RESOLUTION AUTHORIZING THE CHAIRMAN TO SIGN THE LETTER OF SUPPORT AND GRANT APPLICATION FOR THE CONTINUATION OF THE MENTAL HEALTH CASE MANAGEMENT PROGRAM

WHEREAS, pursuant to Neb. Rev. Stat. §23-104(6) (Reissue 2012), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. §23-103 (Reissue 2012), the powers of the County as a body are exercised by the County Board; and,

WHEREAS, a Justice Assistance Grant (JAG) is available through the Nebraska Crime Commission; and,

WHEREAS, Sarpy County is requesting funding to continue a Mental Health Intensive Case Management Program through Pretrial Release Services; and,

WHEREAS, Sarpy County is committed to and supports a Mental Health Intensive Case Management Program; and;

NOW, THEREFORE, BE IT RESOLVED, By the Sarpy County Board of Commissioners that the Sarpy County Chair is hereby authorized to sign the JAG application and letter of support for a Mental Health Intensive Case Management Program.

The above Resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with applicable law on the 26th day of July, 2016.

Sarpy County Board Chairman

[Signature]

ATTEST:

[Signature]

Sarpy County Clerk

[Seal]
To: Sarpy County Board

From: Lisa A. Haire

Re: Mental Health Intensive Case Management Grant

On July 26, 2016 the County Board will be asked to authorize the Chairman to sign the grant application and letter of support for the Mental Health Intensive Case Management Program. This grant is a request for continuation funding.

Sarpy County will request $57,028 for the Intensive Mental Health Case Management Program. Funding requests are for the salary of one FTE Pre-trial Services employee to manage case load. This is the fourth year request for funding.

There is no match required, however, in order to strengthen the grant application; the County will contribute the cost of benefits for the Case Manager.

Please contact Danielle Richler at (402) 593-4301 or myself with any questions or concerns.

July 22, 2016

Lisa A. Haire

cc: Mark Wayne
    Brian Hanson
    Scott Bovick
    Danielle Richler
    Mike Jones
    Deb Houghtaling
July 26, 2016

Nebraska Crime Commission
301 Centennial Mall South
PO Box 94946
Lincoln, NE. 68508

The Sarpy County Board of Commissioners supports continuation funding for the Mental Health Intensive Case Management Program. There are significant challenges resulting from individuals with untreated mental illness who are in custody or pending trial. Without intensive supervision, many clients re-offend or fail to appear in court.

With grant funding provided by the Nebraska Crime Commission, Sarpy County can continue to serve clients by providing supervision while also offering services such as; treatment through contracted providers, locating free or reduced priced medications, transportation to and from appointments, and providing assistance in locating jobs, housing, and education services.

The Sarpy County Mental Health Intensive Case Management Program is an important step in providing mentally ill persons involved in the criminal justice system services to help establish independent living skills, manage their mental illness, and reduce future contacts with the criminal justice system.

The Sarpy County Board of Commissioners supports this application and requests positive consideration from the Nebraska Crime Commission.

Sincerely,

[Signature]

Don Kelly
Chairman
Sarpy County Board of Commissioners
1. **Applicant Name:**
   (Agency/Organization)
   The applicant must be the agency that will receive and disburse the grant funds.
   - Name: Sarpy County
   - Telephone: (402) 593-1565
   - Fax: (402) 593-4303

2. **Federal Employer ID # of Applicant:**
   The Federal Identification Number must be the nine digit number of the applicant.
   - 47-600-6504

3. **Applicant DUNS #:**
   - 078008018

4. **Address:**
   - 1210 Golden Gate Drive
   - Papillion, NE 68046-2839
   (Please include last four digits of zip code)

5. **Project Title:** Sarpy County Mental Health Intensive Case Management Program

6. **Project Director:**
   (Receives all grant correspondence)
   - Name: Lisa Haire
   - Telephone: (402) 593-1565
   - Fax: (402) 593-4303
   - Email: lhaire@sarpy.com
   - Address: 1210 Golden Gate Drive
   - Papillion, NE 68046-2839
   (Please include last four digits of zip code)

6. **Project Coordinator:**
   (Contact Person)
   - Name: Danielle Richler
   - Telephone: (402) 593-4301
   - Fax: (402) 593-2344
   - Email: drichler@sarpy.com
   - Address: 1210 Golden Gate Drive
   - Papillion, NE 68046-2839
   (Please include last four digits of zip code)

7. **Fiscal Officer:**
   (Cannot be Project Director)
   - Name: Brian Hanson
   - Telephone: (402) 593-2349
   - Fax: (402) 593-4303
   - Email: bhanson@sarpy.com
   - Address: 1210 Golden Gate Drive
   - Papillion, NE 68046-2839
   (Please include last four digits of zip code)

8. **Authorized Official:**
   (NOTE: The authorized official would include: county board chair, mayor, city administrator, state agency director, chair or vice-chair of non-Profit agency.)
   - Name: Don Kelly
   - Telephone: (402) 593-4155
   - Fax: (402) 593-4300
   - Email: donkelly@sarpy.com
   - Address: 1210 Golden Gate Drive
   - Papillion, NE 68046-2839
   (Please include last four digits of zip code)

9. **Proposed Project Period:**
   - From: October 1, 2016
   - To: September 30, 2017
10. Previous 2-Years Commission Funding for This Project:

<table>
<thead>
<tr>
<th>Grant #:14-DA-0322</th>
<th>Amount:$60,000</th>
<th>11. Area(s) Served by Project: All of Sarpy County, Nebraska including the cities of Bellevue, La Vista, Papillion, Springfield, Gretna and surrounding rural areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant #:15-DA-0301</td>
<td>Amount:$40,000</td>
<td>All of Sarpy County, Nebraska including the cities of Bellevue, La Vista, Papillion, Springfield, Gretna and surrounding rural areas.</td>
</tr>
</tbody>
</table>

12. Type of Agency:

- [ ] State Agency
- [x] Unit of Local Government
- [ ] Private Non-Profit
- [ ] Native American Tribe or Organization
- [ ] Technology
- [ ] Other

13. If Awarded, These Funds Will:

- [ ] Create New Service/Activity
- [ ] Enhance Existing Program
- [x] Continue Existing Program
- [ ] Technology
- [ ] Other

14. Program Area

- [ ] Law Enforcement Programs
- [ ] Prosecution and Court Program
- [ ] Prevention and Education Programs
- [x] Corrections and Community Corrections Programs
- [ ] Drug Treatment Programs
- [ ] Planning, Evaluation, and Technology Improvement Programs
- [ ] Crime Victim and Witness Programs (Other than compensation)
- [ ] Other

15. Sustainability Plan

Please submit a copy of your current SUSTAINABILITY PLAN

- [x] Sustainability Plan has been established

  Timeframe: Established
16. **Project Summary: (150 words or less)**
In a concise statement describe major aspects of the proposed project and current use of evidence based practices.

The Sarpy County Mental Health Intensive Case Management Program assists mentally ill persons involved in the criminal justice system by providing services designed to help them establish independent living skills, manage their mental illness, and reduce future contacts with the criminal justice system.

Crime attributed to untreated or undiagnosed mental illness is often rooted in complex social issues requiring a comprehensive and coordinated response. Mental Health Case Management offers a therapeutic approach to jurisprudence in which the courts use legal proceedings to promote outcomes that will improve the well-being of the accused and society as a whole.

