

THE
STEPPING UP
INITIATIVE



**Utilizing Data-Driven Strategic Approaches to Reduce the Number of People with Serious
Mental Illness in Jail**

Douglas County, Nebraska

QUARTERLY REPORT

Data from Quarter 4

January 27, 2026

Stepping Up Agenda

January 27, 2026

1. Welcome and Introductions
2. Updates:
 - Information Sharing Project: Goal 1 Objective 5 - (VM)
 - Forensic Navigator Position-DHHS - (VM)
 - Douglas County Sequential Intercept Model (SIM) Update - (VM)
 - LB1040 and LB1084
 - Familiar Faces Project Update – (JW & SB)
3. Quarterly Data and Strategies Packet
4. Next Meeting will be April 28, 2026
5. Else/Other
6. 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 Definitions and Glossary



Terms and Abbreviations

<u>Behavioral Health Information Tracking Form (BHITF):</u>	the Behavioral Health Information Tracking form (BHITF) is a tool utilized by law enforcement to help identify persons with behavioral health needs when responding to calls in the community, and allow the sharing of details from behavioral health law enforcement calls with other officers.
<u>Crisis Intervention Team (CIT):</u>	the Memphis Crisis Intervention Team (CIT) model 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 health crisis. This program provides law enforcement based crisis intervention training for helping those individuals with mental illness. Involvement in CIT is voluntary and based on the patrol division of respective police departments. In addition, CIT works in partnership with those in mental health care services to provide a system of services that is friendly to the individuals with mental illness, family members, and police officers.
<u>Crisis Response and Intervention Training (CRIT):</u>	is a 40-hour training program designed to prepare police officers in their response to people experiencing crises related to behavioral health conditions (including mental health conditions and substance use disorders) and intellectual and developmental disabilities. This training is based upon the original Crisis Intervention Team (CIT) training and is designed to complement the development and delivery of crisis response programs planned by law enforcement agencies, behavioral health service providers, and disability service providers in the community.
<u>Custodial Sanction:</u>	if an 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 three (3) to thirty (30) days, and up to ninety (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. With respect to Stepping Up, custodial sanctions can impact metrics such as those booked into the jail with a serious mental illness (SMI), and recidivism for those with a SMI.
<u>Long-Acting Injectables (LAI):</u>	long-acting injectables (LAIs) are antipsychotic psychotropic medications administered through an injection. LAIs provide a pharmacological strategy for treating patients with serious mental illness(es) who relapse due to non-adherence to other antipsychotic medications often administered through other routes.
<u>Medication-Assisted Treatment (MAT):</u>	medication-assisted treatment (MAT) is the use of medications with counseling and behavioral health therapies to treat substance use disorders and prevent opioid overdoses.
<u>Mental Health First Aid (MHFA):</u>	mental health first aid (MHFA) is an eight-hour public education training that introduces participants to the risk factors and warning signs of mental health problems, builds understanding of the impact of mental health problems, and provides an overview of common treatments. Re-certification is required every 3 years for this training.
<u>Recidivism:</u>	refers to a person's relapse into criminal behaviors, and is measured by criminal acts that result in a person being 're-booked' into jail within twelve (12) months of that person's last release date for other offenses.
<u>Probation Violation:</u>	there are three (3) types of probation violations: Abscond Violations, New Law Violations, and Technical Violations. Definitions of these types of violations are: <u>Abscond Violations:</u> occur when an individual is actively avoiding supervision. These violations are submitted following reasonable efforts to locate the defendant (which are unsuccessful). <u>New Law Violations:</u> are required by NRS 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 additional court appearances. <u>Technical Violations:</u> occur when a defendant on probation is not abiding by the rules and expectations of his probationary release. Examples include failed drug testing, missed appointments, etc. These are handled with sanctions.
<u>Serious Mental Illness (SMI):</u>	a Serious Mental Illness (SMI), is determined for the purposes of Douglas County Stepping Up, as individuals that either self-identify or are diagnosed by a professional as having one of the following clinical diagnoses or a diagnosis in said diagnostic category: (i) Schizophrenia, (ii) Schizoaffective Disorder, (iii) Delusional Disorder, (iv) Bipolar Affective Disorder, (v) Major Depression, and/or (vi) Psychotic Disorder.

Data Applications and Software Used

<u>Information Management System (IMS):</u>	the primary jail management system utilized by Douglas County Corrections. Dotcom is the vendor for this system.
<u>Collaborate:</u>	Collaborate is a customizable, web-based case management software utilized by Douglas County Corrections re-entry staff.
<u>CAD:</u>	this is the primary dispatch system used by law enforcement agencies across Douglas County.



Stepping Up 4 Key Measures

Douglas County



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

Numerator: The number of adults booked into the jail with a diagnosed serious mental illness (SMI) during the month.

(1.b) The number of adults incarcerated in the jail with a diagnosed serious mental illness (SMI) during the month.

Denominator: The total number of adults booked into the jail during the month.

(1.b) The total number of adults incarcerated in the jail during the month.

Data Source: Douglas County Jail

Date Provided: Quarterly

Review Frequency: Quarterly

Notes: Current metric does not separate out people who are 're-booked' due to a jail commitment, bench warrant, or custodial sanction.

This data does not include individuals who bond out or those who are sentenced to time served before receiving a mental health evaluation.

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

Numerator: The monthly average length of stay (ALOS) for adults released from jail with a serious mental illness (SMI).

Denominator: Total number of adults released from the jail in the month.

Data Source: Douglas County Jail

Date Provided: Quarterly

Review Frequency: Quarterly

Notes:

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

Numerator: The number of adults with a serious mental illness (SMI) released from the jail with an active re-entry plan during the month.

Denominator: Total number of adults released from the jail during the month.

Data Source: Douglas County Jail

Date Provided: Quarterly

Review Frequency: Quarterly

Notes:

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

Numerator: The number of adults with a serious mental illness (SMI) who are re-booked into jail within twelve (12) months following their last release date.

Denominator: The total number of bookings with a serious mental illness (SMI)

Data Source: Douglas County Jail

Date Provided: Quarterly

Review Frequency: Quarterly

Notes: Current metric does not separate out people who are 're-booked' due to a jail commitment, bench warrant, or custodial sanction.

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) and/or Crisis Response and Intervention Training (CRIT).		
	a. OPD will work towards having 50% of identified staff trained in CIT and/or CRIT.	Ongoing	Lindsay Sends Data
	b. DCSO will work toward having 70% of identified staff trained in CIT and/or CRIT.	Ongoing	DCSO Sends Data
	c. The 911 Call Center will work toward increasing the number of operators and dispatchers trained in CIT and/or CRIT.	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 # 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
Objective 5:	Better understand the frequency and nature of those incarcerated due to being charged with “assault on a healthcare worker.”		
	a. Collect and monitor baseline data, identify strategies.		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 the Information Sharing Project	In Process	Vicki M.
Objective 7	Collect baseline data on the number of people with an SMI booked into jail on a misdemeanor (primary charge).		
	a. Better understand this population and factors leading to detention.	In Process	Justine Sends Data
	b. Better understand the challenges experienced by law enforcement.	In Process	
	c. Better understand how Detox is used as an alternative to jail.	In Process	Learning Bulletins

1. Does Douglas Co Sheriff have a Co-Responder on board?
2. Learning Bulletins in process? Completed?
3. Divert to Crisis Stabilization?
4. Jail is seeing an aging population, individuals with Alzheimer’s and those that have high acuity medical needs (can’t walk, incontinent, sick)



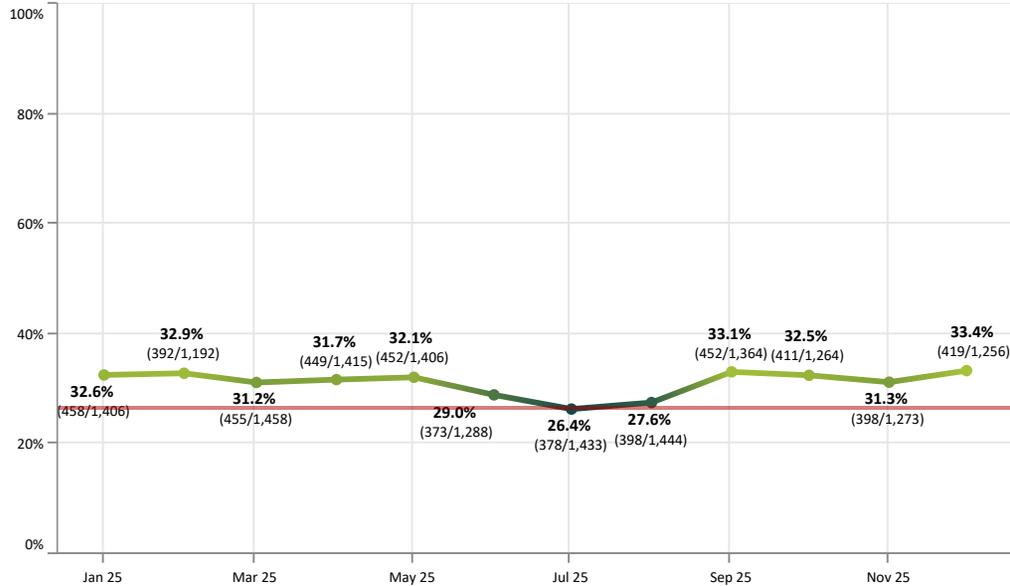
Stepping Up 4 Key Measures

Douglas County



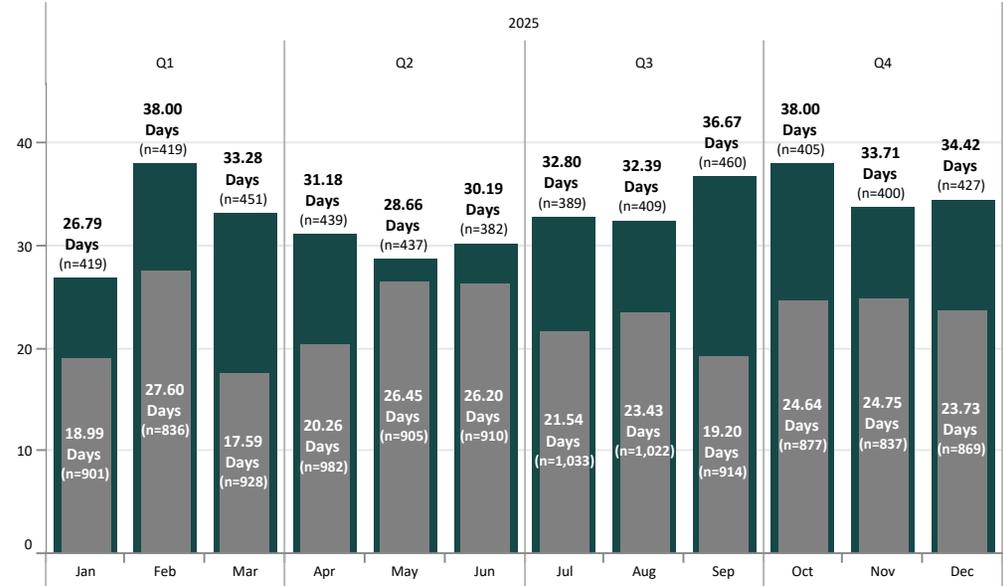
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

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



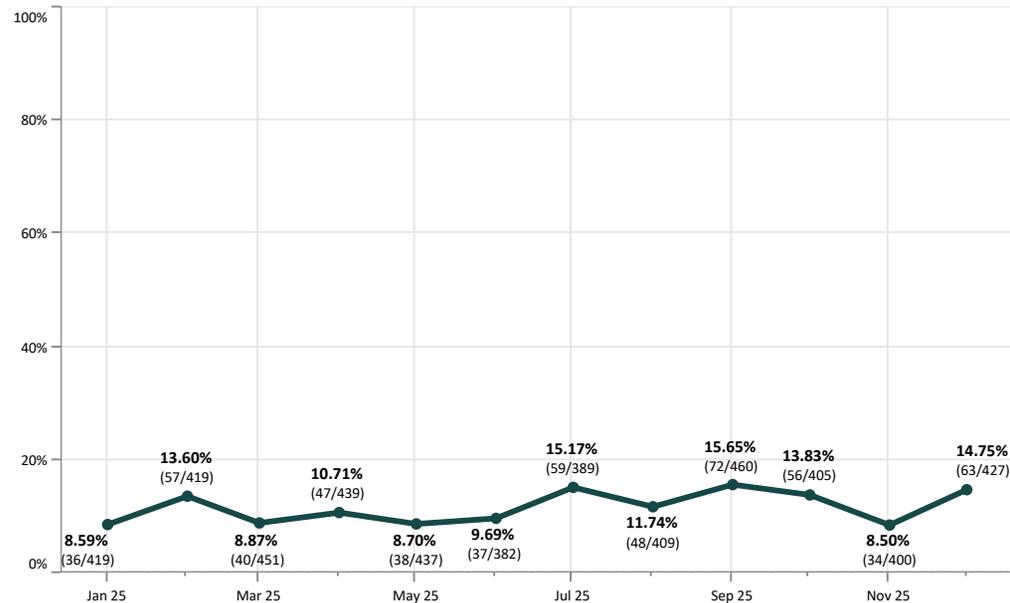
Goal 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail

Average Length of Stay (ALOS) in Days (SMI / Non-SMI)



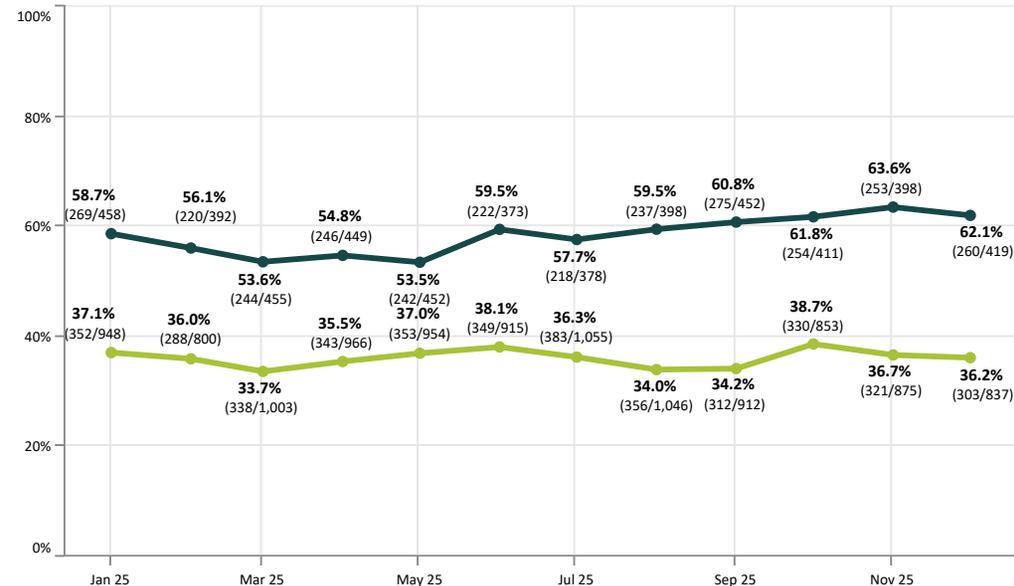
Goal 3: Increase Percentage of Connections to Care for People with a Serious Mental Illness (SMI) in Jail

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



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

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



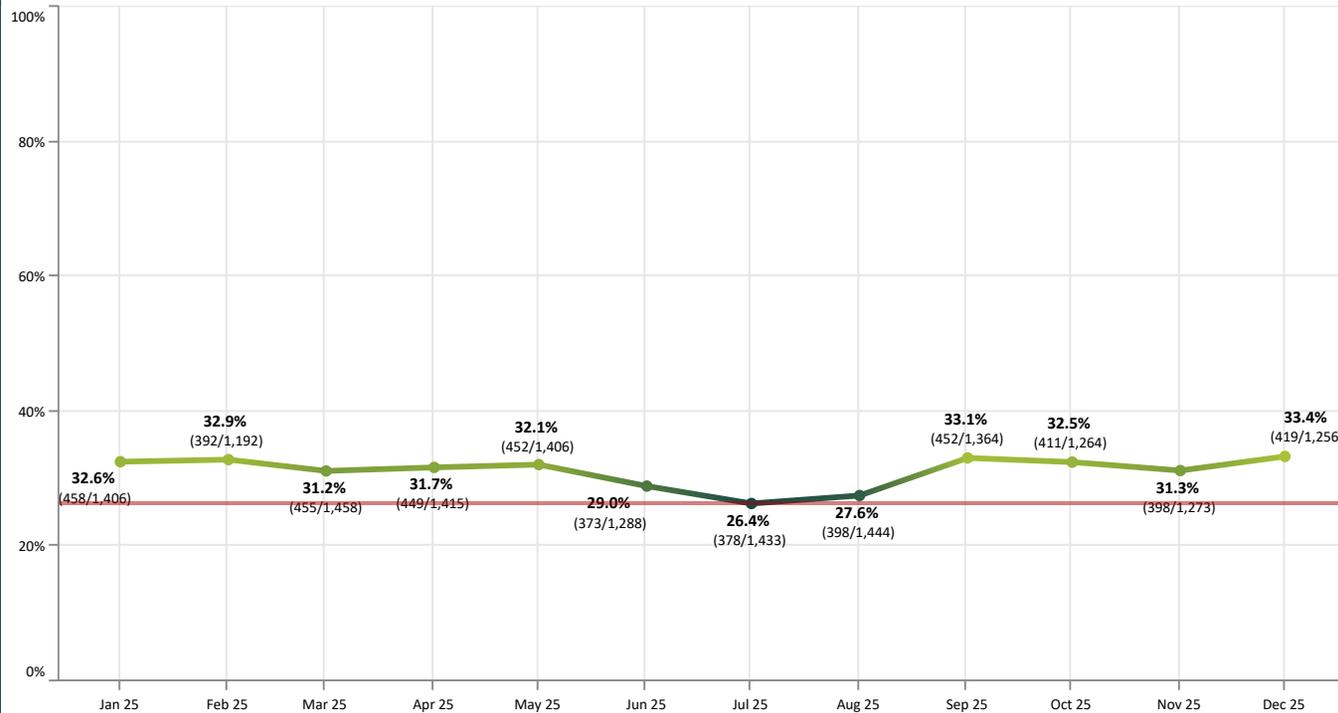


Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

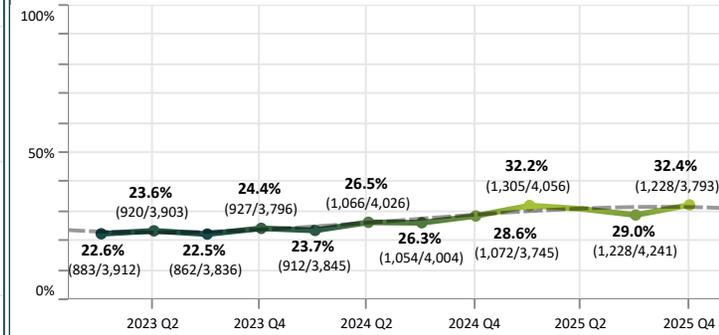
Goal 1.a: Reduce the Number of People with a Serious Mental Illness (SMI) booked into Jail

Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)

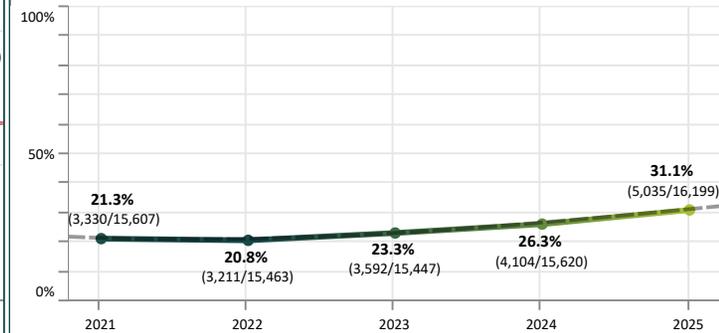
(2024 Average = 26.27%)



Percent of Bookings by Quarter



Percent of Bookings by Year



Measure:	Definition:	Data Source:	Review Frequency:
The percent of individuals booked with a serious mental illness (SMI) compared to the total booking population, over the last twelve (12) months	by month, quarter, and year	Justine Wall Douglas County Department of Corrections	Quarterly

- Analysis/Notes:**
- CY 2025 had an overall of 31.1% of bookings being associated with individuals with a serious mental illness (SMI). This represents a relative increase for this booking population (over the total population) of 18.25% from CY 2024, which had an overall of 26.3% of bookings associated with a SMI. CY 2025 represented the highest overall population of persons booked with a SMI over the course of data collection, and data shows an ongoing year-over-year upward trend in this direction.
 - Notable with CY 2025, the total number of bookings per year also increased - from 15,620 bookings in CY 2024 to 16,199 bookings in CY 2025. When compared to the yearly average of the previous four (4) years (15,534.25 bookings), this showed about a 4.28% increase in total bookings, and more closely resembled total booking numbers from pre-COVID years.
 - Despite this, CY 2025 has the highest reported percentage of bookings on an annual basis, compared to all previous data, with an average monthly booking of 30.4% for those with a SMI.
 - The highest percentage of bookings for individuals with an SMI across all recorded data occurred during this quarter, with 33.4% of bookings in December 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.

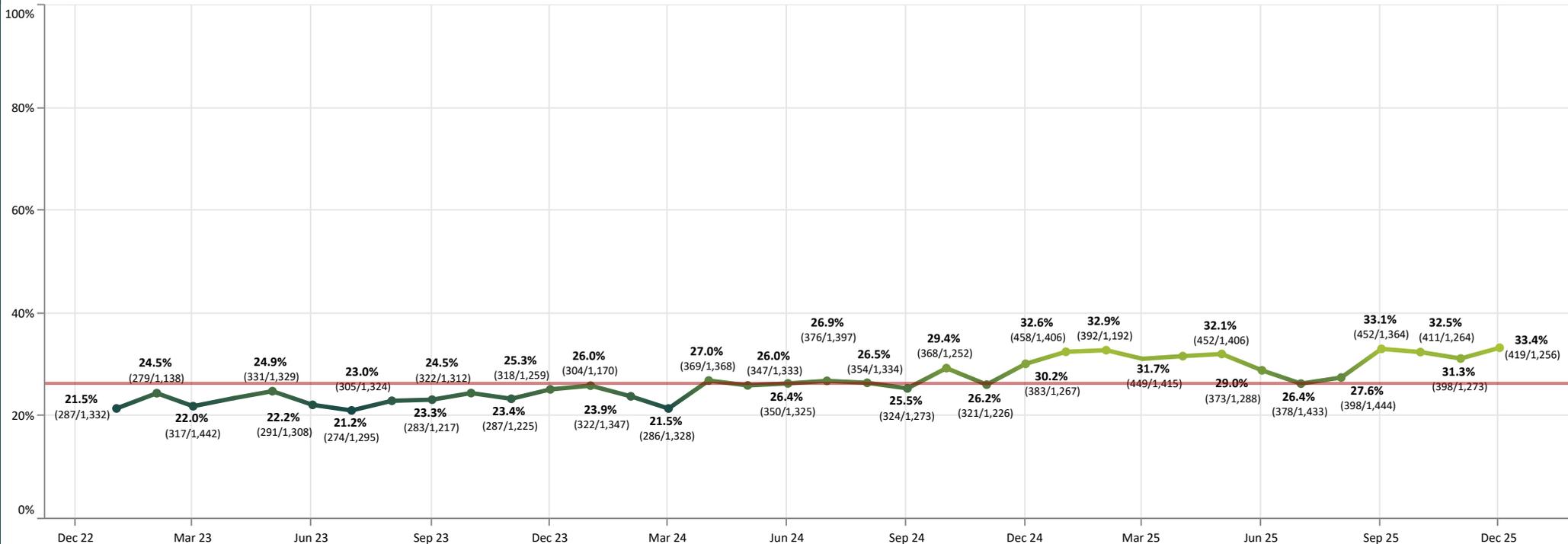


Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

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

Percent of Monthly Bookings for Individuals with a Serious Mental Illness (SMI)

(2024 Average = 26.27%)



Measure:	Definition:	Data Source:	Review Frequency:
The percent of individuals booked with a serious mental illness (SMI) compared to the total booking population	by month	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

- Above is an extended thirty-six (36) month view of the previous page, highlighting the change in the percentage of individuals booked with a serious mental illness over the last three (3) years.

