THE STEPPING UP INITIATIVE

Region 6 Behavioral Healthcare

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 2

August 4, 2026

Stepping Up Agenda

August 4, 2026

1. Welcome and Introductions
2. Updates:
    - Statewide Summit: Sequential Intercept Model (SIM) Intercepts 2 Initial Detention & 3 Jail/Courts
    - Survey for Jails coming from Region 6
    - Douglas County SIM Wednesday, September 16th (Registration went out 8/3); Sarpy County SIM, Monday, Sept. 14th (Registration went out 8/4). Vote or go with predetermined priorities and use time to develop plans. Use Stepping Up Douglas Co Steering Committee to oversee SIM priorities.
    - Leadership changes at OPD
    - Tour Lincoln Regional Center (LRC)
    - Information Sharing Project Update: Recommendation to Regional Governing Board on August 12
    - Update on Megan Davidson-Stepping Up Program Director The Council of State Governments (CSG) Justice Center
        - Left CSG on Monday, August 3, going to the National Association of State Head Injury Administrators (NASHIA), leading training, evaluation, and technical assistance work around brain injury as it intersects with the justice system, behavioral health, and child welfare.
3. Quarterly Data and Strategies Packet
4. Next Meeting will be October 27 at 10am
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

Behavioral Health Information Tracking Form (BHITF): 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.

Crisis Intervention Team (CIT): 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.

Crisis Response and Intervention Training (CRIT): 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 origial 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.

Custodial Sanction: 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 an SMI.

Long-Acting Injectables (LAI): 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.

Medication-Assisted Treatment (MAT): medication-assisted treatment (MAT) is the use of medications with counseling and behavioral health therapies to treat substance use disorders and prevent opioid overdoses.

Mental Health First Aid (MHFA): 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.

Recidivism: refers to a peson'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.

Probation Violation: there are three (3) types of probation violations: Abscond Violations, New Law Violations, and Technical Violations. Definitions of these types of violations are:

- **Abscond Violations:** occur when an individual is actively avoiding supervision. These violations are submitted following reasonable efforts to locate the defendant (which are unsuccessful).
- **New Law Violations:** are requred 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.
- **Technical Violations:** 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 handeld with sanctions.

Serious Mental Illness (SMI): 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

Information Management System (IMS): the primary jail management system utilized by Douglas County Corrections. Dotcom is the vendor for this system.

Collaborate: Collaborate is a customizable, web-based case management software utilized by Douglas County Corrections re-entry staff.

CAD: 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: Current data is received from Douglas County Jail from their "Collaborate" system. Douglas County does not report targeted re-entry planning for those with a serious mental illness. Other parties, such as the Public Defender's Office, also work with SMI populations in securing referrals and working to prevent re-entry. The current data collection does not reflect this, but Region 6 is in process of identifying how to best capture and supplement data from other stakeholders to measure this goal.

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

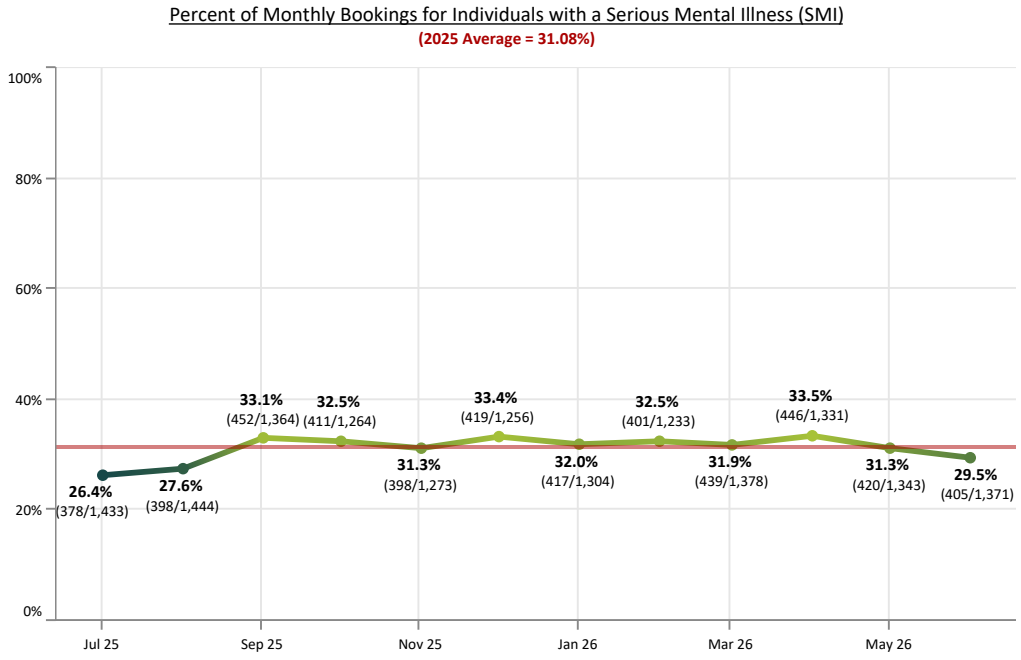
Review Frequency: Quarterly

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

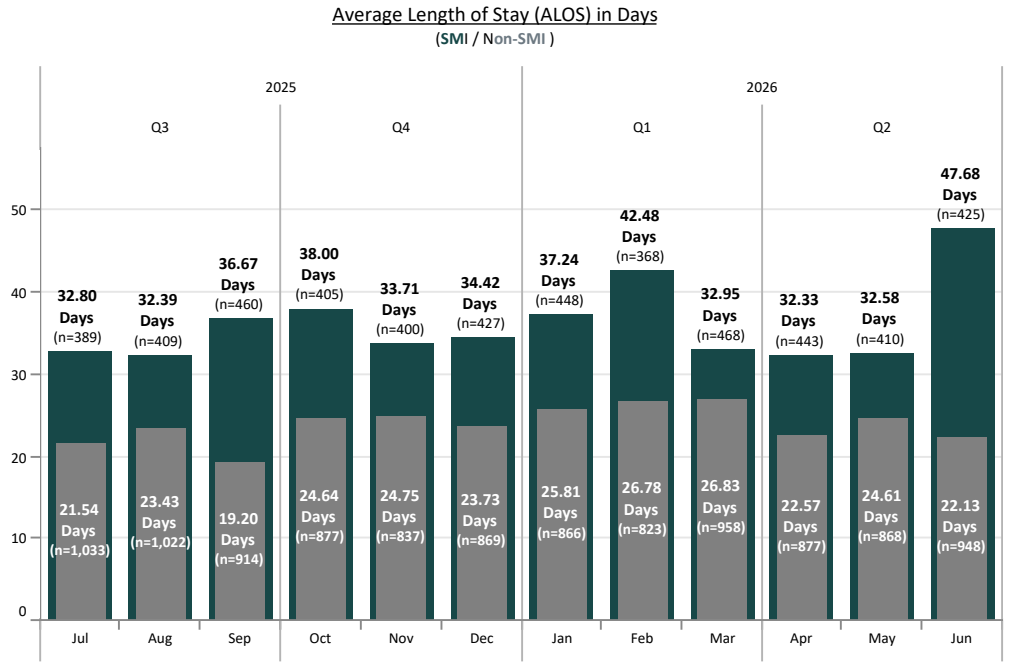
Stepping Up 4 Key Measures

Douglas County

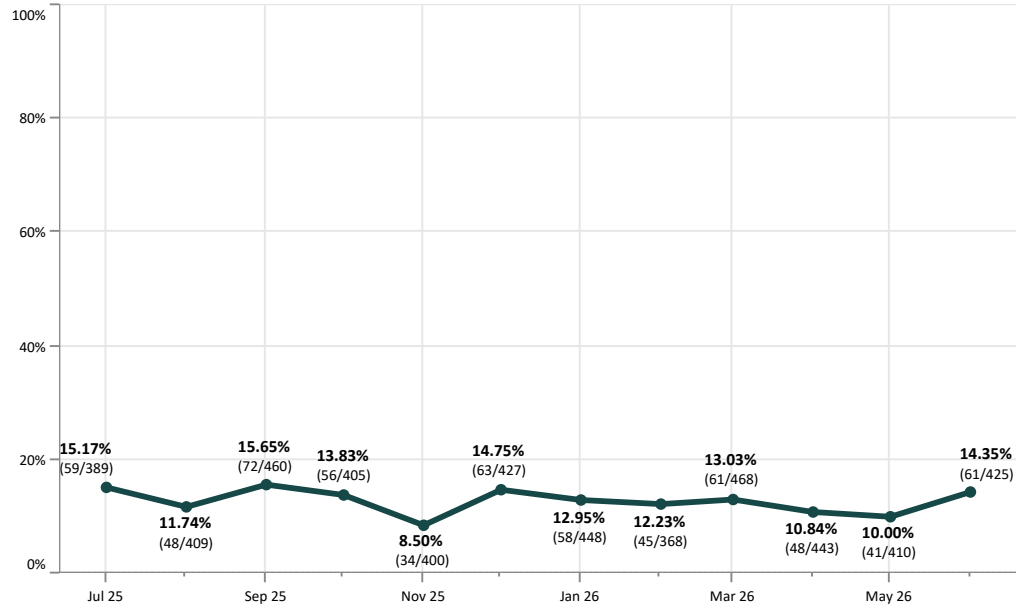
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail



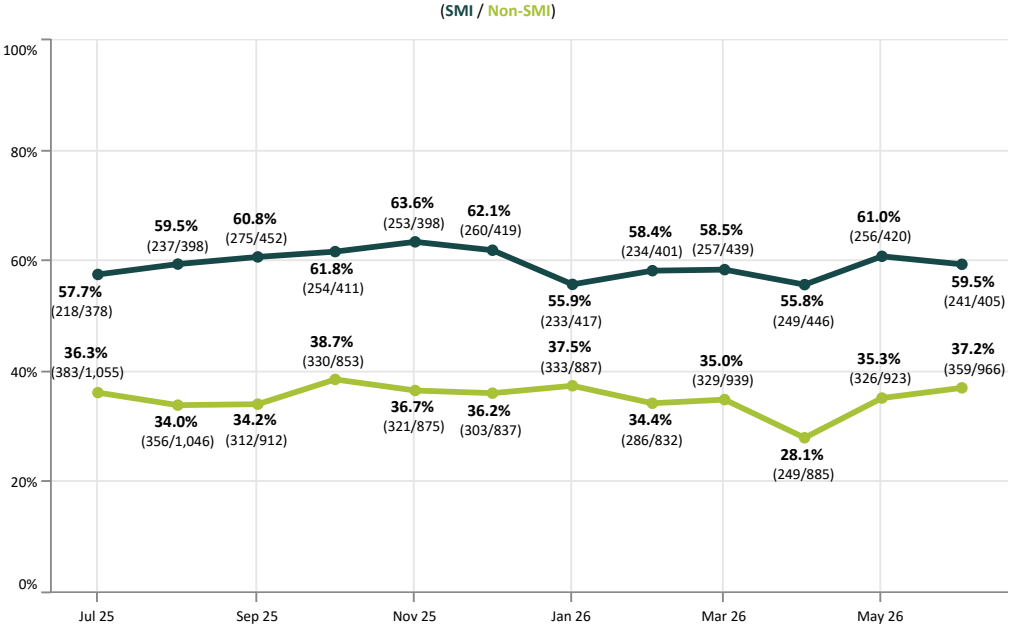
Goal 2: Shorten the Average Length of Stay (ALOS) for People with a Serious Mental Illness (SMI) in Jail



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



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



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.	Can detox be used as a diversion from jail from those who meet criteria (drugs or alcohol on board)? OPD policy to detain when ban and barred from SFH and intoxicated?		Learning Bulletins

1. Does Douglas Co Sheriff have a Co-Responder on board?
2. Follow-up regarding individuals banned and barred from SFH going to Detox. Since January 1, 2026, 132 CAD calls dispatched to SFH resulted in arrests. Of those, 73 were related to individuals banned or barred from the location (as of May 20, 2026).