Mental Health Case Management is based on the problem solving court model. Problem solving courts are an alternative approach to handling criminal justice issues, focusing on offender treatment, victim restitution, and decreasing recidivism. The Sarpy County Mental Health Case Management program utilizes validated evidence based assessments to determine who is appropriate for the program.
NEBRASKA CRIME COMMISSION  
BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested Amount</th>
<th>Match Share</th>
<th>Total Project Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel</td>
<td>$57,028</td>
<td>$21,080</td>
<td>$78,108</td>
</tr>
<tr>
<td>B. Consultants/Contracts</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>C. Travel</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>D. Supplies/Operating Expenses</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>E. Equipment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>F. Other Costs</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL AMOUNT</td>
<td>$57,028</td>
<td>$21,080</td>
<td>$78,108</td>
</tr>
<tr>
<td>% Contribution</td>
<td>73%</td>
<td>27%</td>
<td>100%</td>
</tr>
</tbody>
</table>

CERTIFICATION: I hereby certify the information in this application is accurate and, as the authorized official for the project, hereby agree to comply with all provisions of the grant program and all other applicable state and federal laws.

Name of Authorized Official: Don Kelly  
Title: Chairman, County Board of Commissioners  
Address: 1210 Golden Gate Drive  
City, State, Zip: Papillion, NE 68046-2844  
Telephone: 402-593-4155  
Signature:  
Date: July 26, 2016

(* NOTE: The authorized official would include: county board chair, mayor, city administrator, state agency director, chair or vice-chair of non-profit agency.)

Proposed Project Period (month/day/year):  
From October 1, 2016 To September 30, 2017
Personnel Budget Narrative- Job Descriptions must be submitted for each personnel position requested * All sources of match must be identified:

Funding is being requested for the salary and partial benefits for one Full-time Case Manager to continue providing comprehensive needs support to participants in the Sarpy County Mental Health Intensive Case Management Program. This person will be responsible for providing intensive case management services for clients including assistance with receiving appropriate mental health/substance abuse treatment, applying for benefits, establishing housing and entering education or job placement programs. Additionally, the Case Manager will help to provide participant transportation to and from appointments as needed. Please see the attached Job Description. The Case Manager works 100% of her time in the Mental Health Case Management Program.

TOTAL REQUEST = One Case Manager at $57,028

Sarpy County will contribute $21,080 of the Case Manager’s benefits as matching personnel funds.

TOTAL MATCH= $21,080
<table>
<thead>
<tr>
<th>Position</th>
<th>#N Or #E</th>
<th>Current Annual Salary</th>
<th>% Time Devoted</th>
<th>Amount Requested</th>
<th>Match</th>
<th>Subtotal</th>
<th>Requested Fringe</th>
<th>Match Fringe</th>
<th>TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE Case Manager</td>
<td>E</td>
<td>$49,850</td>
<td>100%</td>
<td>$49,850</td>
<td>$0</td>
<td>$49,850</td>
<td>$7,178</td>
<td>$21,080</td>
<td>$78,108</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Personnel Budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*N for New; E for Existing
## Salary Schedule 10/1/16-9/30/17

<table>
<thead>
<tr>
<th>Name</th>
<th>Class Date</th>
<th>Gr</th>
<th>B-Weekly Rate</th>
<th>Hrly Rate</th>
<th>PPhrs</th>
<th>Subtotal</th>
<th>Subtotal</th>
<th>7/1/17-8/30/17 2% COL</th>
<th>Subtotal</th>
<th>Total Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hurt, Ashlie</td>
<td>1/21/2017</td>
<td>5</td>
<td>$23,300</td>
<td>$14,867</td>
<td>640</td>
<td>$24,120</td>
<td>620</td>
<td>$22,190</td>
<td>4</td>
<td>$12,792</td>
</tr>
<tr>
<td>Total Regular Time Salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Salaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td>6.75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,365</td>
<td></td>
<td>$3,365</td>
</tr>
<tr>
<td>Social Security</td>
<td>7.59%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,813</td>
<td></td>
<td>$3,813</td>
</tr>
<tr>
<td>Total Benefits</td>
<td>Monthly</td>
<td># months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance Fam Oct-Dec 2016</td>
<td>$1,546.58</td>
<td>3</td>
<td>$4,640</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance Fam Jan-Sep, 2017</td>
<td>$1,704.54</td>
<td>9</td>
<td>$15,341</td>
<td>10% Increase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Fam Oct 2016-Jun 2017</td>
<td>$93.96</td>
<td>9</td>
<td>$576</td>
<td>5% Increase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Fam Oct 2016-Jun 2017</td>
<td>$67.15</td>
<td>3</td>
<td>$201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life &amp; AD&amp;D</td>
<td>$5.10</td>
<td>12</td>
<td>$61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTD -50% annual salary</td>
<td>$20.58</td>
<td>12</td>
<td>$246</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Insurance Benefits - Match</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$21,080</td>
</tr>
</tbody>
</table>

| Total Salary, Retirement, Soc Security | $57,028 | 73% | Grant
| Total Insurance Benefits | $21,080 | 27% | Match
| Grand Total | $78,108 |    |
Sustainability:

Describe:

1. Sarpy County is the fastest growing county in Nebraska with a population of 172,193. Sarpy County is located just south of the City of Omaha and is home of Bellevue, Gretna, La Vista, Papillion, and Springfield. Sarpy County is also home of Offutt Air Force Base. Sarpy County has the third largest population in the state of Nebraska behind Omaha and Lincoln.

The powers of the County as a political body are carried out by the County Board of Commissioners. The Sarpy County Board of Commissioners is an elected panel of five Officials representing the five districts of the County. The County Board oversees all County funds and County business, manages all County roads and right-of-ways and maintains a comprehensive One and Six Year Road Program, examines all accounts, receipts, and expenditures, created the Planning Commission to make, adopt, amend, extend, and implement the Comprehensive Development Plan and adopted the zoning rules and regulations, levies and collects taxes, provide suitable courthouse, jail, and other necessary County buildings, and has the power to sell, convey, exchange, or lease any real or personal estate owned by the County and is involved in all County real estate transactions.

In addition, the County Attorney, Public Defender, County Assessor, County Clerk, County Treasurer, Register of Deeds, Clerk of District Court, Clerk of County Court, District and County Court Judges, Jury Commissioner/Election Commissioner, County Engineer, and the Sarpy County Sheriff are all publicly elected officials. The Sarpy County Vision Statement is to improve the quality of life in Sarpy County by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities.

The philosophy of teamwork and collaboration is anchored in the shared values of: Accountability, Professionalism, Responsiveness, Family Values, Integrity, Compassion, Commitment, and Respect for Diversity. The County Board meets every Tuesday to hear, vote on, and approve resolutions on expenditures and County related business such as: contracts, agreements, grant requests, and planning. The County Board has oversight for all County business and the Chairman of the Board is the Authorized Official for the County and has signing authority upon Board approval for all County documents.

Sarpy County employs over 600 active employees. The Sarpy County Campus includes the Courthouse Building, Administration Building, two separate Annex Buildings, the Sarpy County Law Enforcement Center, the Sarpy County Sheriff’s Office, Sarpy County Juvenile Justice Center, Sarpy County Jury and Election Offices, and the Public Works Offices.

