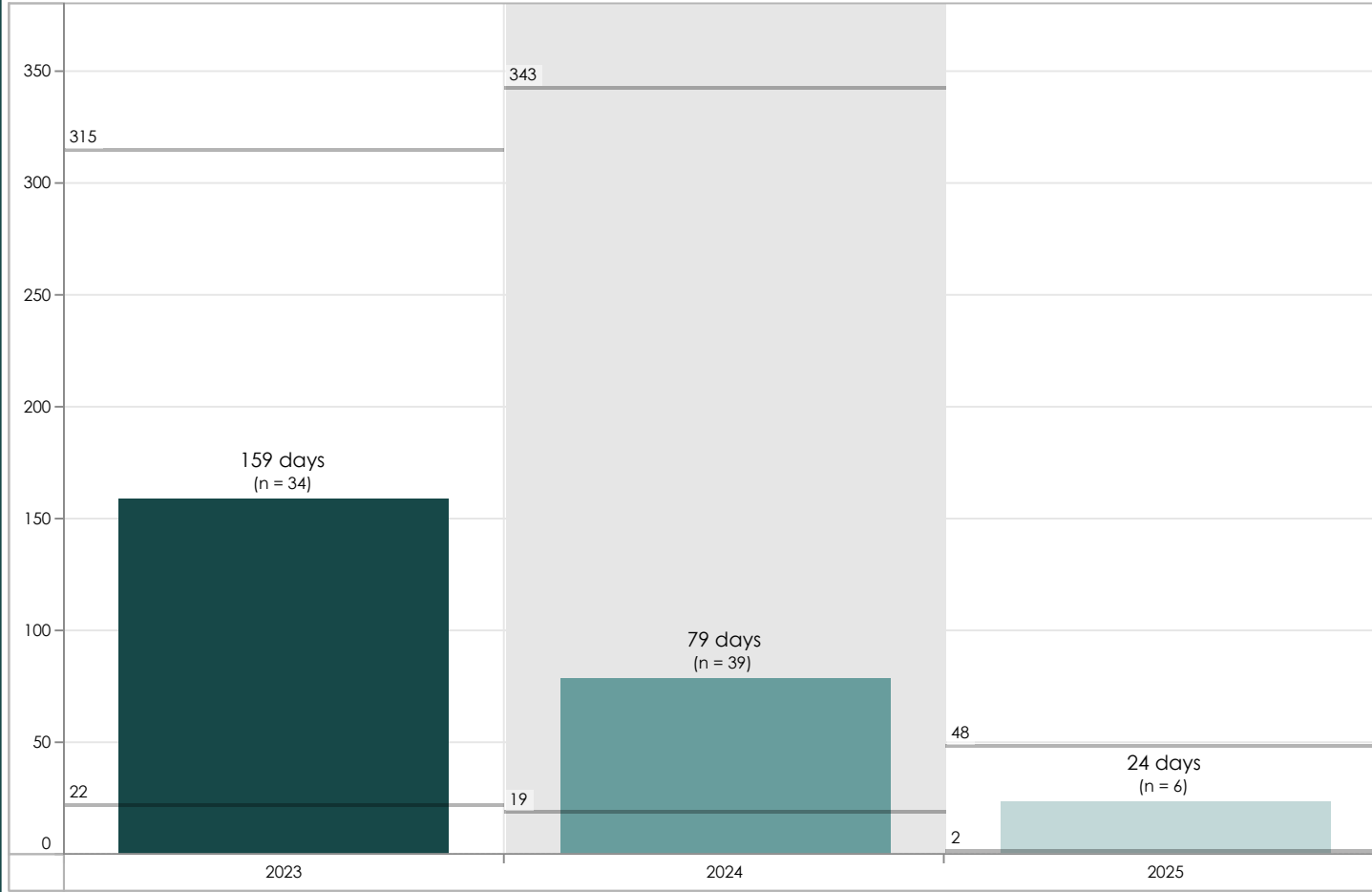
Analysis:

- As of Q4 of CY 2024, DCDC has reported 100% of all correctional officers trained in MHFA. Data collection on this measure started in 2020, and at that time DCDC was reporting 23.7% of correctional officers trained in MHFA.