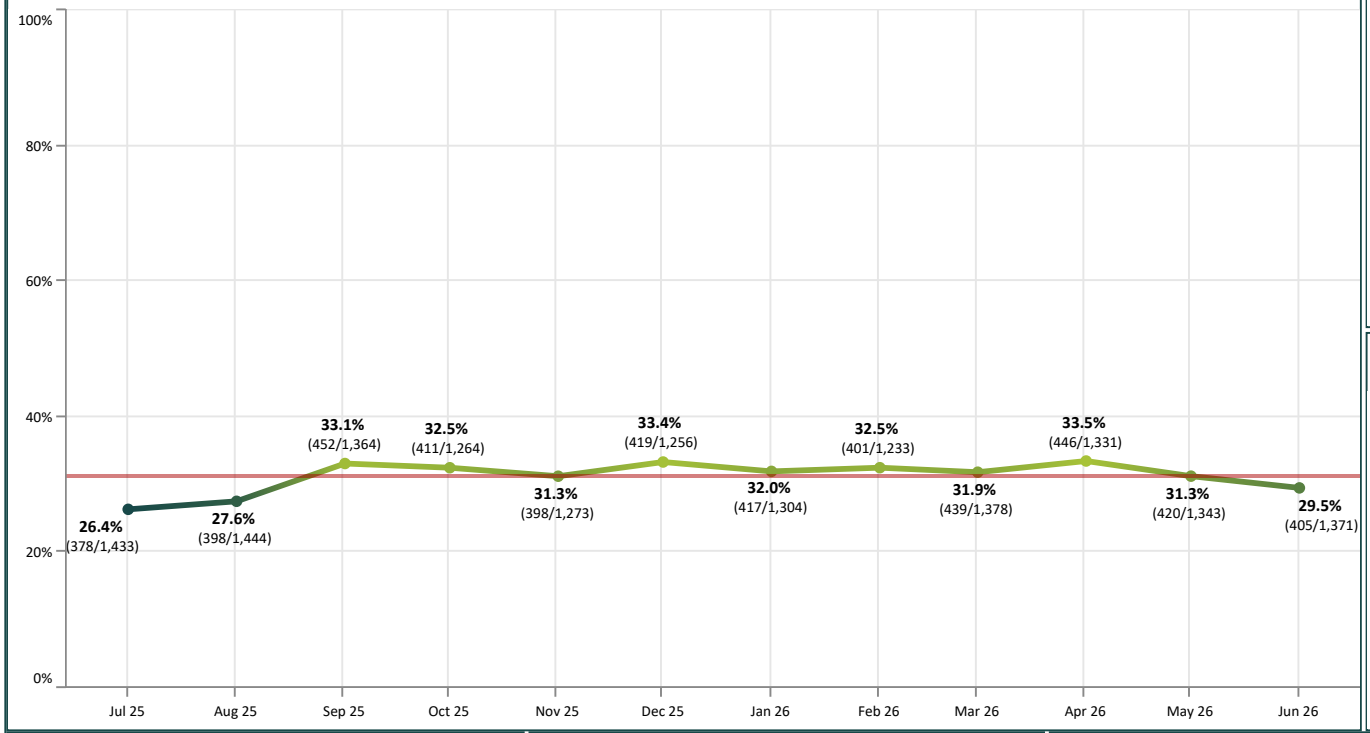
Stepping Up

Douglas County

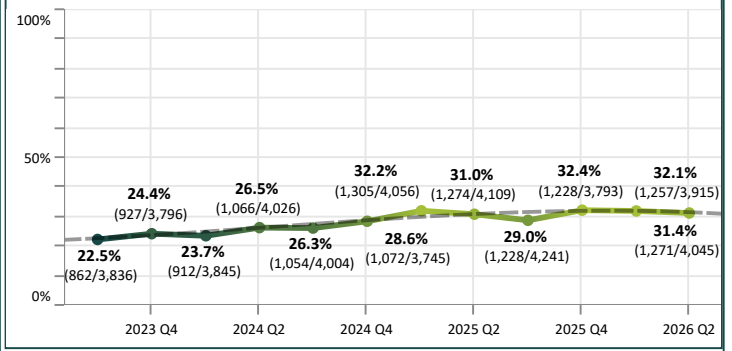
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

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

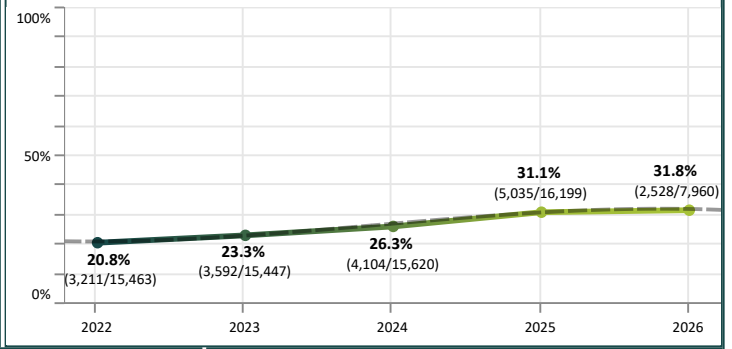
(2025 Average = 31.08%)



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 an SMI. CY 2025 represented the highest overall population of persons booked with an SMI (yearly) over the course of data collection, and data shows an ongoing year-over-year upward trend in this direction.

• So far in CY 2026, the average percentage of bookings associated with an SMI is at 31.8% at the end of the quarter, which is the highest percentage on record. As of Q2, monthly, quarterly, and yearly projections are now showing a leveling out of SMI bookings at their current rate moving forward.

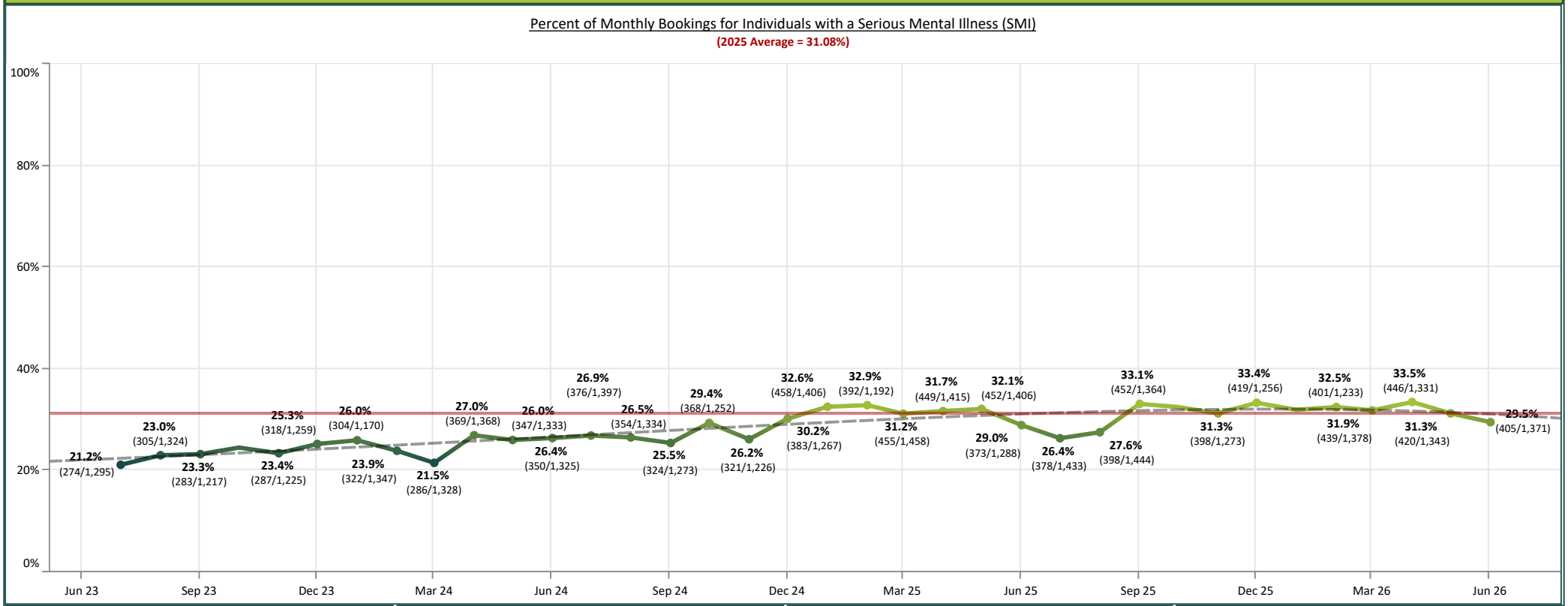
• Notable with CY 2025, the total number of bookings per year also increased - from 15,620 bookings in CY 2024 to 16,199 bookings in CY 2025. When compared to the yearly average of the previous four (4) years (15,534.25 bookings), this showed about a 4.28% increase in total bookings, and more closely resembled total booking numbers from pre-COVID years. Assuming booking rates for those with an SMI remain steady over the second half of CY 2026, this increase in SMI bookings would continue through this calendar year.

• The highest percentage of bookings for individuals with an SMI across all recorded data occurred during CY 2025, 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.

Stepping Up

Douglas County

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



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:

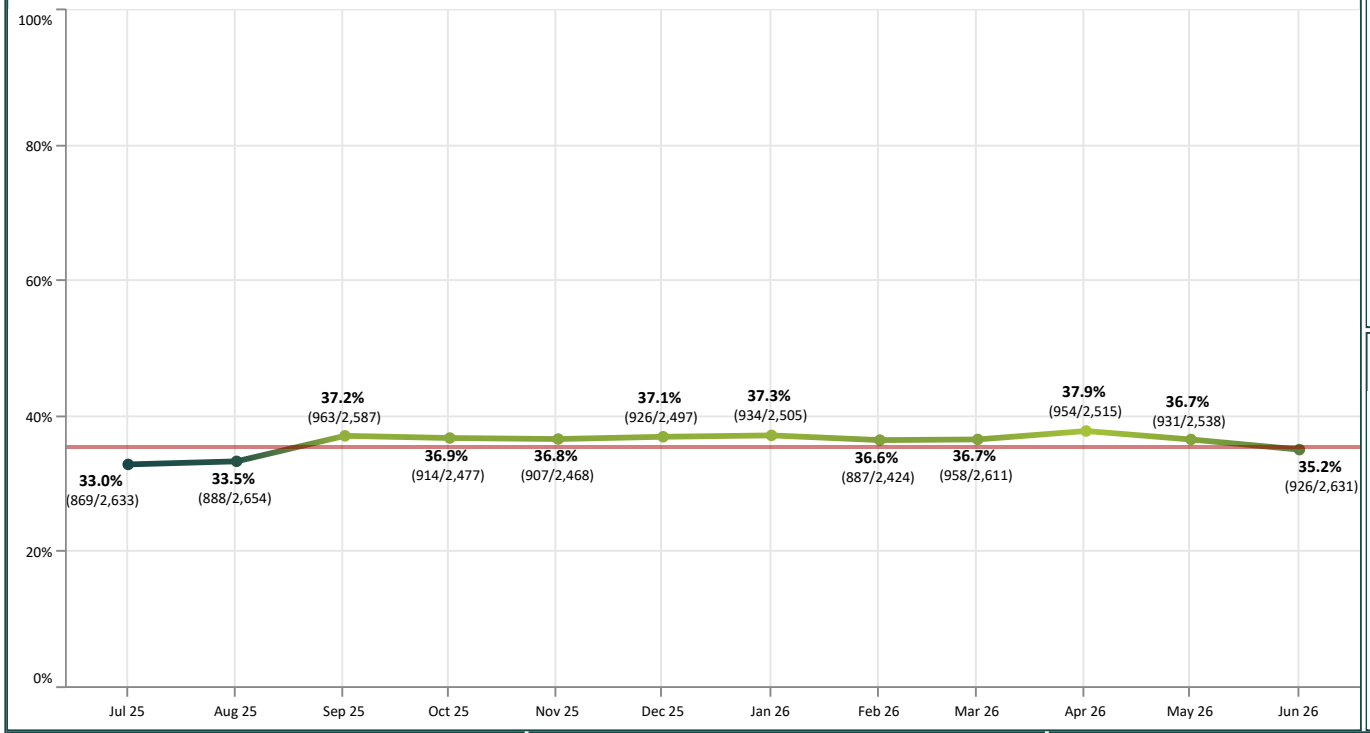
• Above is an extended thirty-six (36) month view of the previous page, highlighting the change in the percentage of individuals booked with a serious mental illness over the last three (3) years.

• Nine (9) of the last twelve (12) rolling months have shown SMI bookings to be higher than the CY 2025 average of 31.1%. Current forecasts indicate that the present rate of growth will likely level out over the remainder of the calendar year, barring any confounding variables.