The Criminal Justice side of Sarpy County’s services include: County and District Court, County Attorney and Child Support Enforcement, Public Defender, Sarpy County Sheriff’s Office, Sarpy County Jail Administration, Sarpy County Adult and Juvenile Diversion, Sarpy County Adult Pre-Trial Release Services (Community Corrections), Sarpy County Juvenile Justice Center and Reporting Center, Sarpy County Victim Witness Unit, Sarpy County CASA Program, Juvenile and Adult Community Services, Sarpy County Adult and Juvenile Drug Treatment Courts, and Sarpy County Human Services. In addition, Sarpy County is the seat for District #2 State Juvenile and Adult Probation.
The Criminal Justice Coordinating Committee (CJCC) is a large group of Sarpy County Justice Representatives who meet quarterly to discuss Sarpy County’s criminal justice problems, current trends, future justice needs, juvenile issues, adult issues, impacts of new legislation, and funding issues/opportunities. At every meeting, sub-committee updates are given and several agenda items are discussed. The Committee includes: Sarpy County Sheriff’s Office, Public Defender, Sarpy County Attorney’s Office, Sarpy County Juvenile Court Judges, Sarpy County District and County Court Judges, Sarpy County CASA, District and County Court Clerks, Pretrial Release, Community Services, District #2 Probation, Sarpy County Fiscal Administration, Sarpy County Administration, Sarpy County Commissioner, Sarpy County Information Services, Region 6, Sarpy Human Services, Sarpy County Jury Commissioner, Sarpy County Diversion Services, Sarpy County Juvenile Justice Center, Bellevue Police Department, Papillion Police Department, and LaVista Police Department.

2. Long-term sustainability plan.
Sarpy County became concerned with the increase of people coming into contact with the criminal justice system who were exhibiting mental health problems. The Criminal Justice Coordinating Committee (CJCC) began to discuss how to appropriately and successfully assist these individuals and began to look for opportunities to adequately serve people suffering with mental health issues and/or co-occurring substance abuse problems. A Mental Health Sub-Committee was formed and began to research funding opportunities in order to begin a Mental Health Program.

Since the program began in 2013, Sarpy County has accomplished several important milestones in the Mental Health Case Management Program. In addition to applying for and subsequently being awarded funding through the JAG grant, Sarpy County Mental Health Intensive Case Management Program has also accomplished the following:

- Regular presentations to the Criminal Justice Coordinating Committee (CJCC).
- Case Manager continued to serve clients in the Program. Current case load is 28 clients.
- Approached Region 6 to obtain additional funding for the Program.
- Held monthly meetings with Mental Health Diversion to develop a continuum of care and allow eligible clients to have their cases diverted in order to avoid a criminal conviction.
- Collaborated with Mental Health Diversion to provide MHCM clients an opportunity to meet with the Case Manager at the Mental Health Diversion office located in LaVista, Ne. This has allowed for clients who live further away to meet with the Case Manager at a closer/more convenient location.
- Conducted approximately ten training/networking events with area providers to learn about services provided and how to access those services.
- Continued working with neighboring Douglas County and Metro Community College to implement a re-entry program that will provide educational services and job training to clients in community based programs as well as currently incarcerated individuals. As a result of these efforts, a GED program was implemented in the Sarpy County jail.
- Established a transportation program to provide services to clients in the court system. Grant funding has been awarded through MAPA to continue this program.
- County Commissioner Carlisle visited California to examine their unique hospital care facility for the mentally ill.
• The Director and Mental Health Diversion Manager visited the new inpatient psychiatric hospital in Fremont, NE to explore a possible partnership for service delivery.
• Members of law enforcement, attorneys, the Director of Pretrial Services, Commissioner Carlisle and staff from the Bellevue Medical Center met to discuss the EPC process and how it can be improved.

3. Discuss the contingency plan should the project not receive funds.

Project evaluation will include a study of the cost savings aspect of a Mental Health Intensive Case Management program. This will help create documentation that continuing the program will result in a cost savings in terms of incarceration, law enforcement, and court costs that will support the redirection of resources into providing more appropriate service delivery for this population. The sustainability plan is to demonstrate this cost savings aspect in order to establish on-going support from county and local government sources. Grant funding will be crucial in allowing the time necessary to definitively establish both the program’s positive outcomes and cost savings to create a persuasive case for on-going and additional government funding of the program.

In the event that funding is not received, Sarpy County will request that the Budget Committee reconsider and approve the use of County funds to help sustain the Program. Sarpy County has a successful record of sustaining programs which were initially awarded with start-up funding from the Nebraska Crime Commission. Some of these programs include: Sarpy County Juvenile Reporting Center, The CARE Program, and the Juvenile Justice Assessment Center.

Sarpy County underwent a comprehensive Justice System study which was conducted by Karen Chinn to help officials plan for future needs. One of the recommendations from the study conducted in 2004, as well as the new study, in 2013, was to expand Pretrial Release and Supervision Services to assist the jail with some over-crowding situations due to incarcerating non-violent offenders and those that could be released under supervision if there were intensive programs available. Sarpy County’s jail population has increased and county resources will need to be redirected toward more community based corrections programs such as Mental Health Case Management and other community based correctional programs.

The Sarpy County Attorney’s Office has implemented a Mental Health Diversion Program and hired a Mental Health attorney, who works closely with the Case Management Program through Pretrial Release Services. County resources are also being utilized for a FT Mental Health Diversion Officer. Sarpy County Diversion and Pretrial Release work together to assist individuals with mental health issues who have come into contact with the justice system. Some cases are diverted through the County Attorney’s office when deemed appropriate, allowing individuals an opportunity to by-pass court, working directly with Diversion to have their charges dismissed upon successful completion of the Mental Health Diversion Program.

Additionally, in June 2015, the Sarpy County Board of Commissioners approved the Stepping Up Initiative Resolution which was introduced by NACo (National Association of County Officials) in conjunction with the Council of State Governments (CSG) Justice Center, the American Psychiatric Foundation (ASF), and the U.S. Justice Department’s Bureau of Justice Assistance. The goal of this Initiative is to support counties of all sizes in reducing the number of people with mental illnesses in jails. As a part of the Call to Action for the Stepping Up Initiative, NACo and the partners called on counties to pass a resolution in support of the reduction of people with mental illnesses in jails. Sarpy
County fully supports this Initiative and has been proactive with regard to the reduction of people with mental illness in jail through the implementation of the Mental Health Case Management Program through Pretrial Release and Mental Health Diversion services.

**Problem Statement:**

1. **Problem Statement:**
   The problem to be addressed by this grant application is: The Sarpy County criminal justice system has seen a significant increase in challenges resulting from individuals with mental illness. Incarcerated individuals in crisis as a result of untreated mental illness pose a substantial risk not only to themselves, but to other inmates and County Jail personnel. Defendants with untreated mental illness that are released from custody pending trial pose a risk to the community and face challenges appearing in court and participating in the judicial process.

2. **Description of the Problem:**
   Sarpy County is requesting continuation grant funding for the Mental Health Intensive Case Management Program. This Program assists some mentally ill persons involved in the criminal justice system by providing intensive case management services designed to help them establish independent living skills, manage their mental illness and reduce their future contacts with the criminal justice system. According to the Bureau of Justice Assistance, People with mental illness are significantly represented in the segment of the population in contact with the criminal justice system. Approximately 5% of the U.S. population has a serious mental illness...while about 16% of the prison or jail population has a serious mental illness. Of the 10 million people booked into U.S. jails in 1999, at least 700,000 had a serious mental illness and approximately three-quarters of those individuals had a co-occurring substance abuse disorder (www.bja.gov/programdetails).

A 2006 Justice Department analysis stated that 1.2 million people in state, local, and federal custody reported some kind of mental health problems. The numbers represented 64% of those in jails, 56% of state prison inmates, and 45% in the federal prison system. Locally, in 2008, approximately 1,100 adults with mental illnesses were incarcerated in jails and prisons in Nebraska. Additionally, an estimated 21% of female and 14% of male jail inmates nationally live with serious mental illness (www.nami.org). In many cases, it is a constant cycle of arrest and incarceration, mostly involving minor offenses. According to a 2006 Bureau of Justice Statistics report, 48% of mentally ill inmates are charged with a drug related crime (2006 BJS report).