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

Objective 2: Collect baseline data on the amount of time individuals are waiting to access competency restorative treatment at LRC

Competency Restoration: Average Days Waiting in Jail for Competency Restoration at LRC



Measure:

Average number of days from court order to transfer to LRC

Definitions:

Average days between court order and LRC transfer, organized by date of court order - by calendar year

Data Source:

Heidi Altic - DCDC

Review Frequency:

Quarterly

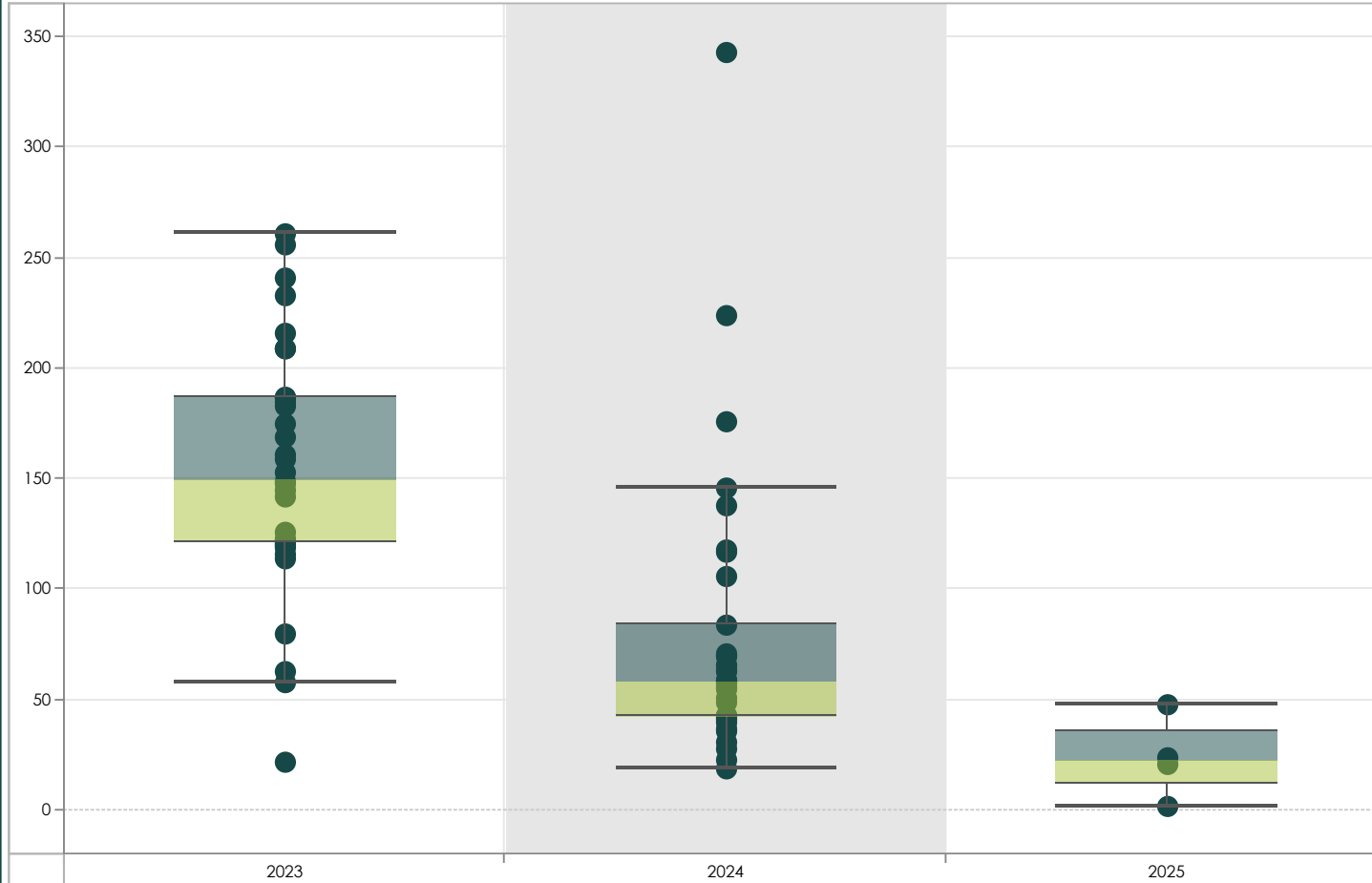
Analysis:

- A new reporting method was introduced for 2024, which is still being modified to meet the needs of DCDC. This data currently only represents those who have already transferred to the LRC, and does not include the same historical data that was used in previous iterations. As such, the data will be different from previous iterations.