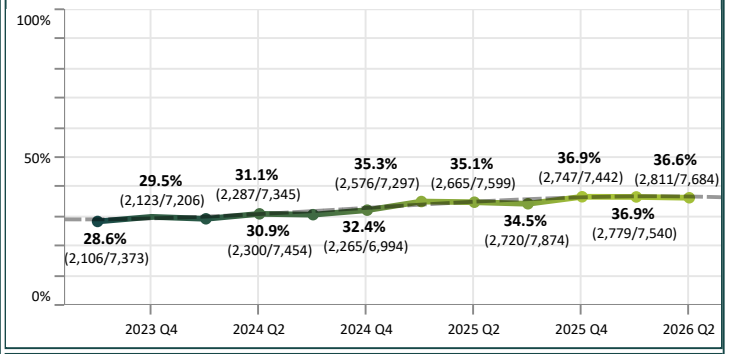
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

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

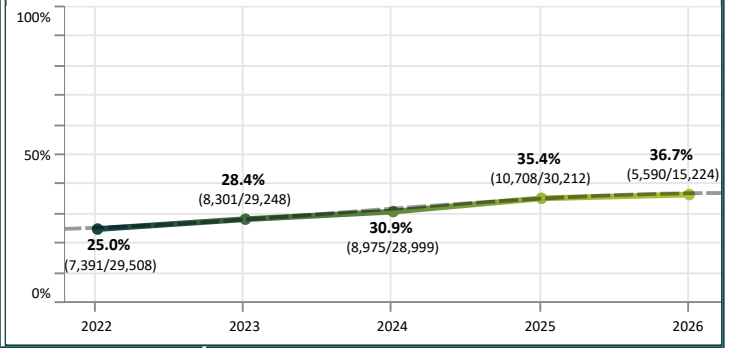
(2025 Average = 35.44%)



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:

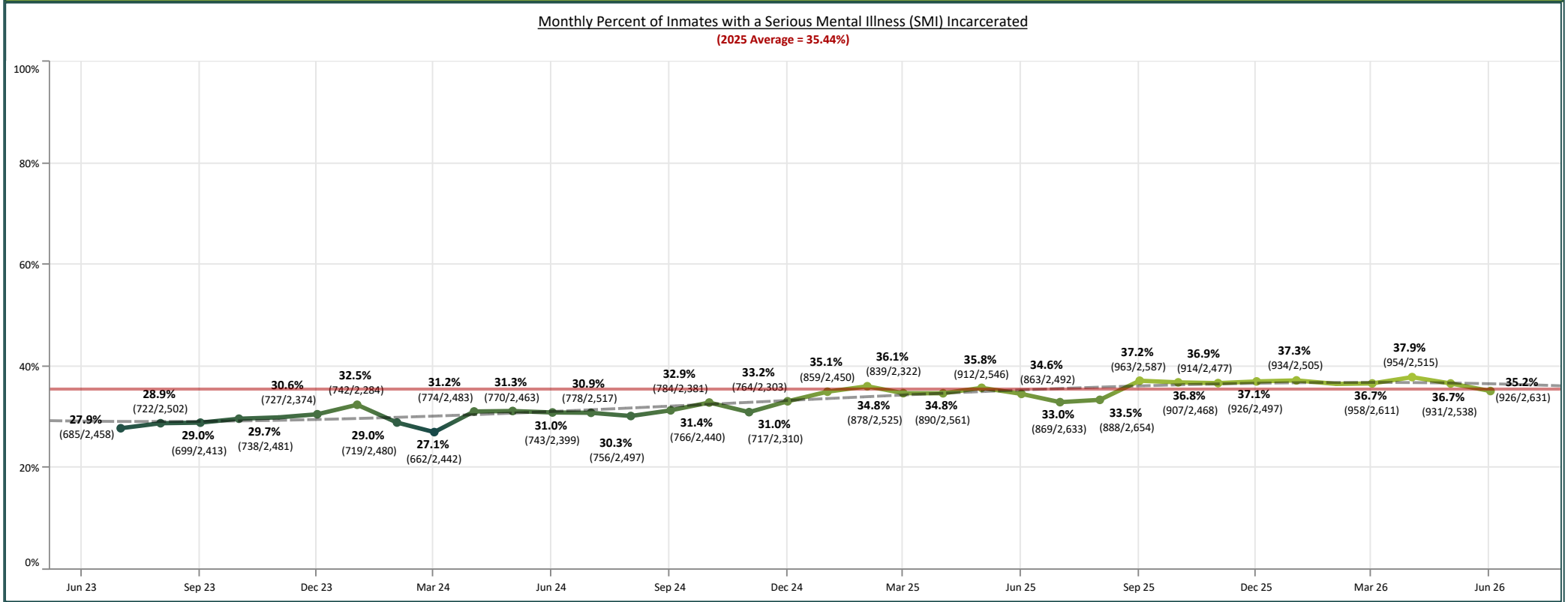
• CY 2025 had an overall monthly incarceration rate for persons with a serious mental illness (SMI) of 35.4%. This reflects a 14.56% increase in the SMI population incarcerated in CY 2025 compared to CY 2024, despite the overall number of persons incarcerated each year, by month, not increasing significantly.

• So far in CY 2026, that percentage has increased to 36.7% of the jail population being flagged as having an SMI.Current forecasts on monthly, quarterly, and yearly data shows that this population has reached a peak, and is starting to level out.

• The highest percentage of incarcerated individuals with an SMI across the recorded data was in this quarter, in April 2026, where 37.9% of the reported incarcerated population had an SMI.

• The lowest percentage of incarcerated individuals with a SMI across the recorded data occurred in February 2020, with 19.7% of inmates being persons with an SMI.

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



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:

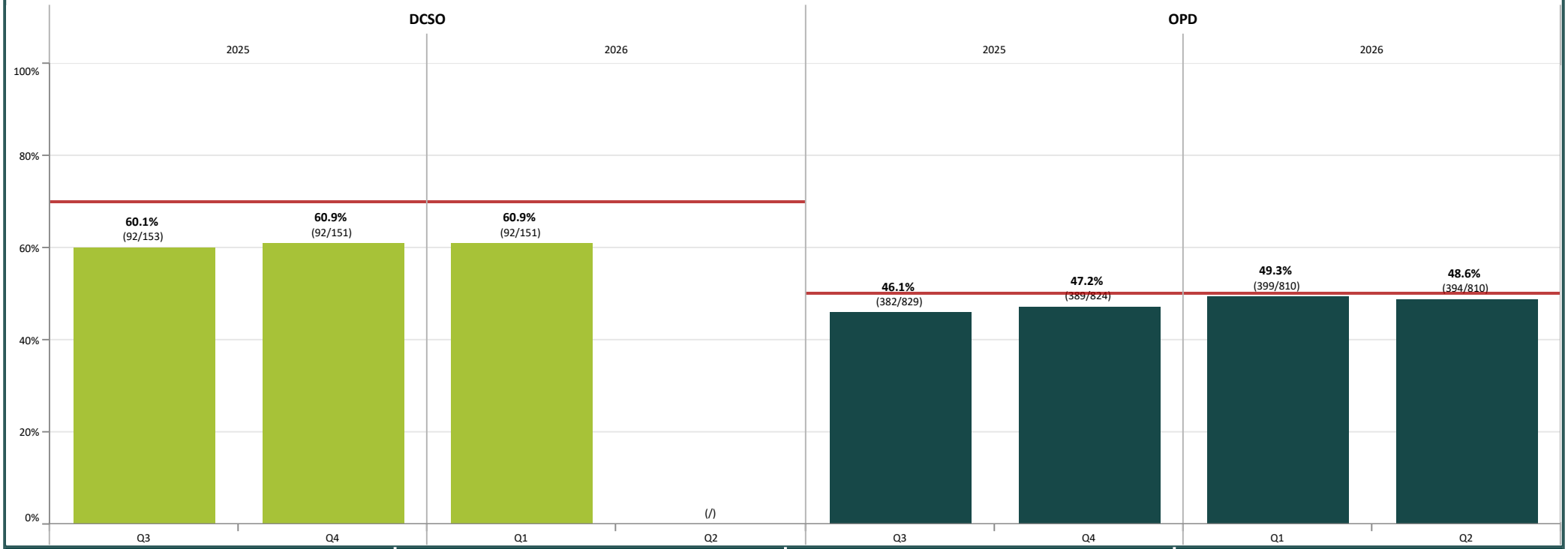
• Above is an extended thirty-six (36) month view of the previous page, highlighting the change in the percentage of inmates incarcerated with a serious mental illness over the last three (3) years.

• Nine (9) of the last twelve (12) rolling months have been over the CY 2025 average of 35.4% incarcerated with a serious mental illness (SMI), indicating an increase in the overall population of the jail for those with an SMI. Forecasts using all available data have turned to show a leveling off of this population in the jail in monthly, quarterly, and annual projections.

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

Objective 1: The DCSO, OPD, and 911 Call Center will Work Towards Increasing the Number of Staff Completing Crisis Intervention Teams (CIT) and/or Crisis Response Intervention Training (CRIT)

Percentage of Law Enforcment 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	**Sgt. Mandy Peth** Douglas County Sheriff's Office (DCSO) **Lindsay Kroll** Omaha Police Department (OPD)	Quarterly

Analysis/Notes:

- This is point in time data, gathered at the end of the reporting period.

- OPD data previously included part-time sworn officers in their FTE total. Starting in CY 2026, only full-time FTEs are being requested to determine this percentage. Total percent trained is based on those with expired training as well, which is consistent with reporting across other law enforcement agencies and counties.

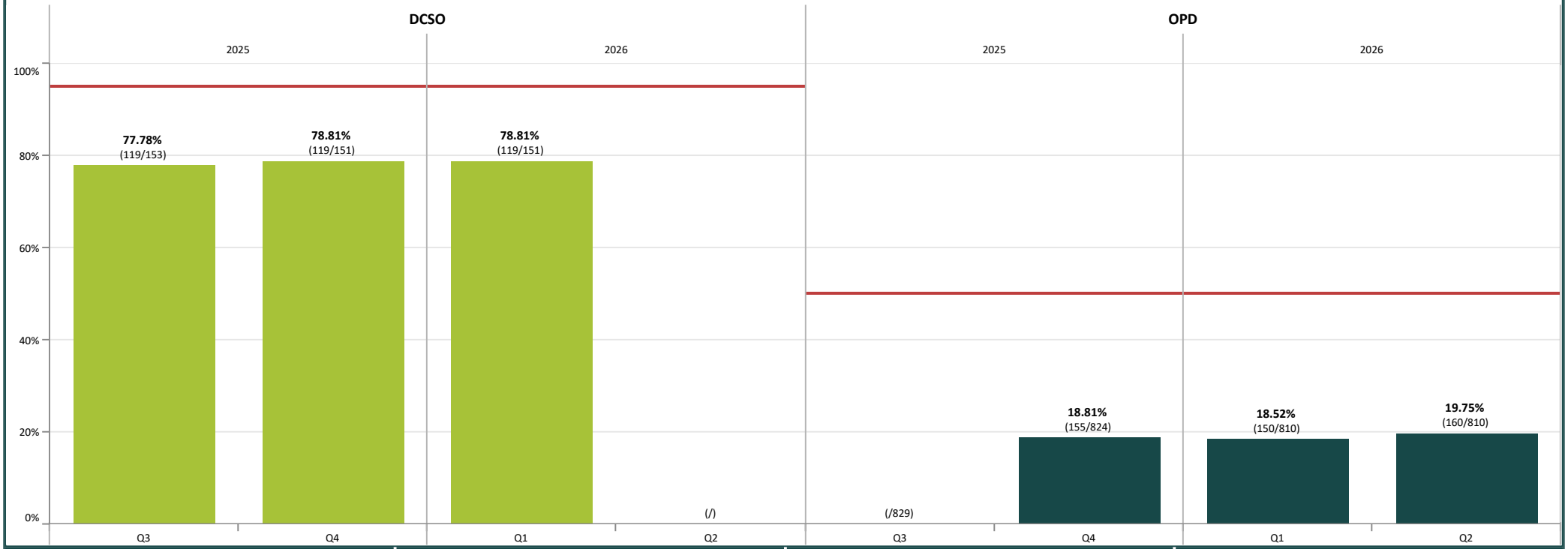
- OPD has continued to show growth in their full-time officers trained in CIT/CRIT over the last year, reaching nearly 50% of sworn officers trained in one of the two modalities in Q2 of CY 2026. Assuming no changes in full-time sworn officers, OPD will hit their target with eleven (11) additional officers trained in CIT/CRIT.

- DCSO has remained close to their target of 70% over the course of the last four (4) quarters. Assuming no changes in full-time sworn officers, DSCO will hit their target with an additional fourteen (14) officers trained in CIT/CRIT.

