



THE STEPPINGUP INITIATIVE

Douglas County
Quarterly Workplan Packet
August 14, 2025

Stepping Up Agenda

August 14, 2025

1. Welcome and Introductions
2. Updates:
 - Mental Health Unit – New addition to the DCDC Jail
 - Mike Myers
 - Familiar Faces Project: Goal 4 Objective 5
 - Sara Baker
 - Information Sharing Project: Goal 1 Objective 5
 - Kim Kalina
 - Frequent Users System Engagement (FUSE): Goal 4 Objective 5
 - Justine Wall
 - Other:
3. Inviting Commissioner to Quarterly Meeting
 - Thoughts?
4. Quarterly Data and Strategies Packet
5. Next Meeting is October 23, 2025, 10:00am – 11:30am.
6. Else/Other
7. Conclude

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

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

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).
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):	<p>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.</p> <p>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 recommended by the probation officer.</p>
Custodial Sanction:	
Probation Violation:	There are 3 types; Technical Violations, New Law Violation, and Abscond Violations:
	<p>Technical Violations: Examples include failed drug testing, missed appointments, etc... These are handled with sanctions.</p> <p>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 court appearance.</p> <p>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).</p>
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

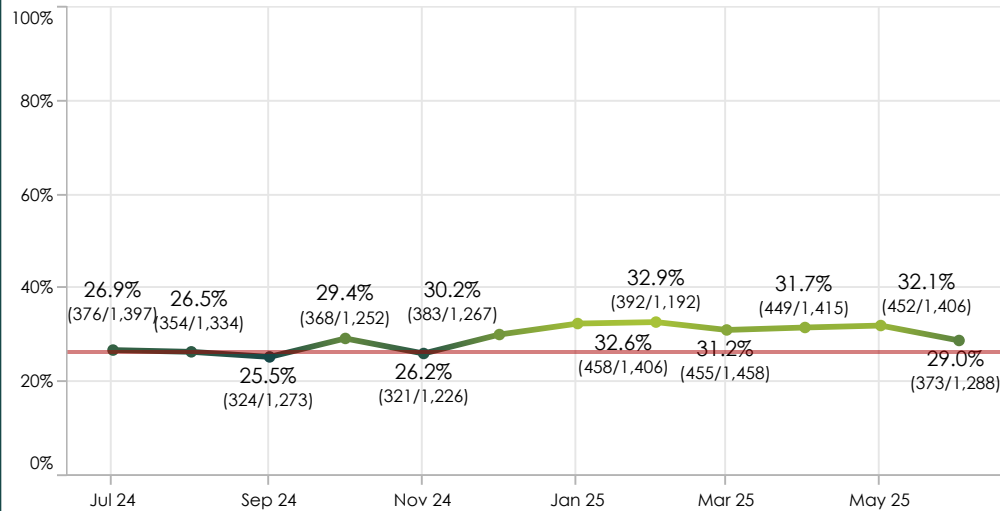
Goal 1:	Reduce the number of people with a Serious Mental Illness (SMI) Booked into Jail *(&1.b: Incarcerated in Jail)	Goal 2:	Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail
Numerator:	The number of adults booked into the jail with a Serious Mental Illness (SMI) during the month	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	Demoninator:	The average daily total population of the jail for the month
Data Source:	DCDC	Data Source:	DCDC
Date Provided:	Monthly	Date Provided:	Monthly
Review Frequency:	Monthly	Review Frequency:	Monthly
Notes:	This data does not include individuals who bond out or those who are sentenced to time served before receiving a mental health evaluation.	Notes:	
Goal 3:	Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail	Goal 4:	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail
Numerator:	The number of individuals with a Serious Mental Illness (SMI) are released from DCDC with an active Re-Entry plan	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
Denominator:	Number of all individuals with a SMI discharged from jail that month	Denominator:	Total number of bookings
Data Source:	DCDC (Collaborate & ERMA connected through data #)	Data Source:	DCDC
Date Provided:	Monthly	Date Provided:	Monthly
Review Frequency:	Monthly	Review Frequency:	Monthly
Notes:		Notes:	

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)

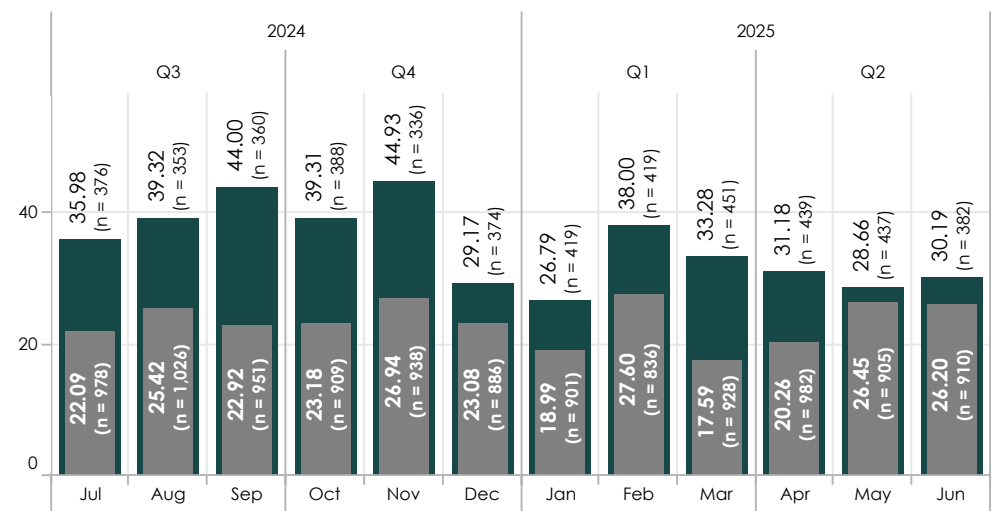
Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)
(2024 Average = 26.27%)



Goal 2:

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

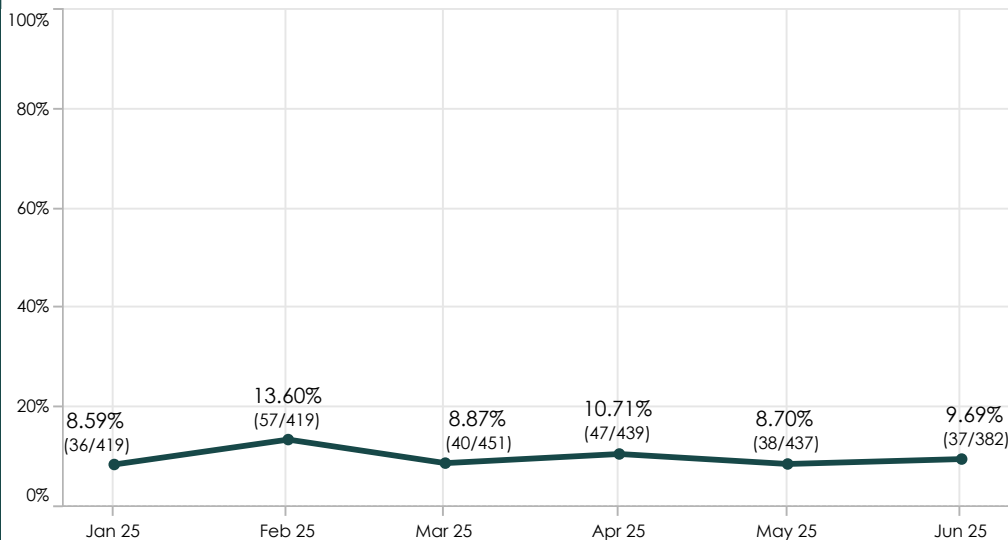
Average Length of Stay (ALOS) for Individuals **Without a Serious Mental Illness** vs. with **Serious Mental Illness (SMI)** in days



Goal 3:

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

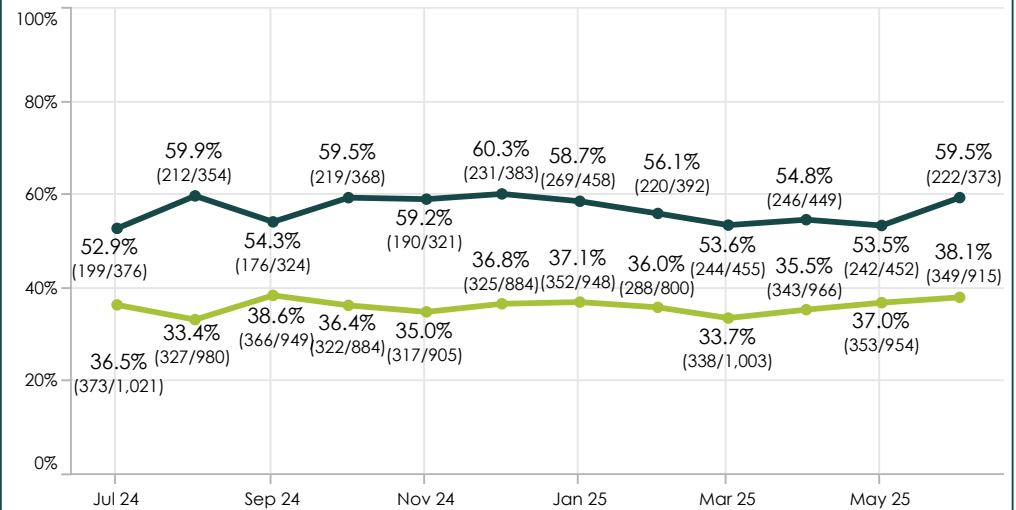
Percent of Individuals with a Serious Mental Illness Released from Jail with a Re-Entry Plan



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)



Stepping Up 4 Key Measures – Douglas County

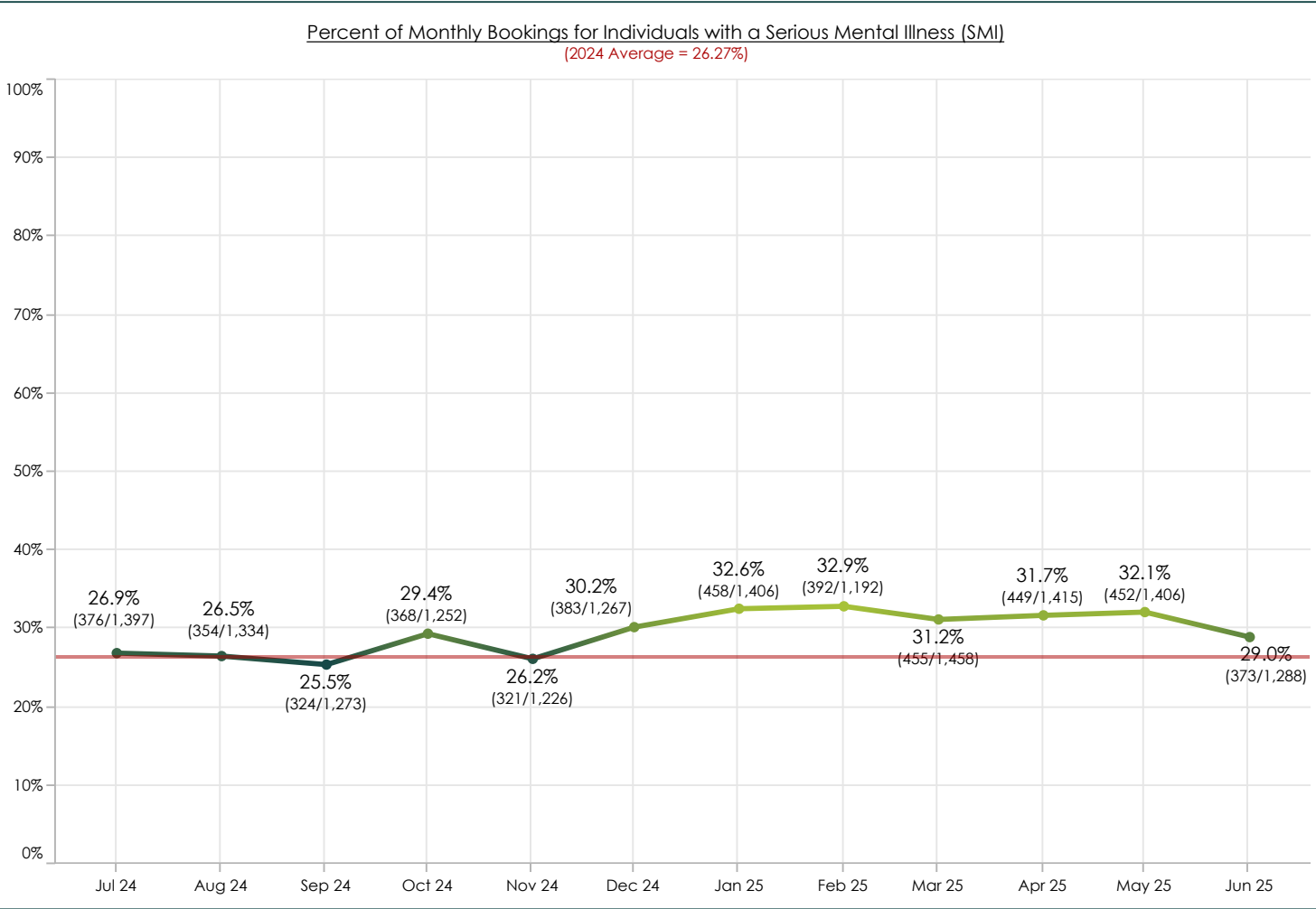
Goal 1	Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail		
	Strategy	Status/Target	Notes/Updates
Objective 1:	The Douglas County Sheriff's Office (DCSO), Omaha Police Department (OPD), and 911 Call Center will work toward increasing the number of identified staff completing Crisis Intervention Training (CIT).		
a.	OPD will work towards 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:	The 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 the use and sharing of BHIT forms with OPD and DCSO as a part of the Information Sharing Project.		
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		Heidi Altic Sends Data
Objective 6:	Utilize software to improve information sharing between criminal justice agencies in order to better identify individuals with mental health needs, divert from jail when appropriate, provide tailored support and intervention, and enhance safety for individuals in crisis and law enforcement.		
a.	Region 6 is leading a collaborative effort to implement CareManager software via a contract with Netsmart.		