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

Objective 2: Collect baseline data on the amount of time individuals are waiting to access competency restorative treatment at LRC

Competency Restoration: Average Days Waiting in Jail for Competency Restoration at LRC



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Definitions:

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Data Source:

Heidi Altic - DCDC

Review Frequency:

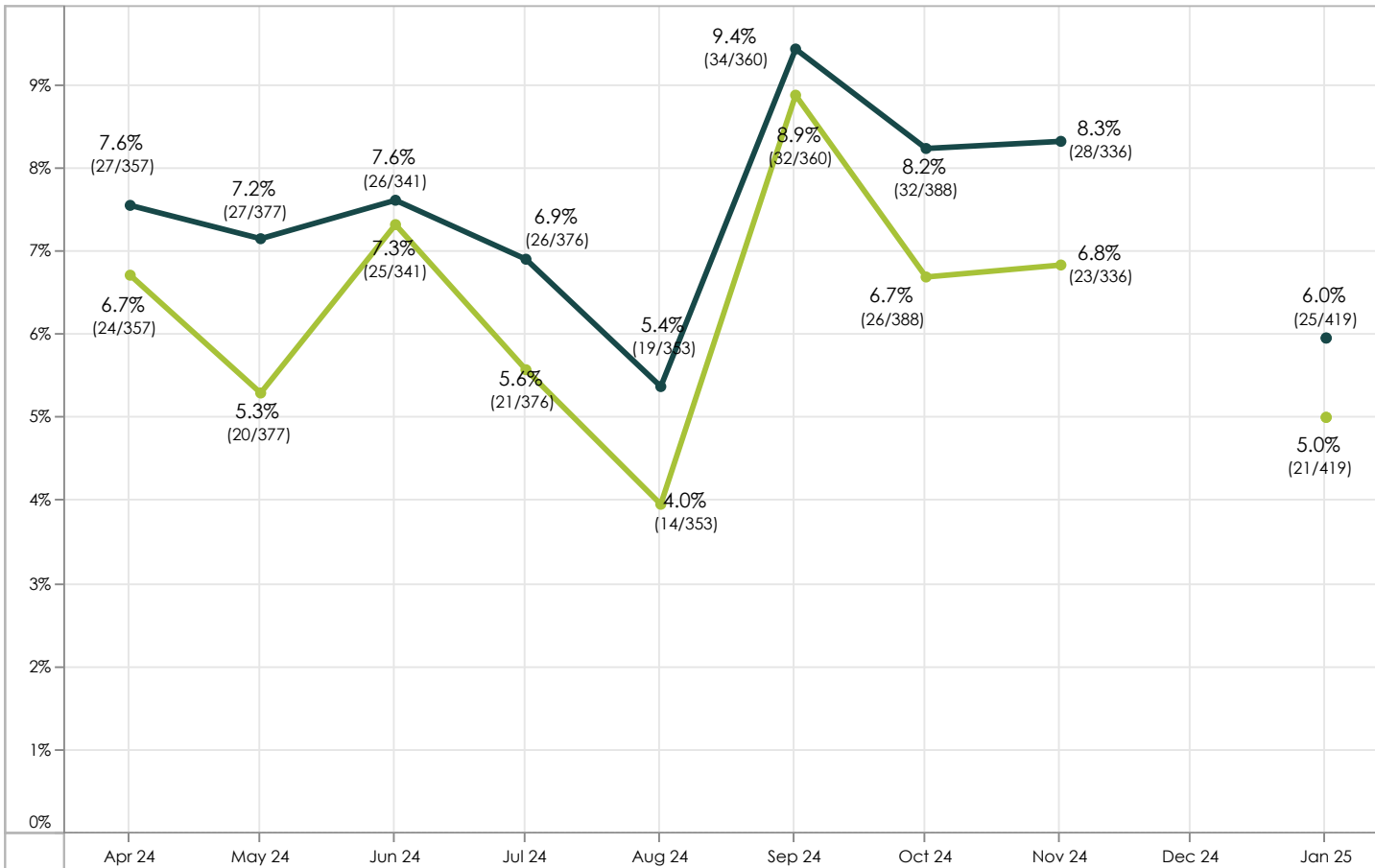
Quarterly

Analysis:

- A new reporting method was introduced for 2024, which is still being modified to meet the needs of DCDC. This data currently only represents those who have already transferred to the LRC, and does not include the same historical data that was used in previous iterations. As such, the data will be different from previous reports.