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

Objective 2: The DCSO, OPD, and 911 Call Center will increase the number of designated staff trained in Mental Health First Aid (MHFA)

Percentage of Law Enforcment 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	**Sgt. Mandy Peth** Douglas County Sheriff's Office (DCSO) **Lindsay Kroll** Omaha Police Department (OPD)	Quarterly

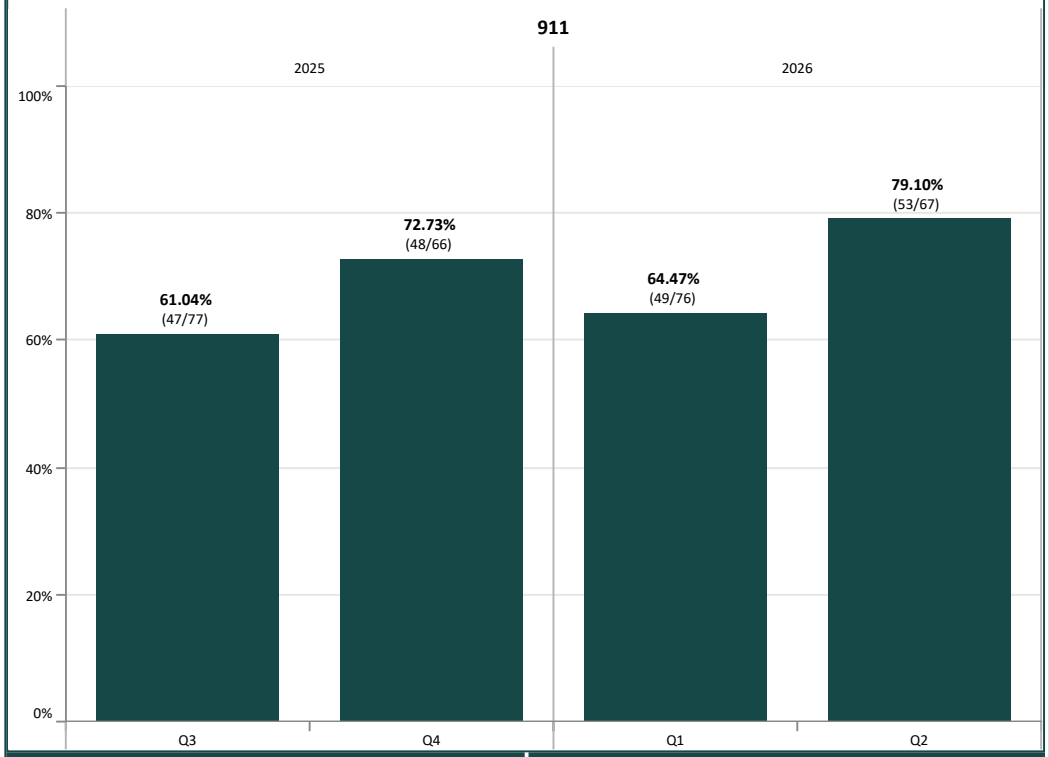
Analysis/Notes:

- 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 previously included part-time sworn officers in their FTE total. Starting in CY 2026, only full-time FTEs are being requested to determine this percentage. Total percent trained is based on those with expired training as well, which is consistent with reporting across other law enforcement agencies and counties.
- Both DCSO and OPD continue to hold around where their previous percentages have been over the last year, with OPD showing an additional ten (10) officers trained in the last quarter.

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 Mental Health First Aid (MHFA)

Percentage of 911 Call Center Employees with **CIT/CRIT** Training



Percentage of 911 Call Center Employees with **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:

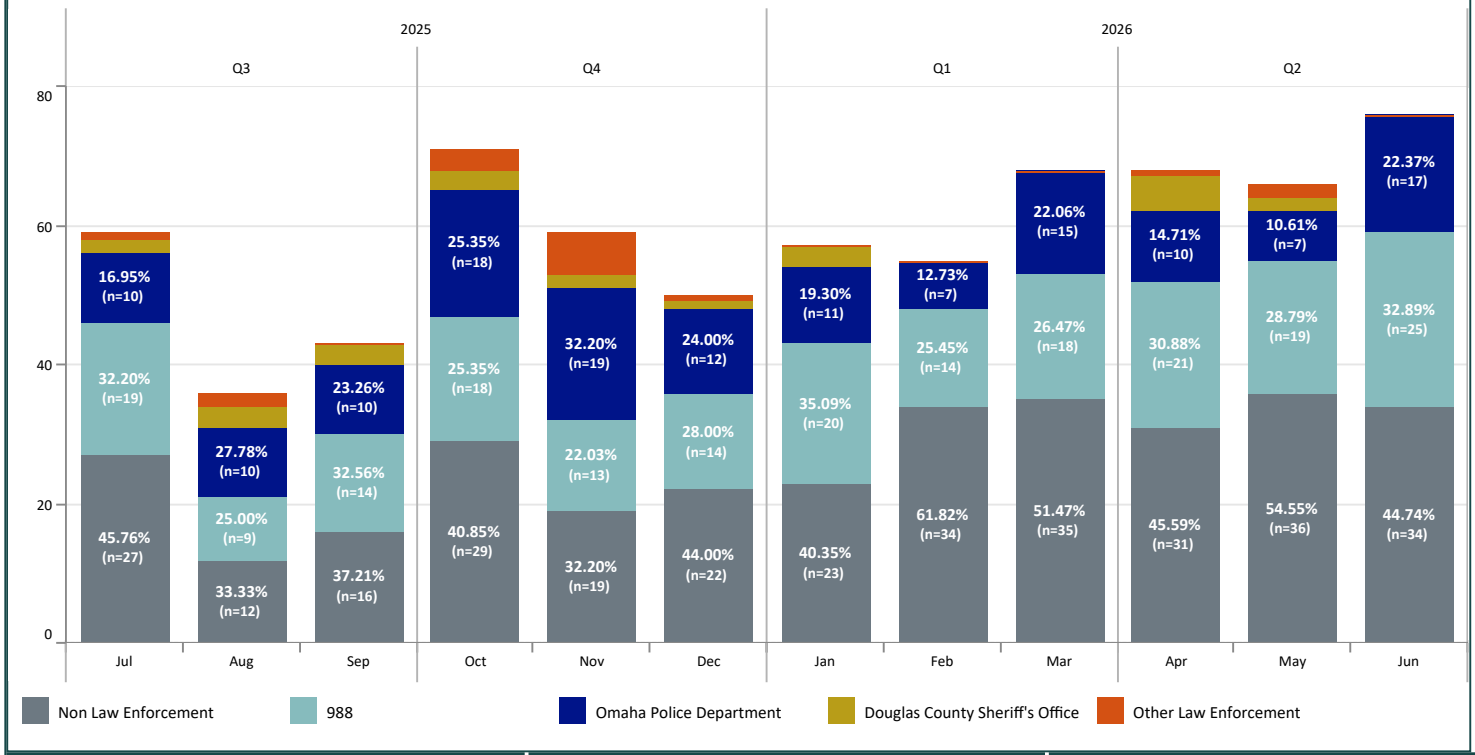
• This is point in time data, gathered at the end of the reporting period.

• The 911 Call Center for Douglas County has reported that, in Q2 of CY 2026, 79.1% of eligible call center staff have been trained in CIT and/or CRIT. For the same quarter, 98.5% of eligible staff have been trained in MHFA. There appears to have been some additional training received by employees for CIT/CRIT during the previous quarter, although an apparant loss in nine (9) staff in Q2 has also impacted the data.

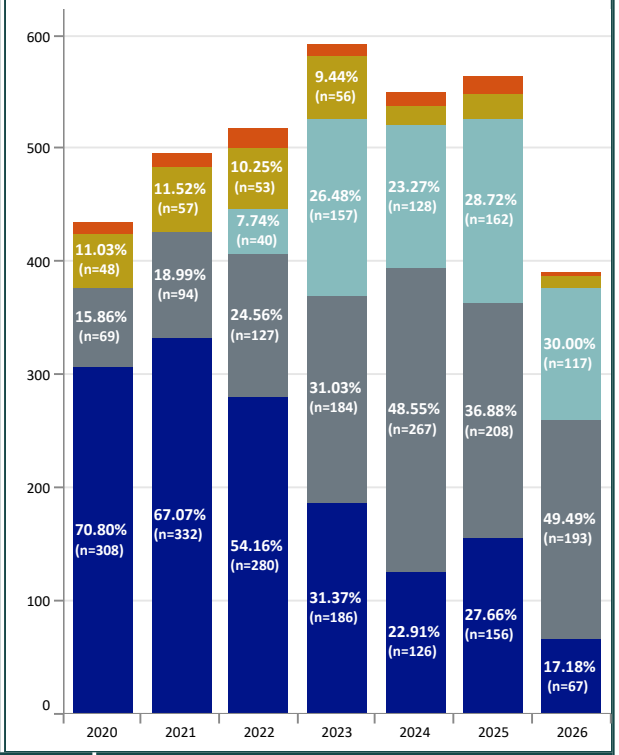
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 3: Law Enforcement will activate Mobile Crisis Response when Needed

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: FBI, Ralston PD, NE State Patrol, Valley PD, Waterloo PD, and Eppley Airport Police.

- Non-Law Enforcement Examples: Nebraska Family Helpline, Shelters, Campuses, Schools, etc.

- Due to the existing reporting format, broader referral sources such as 988 and the Nebraska Family Helpline are currently aggregated across multiple counties. This issue is known, and Region 6 is working on retroactively adjusting existing data to better capture both primary law enforcement agencies (OPD & DCSO) along with broader categories as reported by county. This should be updated in CY 2026, and will be retrofitted to existing charts.

- 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. It is unknown if this pattern will continue into CY 2026.

- Crisis Response services have been more heavily utilized by non-law enforcement entities over the course of the last twelve (12) months, as have 988 activations.

Stepping Up

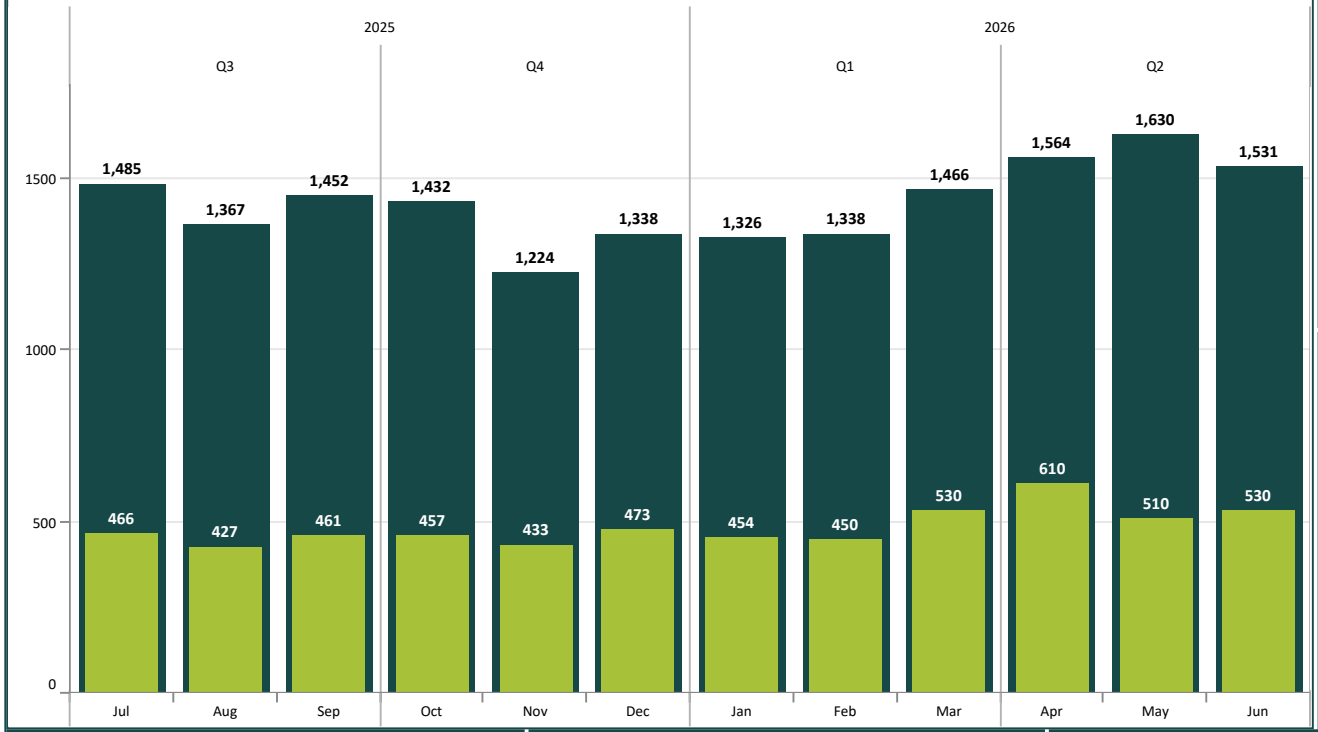
Douglas County

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 (BHITF)

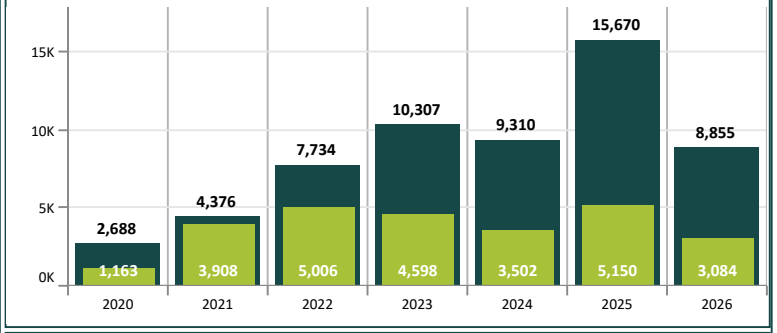
Total Number of Mental Health Coded Dispositions and Behavioral Health Incident Tracking (BHIT) Forms Completed

(MH Disposition / BHIT)

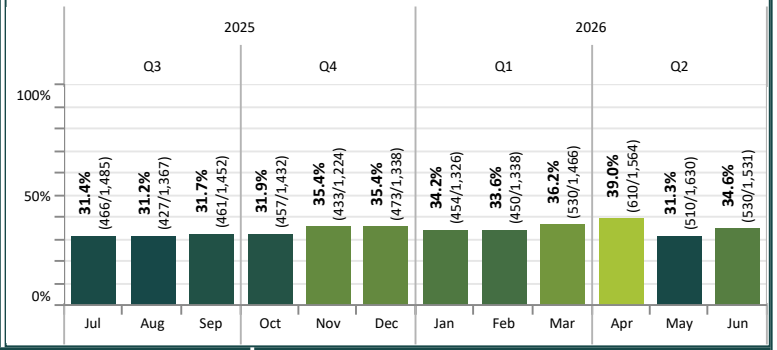


Total Number of Mental Health Coded Dispositions and BHIT Forms Completed

(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 Behavrioal Health Information Tracking Forms (BHIT) completed	by month and year	**Lindsay Kroll** Omaha Police Department	Quarterly

Analysis/Notes:

• In Q2 of CY 2026, there were 4,725 mental health (MH) coded dispositions reported by OPD, along with 1,650 completed BHIT forms. At current pace, MH coded dispositions may increase beyond the 15,670 reported in CY 2025, which was the highest number of coded dispositions since data collection began, as at the end of Q2 there have been 8,855 total MH coded dispositions in CY 2026.