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



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

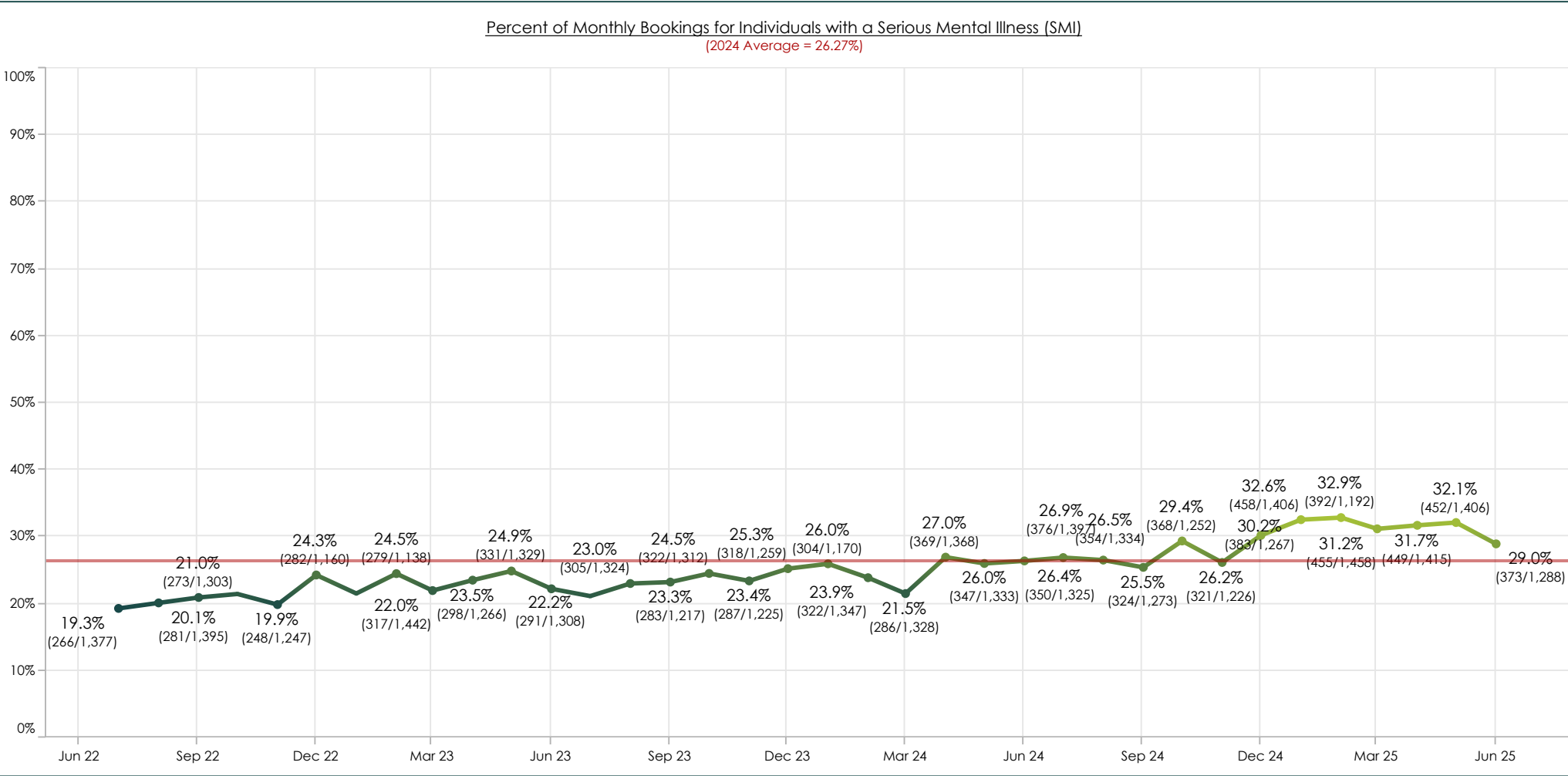
Review Frequency:

Monthly

- Analysis:**
- The first quarter of CY 2025 saw the highest percentage of bookings for individuals with a SMI across all collected data, with 32.2% of bookings in Q1 being attributed to persons with a SMI. Q2 had an average of 31.0% of SMI bookings, showing a small decrease from the previous quarter, but still averaging 17.9% higher than they CY 2024 average.
 - The highest percentage of bookings for individuals with an SMI across all recorded data occurred during this quarter, with 32.9% of bookings in February 2025 being attributed to persons with a 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

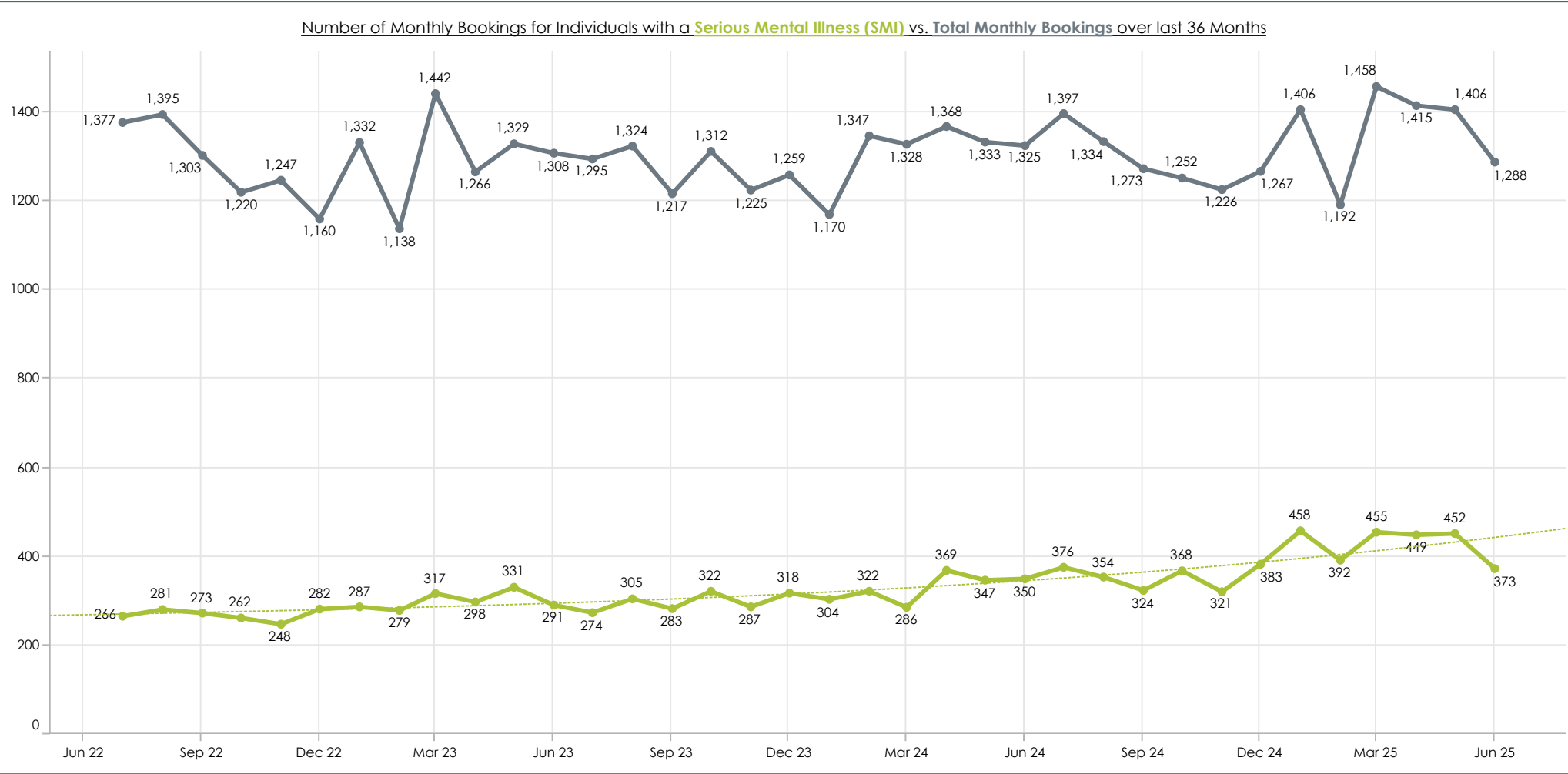


Analysis:

- So far in CY 2025, there has been an average monthly booking rate of 31.6% of individuals with a serious mental illness, compared to 26.3% in the previous calendar year.
- The ratio of individuals with a serious mental illness booked into DCDC - compared to those without - has continued to grow over the last four calendar years. In each of these respective years, DCDC has seen an approximate 12% growth in this population yearly since 2022. The average monthly booking rate in 2022 was 20.8%. Between 2022 and 2023, there was a 12.0% growth in this population, to an average booking rate of 23.3%. Between 2023 and 2024, there was a 12.9% growth in this population again, to an average booking rate of 26.3%. Finally, between 2024 and (so far in) 2025, there has been a 20.2% increase in the proportionality of this population booked, from 26.3% to 31.6% of bookings.
- Taken as a whole, between 2022 and so far in 2025, there has been a 51.9% increase in the booking population for those with a serious mental illness, from 20.8% of the booking population, to 31.6%. Approximately 3 in every 10 bookings now are for persons with a serious mental illness.