- Box and Whisker Plots are designed to show a number of data points simultaneously, including the median score, the distribution (or skewness) of data, where most of the data lies on a graph, min, max, and outliers. With a smaller data set, box and whisker plots become less useful, but it still can be used to identify strong outliers in the data (i.e., those waiting longer than average in the jails for competency), and provide a more realistic understanding of the data compared to averages.

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

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



Measure:

Number of individuals with a SMI discharged and linked to service during their stay in jail (Type 2) OR Number of SMI individuals given information or a referral to a service (Type 1) / total number of individuals with a SMI discharged from jail in the month.

Definitions:

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

Data Source:

Justine Wall - DCDC

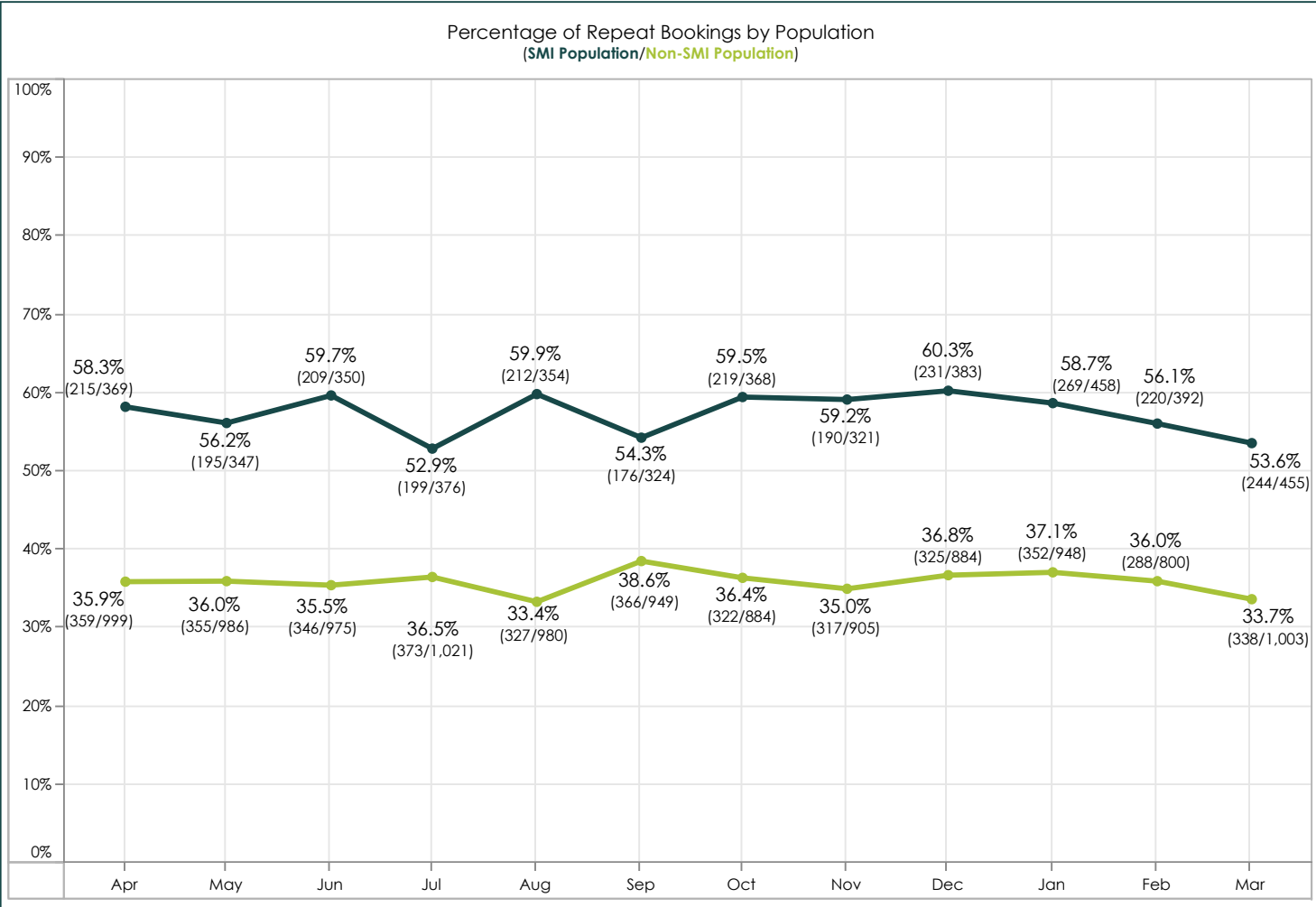
Review Frequency:

Quarterly

Analysis:

- Will need clarity on whether an individual is counted both in Type 1 and Type 2 connections, or individually based on highest connection.
- Data collection and reporting on this item is relatively new. Both Type 1 and Type 2 connections are currently averaging below 10% of SMI releases.
- This data only covers a small percentage of individuals who are included in DCDC's Collaborate System.

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



Measure:

Percent of repeat bookings between SMI and Non-SMI groupings

Definitions:

Total number of repeat bookings within 12 months by SMI group / Total number of bookings for SMI group

Data Source:

Justine Wall - DCDC

Review Frequency:

Quarterly

Analysis:

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

Douglas County Stepping Up Team Members

Mike Myers - Department of Corrections

*Justine Wall - Department of Corrections / Community Corrections

Shy Meckna - Department of Corrections / Community Corrections

Heidi Altic - Department of Corrections / Admissions

*Diane Carlson - Douglas County Administration

*Martha Wharton - Public Defender's Office

Kristin Huber - Public Defender's Office

Jameson Cantwell - County Attorney's Office

Heather Wetzel - Public Defender's Office / Social Services

Sgt. Mandy Peth - Douglas County Sheriff's Office

Lt. John McFarland - Douglas County Sheriff's Office

*Lindsay Kroll - Omaha Police Department / Behavioral Health Unit

Deputy Chief Sherie Thomas - Omaha Police Department

John Jaeckel - Operations Manager Douglas County Communications / 911 Center

Damon Strong - Chief Probation District 4A

*Sara Baker - Douglas County Community Mental Health Center

Brad Negrete - Lutheran Family Services

Eve Jarboe - Lutheran Family Services

Teresa Noah - Douglas County District Court / Drug Court

Lindsey Bitzes - Assistance City Prosecutor - City of Omaha

Kim Potter - Wexford Health Services / Douglas County Corrections

Terri Speck - Douglas County Detox

* - Indicates Stepping Up Committee Member

Region 6 Behavioral Healthcare Contacts

*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

Kim Kalina, MSW

Director of Quality Improvement
kkalina@regionsix.com

OFFICE: 402.546.1196 | CELL: 402.637.6606 | FAX: 402.444.7722

Miles Glasgow, LICSW, LADC

Senior Manager of System Coordination
mglasgow@regionsix.com

OFFICE: 402.591.5008 | CELL: 402.637.4414 | FAX: 402.444.7722

Nick Chadwell

Data Analyst
nchadwell@regionsix.com

OFFICE: 402.996.8390 | FAX: 402.444.7722

Arrow Caryl

BOMH Coordinator
acaryl@regionsix.com

OFFICE: 402.546.1195 | CELL: 402.672.1619 | FAX: 402.444.7722