• 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.
• DCSO data will be included soon, file format issue.

Stepping Up

Douglas County

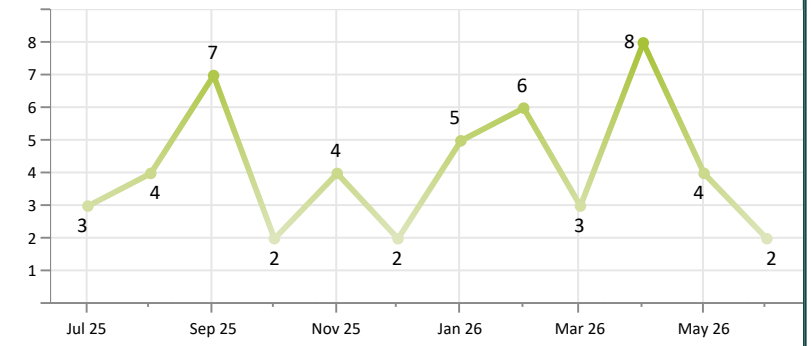
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 5: Better Understand the Frequency and Nature of those Incarcerated due to being Charged with "Assault on a Healthcare Worker"

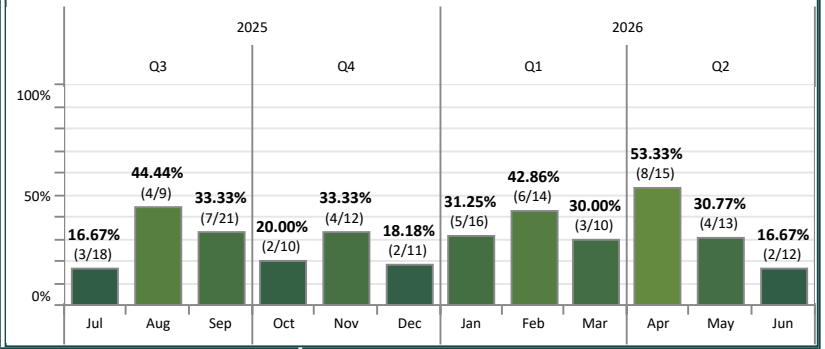
Percent of Reported Assaults by Category over last Twelve Months

	2025						2026						Grand Total
	Q3			Q4			Q1			Q2			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Law Enforcement/ Peace Officer	66.67% (n=12)	33.33% (n=3)	57.14% (n=12)	40.00% (n=4)	58.33% (n=7)	63.64% (n=7)	37.50% (n=6)	50.00% (n=7)	60.00% (n=6)	33.33% (n=5)	46.15% (n=6)	58.33% (n=7)	50.93% (n=82)
Healthcare Related	16.67% (n=3)	44.44% (n=4)	33.33% (n=7)	20.00% (n=2)	33.33% (n=4)	18.18% (n=2)	31.25% (n=5)	42.86% (n=6)	30.00% (n=3)	53.33% (n=8)	30.77% (n=4)	16.67% (n=2)	31.06% (n=50)
Corrections Related		11.11% (n=1)	9.52% (n=2)	40.00% (n=4)	8.33% (n=1)	9.09% (n=1)	31.25% (n=5)				7.69% (n=1)		9.32% (n=15)
Unknown	11.11% (n=2)	11.11% (n=1)				9.09% (n=1)		7.14% (n=1)			7.69% (n=1)	8.33% (n=1)	4.35% (n=7)
Warrant	5.56% (n=1)								10.00% (n=1)	13.33% (n=2)	7.69% (n=1)	16.67% (n=2)	4.35% (n=7)
Grand Total	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=16)	100.00% (n=14)	100.00% (n=10)	100.00% (n=15)	100.00% (n=13)	100.00% (n=12)	100.00% (n=161)

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, over the last twelve (12) months, approximately 31.1%, or 50 of the 161 of recorded assaults on healthcare worker/peace officer filings were healthcare related (directed toward medical staff).

• 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 were actually incarcerated at Douglas County Corrections. Notes provided regarding each charge appear to indicate the filings were warranted, based on the description.

• 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.

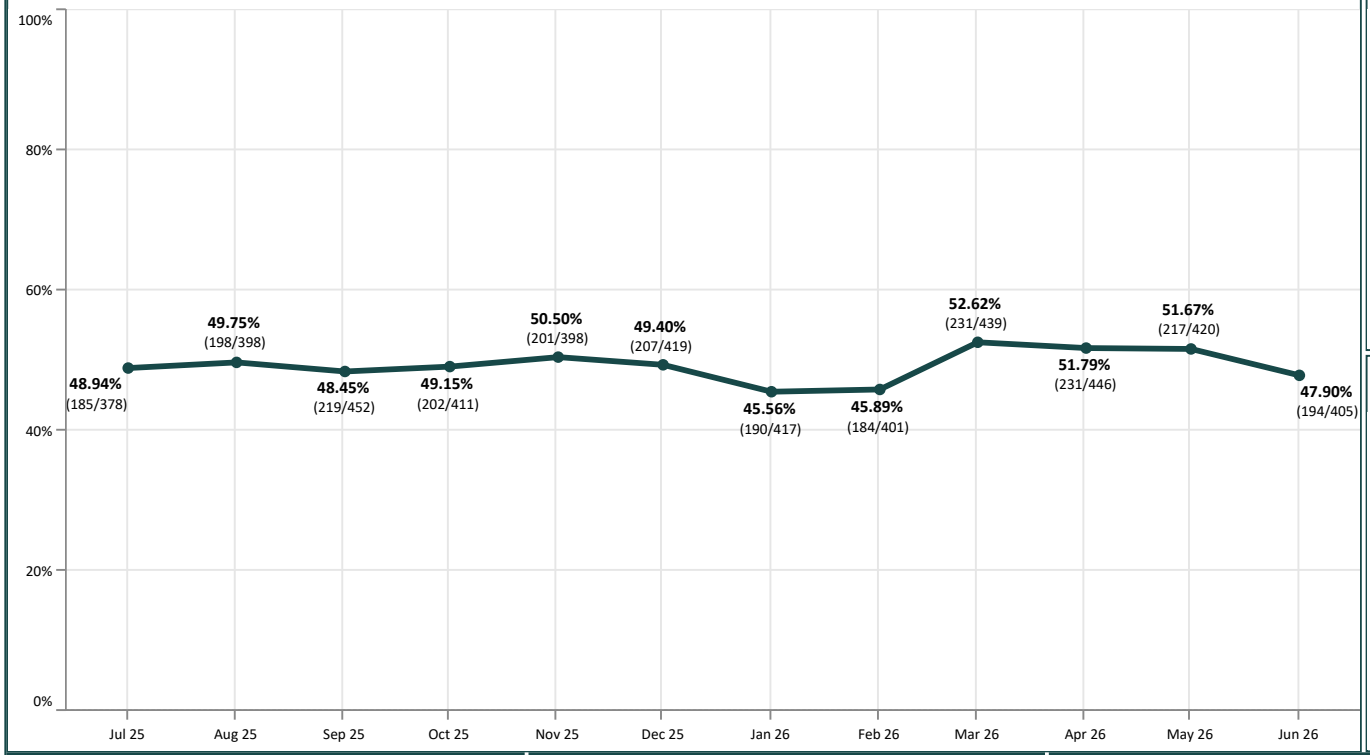
Stepping Up

Douglas County

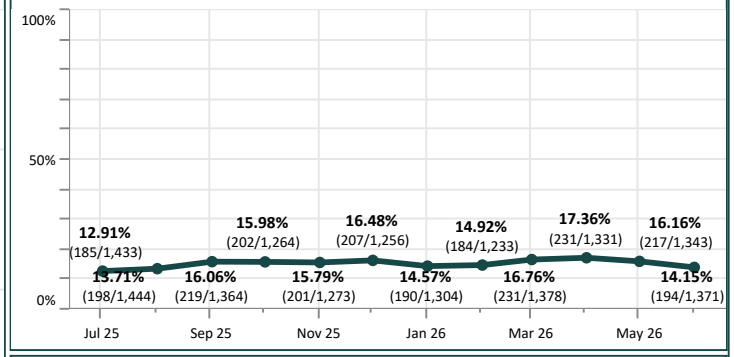
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 7: Collect Baseline Data on the Number of People with an SMI Booked into Jail on a Misdemeanor (Primary Charge)

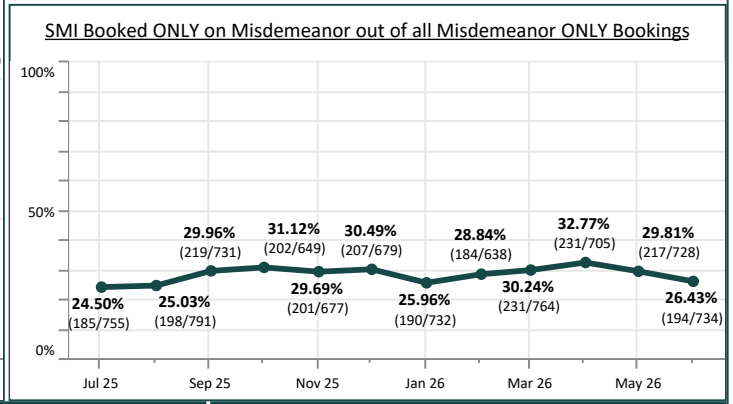
Percent of Individuals with a Serious Mental Illness Booked ONLY on a Misdemeanor Charge out of All SMI Bookings for the Month



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 Behavrioal Health Information Tracking Forms (BHIT) completed	by month, quarter, and year	**Justine Wall** Douglas County Department of Corrections	Quarterly

Analysis/Notes:

• In Q2 of CY 2026, individuals booked on a Misdemeanor ONLY who were flagged as having a serious mental illness (SMI) accounted for 15.9% of all bookings at Douglas County Corrections, compared to 15.8% in CY 2025. When compared to all Misdemeanor only bookings (regardless of SMI status) for Douglas County Corrections, this population accounted for 29.6% of all Misdemeanor only bookings at the jail.

• Compared to all individuals booked with a serious mental illness during this period, individuals booked only on a misdemeanor who were flagged as having ac SMI accounted for 50.5% of all SMI bookings for Q2 of CY 2026. In CY 2025, 50.7% of all SMI bookings were attributed to a misdemeanor or lower charge. This would indicate that approximately half of all SMI bookings at Douglas County Corrections 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. It would be recommended to do a between-groups analysis of the SMI and Non-SMI populations to determine whether this is consistent across populations. Additionally, getting greater context around the specific misdemeanor charges this population is being booked on may help develop additional strategies around what is needed in the community to help with diversion.