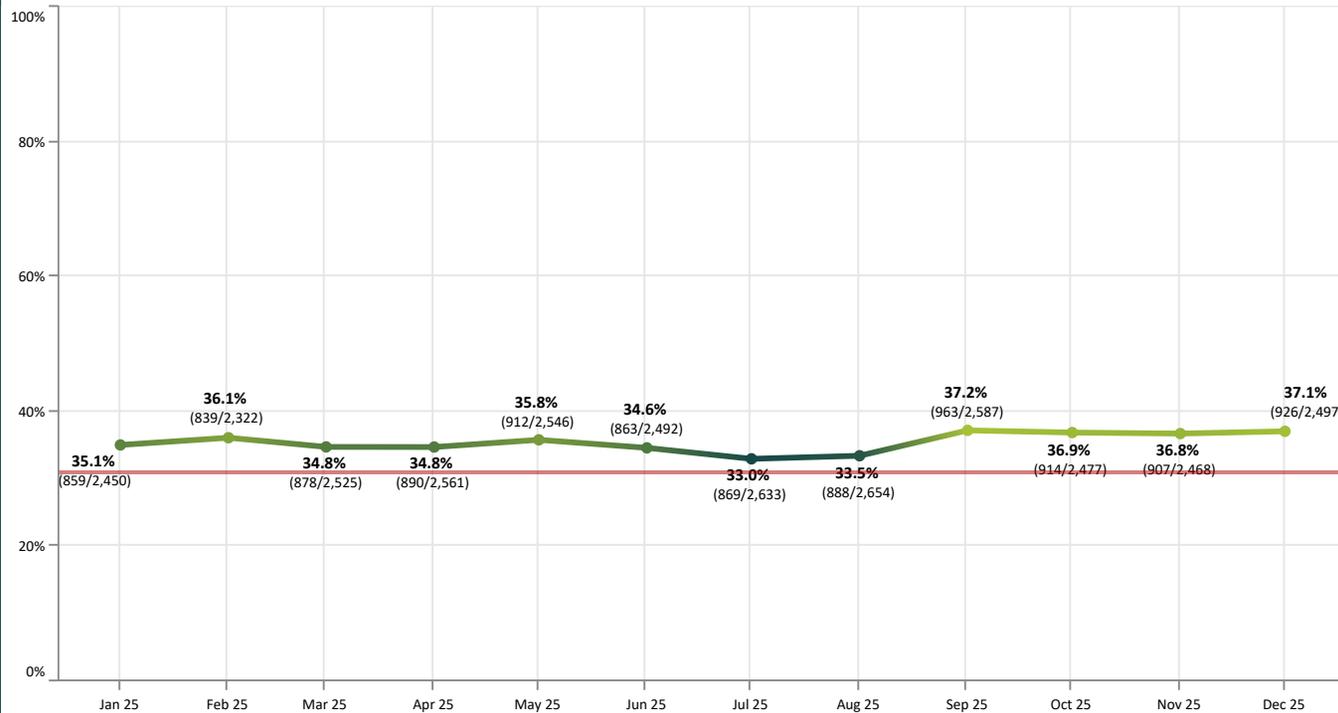


Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

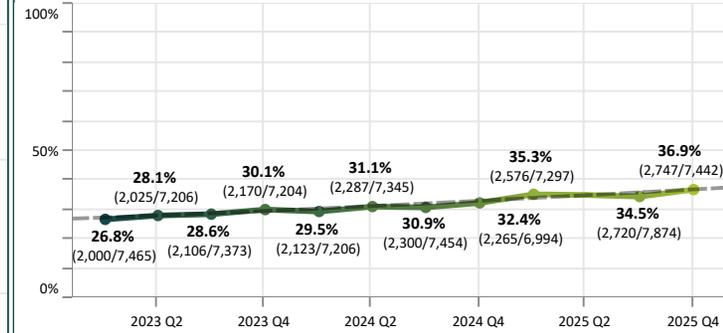
Goal 1.b: Reduce the Number of People with a Serious Mental Illness (SMI) Incarcerated in Jail

Monthly Percent of Inmates with a Serious Mental Illness (SMI) Incarcerated

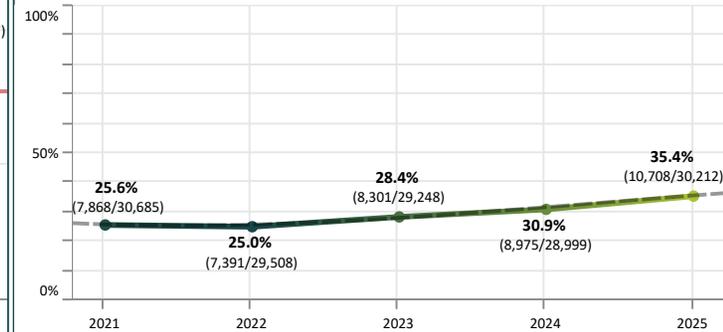
(2024 Average = 30.95%)



Percent of Inmates by Quarter



Percent of Inmates by Year



Measure:	Definition:	Data Source:	Review Frequency:
The percent of individuals incarcerated with a serious mental illness (SMI) compared to the total inmate population, by month	by month, quarter, and year	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

- CY 2025 had an overall monthly incarceration rate for persons with a serious mental illness (SMI) of 35.4%. This reflects a 14.56% increase in the SMI population incarcerated in CY 2025 compared to CY 2024, despite the overall number of persons incarcerated each year, by month, not increasing significantly.
- Despite this, CY 2025 is the highest year on record for incarcerated individuals flagged with a SMI, with a monthly average of 34.7%.
- The highest percentage of incarcerated individuals with a SMI across the recorded data was in December 2025, where 36.9% 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.

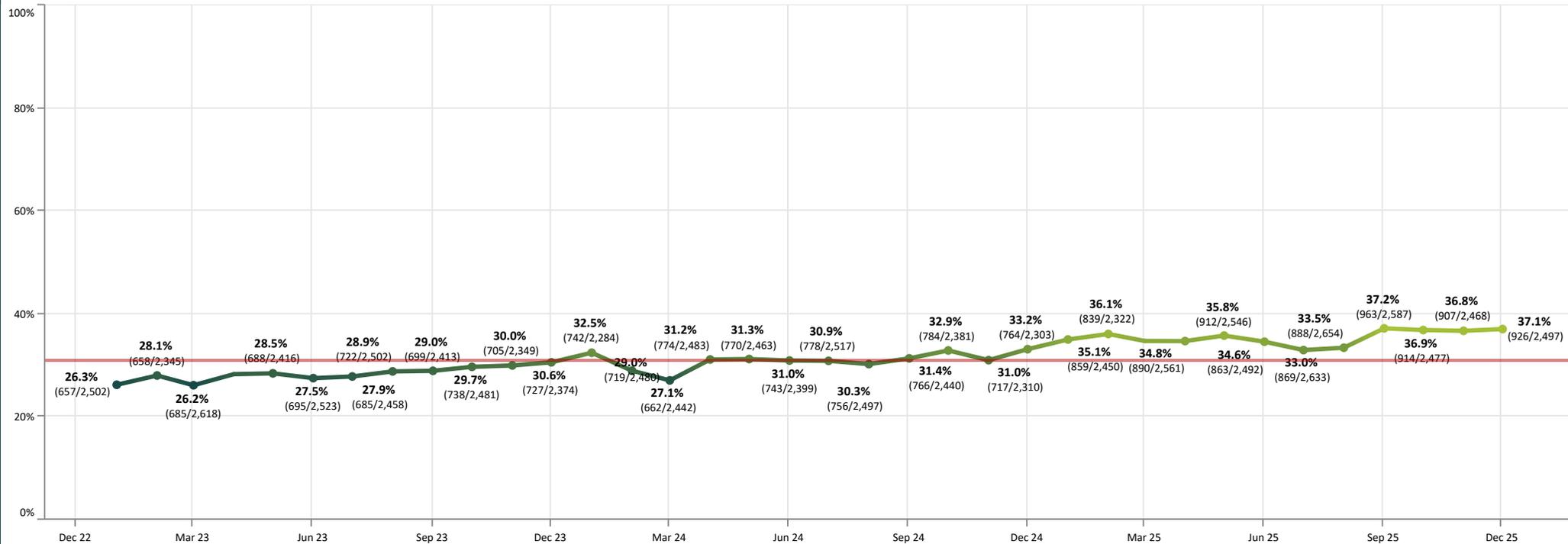


Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

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

Monthly Percent of Inmates with a Serious Mental Illness (SMI) Incarcerated

(2024 Average = 30.95%)



Measure:	Definition:	Data Source:	Review Frequency:
The percent of individuals incarcerated with a serious mental illness (SMI) compared to the total inmate population	by month	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

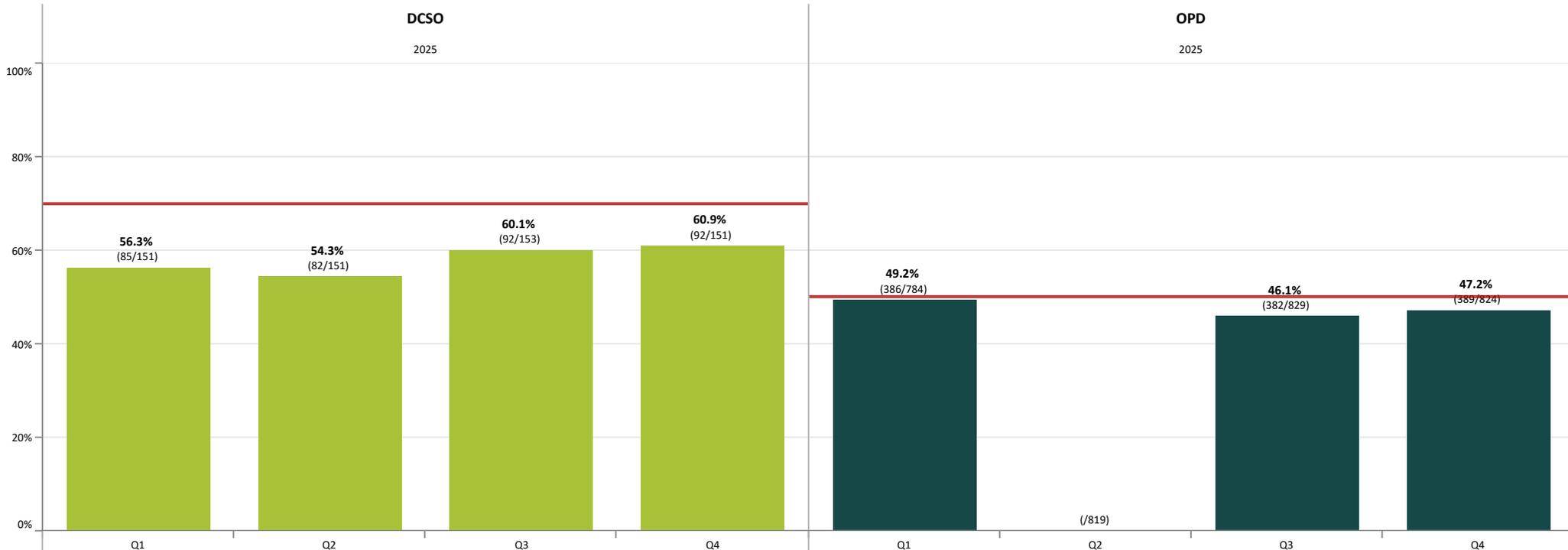
- Above is an extended thirty-six (36) month view of the previous page, highlighting the change in the percentage of inmates incarcerated with a serious mental illness over the last three (3) years.



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

Objective 1: Douglas County Sheriff's Office and Omaha Police Department will Increase the Number of Designated Officers Trained on Crisis Intervention Teams (CIT) or Crisis Response Intervention Training (CRIT)

Percentage of Law Enforcement Officers CIT/CRIT Trained
(DCSO Target: 70% | OPD Target: 50%)



Measure:	Definition:	Data Source:	Review Frequency:
The total number of sworn officers with Crisis Intervention Team (CIT) training or Crisis Response Intervention Training (CRIT) / Total number of sworn officers by FTEs	by law enforcement agency by quarter	<p>Sgt. Mandy Peth Douglas County Sheriff's Office (DCSO)</p> <p>Lindsay Kroll Omaha Police Department (OPD)</p>	Quarterly

Analysis/Notes:

- This is point in time data, gathered at the end of the reporting period.
- OPD data includes part-time sworn officers in their FTE total. Total percent trained is based on those with expired training as well, which is consistent with reporting across other law enforcement agencies.
- DCSO continues to show growth in CIT/CRIT training for sworn officers over time.