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



Analysis:

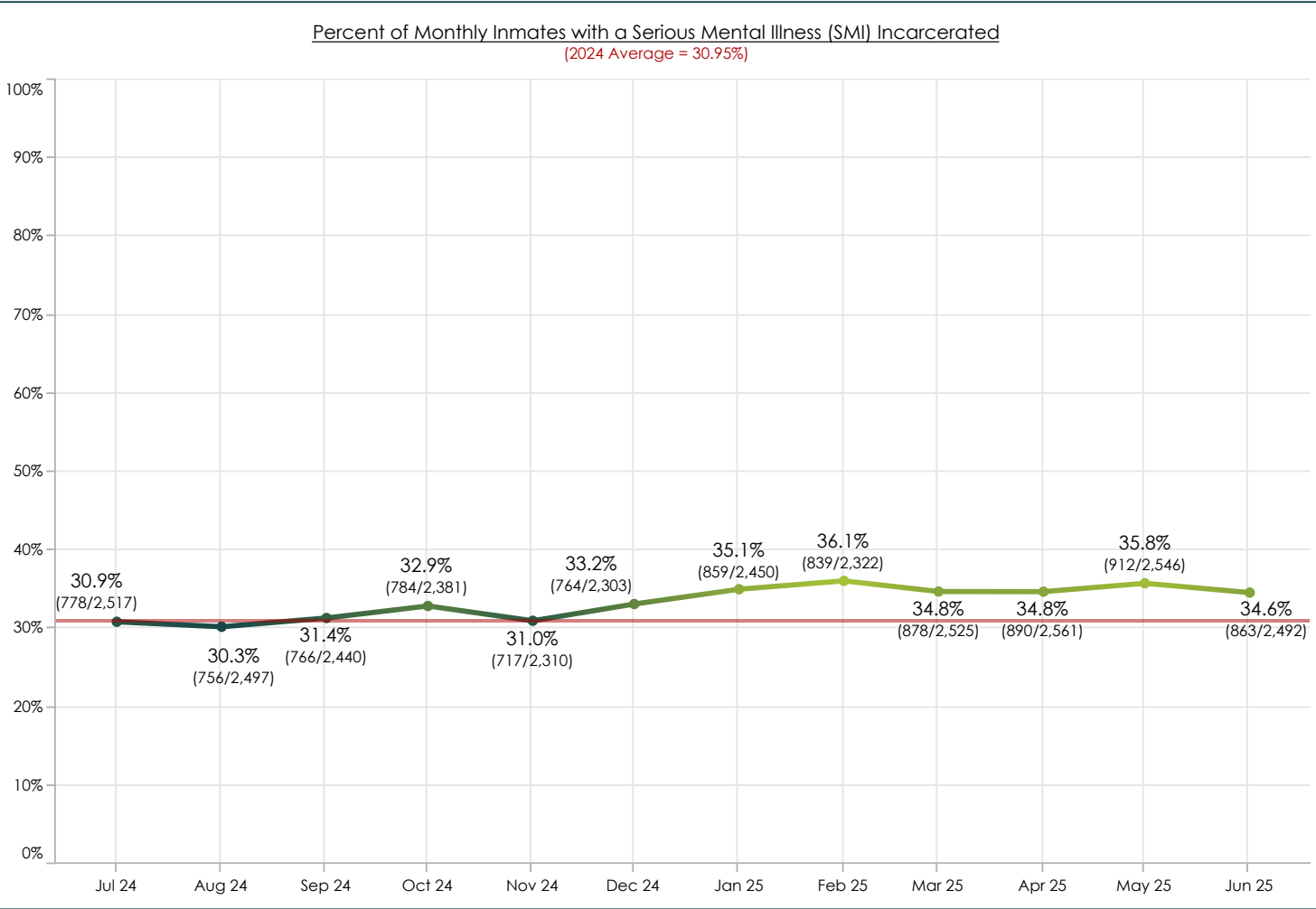
- This graph tracks the number of bookings associated to each group (SMI and non-SMI) over the last 36 months. Overall booking numbers for the non-SMI population, while fluctuating, have not changed significantly over this period of time. However, the SMI population booked continues to show growth in monthly, quarterly, and yearly projections.

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



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

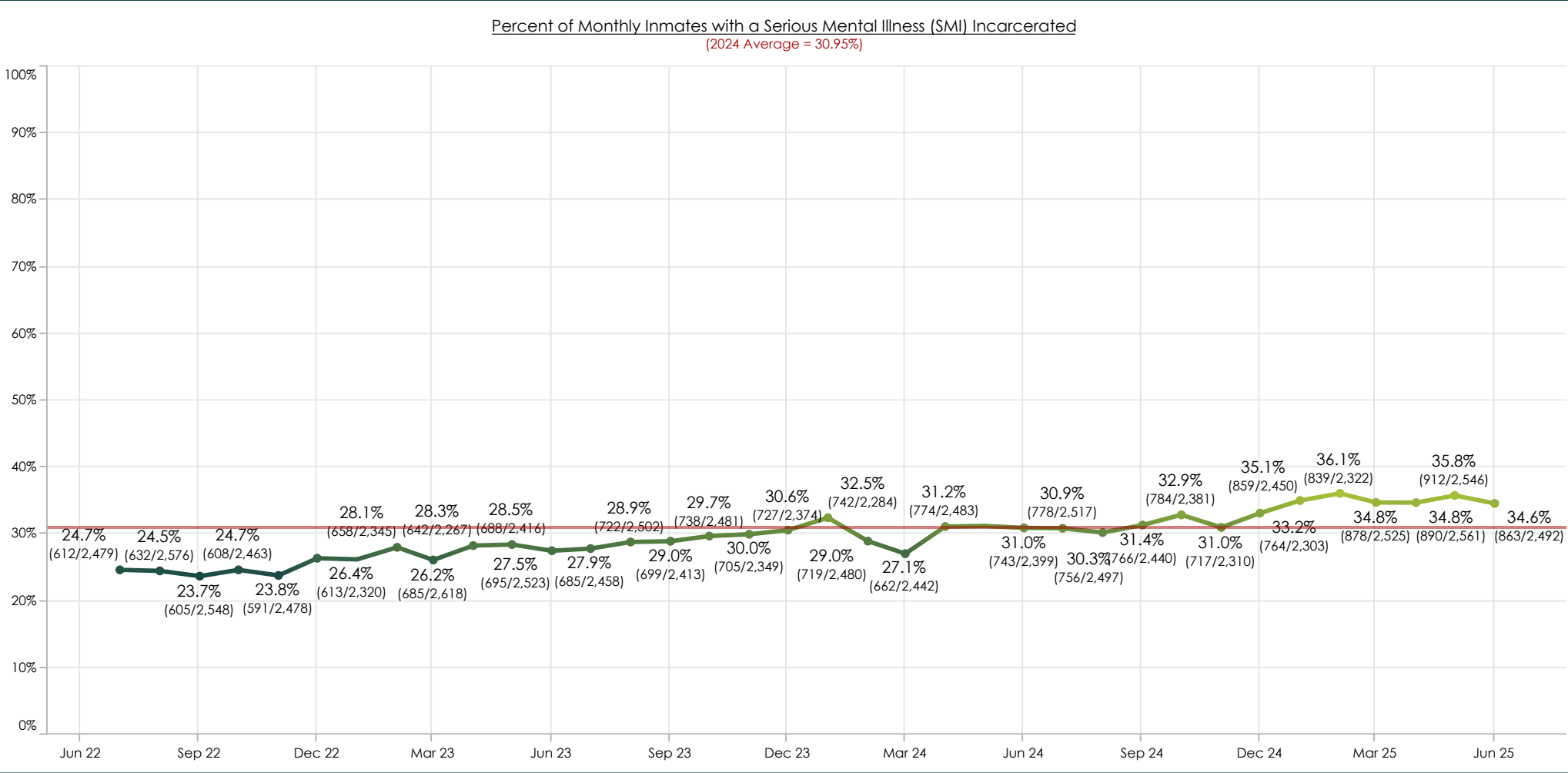
Review Frequency:

Monthly

- Analysis:**
- The first quarter of CY 2025 had the highest reported incarceration rate for individuals with a serious mental illness across all collected data, at 35.3%. Q2 saw a slight decrease in this proportionality, down to 34.6% of the incarcerated population, but remained higher than the CY 2024 average of 30.9%.
 - The highest percentage of incarcerated individuals with a SMI across the recorded data was in February 2025, where 36.1% of the reported incarcerated population had a 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 a 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

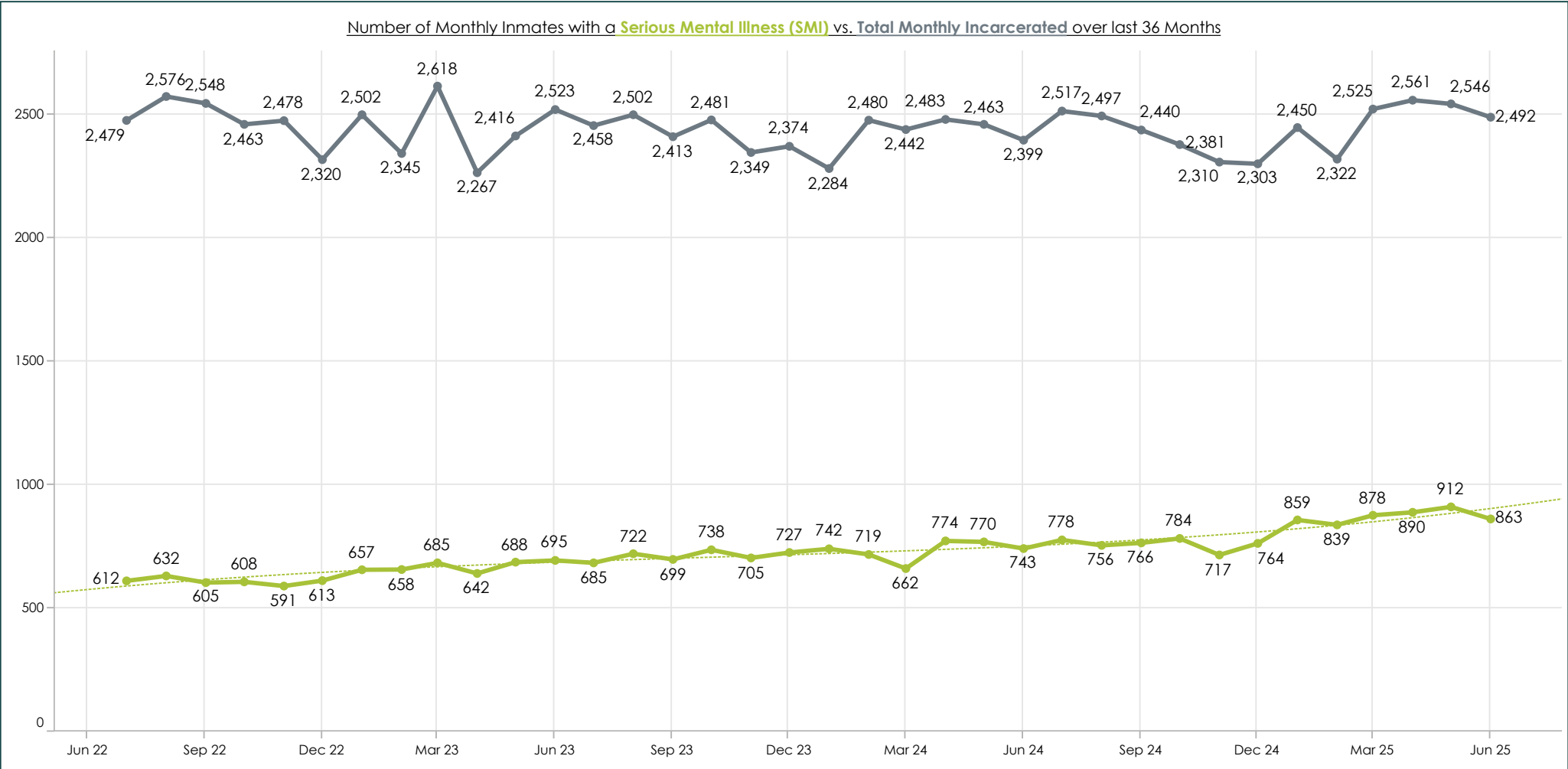


Analysis:

- So far in CY 2025, the average percent of monthly inmates with a serious mental illness has been 35.2%, compared to 30.9% for the previous calendar year.
- The ratio of individuals with a serious mental illness incarcerated at DCDC - compared to those without - has continued to grow over the last four calendar years. In each of these respective years, DCDC has seen over 8% growth in this population yearly since 2022. The average monthly incarceration rate in 2022 was 25.0%. Between 2022 and 2023, there was a 13.6% growth in this population, to an average incarceration rate of 28.4%. Between 2023 and 2024, there was a 8.8% growth in this population again, to an average incarceration rate of 30.9%. Finally, between 2024 and (so far in) 2025, there has been a 13.9% increase in the proportionality of this population incarcerated, from 30.9% to 35.2% of bookings.
- Taken as a whole, between 2022 and so far in 2025, there has been a 40.8% increase in the incarcerated population for those with a serious mental illness, from 25% of the incarcerated population, to 35.2%. Approximately 1 in every 3 inmates incarcerated at a given time are reported to have a serious mental illness.