County jails throughout the country have become de facto mental institutions. In a new comprehensive national survey, conducted by Public Citizen and the Treatment Advocacy Center, staff in county jails report significant challenges faced by jails, almost all of which reported housing inmates with serious mental illnesses. According to the Treatment Advocacy Center’s report, “The horror stories from family members and law enforcement alike should galvanize the country to make substantial reforms to our mental health system that would allow necessary and appropriate treatment before people become entangled in the criminal justice system” (www.treatmentadvocacycenter.org).

In the survey, 95.7% of the jails reported having some inmates with serious mental illnesses while 21.3% of all jails reported that 16% or more of their inmate population were seriously mentally ill. Three-quarters of the jails reported seeing more numbers of seriously mentally ill inmates
compared to ten years ago, and one third of the jails described the recidivism rate for these inmates as higher than that of the general inmate population (www.treatmentadvocacycenter.org).

Stress of incarceration can exacerbate symptoms and lead to mental health crises, requiring intervention measures. The extra time and attention required by persons with mental illness in the justice system can be very costly and can interfere with a person’s ability to meet obligations to the courts or to corrections programs which result in re-arrest and violations of pretrial release, probation, parole, or other court orders.

These problems are apparent locally as Sarpy County continues to experience an increase of people with mental illness coming into contact with the justice system. In 2013, there were a total of 5,081 people booked into County Jail and 576 of those (11%) were treated in the Jail for some sort of mental illness. In 2014, 26 inmates were placed on Level 1 Behavioral Watch and 83 inmates were placed on Level 2 Behavioral Watch. During 2015, 28 inmates were placed on Level 1 Behavioral watch and 70 were placed on Level 2. Of the inmates booked into the Sarpy County jail with mental illness in 2015, 136 had multiple bookings. Level 1 indicates immediate danger to themselves and Level 2 indicates mental health concerns and potential self-harm issues exist.

In order to address problems associated with incarcerating people with mental health issues, Sarpy County applied for grant funding to begin the Intensive Mental Health Case Management Program. When the Mental Health Case Management Program was implemented, the Director of Pretrial Services worked with the staff of the Sarpy County jail to implement a validated assessment tool that could be used at the time of booking to identify inmates with mental health issues. Prior to the jail implementing the “Brief Jail Mental Health Screening” tool (BJMHS), the jail gave inmates a five question survey to indicate if the inmate had a history of mental illness or if he/she was currently suffering from mental health issues.

In 2010, 808 inmates answered yes to one of the questions. When asked what their serious medical condition was, 141 individuals (17%) indicated that they had some sort of mental health issue. Some of the mental health conditions given were: PTSD, Depression, Bi-Polar, Anxiety, Schizophrenia, Social Anxiety, ADHD, mood disorders, Panic attacks, and alcohol and drug addictions. Of all individuals responding, 264 (33%) reported current suicidal ideations or past suicide attempts and 83 inmates (11%) had multiple bookings into the jail.

In 2011, 1,283 inmates answered yes to one of the questions. 196 (15%) reported mental health issues and 396 (31%) reported current suicidal ideation or previous suicide attempts, 179 (16%) had multiple bookings during 2011. In 2012, 1,259 inmates booked into the jail answered yes to one of the questions. Of these inmates, 271 (22%) reported mental illness and 353 (28%) reported current suicidal ideation or past suicide attempts. Of those responding, 166 inmates (15%) had multiple bookings during 2012.

During 2013, 1,131 inmates answered yes to one of the questions. Of these, 395 (35%) reported current suicidal ideation of past suicide attempts. 259 inmates (23%) reported having a mental health diagnosis. Of those responding, 96 (8%) had multiple bookings. Many of these were charged with non-violent or property offenses, such as, trespassing, disorderly conduct, criminal mischief, littering, or lewd conduct, which are likely to not to have been committed except for the mentally ill status of the offender.
In January 2014, the jail began administering the BJMHS to all inmates booked into the Sarpy County jail. Inmates answering yes to certain questions, or a combination of questions, are referred to Pretrial Release for further assessment by the LMHP and possible referral into the Mental Health Case Management Program. In 2015, 1,231 BJMHS’s were administered, 321 were referred for further assessment. The LMHP conducted 71 further assessments (assessments were not conducted on sentenced inmates, as they are not eligible for Mental Health Case Management).

Prior to being awarded JAG funding in November 2013, there were no services or resources in Sarpy County to give clients the significant amount of attention they require in order to help them become stable and keep them from recidivating. The Pretrial Mental Health Case Management Program accepted its first clients in February 2014. The clients who participate in the program benefit from assistance with addressing mental health and substance abuse issues while navigating the court system. Each case has presented triumphs and obstacles; however, there is one client in particular who would not have been able to make the progress he made if the Mental Health Case Management Program was not been in place.

This particular client was booked into the Sarpy County Jail on December 16, 2014 for Criminal Mischief $1,500 or more. The client was not initially referred for a further mental health evaluation through the Brief Jail Mental Health Screening, however, the client was screened for traditional Pretrial Release and it was identified through that interview that he had a psychiatric history including being diagnosed with Schizophrenia and was currently prescribed psychotropic medications.

A Mental Health Case Management (MHCM) screening was done and revealed the client had a Board of Mental Health (BOMH) petition filed in January 2014. The client had been hospitalized in January 2014 due to making self-harming threats and outbursts of anger directed towards his mother. At the time of the MHCM screening the client was networked with Community Alliance for medication management as a result of the BOMH petition. The client met the criteria for the Mental Health Case Management Program and it was deemed the client could benefit from case management focused on accessing mental health services and accountability for continued participation in mental health services. It was apparent during the evaluation process that jail was not an appropriate place for this client and his mental health needs could be better addressed through the Mental Health Case Management program.

The client was placed on Pretrial Mental Health Case Management on December 17, 2014 with a $5,000 signature bond. The client completed a baseline urinalysis which was positive for marijuana. At the time of the baseline urinalysis, the client admitted to using marijuana a couple of weeks prior to being arrested. The client began submitting to random drug and alcohol testing on weekly basis as well as meet with the Case Manager. The weekly meetings allowed for assessment of the client’s needs and strengths and to review the client progress on reaching goals set forth in the case planning process. The client completed the Pretrial Mental Health Needs and Strengths Assessment which identified employment, social support system, medication compliance, depression, anxiety, and substance abuse as areas of need. At the beginning of the case planning process, the main focus was working with the client on maintaining sobriety.

The client struggled with maintaining sobriety for several months while working with the Case Manager. The client sought out a chemical dependency evaluation with Lutheran Family Services on February 27, 2015, the evaluation recommended Intensive Outpatient (IOP) treatment. The client continued to struggle with maintaining sobriety while waiting for IOP treatment to start. The
Case Manager recommended the client seek out an addendum to the previously completed chemical dependency evaluation due to the client's continued use of marijuana. An addendum was completed April 6, 2015 recommending the client seek out long term residential treatment. The client actively worked on seeking out the recommended level of treatment but the client ran into some barriers with releases of information and the wait lists for co-occurring inpatient treatment were several weeks long.

In March 2015, the client was referred by Case Manager to meet with Mental Health Diversion. The client met with Mental Health Diversion on March 6, 2015. If the client was accepted into the Mental Health Diversion program and completed the Mental Health Diversion program successfully, he would be given the opportunity to have his charges dismissed. At the time of the meeting, the client was still testing positive for marijuana. The client would not be accepted into to the Mental Health Diversion program until he had 30 days of sobriety and negative tests.