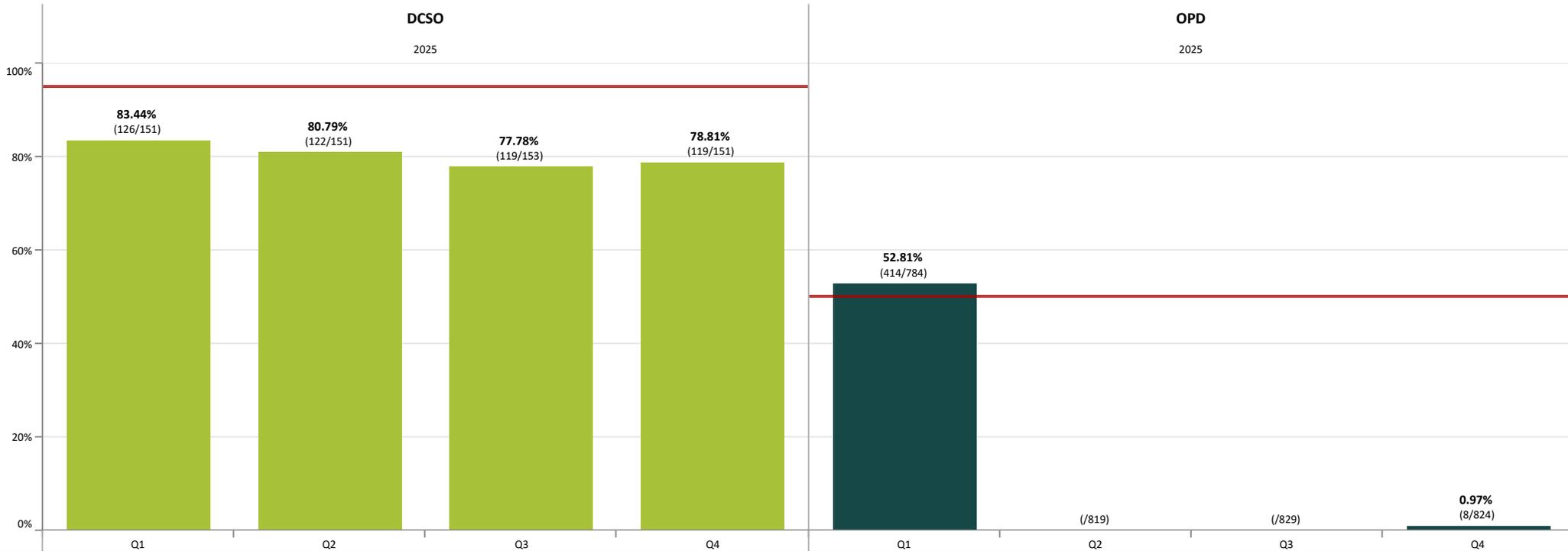


Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 2: Douglas County Sheriff's Office and Omaha Police Department will Increase the Number of Designated Officers Trained in Mental Health First Aid (MHFA)

Percentage of Law Enforcement Officers MHFA Trained

(DCSO Target: 95% | OPD Target: 50%)



Measure:	Definition:	Data Source:	Review Frequency:
The total number of sworn officers with Mental Health First Aid (MHFA) training / Total number of sworn officers by FTEs	by law enforcement agency by quarter	<p>Sgt. Mandy Peth Douglas County Sheriff's Office (DCSO)</p> <p>Lindsay Kroll Omaha Police Department (OPD)</p>	Quarterly

Analysis/Notes:

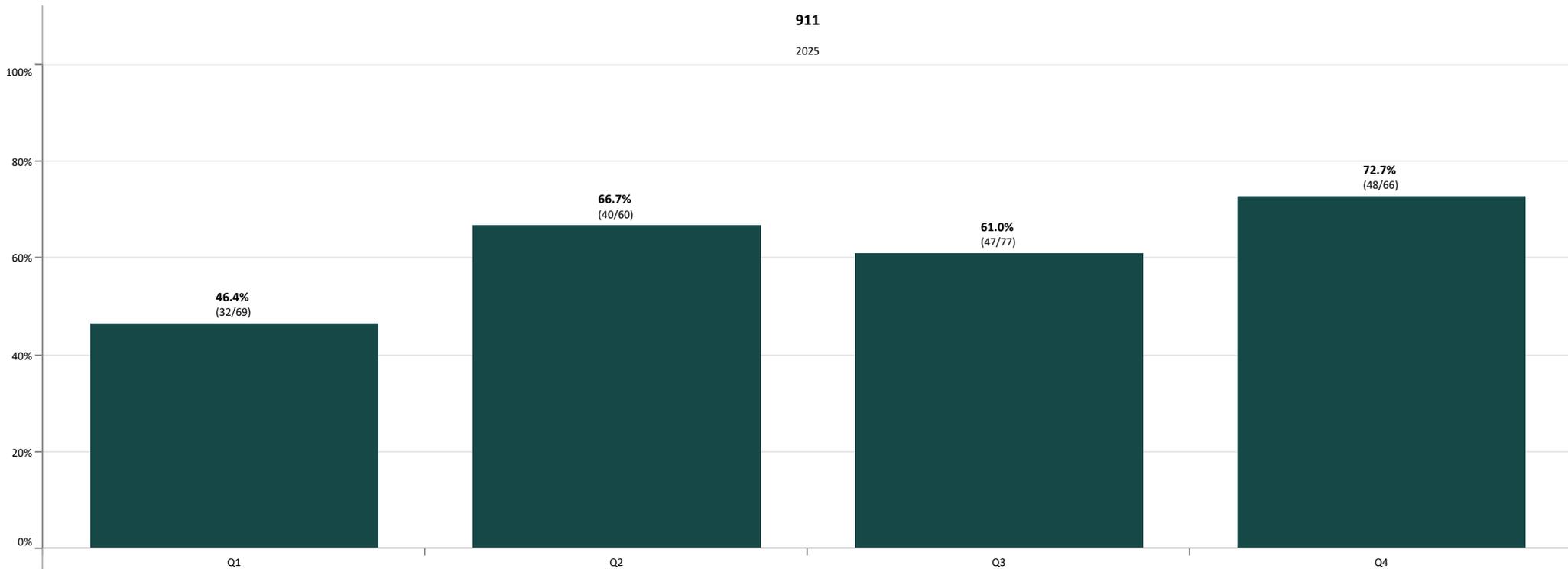
- This is point in time data, gathered at the end of the reporting period.
- MHFA is now provided during new hire/recruit training at the Douglas/Sarpy Co. Training Academy.
- OPD data includes part-time sworn officers in their FTE total. Total percent trained is based on those with expired training as well, which is consistent with reporting across other law enforcement agencies.
- OPD reported eight (8) individuals with MHFA training as of December 2025. This is likely a reference to sworn officers that are current on MHFA training with renewals.



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

Objective 1 & 2: The 911 call center will Increase the Number of Designated staff Trained in Crisis Intervention Teams (CIT) and/or Mental Health First Aid (MHFA)

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



Measure:	Definition:	Data Source:	Review Frequency:
The total number of eligible employees with Crisis Intervention Team (CIT) training and/or Mental Health First Aid (MHFA) training / Total number of eligible employees	by quarter	John Jaeckel Douglas County 911 Call Center	Quarterly

Analysis/Notes:

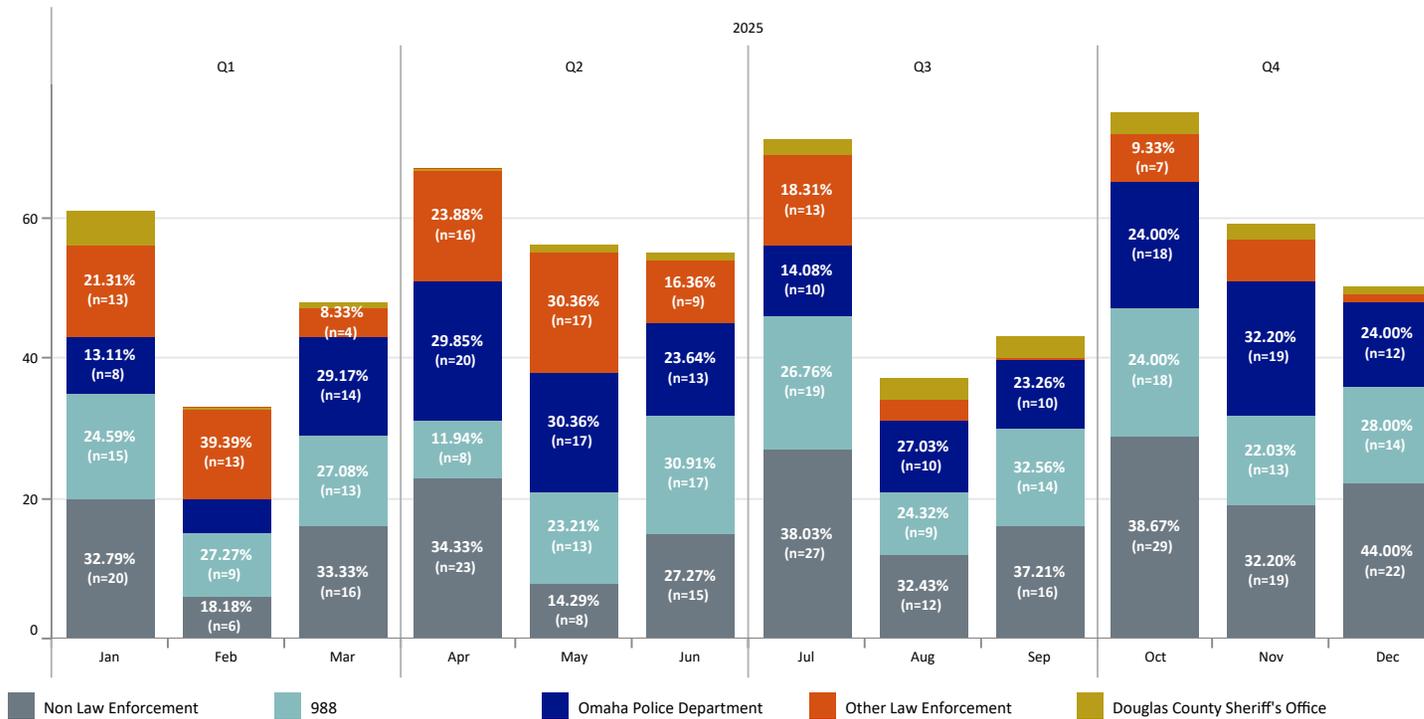
- This is point in time data, gathered at the end of the reporting period.
- 911 reports that 72.7% of their staff are trained in CIT/CRIT and/or MHFA as of Q4 of CY 2025. FTE numbers indicate ongoing changes in the employee base at the 911 Call Center over the last calendar year.



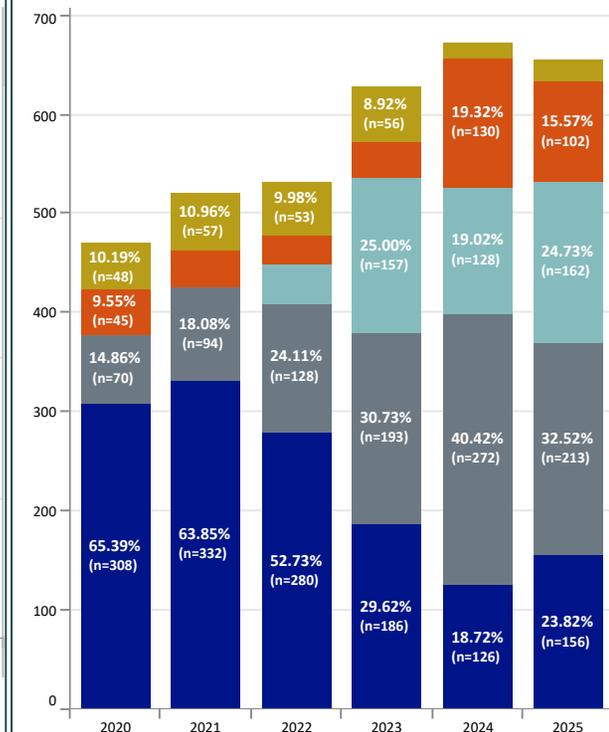
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 3: Analyze Mobile Crisis Response (MCR) data (from Region 6) to Identify Potential Opportunities

Mobile Crisis Response (MCR) Calls by Category and Agency



Mobile Crisis Response (MCR) Calls by Category and Agency by Year



Measure:	Definition:	Data Source:	Review Frequency:
The total number of eligible employees with Crisis Intervention Team (CIT) training and/or Mental Health First Aid (MHFA) training / Total number of eligible employees	by month and year	Brad Negrete Lutheran Family Services	Quarterly

Analysis/Notes:

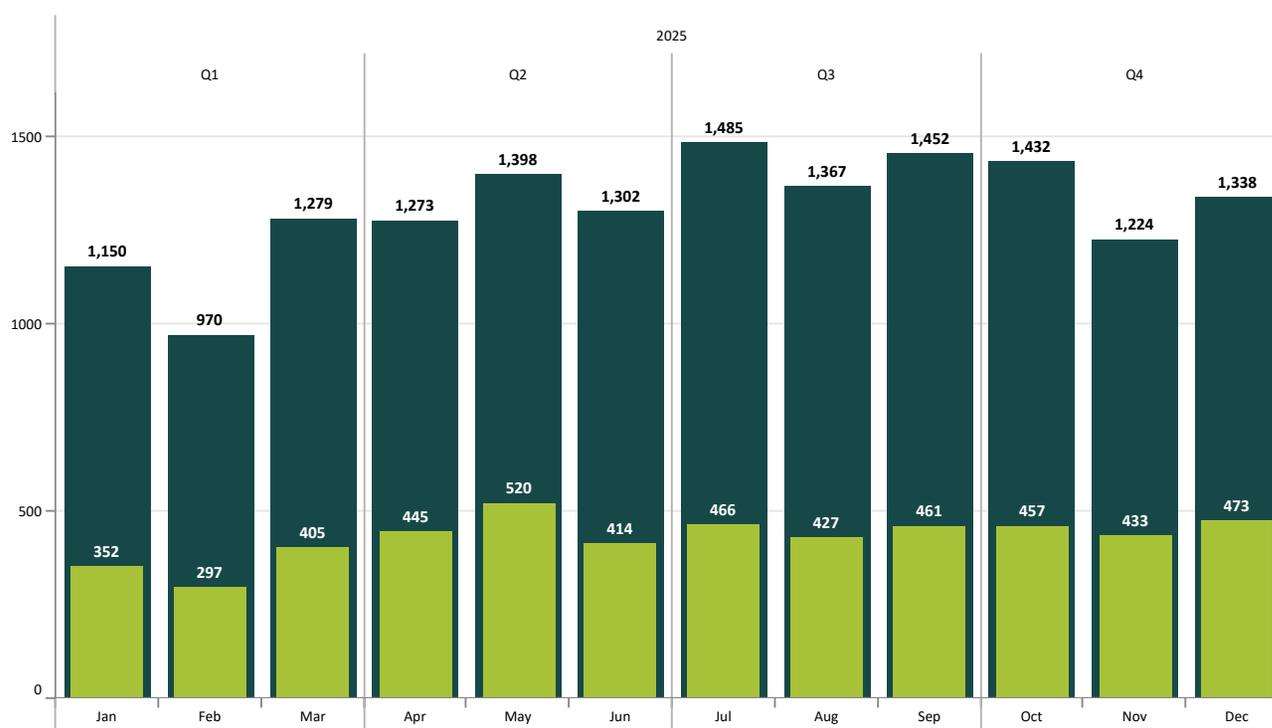
- Other Law Enforcement Examples: Dodge County SO, Blair PD, FBI, Ralston PD, NE State Patrol, Washington County SO, Valley PD, Waterloo PD, and Eppley Airport Police.
- Non-Law Enforcement Examples: Nebraska Family Helpline, Shelters, Campuses, Schools, etc.
- OPD and DCSO both utilize a co-responder 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. However, in CY 2025, OPD has been slowly increasing their activations again, based on current data.
- Crisis Response services have been more heavily utilized by non-law enforcement entities over the course of the current calendar year, as well as 988 activations. 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. However, in Q3 CY 2025, HFS has removed their crisis response reporting from their tracking sheets due to the embedded nature of their CR/Co-responder model in Dodge County, and these numbers are not included from Q3 CY 2025 forward.
- There is a question on whether we should adjust the data collection methodology around this metric, as currently, the data does not explicitly separate out both county of activation and activation source - so organizations, law enforcement.



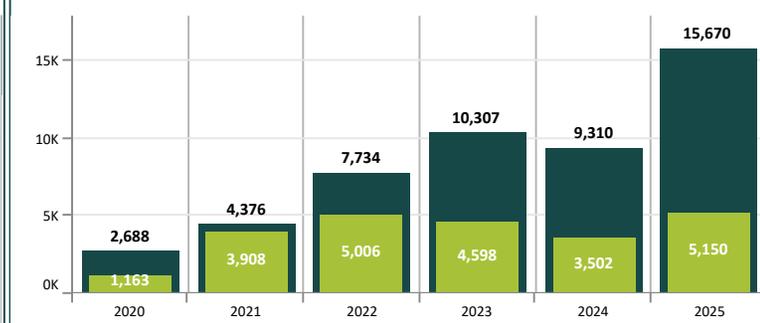
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 4: Law Enforcement Agencies will Work toward Increasing the Number of Completed Behavioral Health Incident Tracking Forms (BHIT)

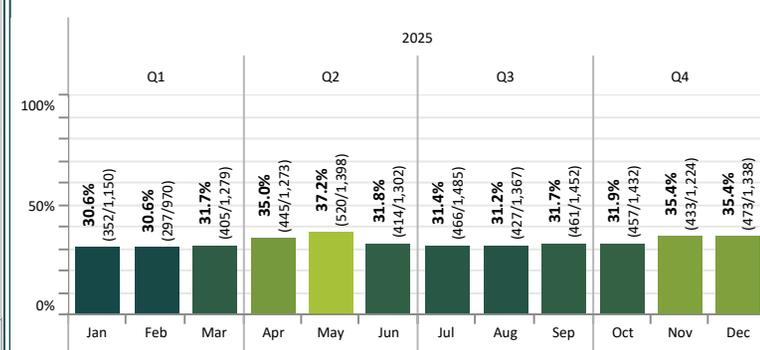
Total Number of Mental Health Coded Dispositions and Behavioral Health Incident Tracking (BHIT) Forms Completed
(MH Disposition / BHIT)



Total Number of Mental Health Coded Dispositions and BHIT Forms Completed
(MH Disposition / BHIT)



Percent of BHIT Forms completed by MH Coded Dispositions



Measure:	Definition:	Data Source:	Review Frequency:
The total number mental health coded dispositions and the total number of Behavioral Health Information Tracking Forms (BHIT) completed	by month and year	Lindsay Kroll Omaha Police Department	Quarterly

- Analysis/Notes:**
- In CY 2025, there were 15,670 reported mental health coded dispositions reported - which is significantly higher than any previous year of reporting. Despite this, overall percentages of BHIT form completion remain low compared to this metric, which could be due many factors.
 - 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.



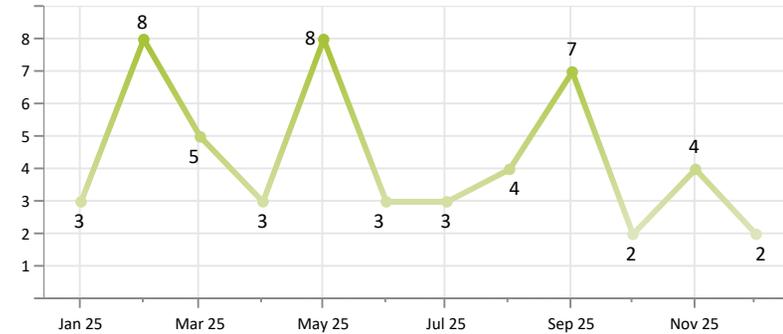
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 5: Number of Assaults on Healthcare Workers/Peace Officers

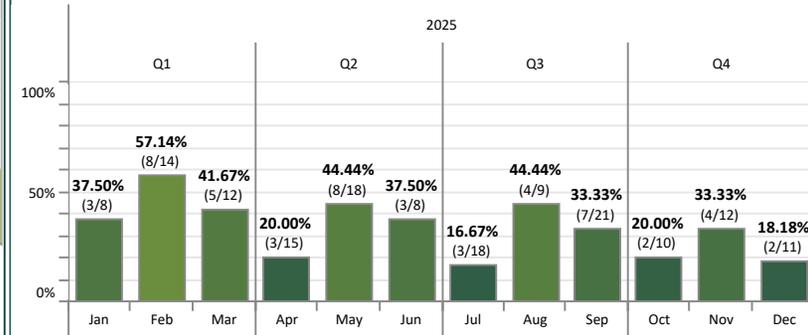
Percent of Reported Assaults by Category

	2025												Grand Total
	Q1			Q2			Q3			Q4			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Law Enforcement/ Peace Officer	62.50% (n=5)	35.71% (n=5)	58.33% (n=7)	66.67% (n=10)	33.33% (n=6)	62.50% (n=5)	66.67% (n=12)	33.33% (n=3)	57.14% (n=12)	40.00% (n=4)	58.33% (n=7)	63.64% (n=7)	53.21% (n=83)
Healthcare Related	37.50% (n=3)	57.14% (n=8)	41.67% (n=5)	20.00% (n=3)	44.44% (n=8)	37.50% (n=3)	16.67% (n=3)	44.44% (n=4)	33.33% (n=7)	20.00% (n=2)	33.33% (n=4)	18.18% (n=2)	33.33% (n=52)
Corrections Related		7.14% (n=1)		6.67% (n=1)	11.11% (n=2)			11.11% (n=1)	9.52% (n=2)	40.00% (n=4)	8.33% (n=1)	9.09% (n=1)	8.33% (n=13)
Unknown							11.11% (n=2)	11.11% (n=1)				9.09% (n=1)	2.56% (n=4)
Warrant				6.67% (n=1)	11.11% (n=2)		5.56% (n=1)						2.56% (n=4)
Grand Total	100.00% (n=8)	100.00% (n=14)	100.00% (n=12)	100.00% (n=15)	100.00% (n=18)	100.00% (n=8)	100.00% (n=18)	100.00% (n=9)	100.00% (n=21)	100.00% (n=10)	100.00% (n=12)	100.00% (n=11)	100.00% (n=156)

Number of Reported Assaults on Health Care Workers



Percent of Reported Assaults on Health Care Workers



Measure:	Definition:	Data Source:	Review Frequency:
	by month	Heidi Altic Douglas County Department of Corrections	Quarterly

- Analysis/Notes:**
- Per this data set, in CY 2025, there were 156 collected instances of assault on healthcare workers/peace officers, with 33.33% of those (n=52) being specifically attributed to assaults on healthcare workers.
 - There have been some reported discrepancies with this data, specifically as it pertains to capturing the entire population. Some felony charges are pled down to misdemeanors, and some charges are dropped by the County Attorney's Office. This number represents the lower end of the total assaults on healthcare workers/peace officers, and specifically for those who are actually incarcerated.
 - 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.



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

Objective 5: Number of Assaults on Healthcare Workers/Peace Officers

Summary of Reported Assaults for Healthcare Workers

2025	
Q1	Q2
Jan	Feb
ARM AROUND NECK OF A NURSE CAUSING REDNESS	
ATTEMPTED TO CHOKE HEALTH CARE WORKER AND ATT TO FIGHT STAFF	
SCRATCHED A NURSE WHILE RUNNING AWAY FROM HOSP STAFF	
BIT A NURSE THAT WAS CARING FOR HIM	
HIT A NURSE ON THE ARM WITH HIS CANE	
HIT AND KICKED A NURSE WHILE UNDER A BMH AT LITTLE CREIGHTON	
KNOCKED A COMPUTER MONT INTO A NURSE	
SLAPPED 2 NURSES (MANNIC EP)	
SLAPPED NURSES HAND	
THREW A COMP MONITER AT NURSE HITTING HER ARM	
THREW A RUBIKS CUBE AND HIT A NURSE, SPIT ON ANOTHER NURSE	
FORARM TO THE NURSES CHIN/FACE	
HIT A NURSE	
KICKED A NURSE IN THE ARM	
SPIT ON FACE AND CHEST OF A NURSE	
SPIT ON FACE AND HAND OF NURSE	
KICKED A NURSE IN THE CHIN, SHOLDER AND LEG WHILE GETTING CLEAR	
PUNCHED PREG NURSE MULTIPLE TIME IN BACK OF HEAD WHILE ON FLR	
SPIT ON A NURSE WHILE GETTING STICHES	
BIT A NURSE ON THE HAND	
HIT A NURSE IN THE FACE WITH PLASTIC CUP	
KICKED A NURSE IN THE STOMACH	
PUNCHED A NURSE IN THE CHEST	
PUNCHED STAFF 2 TIMES	
SPIT ON AND GRABED A NURSE BY THE EAR	
STRUCK RIGHT ARM OF A DR WHILE GETTING VITALS	
THREW A NURSE TO THE GROUND ATT TO ESCAPE	
GRABBED NURSE BY NECK CAUSING SCRAPES/SCRATCHES	
KICKED, SCRATCHED AND PUNCHED NURSES	
SPIT ON A NURSE 3-4 TIMES (BIPOLAR & AUTISTIC)	
HIT MED STAFF WITH DOOR AND SLAPPED STAFF	
PUNCHED A NURSE IN THE FACE	
PUNCHED NURSE IN THE FACE	
ELBOWED NURSE, GRABBED AND SRATCHED	
KICKED A NURSE IN THE KNEE WHILE GETTING A SHOT	
KICKED A NURSE TWICE WHILE BEING RESTRAINED FOR A SHOT	
PUNCHED RN IN THE FACE	
HIT A NURSE IN THE NECK	
KICKED A NURSE	
KICKED AND PUNCHED 2 NURSES, PUNCHED SECURITY 12 TIMES	
KICKED NURSE 5 TIMES/BIT SECURITY	
PUNCHED A NURSE	
PUNCHED A NURSE 5-6 TIMES IN BACK OF NECK AND BACK	
SPIT IN THE FACE OF 2 NURSES	
GRABBED MALE NIURSES CROTCH	
PULLED NURSE BY HAIR AND SPIT ON OTHER STAFF	
GRABBED NURSE BY HAIR AND THREW HER TO THE GOUND	
KICKED A NURSE	
KICKED A NURSE IN THE CHEST ER	
PULLED FINGERS OF NURSE	
ASSAULTED NURSE IN ER	
THREW A CHAIR AND HIT NURSE	

Analysis/Notes:

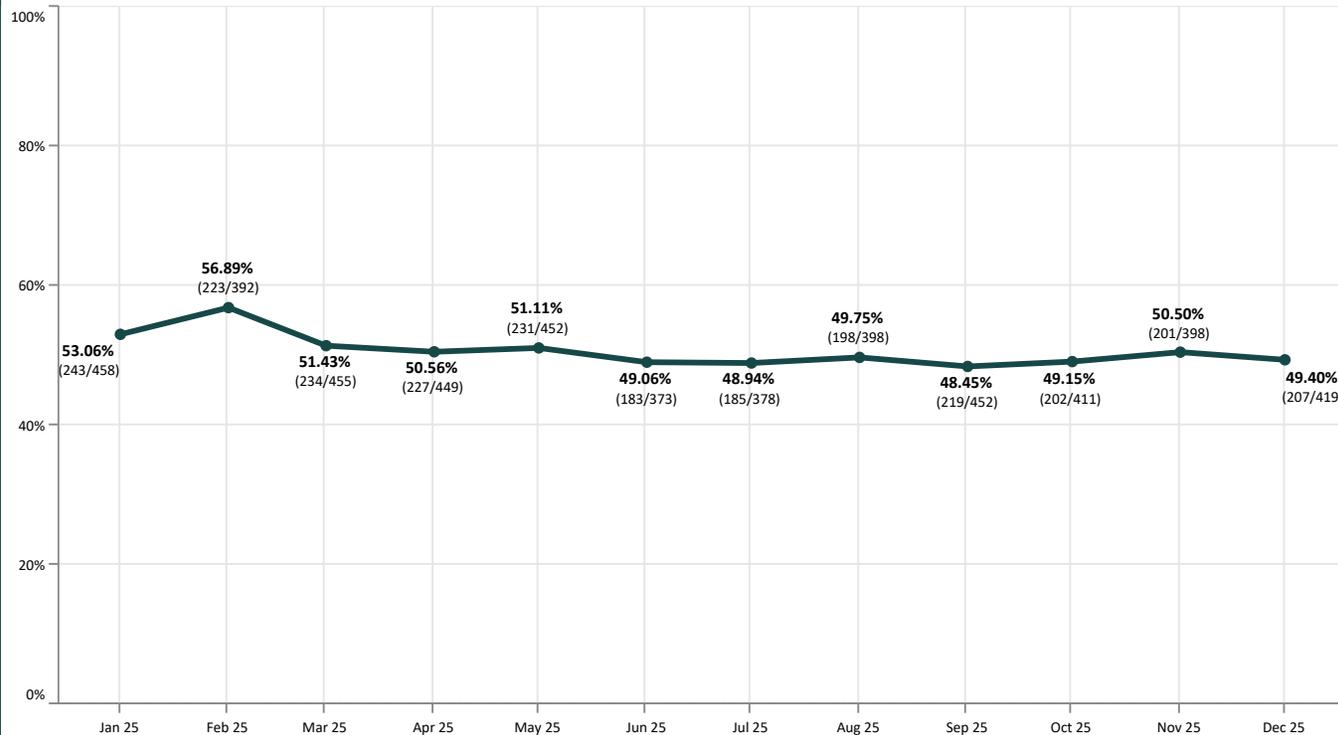
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- Warrant - Specifically related to arrests for outstanding warrants on this charge, without details.



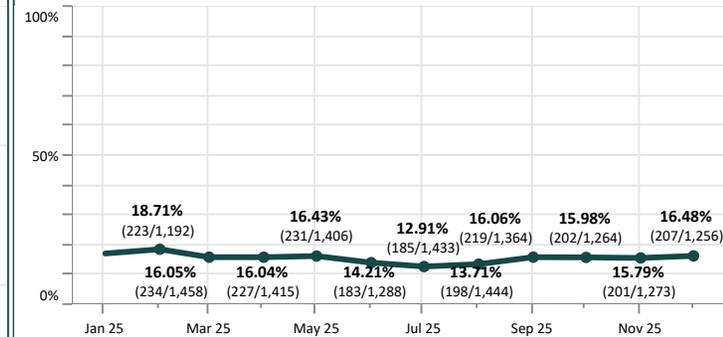
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 6: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail on a Misdemeanor

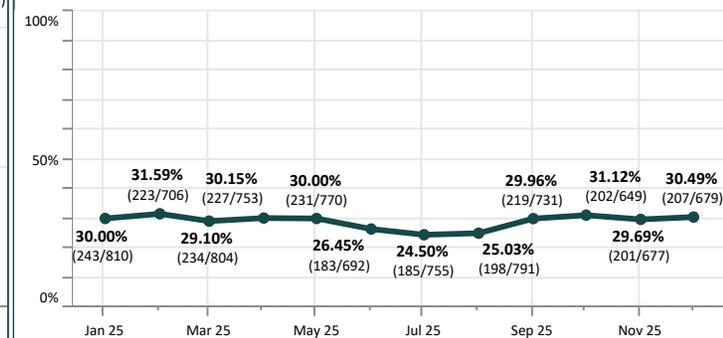
Percent of Individuals with a Serious Mental Illness Booked ONLY on a Misdemeanor Charge out of All SMI Bookings for the Month



SMI Booked ONLY on Misdemeanor out of All Bookings



SMI Booked ONLY on Misdemeanor out of all Misdemeanor Only Bookings



Measure:	Definition:	Data Source:	Review Frequency:
The total number mental health coded dispositions and the total number of Behavioral Health Information Tracking Forms (BHIT) completed	by month, quarter, and year	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

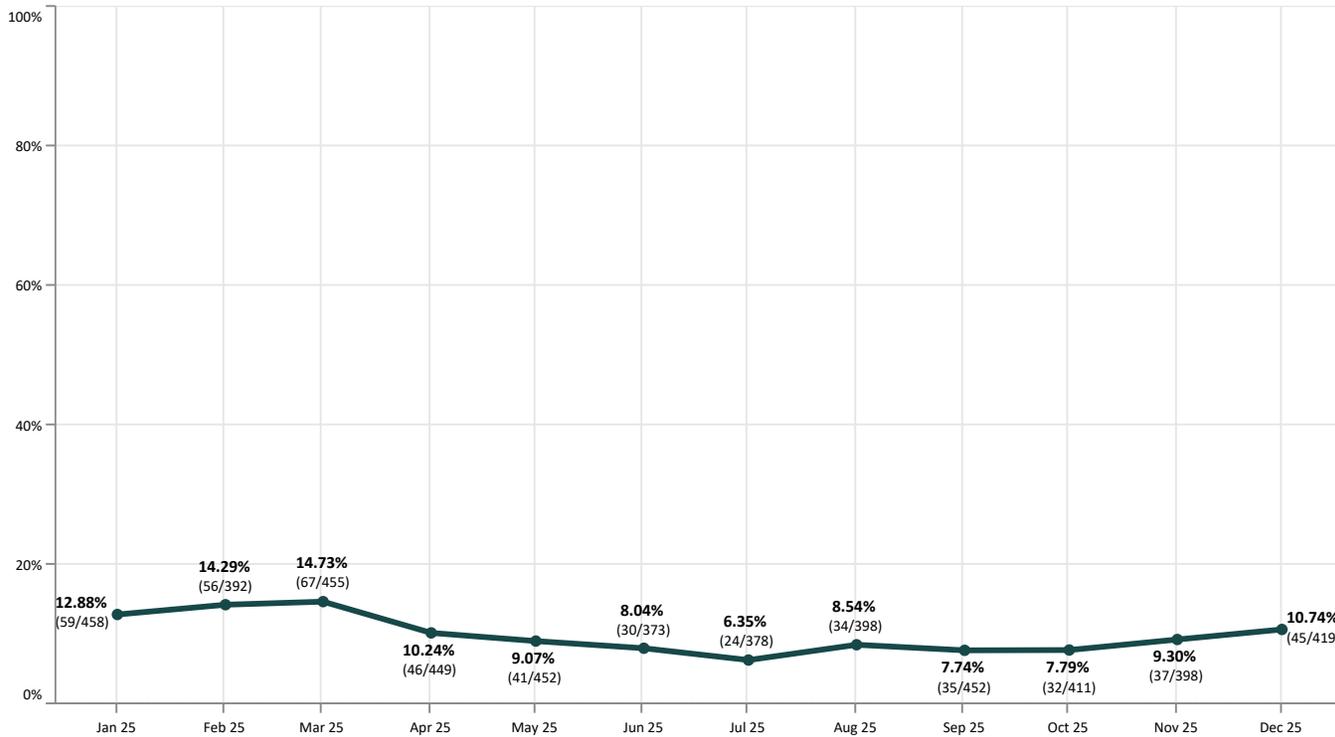
- New data as of CY 2025.
- In CY 2025, individuals booked on a Misdemeanor ONLY who were flagged as having a serious mental illness (SMI) accounted for 15.76% of all bookings at DCDC. When compared to all individuals booked only on a misdemeanor, this population accounted for 28.96% of all misdemeanor only bookings.
- Compared to all individuals booked with a serious mental illness during this period, individuals booked only on a misdemeanor who were flagged as having a SMI accounted for 50.71% of all SMI bookings for the calendar year. This would indicate that over half of all SMI bookings can be attributed to a highest charge of a misdemeanor. There is no comparison group with the non-SMI population at this time to determine whether those percentages are different or not.
- This data only captures those who were booked on Misdemeanors ONLY, and does not include individuals booked on multiple charges which may be higher in classification than a misdemeanor. When comparing the number of SMI misdemeanor bookings over the total number of distinct individuals involved, each person in this population has an average of 1.13 bookings related to misdemeanor only charges. However, as this does not include repeat bookings that may have higher charges, this ratio is misleading.



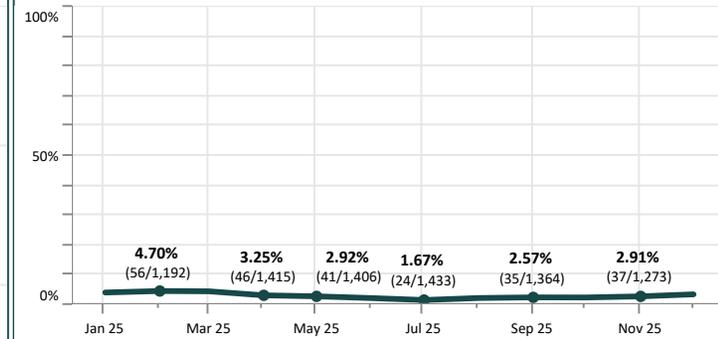
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 6: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail on a Misdemeanor

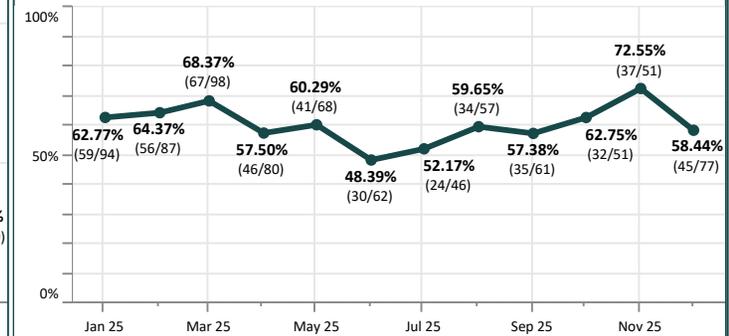
Percent of Individuals with a Serious Mental Illness Booked ONLY on a Primary Charge of Trespassing out of All SMI Bookings for the Month



SMI Booked ONLY on Trespassing out of All Bookings



SMI Booked ONLY on Trespassing out of all Trespassing Only Bookings



Measure:	Definition:	Data Source:	Review Frequency:
The total number of individuals booked with a serious mental illness (SMI) only on a charge of trespassing	by month, quarter, and year	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