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



Analysis:

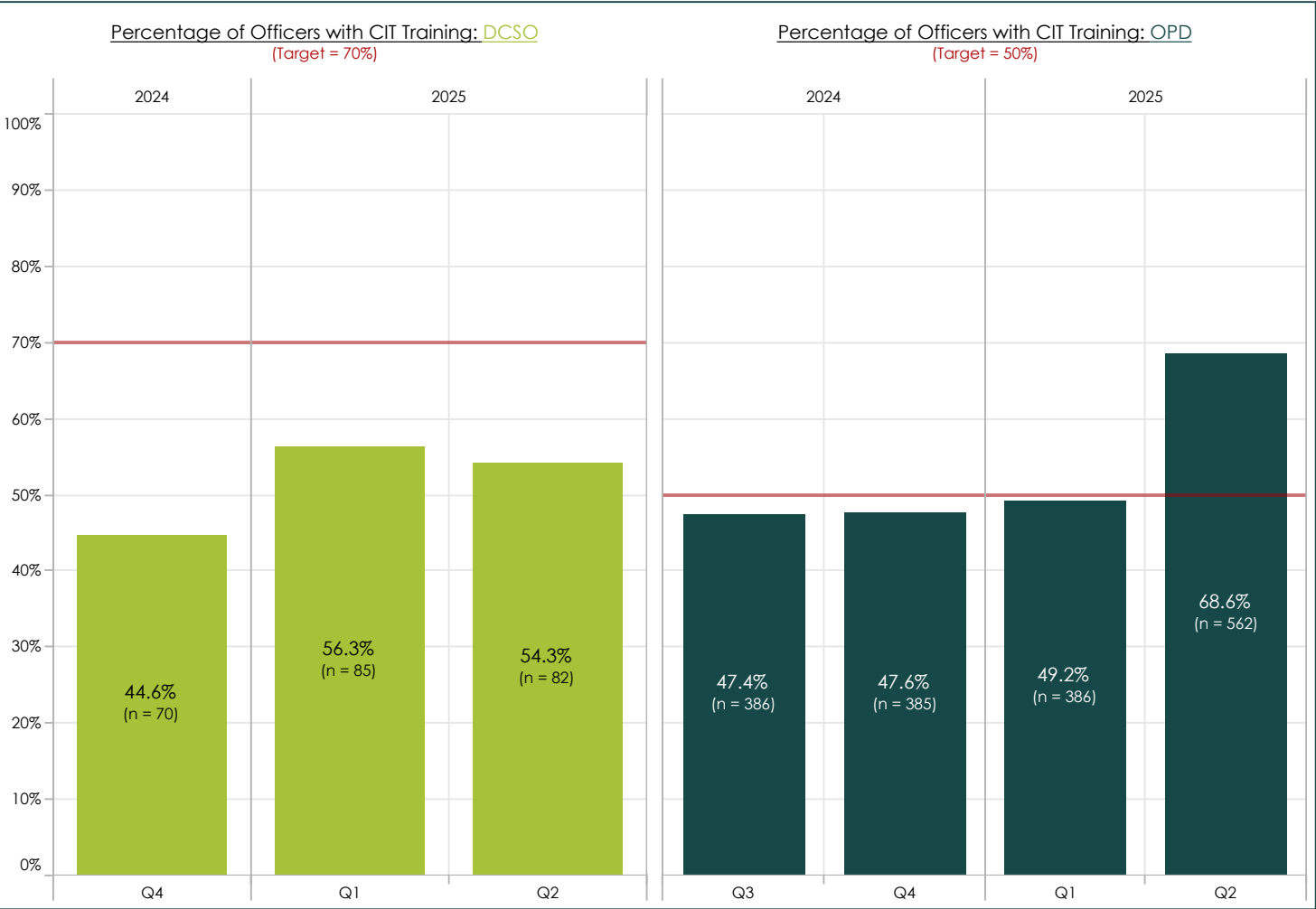
• This graph tracks the number of inmates associated to each group (SMI and non-SMI) over the last 36 months. Overall inmate numbers for the non-SMI population, while fluctuating, have not changed significantly over this period of time. However, the SMI population of inmates continues to show growth in monthly, quarterly, and yearly projections.

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.
- OPD data includes part-time sworn officers in their denominator. Total percent trained is based on those with expired training as well, which is consistent with reporting across other law enforcement agencies.
- 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 68.6% in Q2 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:

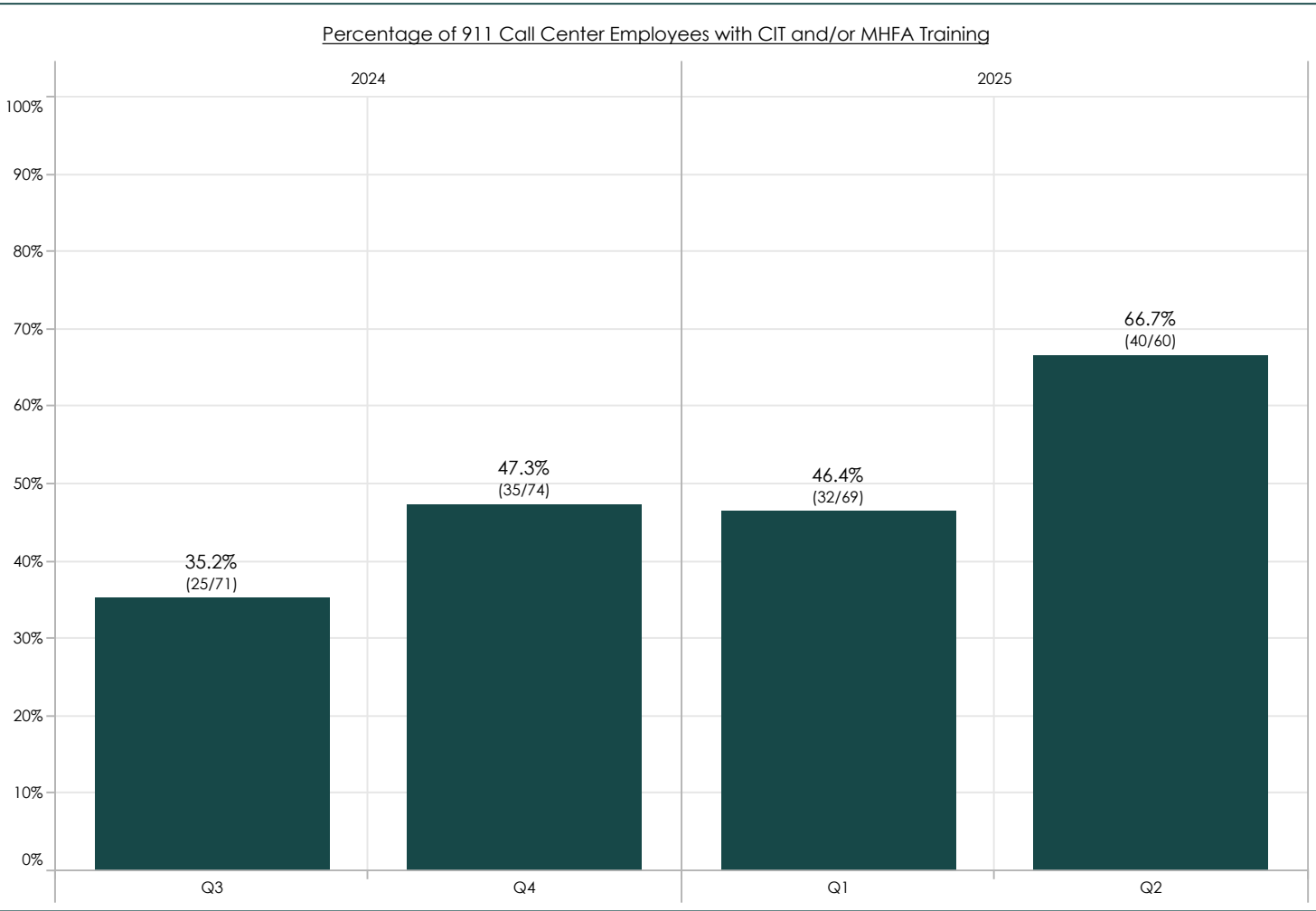
Quarterly

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%. OPD reported no new trainings in Q2 of CY 2025. DCSO has reported decreases in FTEs over the last several quarters, and as such, their percent trained in MHFA has decreased.

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.



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

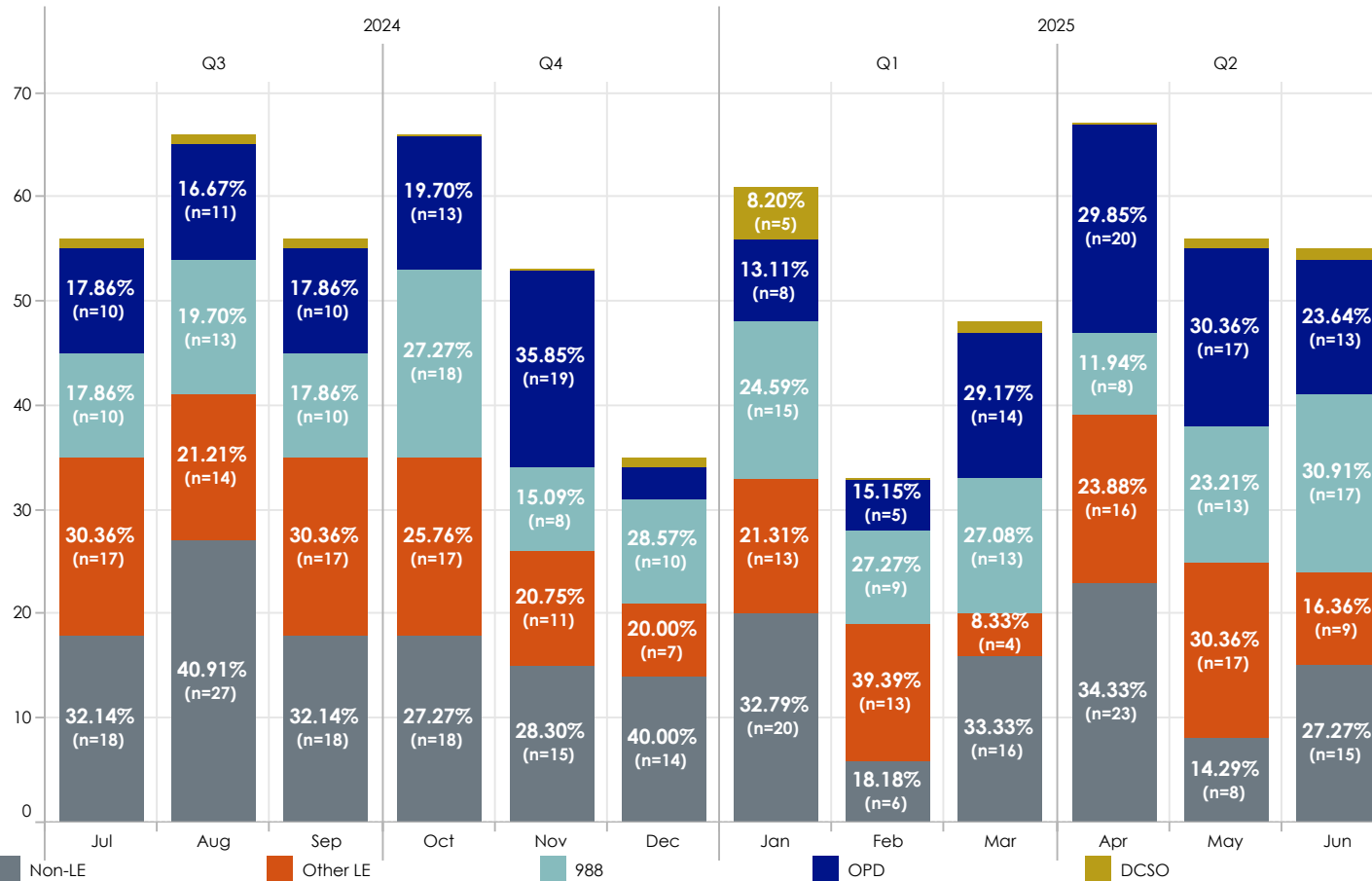
Analysis:

- This is point in time data, gathered at the end of the reporting period.
- 911 reports that 66.7% of their current staff are now trained in CIT/CRIT/MHFA, with a significant increase in overall persons trained since Stepping Up resumed data collection in Q2 of CY 2024. Between Q1 and Q2 of CY 2025, 911 reported a decrease of 9 FTEs and an increase of 8 in the number of persons trained, increasing their overall training percentage by 43.8%

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 (MCR) Calls by Category and Agency



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:

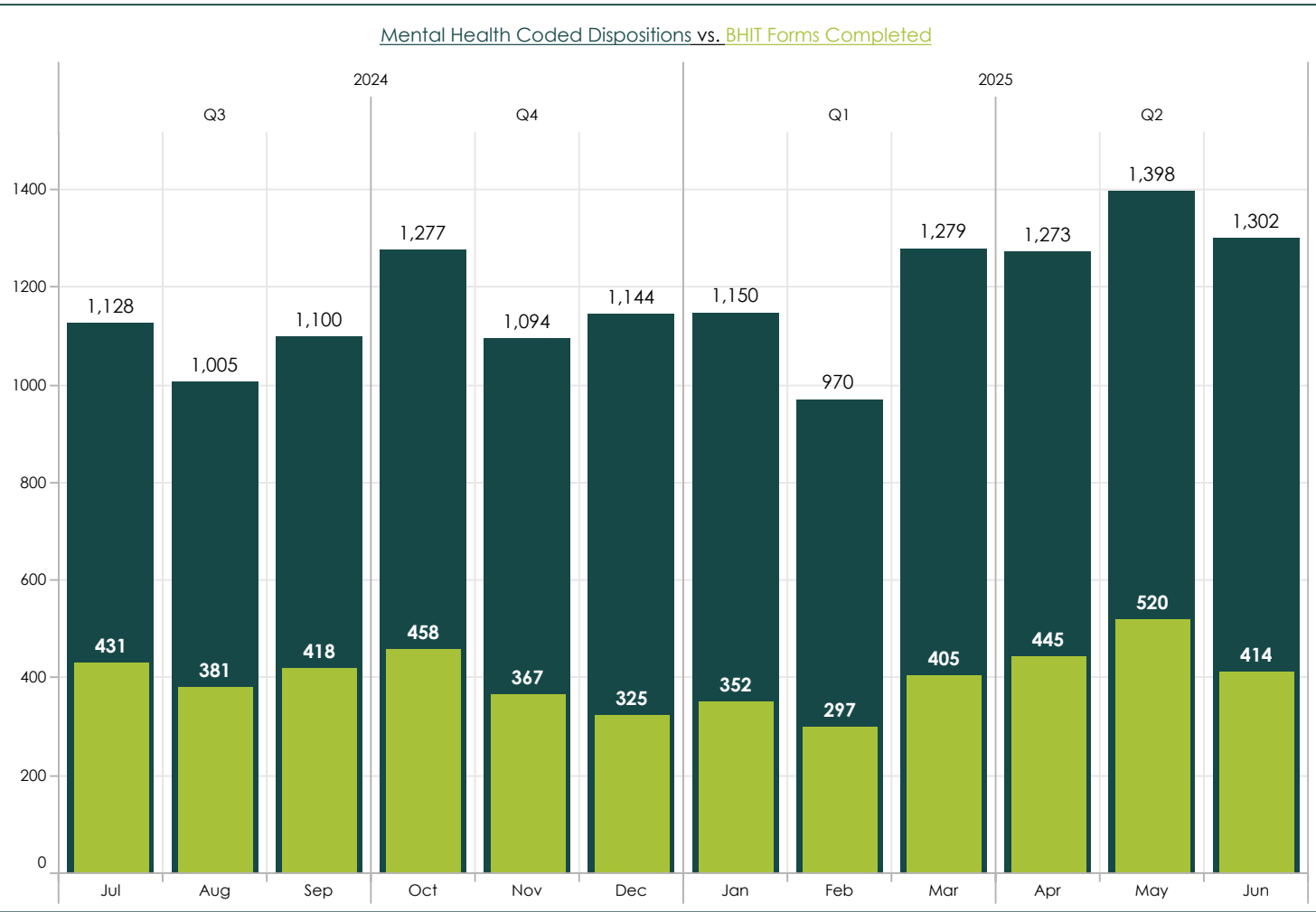
- Other Law Enforcement Examples: Dodge County SO, Blair PD, FBI, Fremont PD, Ralston PD, NE State Patrol, Washington County SO, Valley PD, Waterloo PD, and Eppeley Airport Police.
- Non-Law Enforcement Examples: Nebraska Family Helpline, Shelters, Campuses, Schools, etc.
- OPD and DCSO both utilize 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. Between 2023 and 2024, MCR saw an increase in reported utilization from 628 to 673 activations, a 7.2% increase. As of June 2025, MCR has been activated 320 times, tracking towards similar performance for the year thus far.

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).



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.

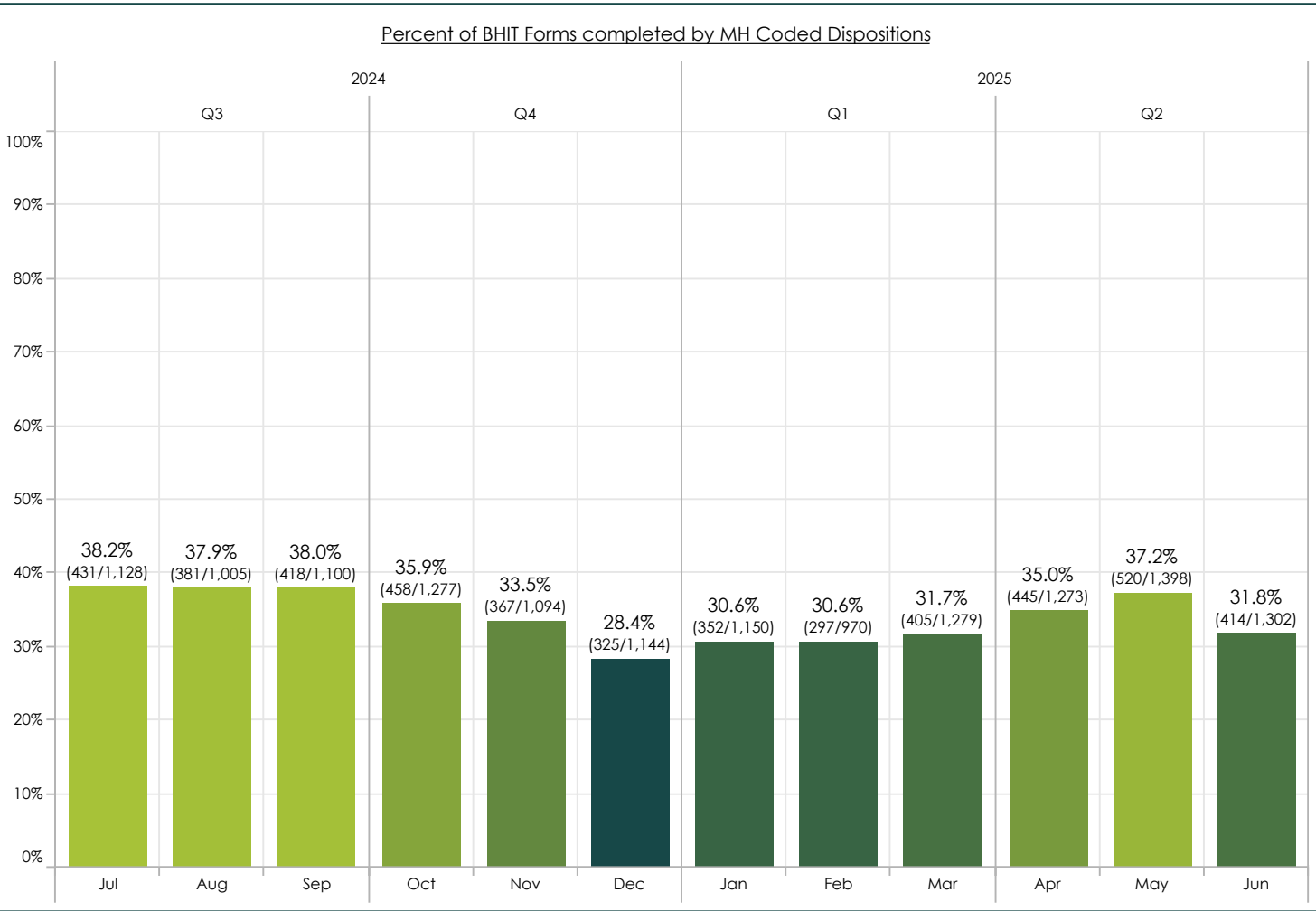
• MH coded dispositions saw an all time high in CY 2023, with 10,307 MH coded dispositions. BHIT completion saw an all time high in CY 2022, with 5006 forms completed.

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).



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:

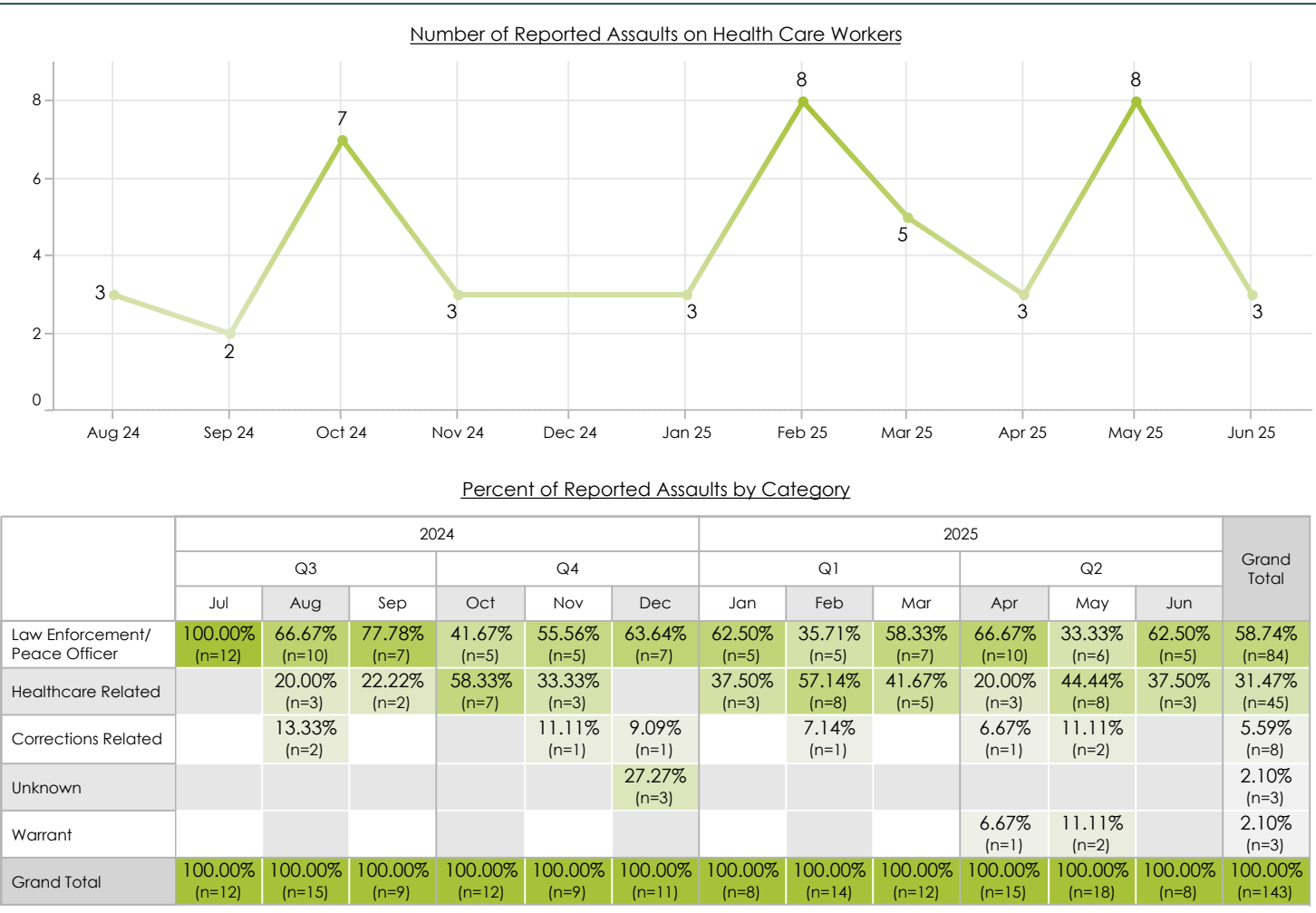
- Comparing the rate of MH coded dispositions to BHIT forms completed allows Stepping Up to assess the relative volume of incidents related to mental health needs, and whether there is consistency in completing additional forms related to individuals presenting with mental health problems (for future law enforcement officers, as well as other stakeholders). Comparing these metrics is not a one-to-one, as many factors limit the number of BHIT forms that are completed, including (but not limited to): 1) completing one BHIT form per individual in a 24 hour period, whether an incident is coded as MH to begin with (by law enforcement or 911), repeat callers, or other extenuating factors.
- Despite these limitations, so far in FY 2025, the number of BHIT forms completed only accounts for 33% of all MH coded dispositions for the year. This ratio has continued to decrease over time, from 89.3% in 2021, 64.7% in 2022, 44.6% in 2023, and 37.6% in 2024. This may be indicative of several factors, to include an increase in repeat contacts that are not assessed through this metric.