In the meantime, the client attended Alcoholics Anonymous on a weekly basis. The client's first negative test for illegal substances was April 29, 2015, however, the client had two lab confirmed positive tests for Marijuana after his first negative test. These occurred on May 7, 2015 and May 13, 2015. The client did not admit use, and stated that he remained abstinent from using since April 8, 2015. In early May 2015, the client found out that he was not accepted into long term residential treatment due not seeking out short term residential treatment first. A referral was completed by the Case Manager on May 4, 2015 to participate in a Pretreatment Group twice a week to prepare for treatment. The client met with Lutheran Family Services again on May 11, 2015 to complete an updated substance abuse evaluation which again recommended Intensive Outpatient treatment due to the client's recent negative tests. The client was admitted into co-occurring Intensive Outpatient Treatment on May 11, 2015 with Lutheran Family Services. The client tested negative for controlled substances on May 14, 2015 and remained negative for the remaining time he was assigned to Mental Health Case Management.

Due to the client testing negative with 30 days of sobriety, the client completed the Mental Health Diversion intake on July 9, 2015 and was accepted into the Mental Health Diversion program. The client continued to be supervised by Pretrial Mental Health Case Management until he was formally removed from Prettrial by the Judge. As a part of Mental Health Diversion the client was referred to work with Douglas County Mental Health Peer Support. The client was able to meet with a Peer Support Specialist on a frequent basis for additional support in regards to maintaining sobriety and mental health stability.

The client completed IOP with Lutheran Family Services in August 2015 and was admitted to outpatient treatment on August 11, 2015. The client completed Level I Outpatient Treatment on November 3, 2015. In addition to working with the client on maintaining sobriety, the Case Manager also worked with the client on seeking out employment services. The client was referred to work with Vocational Rehabilitation but struggled with finding employment that was suitable to his disability/diagnosis. The job coach worked with the client on seeking out appropriate employers, filling out applications, and working on interviewing skills. During the time the client was working with Community Alliance, he was approved for Social Security disability payments. The client decided in July 2015 that he was going to return to school for Mechanical Design and Welding. The client started school in September 2015.

On November 10, 2015 the client was formally removed from Prettrial Mental Health Case Management and on November 13, 2015 the client's case was dismissed. With the assistance and
encouragement of the Mental Health Case Manager, the client was proactive in seeking out, participating in, and completing treatment for substance abuse. The client actively participated in medication management with Community Alliance, and remained medication compliant. The client was good about seeking help and support from his Mental Health Case Manager when needed. The client reported at the completion of the Mental Health Case Management program that his Schizophrenia symptoms remain manageable and controlled with medication and his anxiety levels have been stable for several weeks. The client actively participated in his court case and did not fail to appear for any court hearings. This client is truly an excellent example of Sarpy County providing a client with wrap around services through grant funding and community resources to adequately meet his mental health and substance abuse needs so he could become a productive member of society.

It is the intention of the Sarpy County Pretrial Mental Health Case Management program to continue to provide assistance and support for clients in similar situations, thus promoting public safety and client well-being. This client has proven that with adequate assistance and continuous monitoring, people with mental health issues can stop the cycle of recidivism, maintain sobriety, and work toward a healthy future.

### 3. Statistical Documentation of the Problem:

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons that were seen by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the Counselor while incarcerated</td>
<td>631</td>
<td>917</td>
<td>807</td>
<td>553</td>
<td>464</td>
<td>982</td>
<td>+55.6%</td>
</tr>
<tr>
<td>Number of persons seen by a</td>
<td>22</td>
<td>24</td>
<td>18</td>
<td>23</td>
<td>190</td>
<td>208</td>
<td>+845%</td>
</tr>
<tr>
<td>psychiatrist while incarcerated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals placed on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1 behavioral watch in the</td>
<td>18</td>
<td>34</td>
<td>27</td>
<td>32</td>
<td>26</td>
<td>28</td>
<td>+55.5%</td>
</tr>
<tr>
<td>County Jail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of individuals placed on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2 behavioral watch in the</td>
<td>51</td>
<td>55</td>
<td>71</td>
<td>48</td>
<td>83</td>
<td>70</td>
<td>+37.3%</td>
</tr>
<tr>
<td>County Jail</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of inmates reporting current</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mental health issues on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>intake survey</td>
<td>141</td>
<td>196</td>
<td>271</td>
<td>259</td>
<td>341</td>
<td>321</td>
<td>+128%</td>
</tr>
<tr>
<td>Percentage of persons on pretrial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>release charged with substance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abuse related crimes</td>
<td>36%</td>
<td>51%</td>
<td>53%</td>
<td>45%</td>
<td>49%</td>
<td>46%</td>
<td>+27.8%</td>
</tr>
<tr>
<td>Total number of persons served by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the Mental Health Case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Program</td>
<td>NA*</td>
<td>NA*</td>
<td>NA*</td>
<td>NA*</td>
<td>57</td>
<td>88</td>
<td>+54.4%</td>
</tr>
<tr>
<td>Total number of persons placed on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pretrial release program</td>
<td>134</td>
<td>255</td>
<td>333</td>
<td>374</td>
<td>368</td>
<td>330</td>
<td>+146%</td>
</tr>
</tbody>
</table>

*First clients were accepted in February 2014
**Explanation of Statistical Documentation**

- The number of people seen by the psychiatrist while incarcerated increased 845% from 2010 – 2015.
- Pretrial Release Services has experienced a 146% increase from 2010 – 2015 as a way to establish Alternatives to Incarceration (ATI) programs and community correctional services that pair sanctions with therapeutic services, helping to alleviate jail over-crowding issues.
- The percentage of people placed on Pretrial Release experiencing substance abuse issues has increased 27.8% between 2010 and 2015.
- The number of inmates reporting current mental health issues on intake survey increased 128%.
- The number of persons placed on the Mental Health Case Management Program has increased 54.4% from 2014 to 2015 *(MHCM became operational in January 2014)*.
- ***It should be noted that the Counselor was not available in the jail in January/Feb 2014, and there was no psychiatrist on staff in September/October 2014.*
Current Efforts:

Nebraska Legislative Bill (L.B. 1083), Nebraska Behavioral Health Services Act, passed in 2004, has ushered in a period of mental health reform across the state. L.B. 1083 addresses the lack of community-based mental health treatment infrastructure in Nebraska. As a result, stakeholders in Sarpy County worked to establish a mental health treatment system that addresses the needs of the community's mentally ill.

Beginning in late 2011, the Sarpy County Criminal Justice Committee (CJCC) began discussions on the mental health issues in the County Jail and how to alleviate problems associated mentally ill persons who are incarcerated.

In March 2013, the CJCC voted to form a sub-committee in order to specifically address the ongoing problems associated with mentally ill individuals coming into contact with the justice system. This sub-committee meets quarterly, working toward the goal of establishing alternatives to incarceration (ATI) programs and community correctional services that pair sanctions with therapeutic services. Discussions in meetings center around a common theme of getting people with mental illness the help they need to avoid future contacts with the justice system and alleviate over-crowding in the County Jail with non-violent offenders.

The County Attorney’s Office has implemented a Mental Health Diversion program. Pretrial Release and Mental Health Diversion conduct regular meetings to determine if Case Management clients may be eligible for Diversion at some point. The sub-committee has offered training/networking events to county employees at which providers from the community presented on the services and how to access these services. Numerous meetings have occurred between CJCC members and various providers in the area to learn about available services and how to access them.