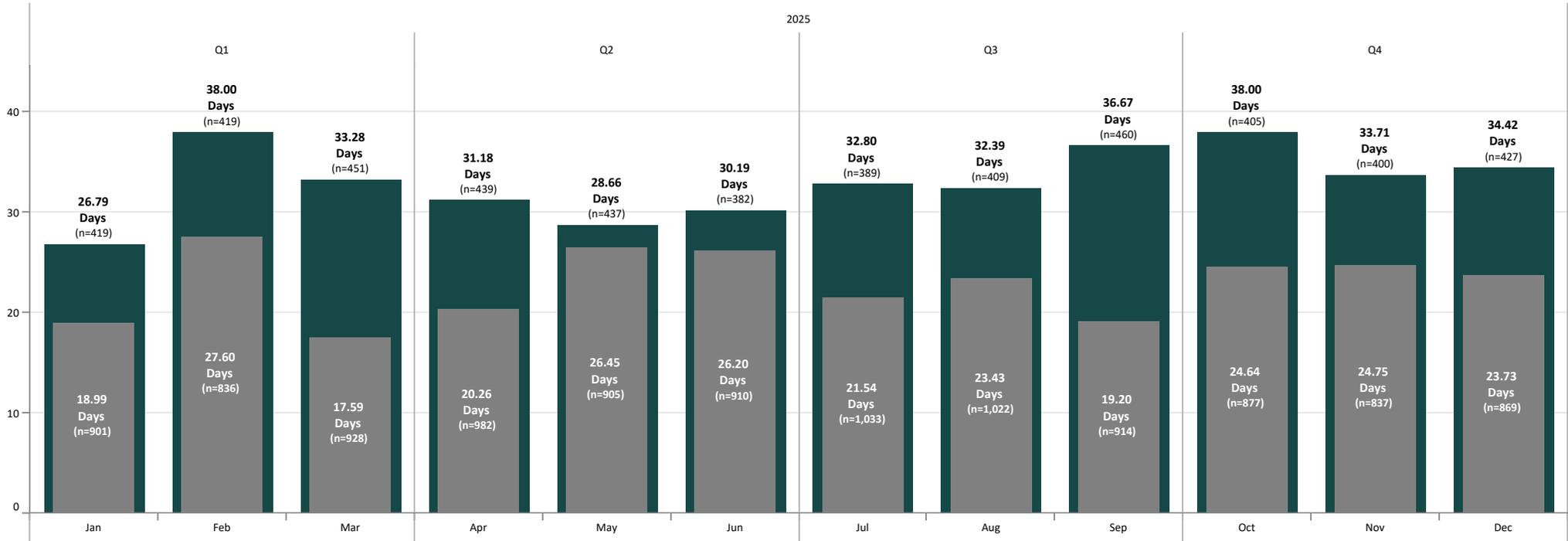
- New data as of CY 2025.
- In CY 2025, individuals flagged as having a serious mental illness (SMI) and being booked ONLY on a trespassing charge only accounted for 3.12% of DCDC's total booking population. When compared to all bookings with a SMI flag, the SMI and Trespassing charge only cohort accounted for 10.05% of all SMI bookings recorded for the calendar year.
- With respect to all trespassing ONLY bookings, individuals with a SMI booked only on trespassing have accounted for 60.82% of all trespassing only bookings.
- This data only captures those who were booked on a trespassing charge only, and does not include individuals booked on multiple charges, or charges which may be a higher classification. When comparing the number of SMI trespassing bookings over the total number of distinct individuals involved, each person in this population has an average of 1.26 bookings related to trespassing only charges. However, as this does not include repeat bookings that may have higher charges, this ratio is misleading.

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 Department of Corrections (DCDC) will work to have 40% of Correctional Officers trained in CIT and/or CRIT 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.	Document is Completed	
c.	DCDC will partner with LRC/DHHS for in-reach to stabilize individuals in jail waiting for competency restoration treatment at LRC.	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
e.	How do we know that individuals leaving LRC on a LAI, receive it at jail, and do they have an appointment in community to receive next LAI? Recidivism Data? Continuity of care.		



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

Average Length of Stay (ALOS) in Days
(SMI / Non-SMI)



Measure:	Definition:	Data Source:	Review Frequency:
The average length for individuals with and without a serious mental illness (SMI) in jail	by month	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

- 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.
- The overall number of days spent in jail appears to be decreasing for both SMI and non-SMI populations as of CY 2025. Compared to rough estimates of previous calendar years, the actual gap in length of incarceration between these two populations also appears to be slowly closing. Despite this, there is no statistically significant pattern that can be identified in these improvements, and data cannot be aggregated beyond the monthly average do to current reporting methodologies.

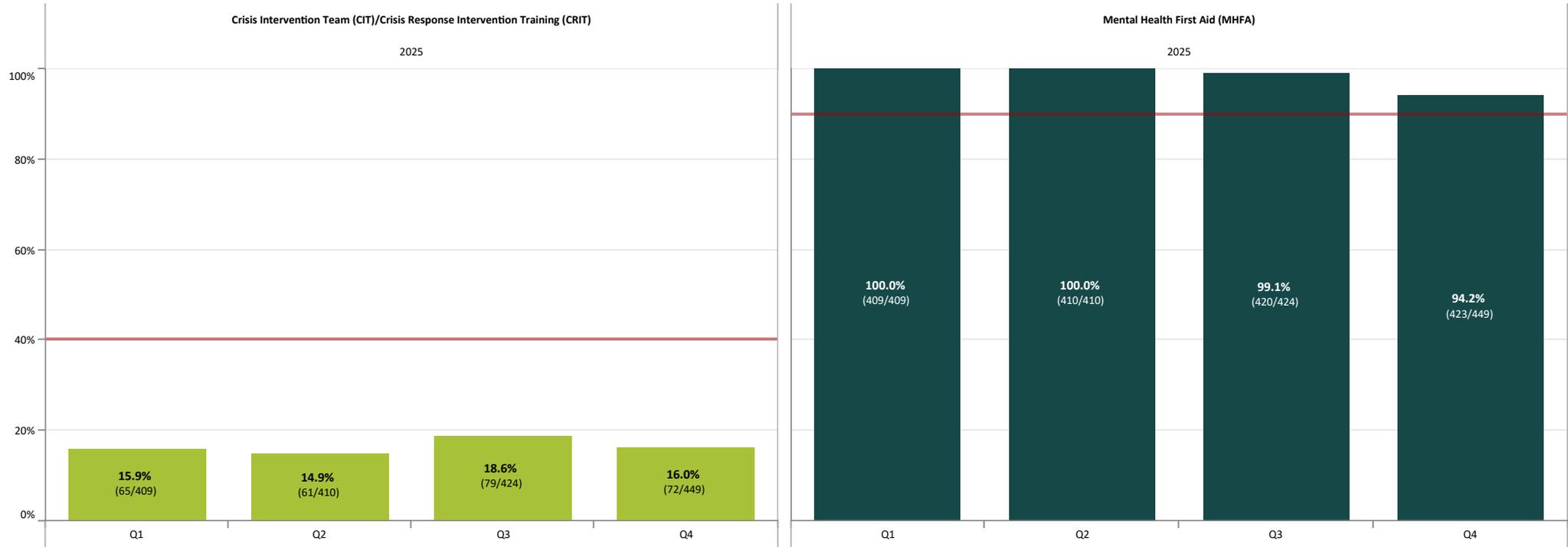


Goal 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail

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

Percent of Correctional Officers with CIT/CRIT Training

(CIT Target: 40% | MHFA Target: 90%)



Measure:	Definition:	Data Source:	Review Frequency:
The total number of eligible employees with Crisis Intervention Team (CIT) training and/or Mental Health First Aid (MHFA) training / Total number of eligible employees	by quarter	Lt. Sanduski Douglas County Department of Corrections	Quarterly

Analysis/Notes:

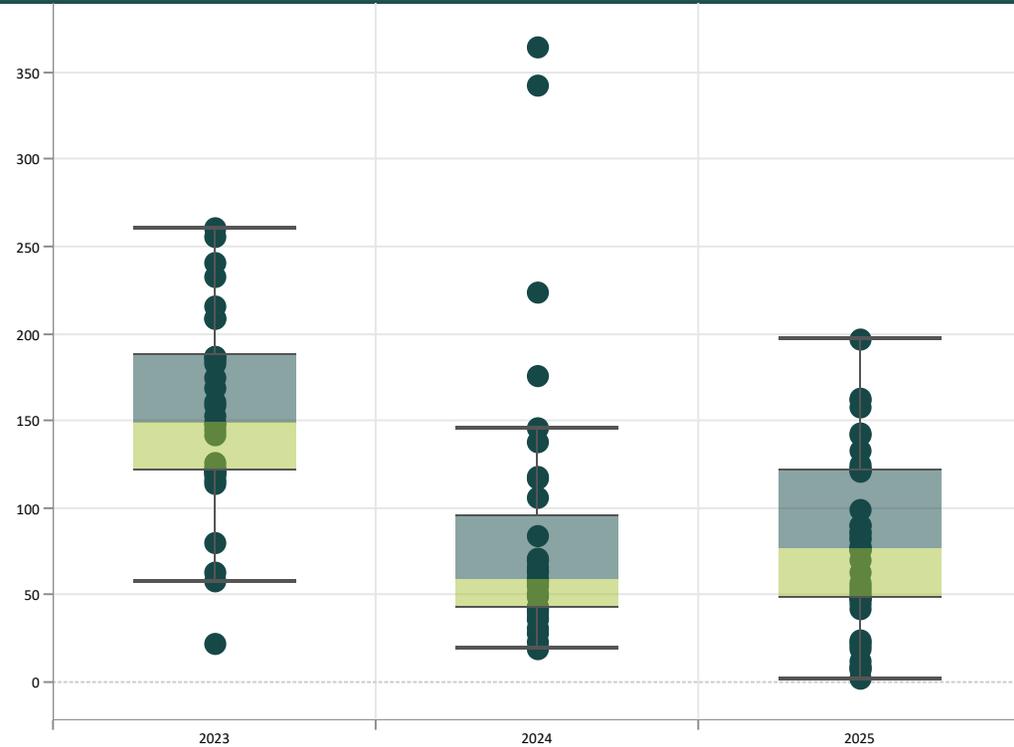
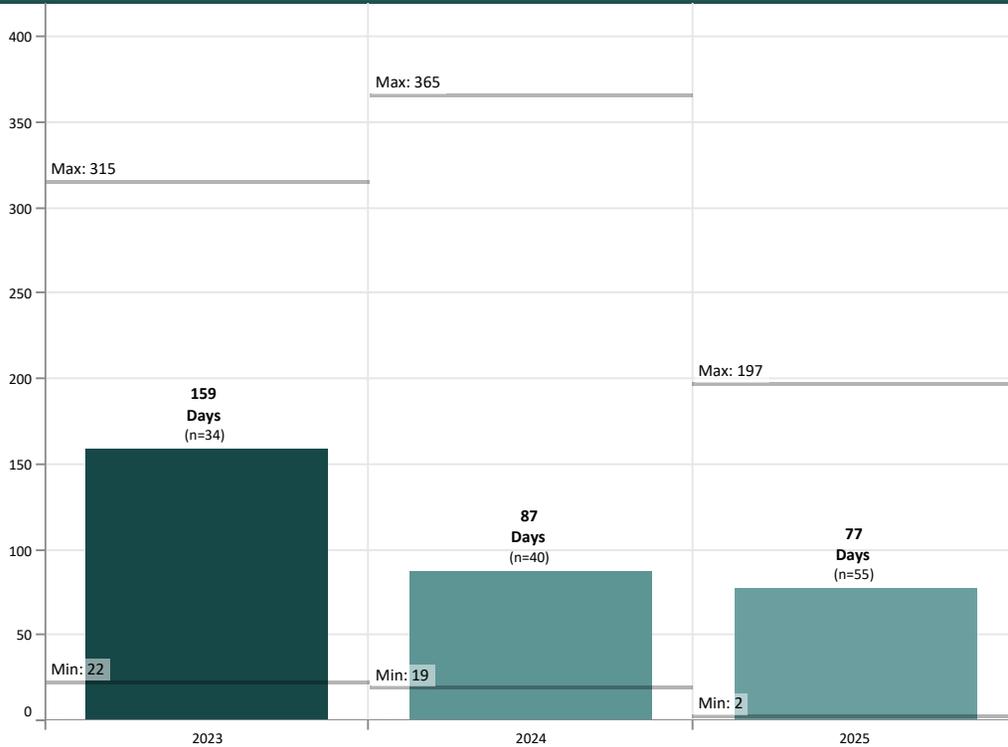
- Data collection on this measure started in 2020, and at that time DCDC was reporting 23.7% of correctional officers trained in MHFA.
- As of Q4 of CY 2025, DCDC is reporting 94.2% of correctional officers trained in MHFA. DCDC reports that, at the end of the current training session for new cadets, they will be at 100% 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 Lincoln Regional Center (LRC)

Average Number of Days Waiting in Jail for Competency Restoration at the Lincoln Regional Center (LRC)



Measure:	Definition:	Data Source:	Review Frequency:
The average number of days from court order to transfer to the Lincoln Regional Center (LRC) for those needing competency restoration	by year	Heidi Altic Douglas County Department of Corrections	Quarterly

Analysis/Notes:

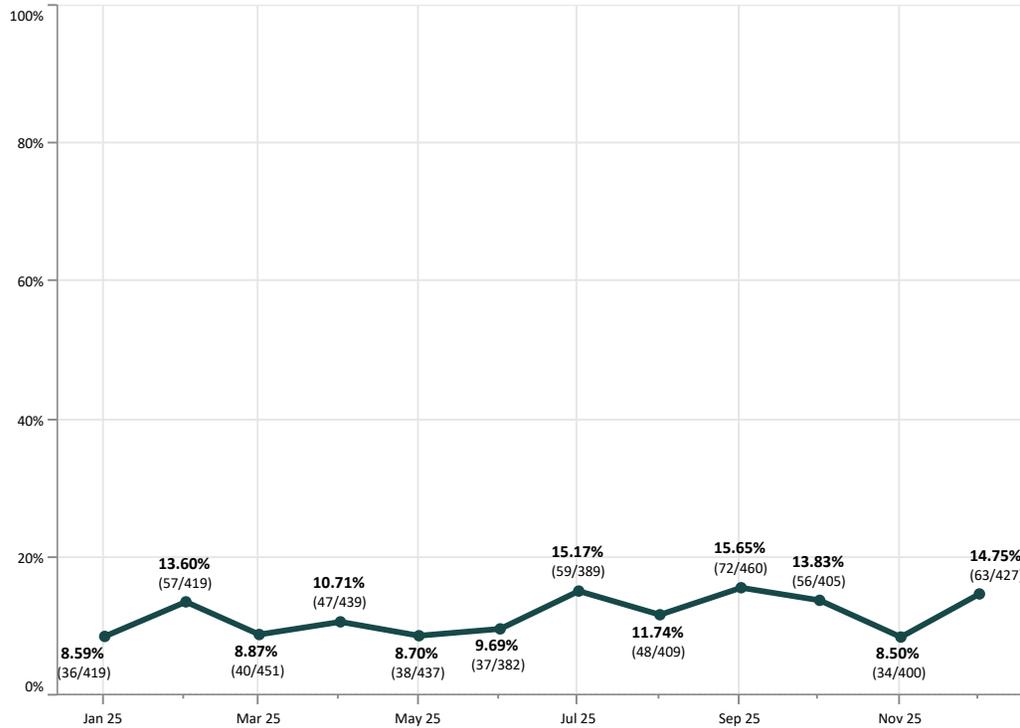
- Box and Whisker Plots are designed to show a number of data points simultaneously, including the median score, the distribution (*or skewness*) of data, where most of the data lies on a graph, min, max, and outliers. With a smaller data set, box and whisker plots become less useful, but it still can 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 77 days in 2025 - despite reported barriers existing in CY 2025 with respect to the Lincoln Regional Center, *and* an overall continued increase in the number of individuals seeking restoration year-over-year.
- At the end of CY 2025, there were no outliers in the data model, with 100% of individuals falling within the distribution.
- Over the course of several community meetings, it has been noted that wait times for beds at the Lincoln Regional Center (LRC) in CY 2025 had been steadily increasing due to personnel changes and other factors at the facility. Delays and changes have impacted those waiting for competency restoration due to court orders, as well as those waiting for admissions due to board of mental health filings. In late CY 2025, a number of women waiting for restoration were admitted into LRC's new addition, helping to resolve some of the wait times that were being reported.

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 (the data available is not specific to people with an SMI).		
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.	Completed	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	Ongoing	August 13, 2025 September 26, 2025
Objective 3:	Monitor implementation of LB921; Medicaid enrollment.		
a.	Do we know how many applications have been completed each month?		

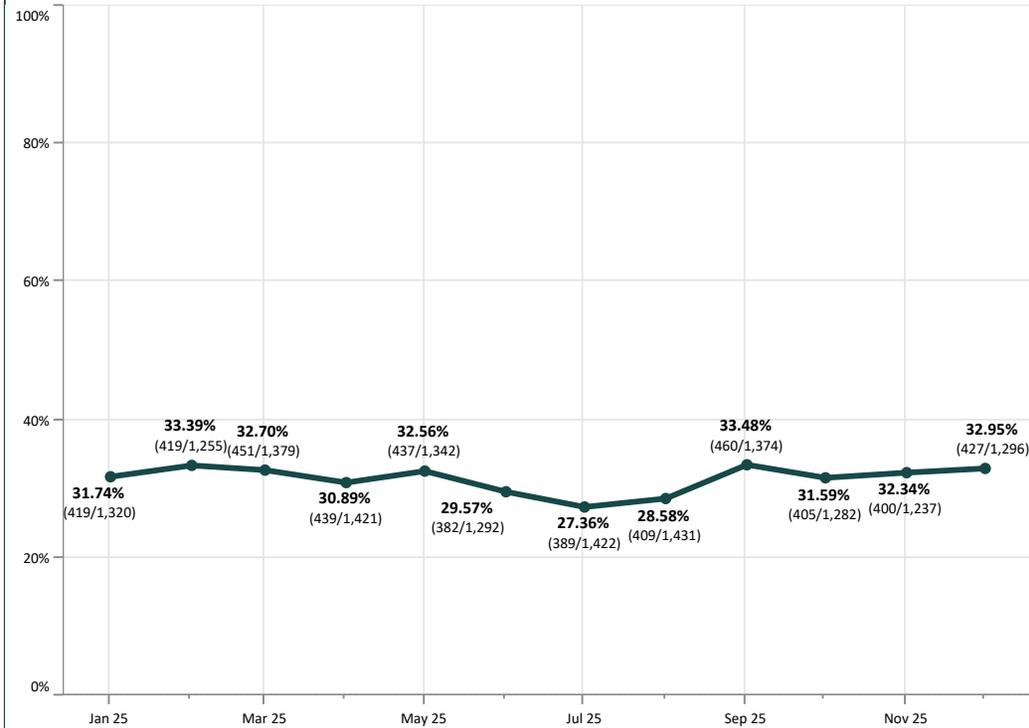


Goal 3: Increase the Percentage of Connections to Care for People with a Serious Mental Illness (SMI) in Jail

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



Percent of Individuals with a Serious Mental Illness (SMI) Released from Jail out of all Releases



Measure:

The number of individuals with a serious mental illness (SMI) who were released from jail with a developed re-entry plan in place / Total number of individuals with a SMI released from jail

Definition:

by month

Data Source:

Justine Wall
Douglas County Department of Corrections

Review Frequency:

Quarterly

Analysis/Notes:

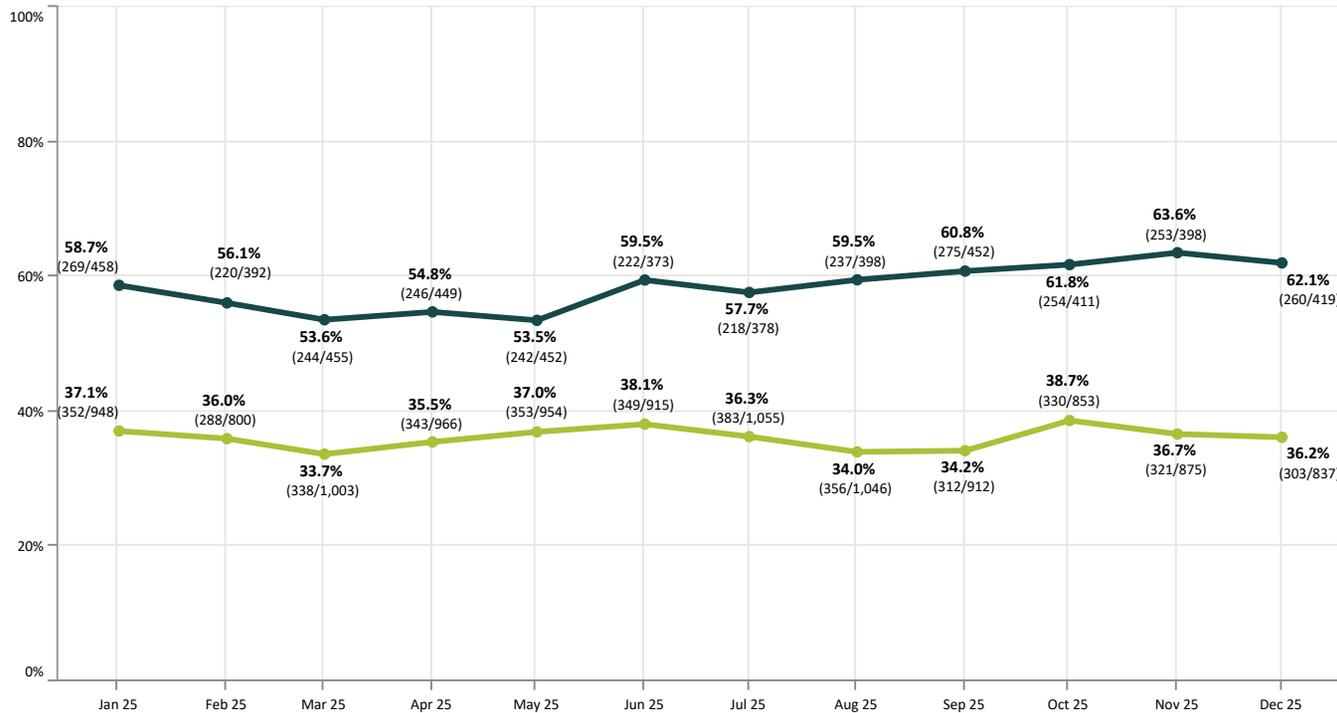
- New data as of CY 2025.
- The left graph represents the percent of individuals with a serious mental illness (SMI) released from jail with a re-entry plan, out of all SMI releases, while the right graph shows the percent of individuals with a SMI released from jail out of all jail releases, by month.
- Douglas County Corrections does not have a current standard operating procedure in place to prioritize re-entry planning for those with a serious mental illness vs. those with other types of needs incarcerated (e.g., substance use, general mental health, homeless, etc.). Due to this, the overall percentage of those flagged as having a SMI discharged from jail remains low.
- When comparing the two graphs, we can see that, despite 31.38% of all releases in CY 2025 being attributed to those with a SMI, only 11.65% of that population received a Re-Entry Plan at the time of release.

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:	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- Kim P will help with this
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.		
e.	Explore court orders including language around forced medications not only to LRC but to also include the jail.		
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.	DCDC and Region 6 will attend Data Workgroup meetings for the FUSE Project.		Justine and Vicki attend meetings

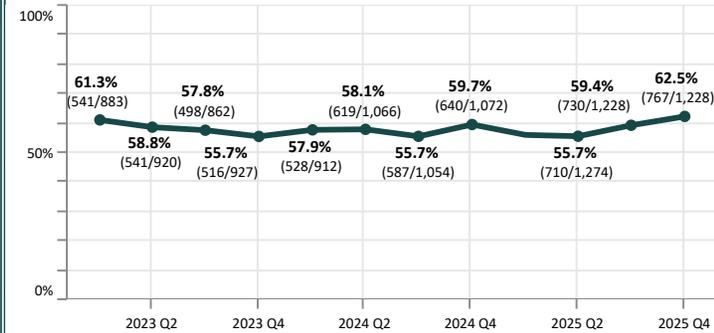


Goal 4: Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) in Jail

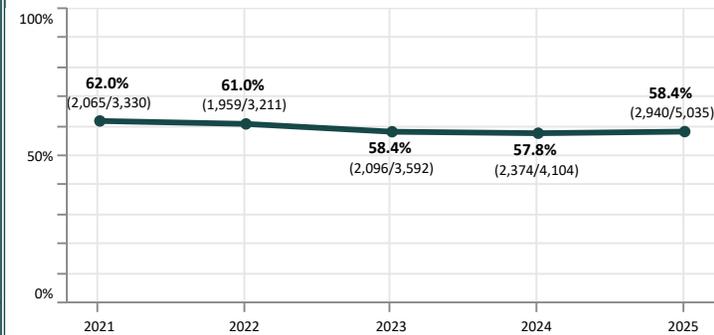
Percentage of Repeat Bookings by Population
(SMI / Non-SMI)



Percentage of Repeat Bookings for SMI by Quarter



Percentage of Repeat Bookings for SMI by Year



Measure:	Definition:	Data Source:	Review Frequency:
The percent of repeat bookings for those with a serious mental illness (SMI) out of all SMI bookings, by month	by month, quarter, and year	Justine Wall Douglas County Department of Corrections	Quarterly

Analysis/Notes:

- In CY 2025, 58.4% of all SMI bookings were associated with a repeat booking within the last twelve (12) months. Each quarter of CY 2025 saw a small uptick in the number of persons with a SMI being rebooked. Despite this, current trends were indicating decreases in the overall percentage of repeat bookings for those with a SMI over the course of the last five years, although this change has not shown statistical significance, and remains high for this population.
- Notably in CY 2025, the total number of bookings with a SMI was 931 bookings higher than the previous calendar year, and has been steadily increasing since CY 2022. This change is also reflected in Goal 1 metrics.
- 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.



Douglas County Stepping Up Team Members

Mike Myers -	Douglas County Department of Corrections
Justine Wall -	Douglas County Department of Corrections / Community Corrections
Shy Meckna -	Douglas County Department of Corrections / Community Corrections
Heidi Altic -	Douglas County Department of Corrections / Admissions
Diane Carlson -	Douglas County Administration
Martha Wharton -	Douglas County Public Defender's Office
Kristin Huber -	Douglas County Public Defender's Office
Jameson Cantwell -	Douglas County Attorney's Office
Heather Wetzel -	Douglas County 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
Kiela Hudgins -	Wexford Health Services / Douglas County Corrections
Terri Speck -	Douglas County Detox

Region 6 Behavioral Healthcare Contacts

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