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



Measure:

Number of Assaults on Health Care Workers

Definitions:

Data Source:

Heidi Altic - DCDC

Review Frequency:

Quarterly

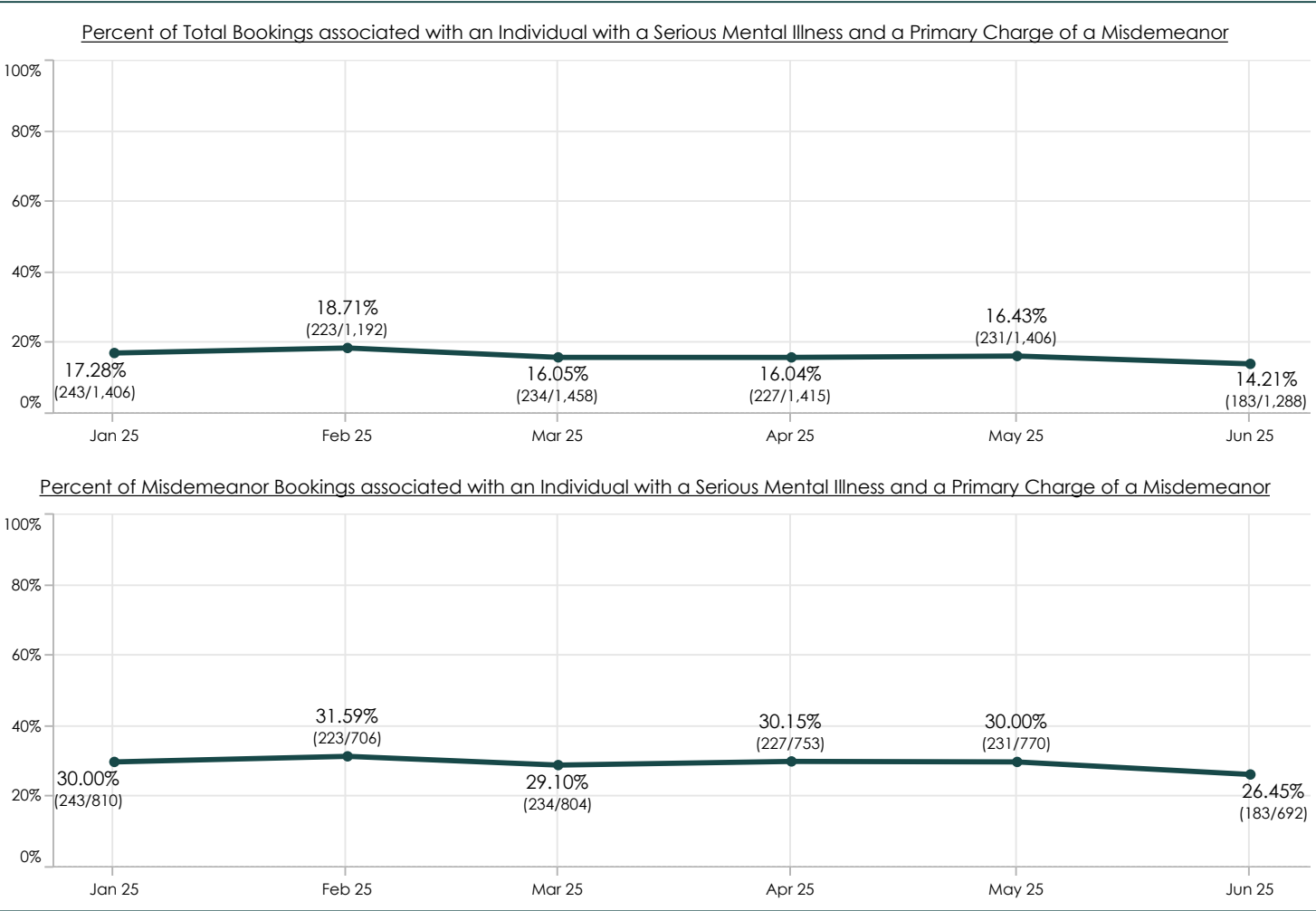
- Analysis:
- Data for assaults on healthcare workers/peace officers is broken down into categories by who was assaulted (e.g., law enforcement, healthcare, other), as well as the entity/location involved in the assault (e.g., OPD, Immanuel, etc.).
 - Healthcare Related - Includes all healthcare staff, regardless of whether staff was at a hospital or other setting performing healthcare related duties.
 - Warrant - Specifically related to arrests for outstanding warrants on this charge, without details.
 - 31.47% of reported assaults over the last twelve (12) rolling months were Healthcare related. There remains high variation on a month-to-month basis in the number of filings, primarily due to a low number of incidents overall.

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



Measure:

Definitions:

Data Source:

Justine Wall - DCDC

Review Frequency:

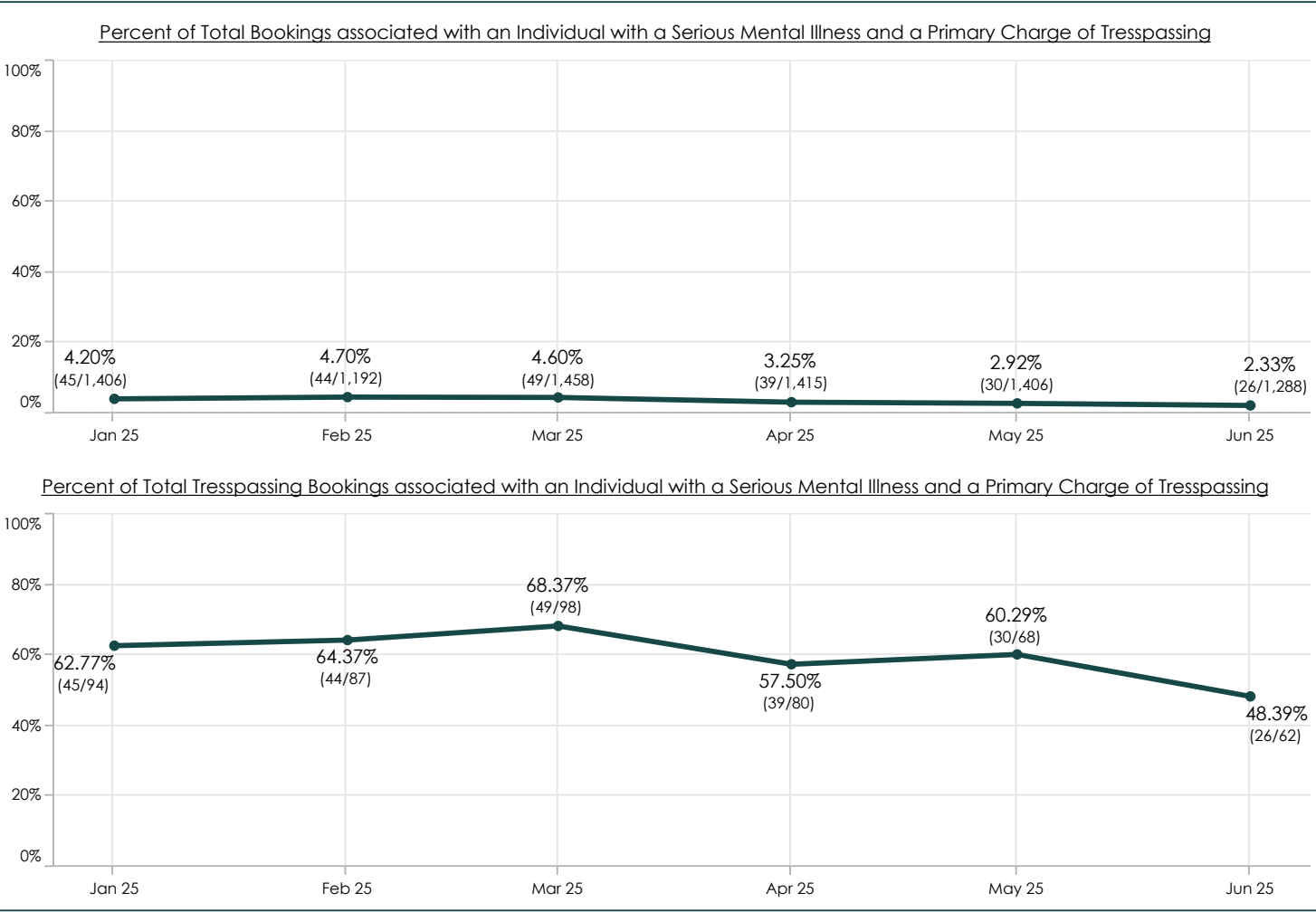
Quarterly

Analysis:

- New data as of CY 2025.
- 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.
- The top graph represents the percent of individuals with a SMI booked on a primary charge of a Misdemeanor over the total population booked during that period of time. For the first six (6) months of CY 2025, this population of bookings represented 16.4% of all bookings into DCDC.
- The bottom graph represents the same population of individuals with a SMI booked on a primary charge of a Misdemeanor over the total population of persons booked on Misdemeanors. For the first six (6) months of CY 2025, this population represented 29.6% of Misdemeanor bookings.

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



Measure:

Definitions:

Data Source:

Justine Wall - DCDC

Review Frequency:

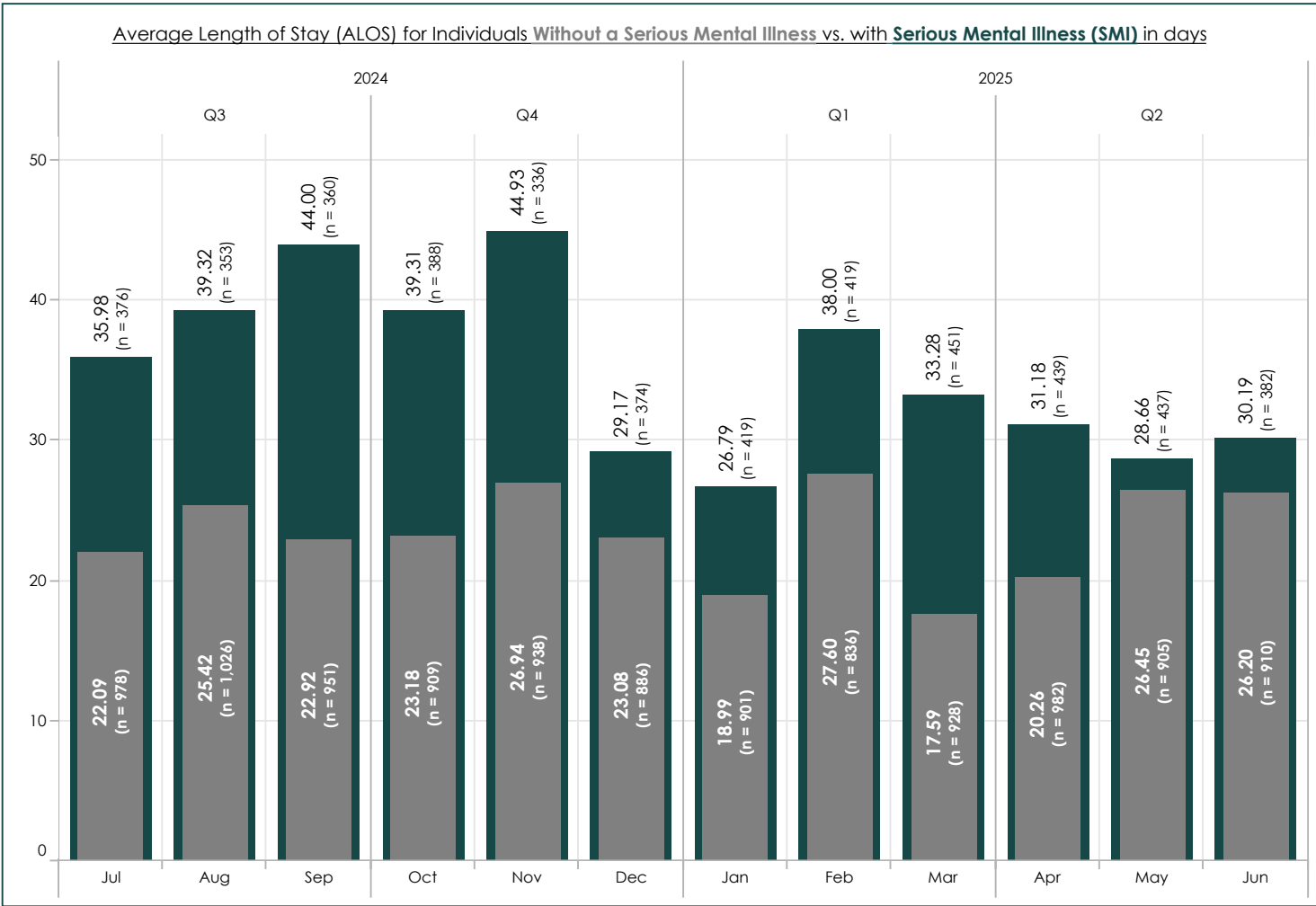
Quarterly

Analysis:

- New data as of CY 2025.
- 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. Criminal Justice Stakeholders have identified trespassing as a significant concern for this population, impacting Misdemeanor bookings overall for those with an SMI.
- The top graph represents the percent of individuals with a SMI booked on a primary charge of trespassing over the total population booked during that period of time. For the first six (6) months of CY 2025, this population of bookings represented 3.7% of all bookings into DCDC.
- The bottom graph represents the same population of individuals with a SMI booked on a primary charge of trespassing over the total population of persons booked for trespassing. For the first six (6) months of CY 2025, this population represented 61.2% of all trespass bookings.