Nebraska Legislative Bill 605 passed in 2015, changing the way criminal cases are adjudicated. In addition to reclassifying numerous offenses, LB 605 mandated that all defendants sentenced to a period of incarceration for one year or less serve their sentences in the County jail, as opposed to the Department of Corrections. This legislation placed an additional burden on already overcrowded County jails. Programs like Pretrial Services and Mental Health Case Management are essential in assisting jails in relieving overcrowding and maintaining compliance with Nebraska Jail Standards.

The Sarpy County Sheriff’s Office is implementing Crisis Intervention training to deputies. CIT training emphasizes recognition of mental illness, assisting to diffuse situations before they result in arrest and can offer alternatives to arrest when dealing with a mentally ill person. CITs have been recognized as an evidence-based practice under Byrne/JAG funding in several states and jurisdictions around the country. [Link: www.ncjrs.org/policypractice/law_enforcement]. Sarpy County also has a contract with Heartland Family Services, ASAP program to provide on-site assessments for inmates in mental health crisis. In 2015, ASAP staff responded to the jail on 101 occasions (up from 67 in 2014) to offer assessments on inmates in crisis; three inmates were put in emergency protective custody (EPC) as a result. All of these new interventions, along with the Mental Case Management Program, help to create a continuum of services designed to improve outcomes for those mentally ill individuals who enter the criminal justice system in Sarpy County.
The *Stepping Up Initiative* was passed by the Sarpy County Board of Commissioners in June 2015. The goal of this Initiative is to reduce the number of persons with mental health issues in jails across the country. The *Stepping Up Initiative* is a partnership between county governments, state governments, the Bureau of Justice Assistance, and the American Psychiatric Foundation (APF). Additionally, during 2014-2015, County officials and department’s began to partner more with Region 6 to assist mentally ill persons with services. Sarpy County applied to attend the *Stepping Up Initiative Conference* in 2016. Although our application was not accepted, Sarpy County is working on gathering data from various departments to support a future application.

The criminal justice system plays an important role in mental health reform. This project provides an opportunity to partner with community providers at a time when they are developing their capacity to provide more care options. Continuation of the Mental Health Case Management Program is a crucial component in reducing recidivism among those clients who are mentally ill.

**Project Operation:**

Sarpy County is requesting grant funds to continue the Mental Health Intensive Case Management Program to assist some mentally ill persons who are arrested and in the criminal justice system by providing intensive case management services designed to help them establish independent living skills, manage their mental illness, abstain from drugs and alcohol, and reduce their future contacts with the criminal justice system.

The goals of the Sarpy County Intensive Mental Health Case Management project are to:

- Promote public safety by providing resources and case management to persons with mental illness and monitor compliance with treatment plans and Court orders
- Provide courts, counsel and providers with compliance reports and progress updates regarding clients’ treatment plans and Court ordered conditions of release
- Promote communication and collaboration between community stakeholders, treatment providers, law enforcement, corrections personnel and the Courts. Improve communication between professionals and individuals with mental illness and families of those with mental illness.
- Reduce the number of incarcerations for people with mental illness
- Reduce recidivism among individuals with mental illness.

According to the Treatment Advocacy Center’s recommendations from a recent study, the following interventions are needed to help county jails in diverting individuals with mental illnesses:

- Diversion programs that prevent the entry of mentally ill individuals into the criminal justice system by providing extensive training for on how to recognize offenders with mental illnesses and refer them to treatment.
- Within jail diversion programs that identify and direct mentally ill offenders to treatment and services.
- Widespread assisted outpatient treatment programs that permit courts to order certain individuals with serious mental illnesses to comply with treatment while living in the community.
- A careful intake screening for individuals with serious mental illnesses in jails in order to identify and transfer them to a mental health care dormitory for further evaluation or treatment.
- Proper mental health treatment for seriously mentally ill inmates inside jails.
- Community-based pre-trial psychiatric competency evaluation and competency restoration treatment for qualifying mentally ill inmates.
- The restoration of a sufficient number of inpatient psychiatric beds to meet the need for inpatient care for mentally ill individuals prior to arrest and when in need of care while incarcerated.
- Mandatory jail pre-release planning for seriously mentally ill inmates to ensure their transition to proper treatment after release (www.treatmentadvocacycenter.org).

**(Bold indicate interventions Sarpy County’s Mental Health Case Management has worked to implement and address)**

Sarpy County will continue a post-booking Mental Health Intensive Case Management program through Pretrial Release Supervision. A post-booking program is one that identifies and works with mentally ill persons after they have been arrested and booked into jail. Each person who is booked into jail will be screened for mental illness. Any person who is identified through the initial screening process as mentally ill will be referred to Pretrial Services who will then assess them for further treatment options and acceptance into the program as a condition of their bond. This assessment includes an interview of the candidate and a review of the candidate’s mental and physical health as well as collateral information obtained from relatives, employers, and providers. Based on the analysis, the screener makes a recommendation to the Judge and counsel for admission to the program.

Appropriate candidates are those who would most likely not be in contact with the criminal justice system were it not for their mental illness and those who exhibit an ability and willingness to seek care and receive assistance from the program. In making a decision as to participation in the program, the Court will consider the assessment provided by the screener as well as the candidate’s criminal history and where the interest of the community is best served.

The participant is assigned to the Case Manager. The Case Manager works with each participant to ensure that they receive all the necessary support services. The Case Manager assists the participants with securing appropriate mental and physical health services, substance abuse treatment, housing, applying for assistance programs, clothing, food, education/training, and employment options. The Case Manager has frequent contact with participants at the beginning of the program to ensure they stick with treatment programs, maintain medication as recommended, trouble shoot problems and work toward long-term goals. The goal of the program is to help each participant establish basic resources including mental health treatment that can be maintained independently following their completion of the program.

The Screener assesses candidates at the county jail facilities. The Case Manager is housed in the Pretrial Release Services department. Sarpy County works with service providers to assist with ongoing treatment plans. Clients exit the program at the conclusion of his/her court case. Generally, this will be at the time of sentencing. However, a client may be released from the program if a violation occurs, the case is dismissed, or at any time at the Court’s discretion. Length of program will vary from person to person depending on Court orders and willingness of the client to fully participate in programming options. Although the program is a collaborative one, with many participating partners, Sarpy County Pretrial Release Services will serve as the leader. Program partners include representatives from the major criminal justice departments in the county including: County Attorney’s Office, District Court, County Court, Public Defender’s Office,
Health and Human Services Office, Community Services, Office of Veteran’s Affairs, the Sarpy County Sheriff’s Office/Law Enforcement Center, and various service providers in the area.

The concept of intensive mental health case management is based on the Problem-Solving Court model. Problem-Solving Courts are an alternative approach to handling criminal justice issues that are designed to focus on offender treatment, victim restitution, and decreasing recidivism. Problem solving courts have often developed around issues where the traditional court system has not been able to adequately address the issue. Specialty problem areas such as drug related crime and domestic violence are often rooted in complex social issues that require comprehensive and coordinated responses. Many jurisdictions have begun applying this practice to the problem of the mentally ill. Mental health case management programs offer a therapeutic driven approach to jurisprudence, focusing on the extent to which the courts can use the opportunity of legal proceedings to promote an outcome that will improve the wellbeing of the accused and of society.

According to the National Center for Justice Planning, Byrne JAG funds are being used in Tennessee to provide mental health services to inmates and those on a post-booking program. Case Managers assist offenders with issues including accessing benefits and continuing treatment upon release. Funds help facilitate and coordinate services for offenders with mental illness or co-occurring disorders, with a primary emphasis on diverting offenders into community services, support and care. The grant has provided funding for support services for offenders returning to the community. The goal is to reduce the number of individuals with mental illness and substance abuse disorders involved in the criminal justice system (www.ncjp.org/policy_practice).