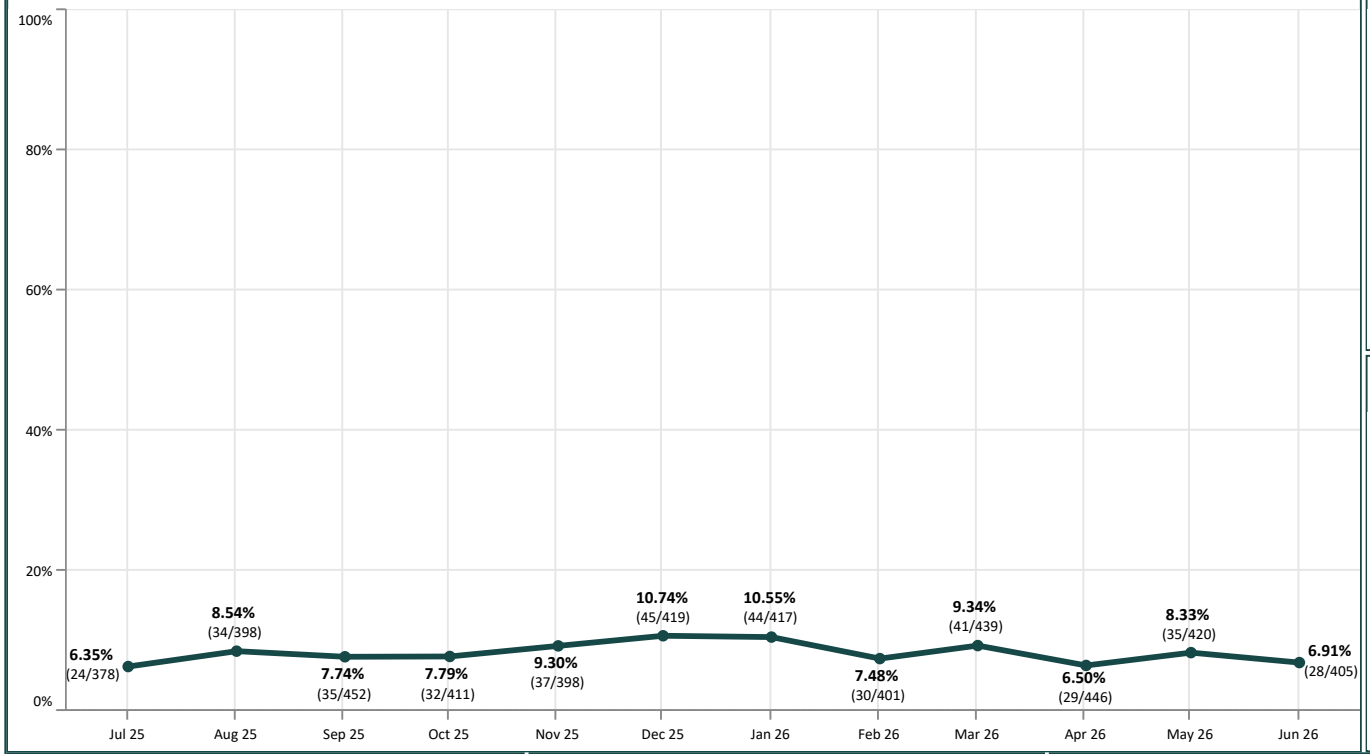
• It was also noted in a previous meeting that there is significant overlap with Mental Health Diversion with this population of persons with a SMI and misdemeanor charges.

• 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 a slightly elevated likelihood of experiencing a repeat bookings for the same charge class. However, as this does not include repeat bookings that may have higher charges, the actual repeat booking rate is likely to be higher.

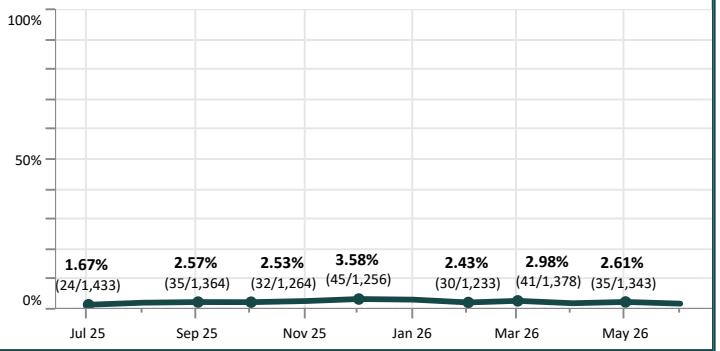
Goal 1: Reduce the Number of People with a Serious Mental Illness (SMI) Booked into Jail

Objective 7: Collect Baseline Data on the Number of People with an SMI Booked into Jail on a Misdemeanor (Primary Charge)

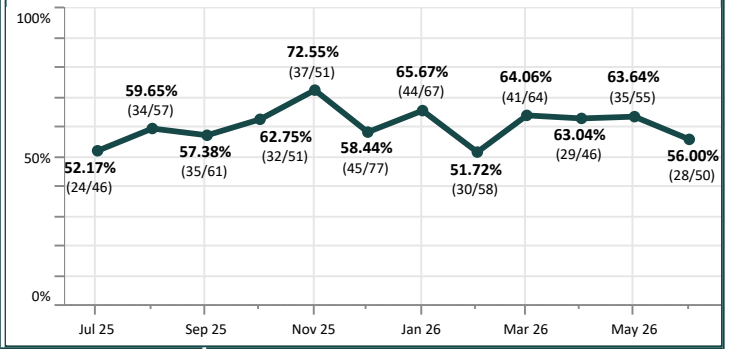
Percent of Individuals with a Serious Mental Illness Booked ONLY on a Primary Charge of Trespassing out of All SMI Bookings for the Month



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:

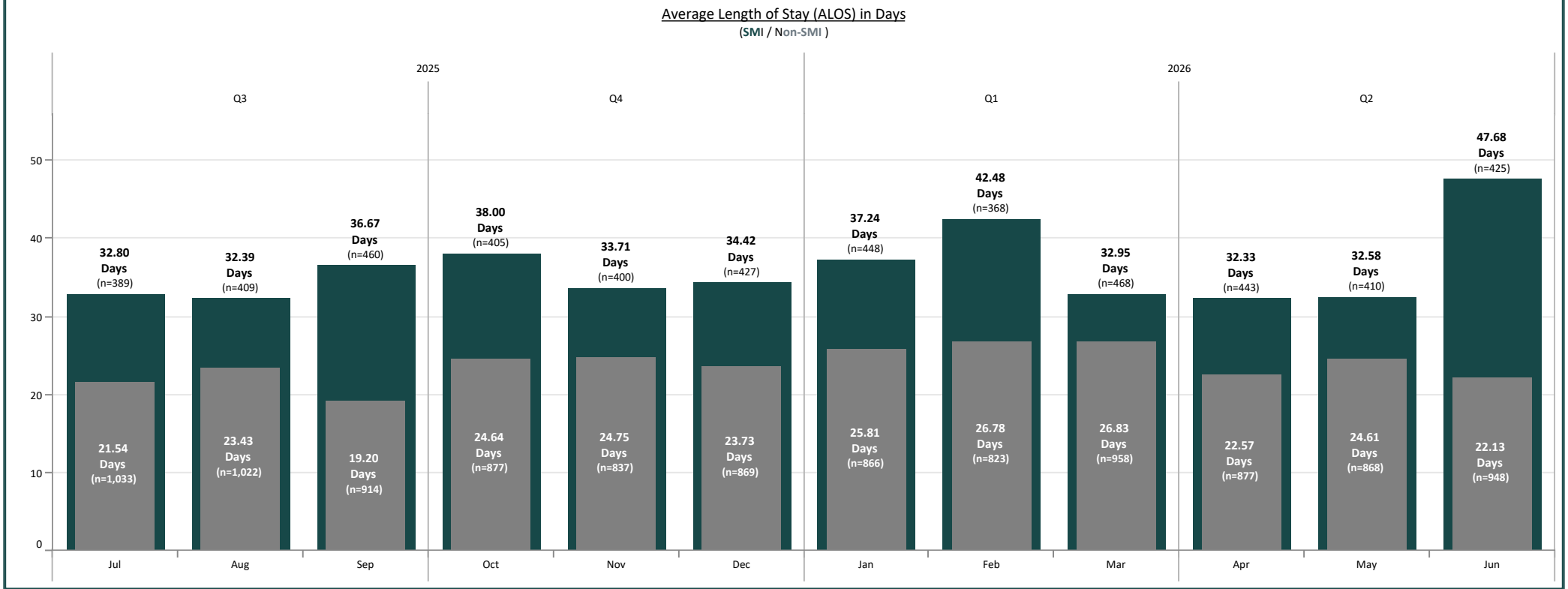
• In Q2 of CY 2026, individuals flagged as having a serious mental illness (SMI) and being booked ONLY on a trespassing charge only accounted for 2.3% of Douglas County Correction's total booking population, compared to 3.12% for CY 2025. When compared to all bookings with an SMI flag, the SMI and trespassing charge only cohort accounted for 7.2% of all SMI bookings for the quarter, compared to 10.05% for the previous calendar year. Both of these metrics show a decrease from the previous fiscal year for this population.

• When looking at all trespassing ONLY bookings at Douglas County Corrections, individuals with a SMI booked on a trespassing charge accounted for 60.9% of all trespassing only bookings. When taken with the data above, this indicates that, while a small minority of all bookings are related to trespassing only, the SMI population is vastly over-represented in the trespassing only population. Considering that trespassing ONLY bookings constitute approximately 7-10% of all SMI bookings, this makes this population a prime population to identify alternatives to booking, if at all possible.

• 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. While the number of repeat bookings for this population is slightly elevated, it does not consider repeat bookings with multiple or higher charges, which would likely elevate repeat bookings for this population further.

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?		PD's Office is often asked to write the order. Will Judges order that the LAIs continue once the individual has been restored and is returning to the jail?

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



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:

• The overall number of days spent in jail appears to be decreasing for both SMI and non-SMI populations over time. Despite overall improvements in average length of stay in the jail for all populations served, there continues to be an observable difference in the length of time at the jail between SMI and Non-SMI populations. Additional breakdown in detail between these populations, including charge types, times recidivated, etc. may help explain this gap better in future reports.

• The overall number of days decreasing for the total population continues to be attributed to increased communication and coordination between the County Attorney's Office, Public Defender's Office, and the City Prosecutor's Office.

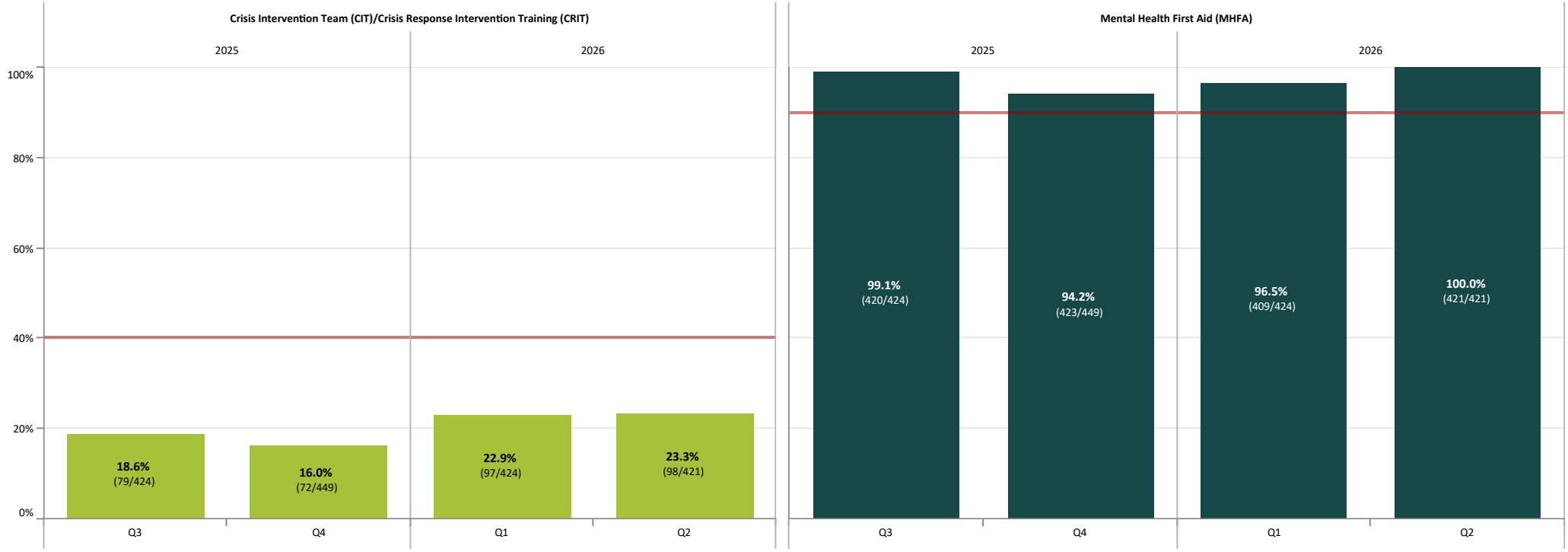
• Data is unable be aggregated beyond the monthly average do to current reporting methodologies.

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

Objective 1: 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

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.
- In Q2 of CY 2026, Douglas County Corrections had 23.3% of correctional officers trained in CIT or CRIT, and 100% of correctional officers trained in MHFA.
- Douglas County Corrections continues to make progress towards its 40% goal in CIT/CRIT training, and has maintained above it's 90% goal for MHFA for well over one (1) year.