Goal 2	Shorten the Average Length of Stay for People with a Serious Mental Illness (SMI) in Jail		
	Strategy	Status/Target	Notes/Updates
Objective 1:	Douglas County Detention Center (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 and/or targets.	Ongoing	Lt. Sanduski Sends Data
Objective 2:	Utilize data to drive improvements with Competency to Stand Trial/Competency Restoration (CST/CR) practices.		
a.	Collect baseline data on the amount of time individuals are waiting to access competency restoration treatment at the Lincoln Regional Center (LRC) (days between receiving the court order and transferring to the LRC).	Ongoing	Heidi Altic Sends Data
b.	Form a workgroup to identify opportunities to develop a “CST/CR Guidelines” document to be used by the County Attorney’s (CA) office, Public Defender’s (PD) office, LRC, and the bench.	In Process	Steering Committee
c.	DCDC will partner with LRC/DHHS for in-reach to stabilize individuals in jail waiting for competency restoration treatment at LRC. Are you seeing wait times for LRC Competency Treatment increasing especially for women? Does in-reach still occur?	In-reach began March 2024	Initial meeting was Nov. 6, 2023
d.	Sam Douez, Public Defender’s Office, will CC Heidi Altic (DCDC) on all competency orders that are filed on clients represented by the Public Defender’s Office who are at DCDC.	Effective October 7, 2024	Martha Made this happen

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

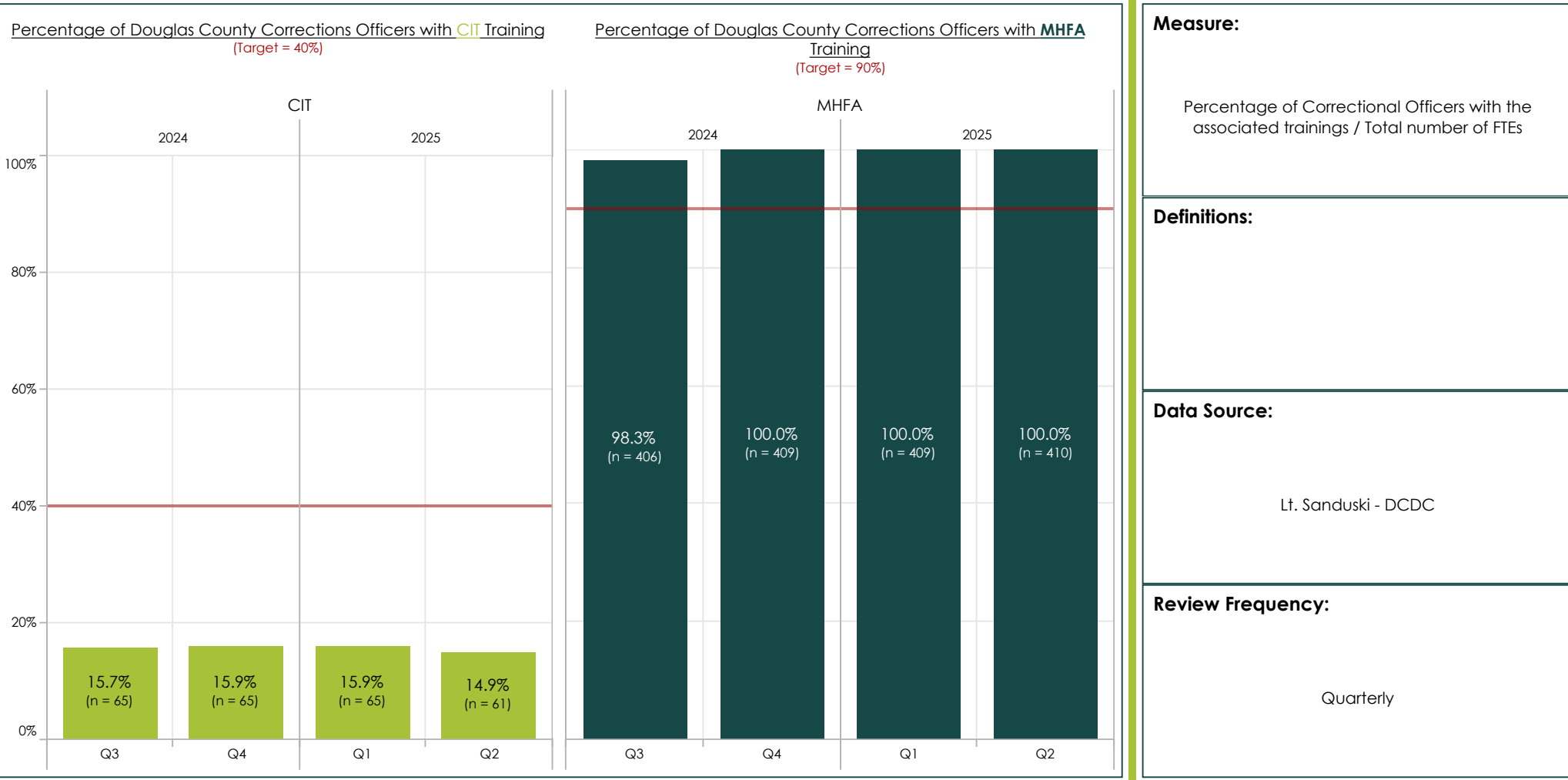
Review Frequency:

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.
 - This metric has not changed significantly since data collection began.

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.



Analysis:

- As of Q4 of CY 2024, DCDC has continued to report 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.

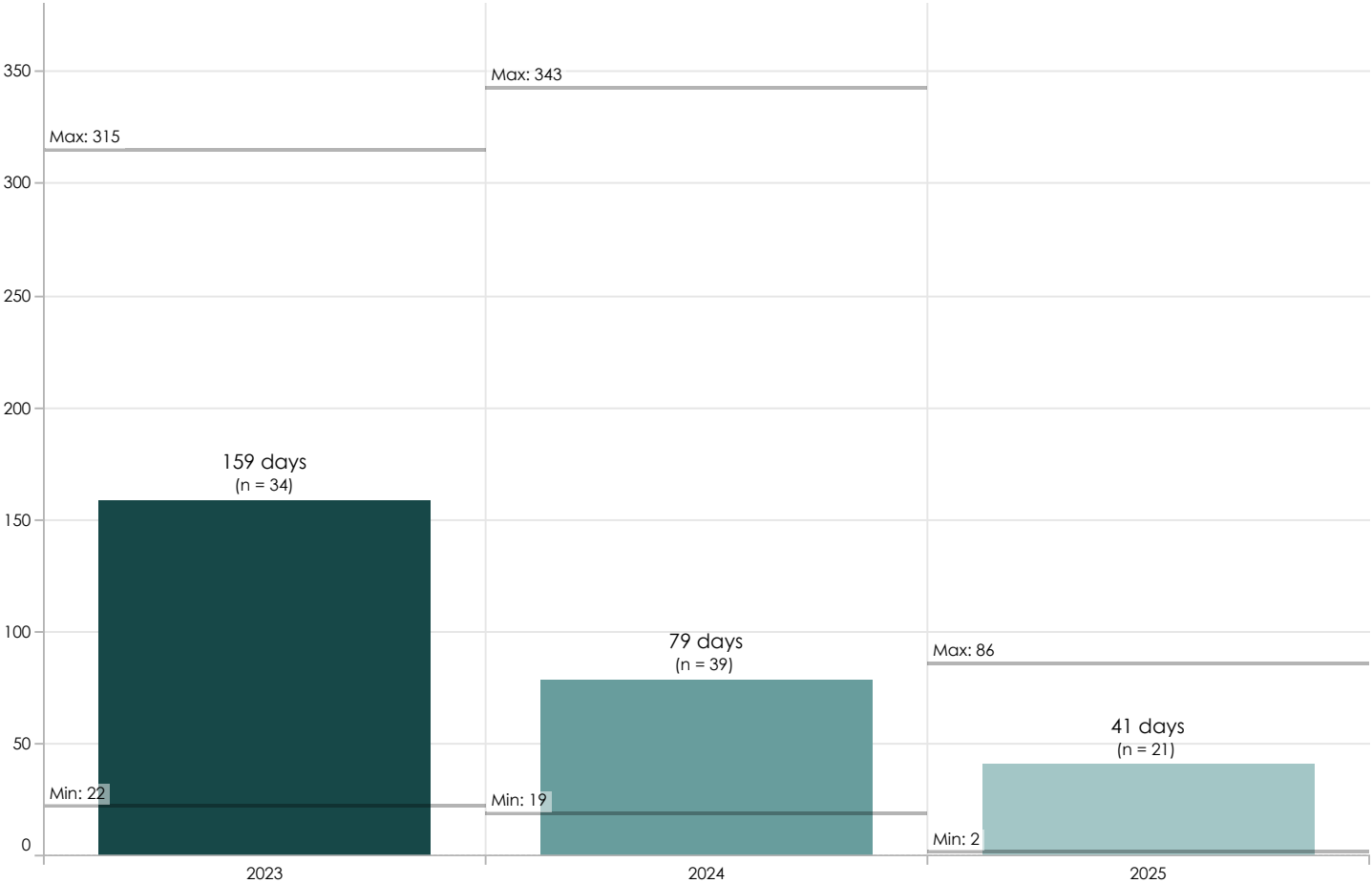
Goal 2:

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

Objective 2:

Collect baseline data on the ammount 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 for those needing competency restoration

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. 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.
 - The average days waiting in jail for competency restoration has continued to decrease each calendar year, from an average of 159 days in 2023, to an average of 41 days in 2025.

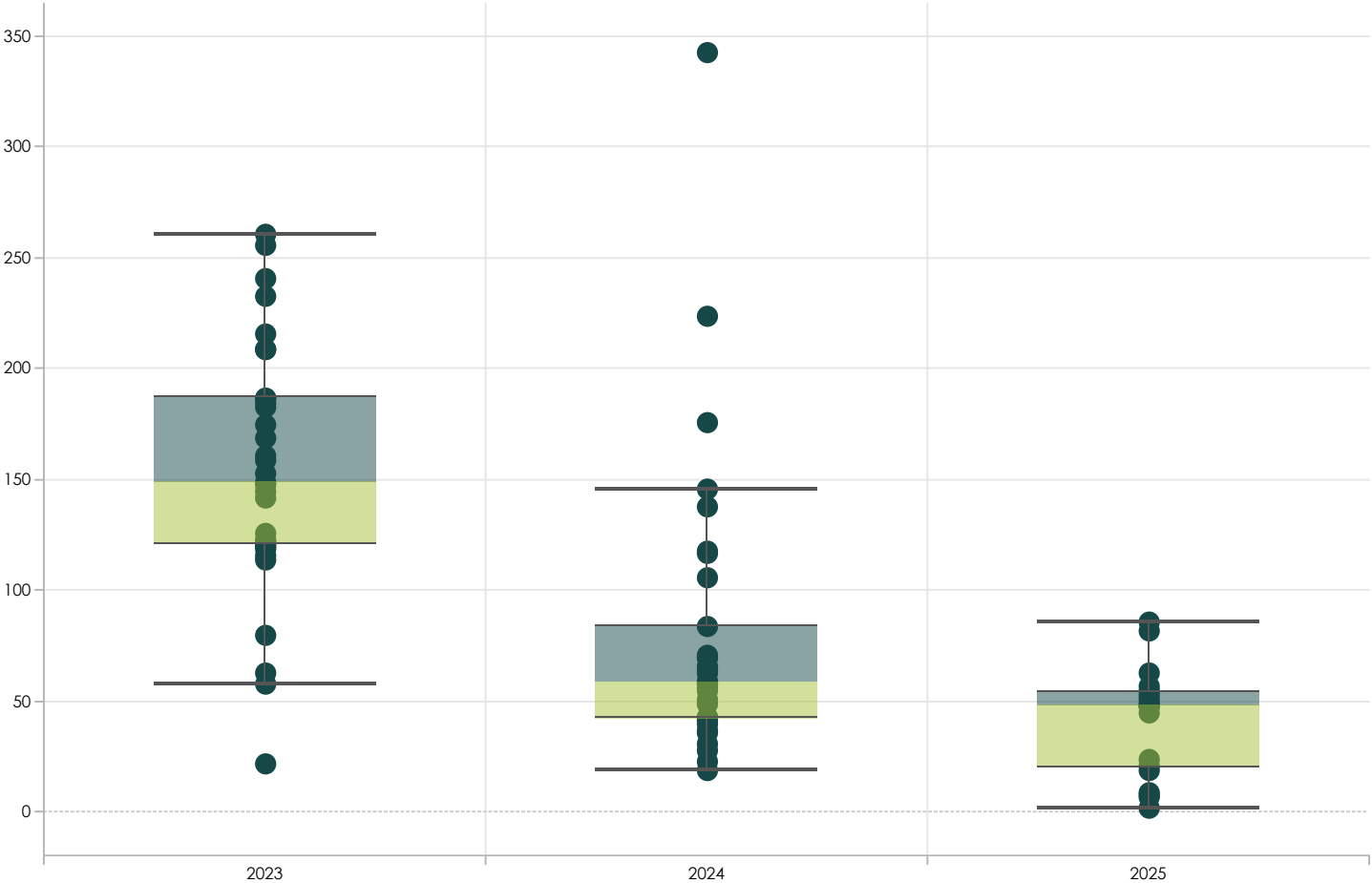
Goal 2:

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

Objective 2:

Collect baseline data on the ammount 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 for those needing competency restoration

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:**
- 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.
 - The average days waiting in jail for competency restoration has continued to decrease each calendar year, from an average of 159 days in 2023, to an average of 41 days in 2025.
 - These plots show no specific outliers in the data for CY 2025, and continue to demonstrate movement towards shorter waiting times for individuals who need competency restoration overall.