In Iowa, Byrne/JAG funds support a mental health court which provides oversight, correctional supervision, and coordinated treatment services for mentally ill offenders that may face more frequent/lengthy periods of incarceration without significant help. In Colorado, Byrne funds support a Pretrial project that helps defendants spend less time in jail and more time in the community under professional pretrial supervision. The project demonstrated that new practices for bail/bond administration and pretrial services are more effective and sustainable (www.ncjp.org/policy_practice).

The First Judicial District in Waterloo, Iowa received JAG funding to implement a dual-diagnosis program which is a comprehensive approach to providing mental health and co-occurring substance abuse treatment for offenders. The program was established to identify, educate, and treat offenders. It brought together the three professions – mental health, substance abuse, and corrections. The program expects offenders to comply with supervision requirements, medication management, participation in services, and other programming. This program was a JAG Showcase Program for FY2007 (www.ncjp.org/policy_practice/practice/jag_showcase).

Additionally, Douglas County, Nebraska implemented a similar post-booking mental health diversion program that has been very successful in the seven years it has been running. Case Managers work with participants to ensure they receive all the necessary support to achieve independent living. In 2012 alone, Douglas County was able to assist 178 individuals with 78% of the participants successfully completing the program.
## Activity/Timeline:

<table>
<thead>
<tr>
<th>Position</th>
<th>Activity Responsible For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision Specialist/Case Manager/Sarpy County Deputies/Jail Medical Staff</td>
<td>Perform initial screening at the time of booking to refer potential clients to Pretrial Release Mental Health Case Management Program.</td>
</tr>
<tr>
<td>Supervision Specialist</td>
<td>Conduct evaluation and assessment on those individuals that meet initial eligibility criteria at initial booking.</td>
</tr>
<tr>
<td>Supervision Specialist</td>
<td>Make recommendations to the Court for placement into the program after evaluation and assessments are complete. Recommend conditions of bond to the Court; ex: electronic monitoring, evaluation(s), programming, etc…</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Manage and monitor individuals in the Program; includes frequent contact, assistance with transportation to and from Court, community based services and appointments on a regular basis.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Conduct drug and alcohol testing and report compliance with electronic monitoring, communicate with service providers and Supervision Specialist.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Evaluate individual progress on a regular basis and report to Director.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Participate in team meetings with providers and other stakeholders to discuss progress and compliance of clients.</td>
</tr>
<tr>
<td>Case Manager</td>
<td>Accurately report compliance and progress to the Court upon request.</td>
</tr>
<tr>
<td>Case Manager/Grant Coordinator</td>
<td>Complete Quarterly Performance Reports.</td>
</tr>
<tr>
<td>Case Manager/Supervision Grant Coordinator</td>
<td>Work with County officials on future funding options/write grant for additional funding and possible expansion of the Program based on gathered statistics.</td>
</tr>
</tbody>
</table>
## Objectives/Performance Measures:

### Goal: Employ Personnel
**Objective #1** Full-time Case Manager paid for by JAG Funds

<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>Baseline Statistics</th>
<th>Projected Results (Outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased contact with offenders</td>
<td>697 meetings</td>
<td>600 meetings</td>
</tr>
<tr>
<td>Reduce number of inmates in custody with mental health issues</td>
<td>321</td>
<td>300</td>
</tr>
<tr>
<td>program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase number of participants placed on the program</td>
<td>123 placed on program</td>
<td>175 placed on program</td>
</tr>
<tr>
<td>Reduce Recidivism</td>
<td>29% received new charges</td>
<td>25% received new charges</td>
</tr>
</tbody>
</table>
### Goal: Offer Services to Clients

#### Objective #1 Assist clients in meeting basic needs/transportation services

<table>
<thead>
<tr>
<th>Performance Indicators:</th>
<th>Baseline Statistics</th>
<th>Projected Results (Outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide transportation services when needed</td>
<td>91 rides provided</td>
<td>NA Funding not requested</td>
</tr>
</tbody>
</table>

| Assist clients in finding jobs, housing, and other services to meet basic living needs. | 34 referrals | 45 referrals |

#### Objective #2 Refer Clients for evaluation/treatment/medication

<table>
<thead>
<tr>
<th>Performance Indicators:</th>
<th>Baseline Statistics</th>
<th>Projected Results (Outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist clients in locating service providers for evaluations, treatment, and free/low cost medication if needed.</td>
<td>62 referrals</td>
<td>70 referrals</td>
</tr>
</tbody>
</table>

| Use JAG funding or other funding sources to help clients if meet financial guidelines. | NA Funding not requested | NA Funding not requested |

*copy as needed*
**Applicant Disclosure of Pending Applications:**

Applicants are to disclose whether they have pending applications for federally and or state funded grants that include requests for funding to support the same project being proposed under this solicitation and will cover the identical cost items outlined in the budget in the application under this solicitation. **Please mark none if you have no pending applications.**

<table>
<thead>
<tr>
<th>Federal or State Funding Agency</th>
<th>Solicitation Name/Project Name</th>
<th>Name/Phone/E-mail for Point of Contact at Funding Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Continuation Information:

1. Describe the most recent (past year) funded grant project’s accomplishments and milestones.

Over the last year, the Mental Health Case Management Program had several accomplishments. This year was the 3rd successful year for the program. Based on the efforts of the MHCM to implement a transportation program due to a lack of public transportation, a transportation steering committee was formed and Sarpy County is undergoing a long range transportation feasibility study. Monthly meetings with Mental Health Diversion have continued in an effort to divert eligible clients in order to avoid criminal convictions. Due to the collaboration with Mental Health Diversion, MHCM has gained access to an offsite office (Mental Health Diversion moved off the courthouse campus), which allows clients to meet with the case manager at either location.

Approximately ten networking/training sessions were held this year with various providers in the area in order to build relationships and learn about available services. Several site visits to providers occurred this year as well. Building and maintaining relationships with agencies has been a constant focus of MHCM. The County Board passed the Stepping Up Initiative, which aims to reduce the number of inmates in jail with mental illness. Commissioner Carlisle visited California to examine their unique hospital for the mentally ill, in order to bring back ideas that could possibly be implemented in Sarpy County.

2. List the results of the project’s measurable outcomes achieved.

The Mental Health Case Management program had several measurable outcomes in 2015 (previous year’s baseline statistics are in parentheses). The main goal of the MHCM program is to reduce the number of incarcerated individuals with mental illness. In 2014, the baseline number of inmates with mental illness was 321. According to jail records, that number was reduced to 300 in 2015. A main focus of the program is supervision through frequent contact. The Case Manager conducted 697 meetings with clients in 2015 (415). 883 (694) urinalysis tests were conducted in 2015, with 68 positive tests (71). Since the program’s inception in 2014, 156 clients have been assigned to the MHCM program. Reducing recidivism has proven to be difficult, as 29% of clients that participated in MHCM in 2015 received new charges (excluding traffic). Transportation continues to be an issue for several clients; MHCM provided 91 rides (111) to clients in 2015 to assist them in making court appearances and meetings with the Case Manager. The Case Manager continued to make referrals to agencies to assist clients in meeting basic needs, such as housing, employment and other types of assistance; 34 referrals (47) were made in 2015. The Case Manager sent 62 referrals (32) to service providers for evaluations, treatment and medication assistance.