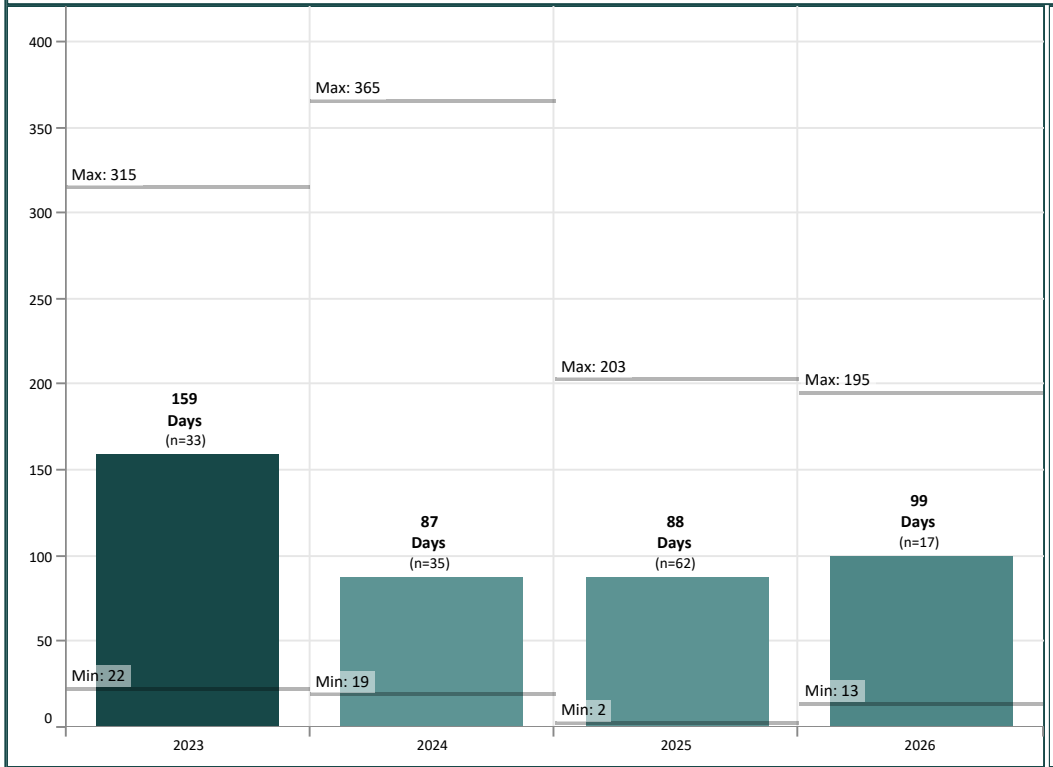
Stepping Up

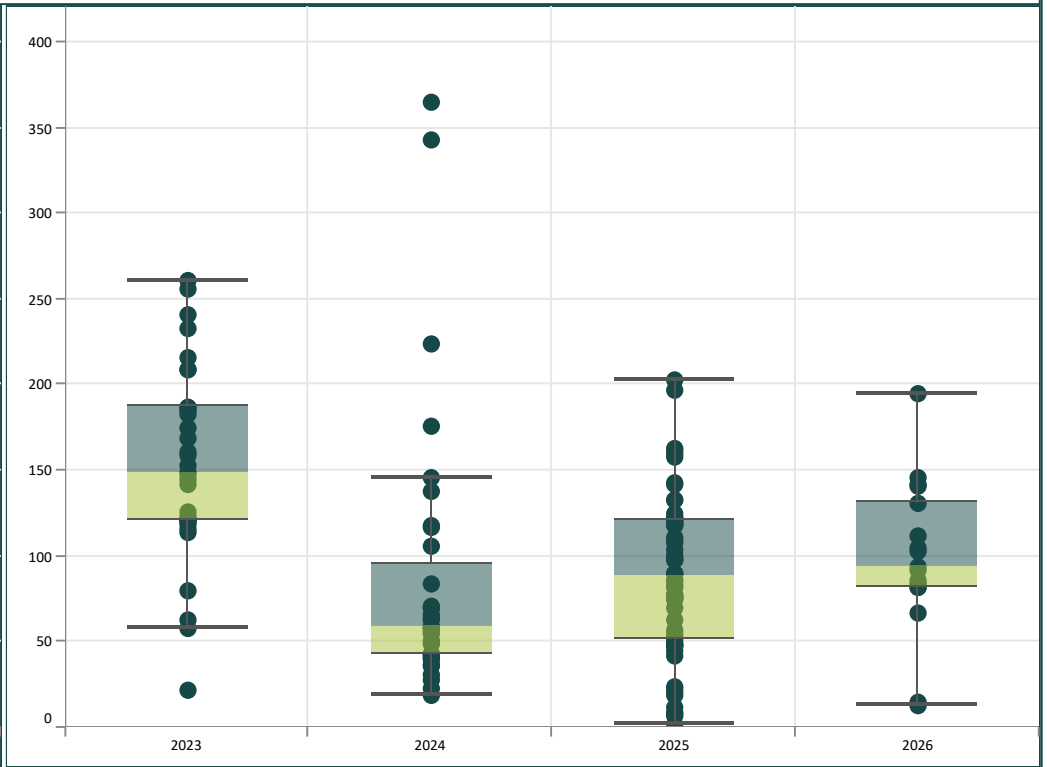
Douglas County

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

Objective 2: Utilize Data to Drive Improvements with Competency to Stand Trial/Competency Restoration (CST/CR) Practices

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.

• Data is calculated based on the length of time from court order to admission into the LRC. The date of court order is the date reflected in the graphs above, and many individuals may have a court order in one calendar year, but not admit until the next calendar year. Only individuals who have transferred to LRC are reflected in these charts.

• The average days waiting in jail for competency restoration had been decreasing year over year from CY 2023, until CY 2026. So far in CY 2026, there have 17 individuals with a court order in the current year that have transferred to LRC for competency restoration, with an average number of days waiting at 99 days. At the time of this report, data shows an additional 13 individuals awaiting competency restoration in the jail.

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.	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?		

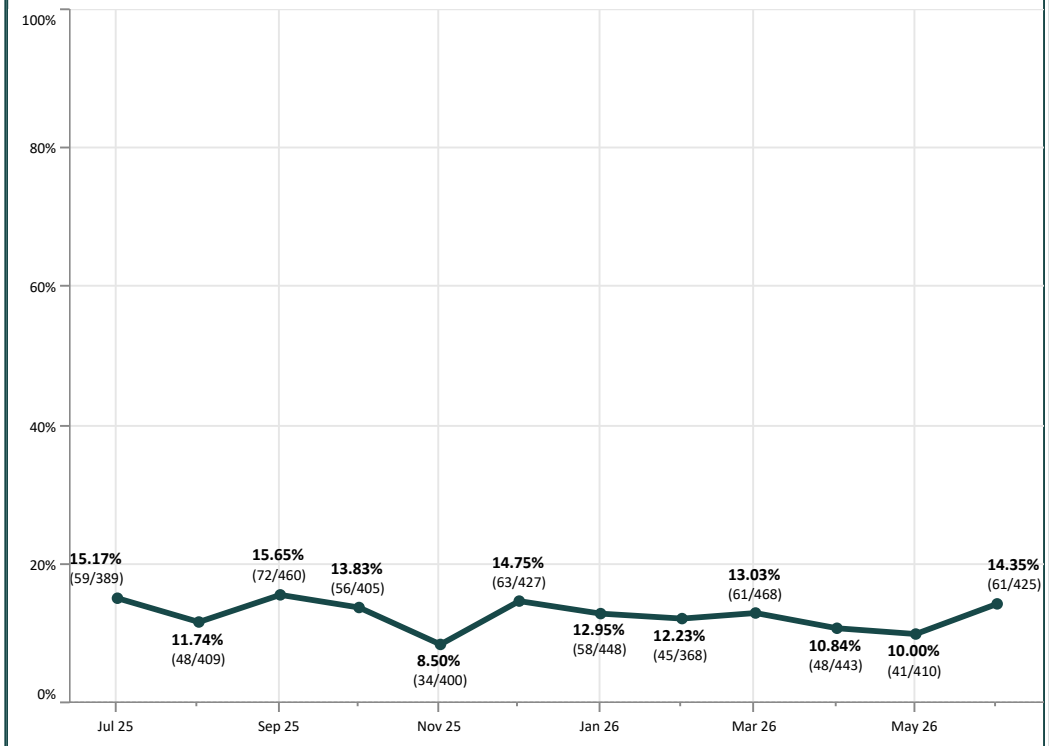
Stepping Up

Douglas County

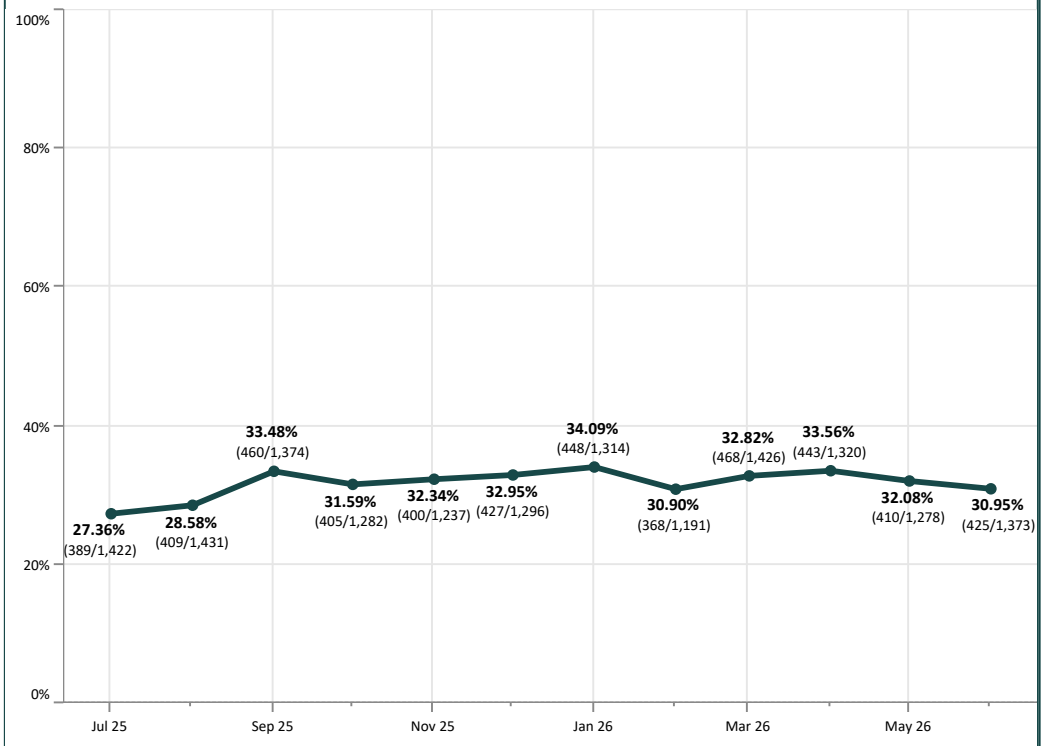
Goal 3: Increase the Percentage of Connections to Care for People with a Serious Mental Illness (SMI) in Jail

Objective 1: Individuals with an SMI Receive a Re-Entry Plan or Case Plan Prior to Release

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:	Definition:	Data Source:	Review Frequency:
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	by month	**Justine Wall** Douglas County Department of Corrections	Quarterly

Analysis/Notes:

• 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 overall.