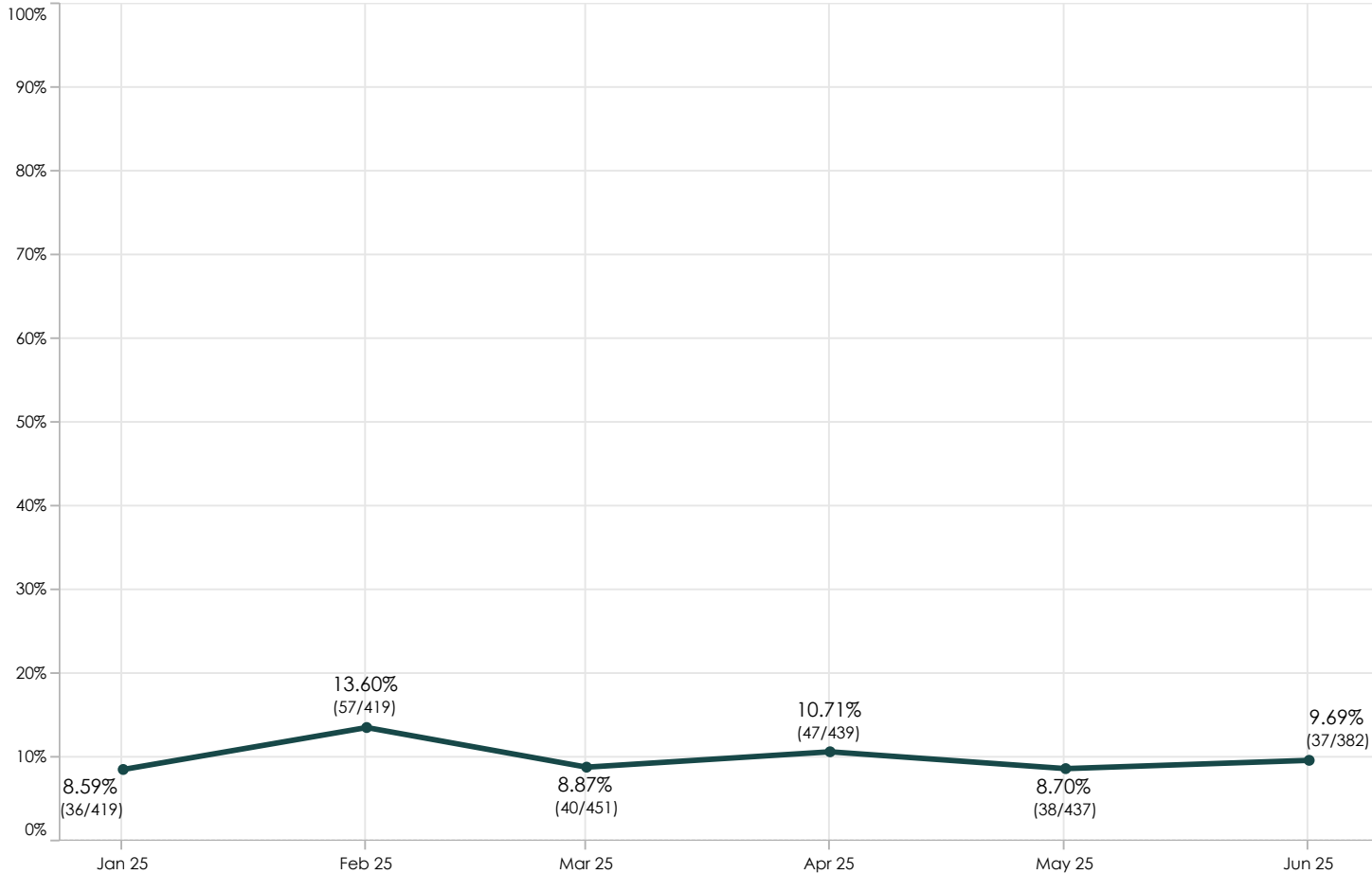
Goal 3	Increase the Percentage of Connection to Care for People with a Serious Mental Illness (SMI) in Jail		
	Strategy	Status/Target	Notes/Updates
Objective 1:	Individuals with a SMI receive a re-entry plan or case plan prior to release.		
a.	Identify next best step		
Objective 2:	Explore and understand all aspects of Section 5121 of the Consolidated Appropriations Act of 2023 (CAA 2023); Supporting Youth and Young Adults via Medicaid.		
a.	Region 6 will lead local virtual meetings with Douglas, Sarpy, and Cass County Jails, Youth Detention Facilities, and Managed Care Organizations to identify opportunities and share updates.	August 2025	March-April-May 2025 Region 6 coordinated virtual meetings with CSG and Treatment Alternatives for Safe Communities (TASC), Center for Health and Justice.
b.	Participate in virtual stakeholder meetings facilitated by Medicaid	August 13, 2025	
Objective 3:	Monitor implementation of LB921; Medicaid enrollment.		
a.			

Goal 3:

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



Percent of Individuals with a Serious Mental Illness Released from Jail with a Re-Entry Plan



Measure:

Number of individuals with a SMI who were released from DCDC with a developed re-entry plan in place

Definitions:

Data Source:

Justine Wall - DCDC

Review Frequency:

Quarterly

Analysis:

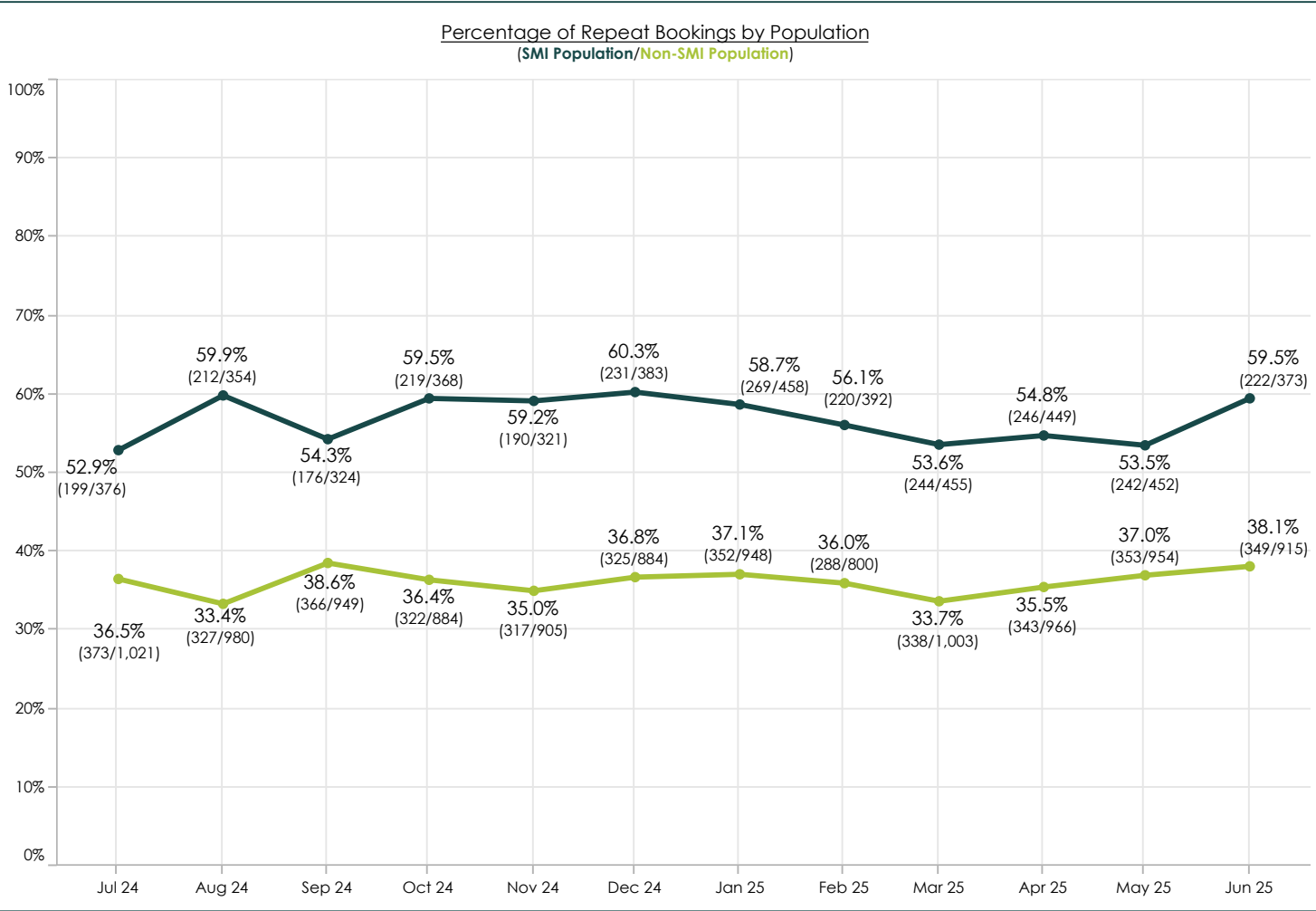
- New data as of CY 2025.

Goal 4	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) who are in Jail		
	Strategy	Status/Target	Notes/Updates
Objective 1:	Identify a pathway to restart the Familiar Faces Program (FFP).		
a.	Utilize workgroup; research other FFP models, strengthen the Douglas County FFP model. There is a connection to the FUSE project that is TBD.	Workgroup	
Objective 2:	Collect baseline data on the number of probation violations and custodial sanctions that impact this measure.		
a.	Analyze baseline data.		Justine Sends Data
Objective 3:	Utilize Long Acting Injectables (LAI) when clinically appropriate.		
a.	Administer LAIs when clinically appropriate.		
b.	Collect baseline data on the number of individuals receiving LAIs.		Wexford – is this possible?
c.	Identify opportunities to provide Medication Assisted Treatment (MAT) to individuals with Opioid Use Disorder (OUD).		
d.	Ensure continuity of care with LAIs for individuals leaving LRC and returning to jail.		Going OK?
Objective 4:	Individuals with a 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 (Threshold, community-based providers, homeless shelters, etc.) to implement Frequent User System Engagement (FUSE) to improve opportunities to provide supported housing to individuals involved with the criminal justice system.		
a.			

- Do we know how many individuals with a SMI have a re-entry plan developed? Some will be in and out of jail to quickly for a plan to be developed.

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:

- As of June 2025, 59.5% of SMI bookings were associated as a repeat booking within the last twelve (12) months. Between one (1) out of every two (2), or three (3) out of every five (5) SMI bookings are repeat bookings as of CY 2025.
- 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.
- The highest recorded percentage of repeat bookings was reported in July 2020, with 70.9% of bookings having had a previous booking in the last twelve (12) months.
- Current trends indicate a continued slight decrease in repeat bookings for both groups over time. Despite this, the overall percentage of bookings attributed to persons with a SMI continues to increase over time, in conjunction with the percentage of persons with an SMI booked on a primary charge of a misdemeanor.

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 - Assistant 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

Sarpy County BOMH Coordinator

acaryl@regionsix.com

OFFICE: 402.546.1195 | CELL: 402.672.1619 | FAX: 402.444.7722