3. Explain any problems, barriers or challenges during the previously funded grant project. Discuss how these were addressed and the end results.

Over the last year, a few barriers were encountered. Accessing services in a timely manner continues to be a problem. MHCM typically refers clients to Region 6 agencies for services, there were times that evaluations could not be scheduled for 6-8 weeks out. This was problematic due to many of these evaluations were ordered by the court and due prior to when an appointment could
be scheduled. The Case Manager worked diligently to develop secondary plans with clients and encouraged them to follow through with the backup plan if issues arose. Another issue that arose regarding Region 6 providers was that they do not provide standalone mental health evaluations, which are often ordered by the Court. The Case Manager referred clients to other agencies; however, one of the agencies stopped providing mental health evaluations for a brief time, which delayed compliance with Court orders. Some clients were able to obtain mental status exams through their therapists.

Obtaining medications once released from custody was also an issue that arose frequently. The Case Manager addressed this by obtaining a list of medications upon release from jail, referring clients to medication management agencies and encouraging clients to see an APRN or psychiatrist as soon as possible. Residence stability was another issue that occurred with several clients over the last year. A few clients were ordered by the Court to reside at a specific homeless shelter which provided housing for 30 days; however, clients struggled to find suitable housing after the 30 days. To overcome this barrier, the Case Manager referred clients to other agencies and shelters that assist the homeless in obtaining more permanent housing.

4. Clearly state how continuation funding is vital to the ongoing success of the program.

Ongoing funding of the Mental Health Case Management Program is crucial in order to keep the program operational. The program gives the Courts a community based alternative to incarceration. Without this option, many clients who have participated in MHCM would have remained in jail during the trial phase of their cases. Clients do not receive the necessary services to treat mental illness while in custody, thus perpetuating the cycle. The Case Manager’s position, for which we are seeking funding, has allowed Pretrial Services to provide intensive case management services, which traditional Supervision Officers cannot do. This program has gained the support of the Courts, counsel, law enforcement and the Sarpy County jail staff. Sarpy County agencies work very closely together. In particular, the jail, MHCM and Mental Health Diversion have developed a close relationship to provide a continuation of care. The MHCM program is essential in keeping the relationship and procedures that have been developed in place.
MULTI-JURISDICTIONAL TASK FORCES MUST SUBMIT THE FOLLOWING DOCUMENTATION:

1. A listing of current Governing/Advisory Board

2. Copies of current MOUs between all active task force participants

3. A copy of the task forces formal auditing process for funds used for buys and confidential informants

4. Listing of task force commander/supervisor and dedicated personnel of local and/or state agency. Listing of any coordination with federal agencies.

5. Documentation of current By-Laws and/or Policies and Procedures that govern the task force and have been agreed upon by the active participating task force members.
REQUIRED FORMS- All Applicants

The following forms are to be completed and signed by the appropriate individual as part of the grant application.

*PLEASE SUMBIT a minimum of (3) and maximum of (5) letters of support.

(NOTE: The authorized official would include: county board chair, mayor, city administrator, chair or vice-chair of non-profit agency.)
CERTIFIED ASSURANCES

1. The applicant assures that federal block grant funds made available under the Byrne Memorial Drug Control and System Improvement Formula Grant Program will not be used to supplant existing funds, but will be used to enhance or expand drug and violent crime control activities as stated in this application.

2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Nebraska Commission on Law Enforcement and Criminal Justice shall prescribe will be provided to assure fiscal control, proper management, and efficient disbursement of funds received under the Act.

3. The applicant assures that it shall maintain such data and information and submit such reports, in such form, at such times, and containing such information as the Nebraska Commission on Law Enforcement and Criminal Justice may require.

4. The applicant certifies that the proposed project fulfills all program requirements; that all the information is correct; that there has been and will be throughout the life of the grant, appropriate coordination with affected agencies; and, that the applicant will comply with all provisions of the Drug Control and System Improvement Formula Grant Program as well as all other applicable federal laws.

5. The Sub grantee will comply, and all its contractors will comply, with the nondiscrimination requirements of the Omnibus Crime Control and Safe Streets Act of 1968, as amended, 42 USC3789(d), or Victims of Crime Act (as appropriate); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans With Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; Department of Justice Non-Discrimination Regulations, 28 CFR Part 42, Subparts C, D, E, and G; and Department of Justice regulations on disability discrimination.

6. The applicant assures that in the event a federal or state court, or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office of Civil Rights Compliance (OCRC) of the Office of Justice Programs.

7. The applicant assures that, if required, it will formulate an equal employment opportunity program (EEO) in accordance with 28 CFR 42.301 et. seq., and submit a certification to the state that it has a current EEO on file which meets the requirements therein.

8. The sub grantee assures that it and its contractors will comply with the provisions of the Office of Justice Programs "Financial and Administrative Guide for Grants," M 7100.01.

9. Pursuant to the Office of Management and Budget (OMB) Circular A-133, non-Federal entities expending $500,000 or more a year from all federal sources shall have a single organization-wide audit conducted in accordance with the provisions of OMB Circular A-133. Non-federal entities that expend less than $500,000 a year in Federal dollars from all sources are exempt from Federal audit requirements for that year. However, financial records must be maintained in an acceptable accounting system and be available for review or audit by appropriate officials of Federal, state or local agencies.
10. **Confidentiality:** No recipient of monies or any personnel involved in the program under the Drug Control and System Improvement Formula Grant Program shall use or reveal any information received from the program for any purpose other than the purpose for which such information was obtained.

11. The applicant agrees to submit required reports to the Crime Commission in a timely manner.

12. The applicant agrees to establish and maintain a Drug Free Workplace Policy.

13. The applicant agrees to attend training as required by the Nebraska Crime Commission.

14. The applicant will comply, and all its contractors will comply with the Equal Treatment for Faith Based Organizations Title 28 C.F.R. part 38.

**CERTIFICATION**

I hereby certify that I have read and reviewed the above assurances; that the applicant will comply with all provisions of the Anti Drug Abuse Act and all other applicable federal and state laws; and, the applicant will implement the project as written if approved by the Crime Commission.

\[Signature\]  
July 26, 2016

1210 Golden Gate Drive, Papillion, NE 68046

ADDRESS

Don Kelly Chairman, County Board of Commissioners

(TYPED NAME) (TITLE)

402-593-4155

(TELEPHONE NUMBER)
CERTIFICATIONS REGARDING LOBBYING; DEBARTMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTER; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, “New Restrictions on Lobbying” and 28 CFR Part 67, “Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants).” The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over $100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form — LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARTMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transaction, as defined at 28 CFR Part 67, Section 67.510-

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State of Federal court, or voluntarily excluded from covered transactions by any Federal department of agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) With commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

The applicant certifies that it will or will continue to provide a drug-free workplace by:
A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition:

B. Establishing an on-going drug-free awareness program to inform employees about—

(a) The dangers of drug abuse in the workplace;
(b) The grantee’s policy of maintaining a drug-free workplace;
(c) Any available drug counseling, rehabilitation, and employee assistance programs; and
(d) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

C. Notifying the employee in the statement that the employee will:

(a) Abide by the terms of the statement; and
(b) Notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions;

The sub grantee shall notify the Crime Commission in writing of any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The sub grantee certifies that it will take one or more of the following actions within 30 calendar days of receiving notice of the conviction:

A. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
B. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State or local health, law enforcement, or other appropriate agency;

The sub grantee certifies that it will make a good faith effort to continue to maintain a drug-free workplace.

Organization Name and Address:

Don Kelly, Chairman, County Board of Commissioners

Typed Name and Title of Authorized Representative

Signature

Date