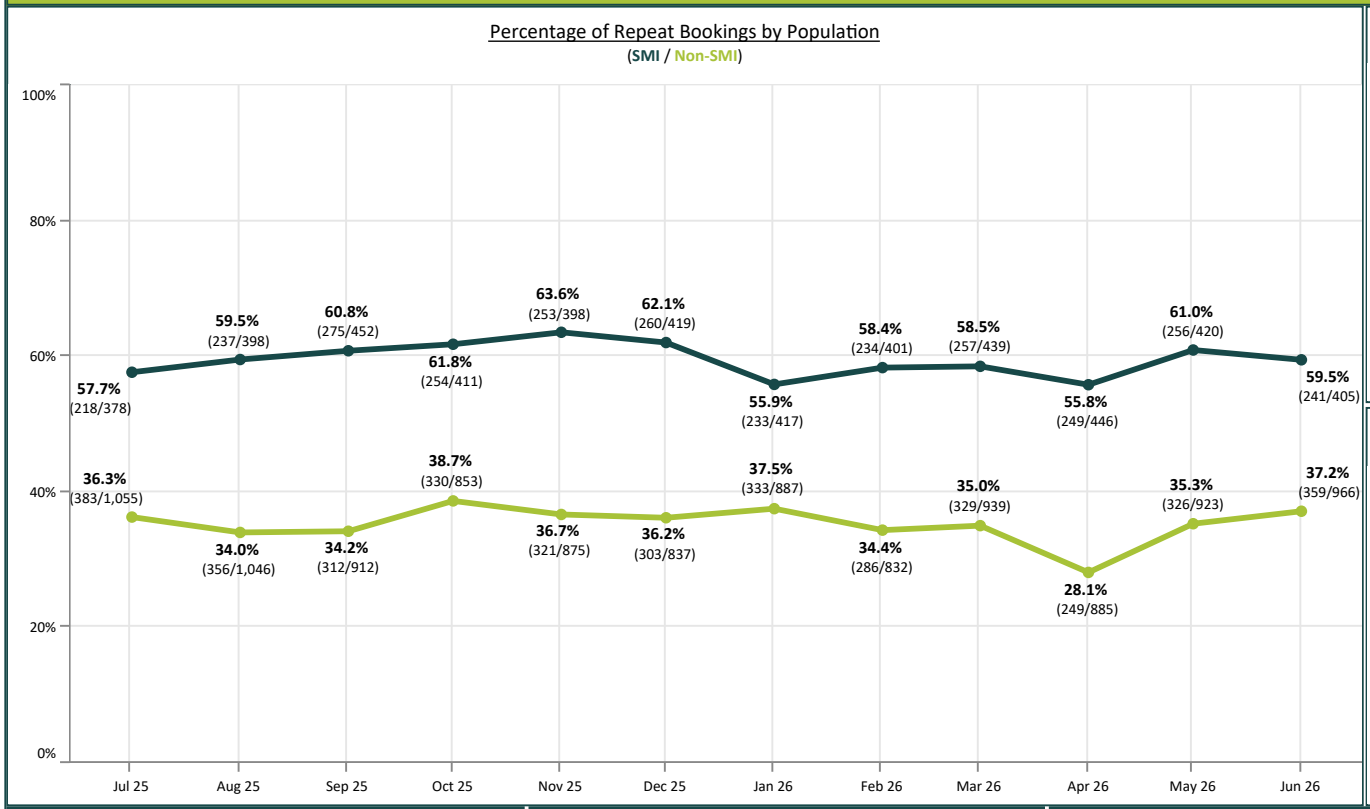
• Douglas County Corrections has noted barriers with opening an entire case file and completing a re-entry plan for short stays at the jail, noting that much of the exisiting efforts for this population is focused on triage instead. It was also noted that efforts and referrals made by the Public Defender's office are not reflected here either, and may be better captured in a new dataset as the PD's office does explicitly target those with a SMI with assistance from Douglas County Corrections. Region 6 is currently in process of working with the PD's office to develop a new tracking form to capture connections to care for those with an SMI.

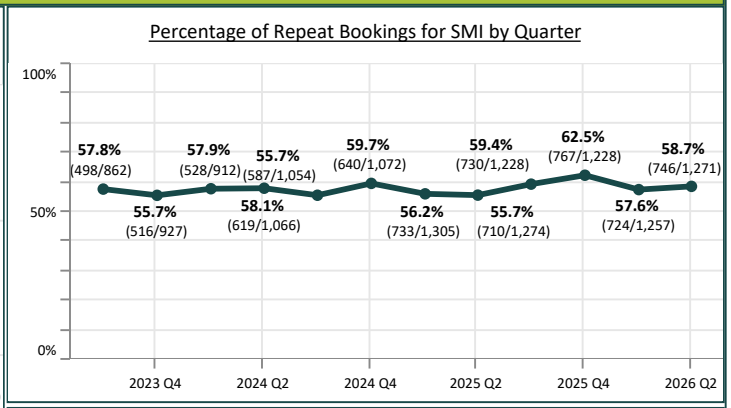
Goal 4	Lower the Rates of Recidivism for Individuals with a Serious Mental Illness (SMI) who are in Jail		
	Strategy	**Status/Target**	**Notes/Updates**
Objective 1:	**Identify a pathway to restart the Familiar Faces Program (FFP).**		
a.	Utilize workgroup; research other FFP models, strengthen the Douglas 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- Carole
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.		Should be included in Statewide Summit Report-expected Sept. 2026
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

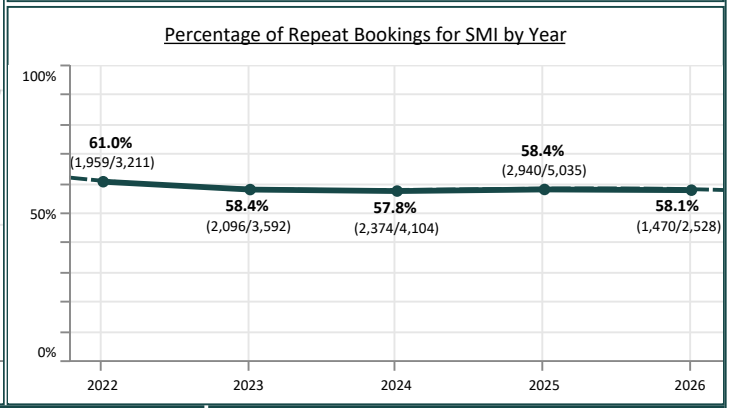
Stepping Up

Douglas County

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







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:

• So far in CY 2026, 58.1% of all SMI bookings were associated with a repeat booking within the last twelve (12) months. This is presently below the CY 2025 rate of 58.4% of all SMI bookings being associated with a repeat booking. Trends had been indicating that, while the overall percentage of repeat bookings have been decreasing over time, the total number of bookings associated with a SMI have been increasing as well (increase of 931 SMI bookings in CY 2025 compared to CY 2024). Neither of these factors have shown statistical significance in modeling, but it is worth monitoring given that this has been a recurring pattern for some time.

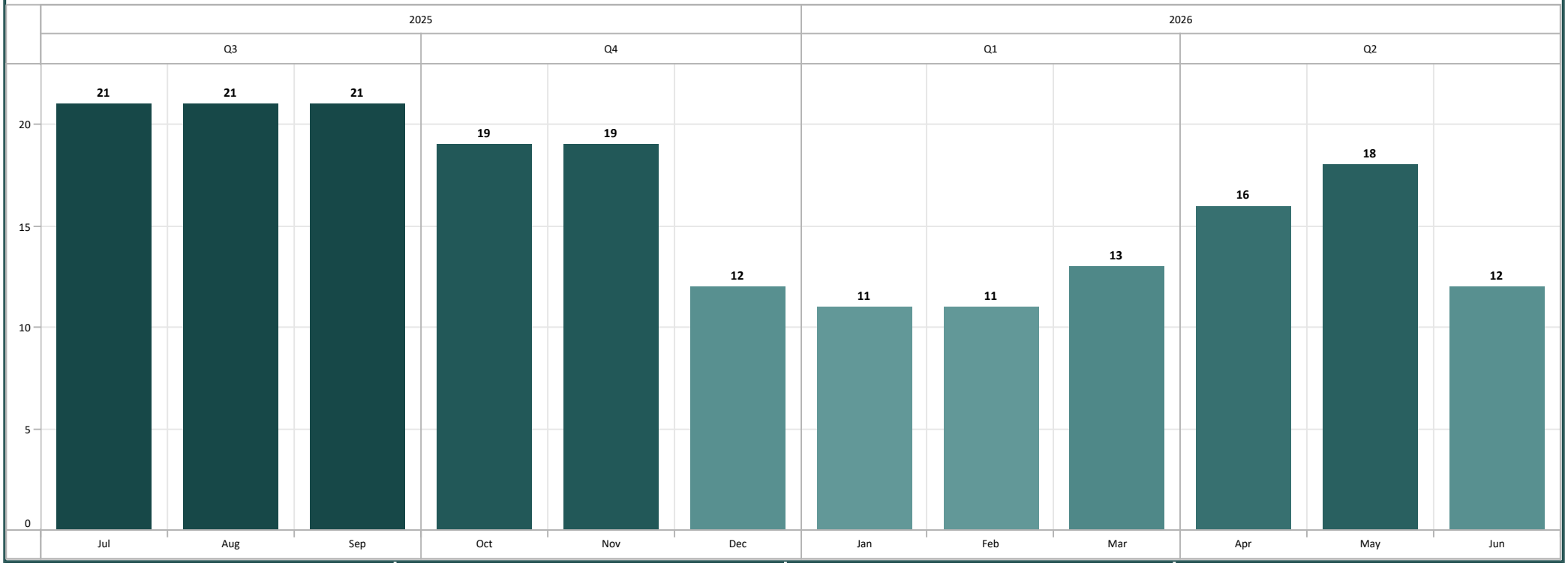
• Repeat bookings in these metrics do not take into consideration persons who returned due to a probation violation/custodial sanction, probation revocation, bench warrant, persons who return to the jail following sentencing, etc. At this time, the data does not allow discrimination between what would be considered a new charge vs. returns to jail under a previous charge.

• Repeat SMI bookings by month hit it's lowest recorded point in July 2024 with 52.9% of bookings occuring 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.

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

Objective 2: Utilize Long-Acting Injectables (LAI) when Clinically Appropriate

Number of Long-Acting Injectabless Administered by Month for the Last 12 Months



Measure:	Definition:	Data Source:	Review Frequency:
The number of long-acting injectables (LAIs) administered per month	by month	**Carole Bakke** Wexford Health Services/Douglas County Department of Corrections	Quarterly

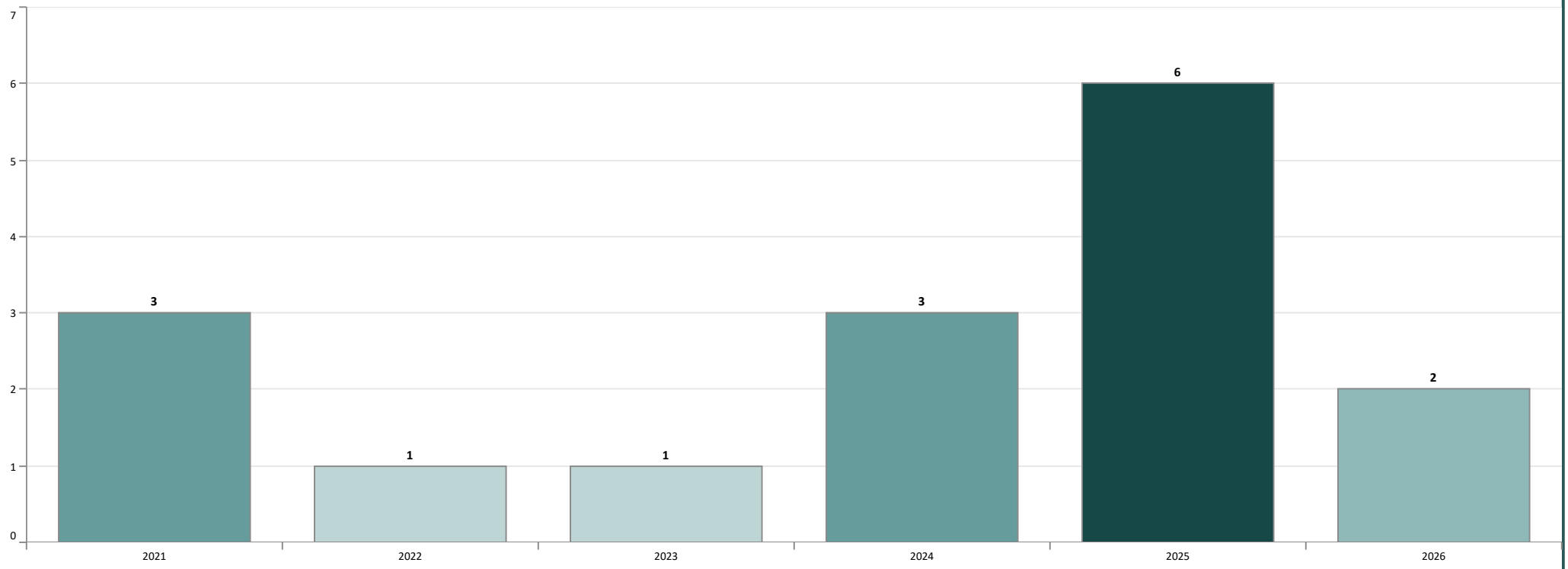
Analysis/Notes:

• Data collection on this metric has resumed in CY 2026.

• Additional data collection around whether these individuals recidivate more often following release, and whether they return after missing an injection may be a helpful supplement to this data. Additionally, knowing how many people were eligible to receive an injection compared to those who did receive an injection may also be helpful in better understanding this population.

Ad Hoc

Count of Persons Moved from a Legal Status to a Board of Mental Health Filing while at a Regional Center



Measure:	Definition:	Data Source:	Review Frequency:
The total number of persons who moved from a legal status to a Board of Mental Health status by year of transition	By year	**Lorie Thomas** Region 6 Behavioral Healthcare	Quarterly

Analysis/Notes:

• Data represents individuals who are at a Regional Center under a court order, who subsequently have their legal status dropped for one reason or another in favor of a Board of Mental Health filing. In most cases these individuals are unable or unfit to stand trial, were determined not guilty by reason of insanity, or were determined unrestorable.

• Data above is representative of Douglas County only. Data regarding the initial committing county is not always able to be gathered. Data reflects those where the committing county was noted as Douglas.

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 Keith Williamson -	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
Carole Bakke -	Wexford Health Services / Douglas County Corrections
Terri Speck -	Douglas County Detox

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