

Jail Diversion

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1. 1.

Executive Summary

To successfully implement a jail diversion program in the Reno-Sparks-Washoe County area for non-violent, mentally ill offenders, policy makers should consider initial start up costs and ongoing operational costs and for each of the four programs recommended by the research team: 1) system management (with three sub-elements), 2) secure therapeutic housing facility/acute treatment facility, 3) development of new Conservatorship options and 4) Crisis-Intervention-Team training for Parole and Probation officers.

Table ES-1 presents the estimated cost breakdown of the proposed jail diversion program for the Reno-Sparks-Washoe County area.

Table ES-1
Summary of Related Costs
Jail Diversion Program for Non-Violent, Mentally Ill Offenders

Item	One-time		Recurring cost estimate	Salary(ies)
	cost estimate (low end)	cost estimate (high end)		
1 System Management of Diversion Programs and Program Components				
A. Management - 1 FT professional position	-	-	\$18,000	\$80,000
B. Data system for tracking (realtime) and outcome metrics	\$35,000	\$50,000	\$80,000	



Based upon Reno-Sparks-Washoe County and similar programs in other jurisdictions across the United States, the authors estimate for a jail diversion program in the Reno-Sparks-Washoe County area for non-violent, mentally ill

Four individual components of an overall program for mentally ill offenders for the Reno-Sparks-Washoe County area were: (1) identification of offenders in Washoe County in need of services; (2) assessment of offenders; (3) development of treatment plans; and (4) implementation of services.

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TOTAL PROGRAM COSTS for this alternative component including construction costs and the first three years of operation is an estimated

1 – Jail Diversion Strategies and Costs

Introduction

Data collected from a variety of

between Detention and the ~~Joint~~ ^{Joint} Court (including the presiding

€ Providing direct management of

Illustration 2

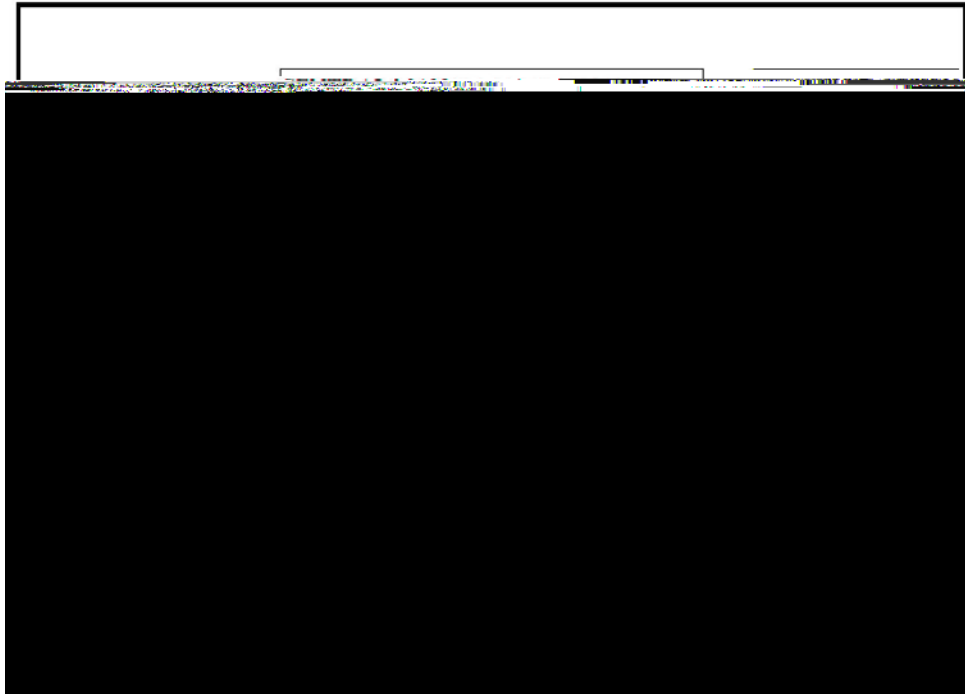


Illustration 3 below shows the second alternative where the First Responder is able to take the individual non-violent, mentally ill offender directly to an acute treatment facility if the individual is willing to cooperate and voluntarily enter a treatment facility.

Illustration 3

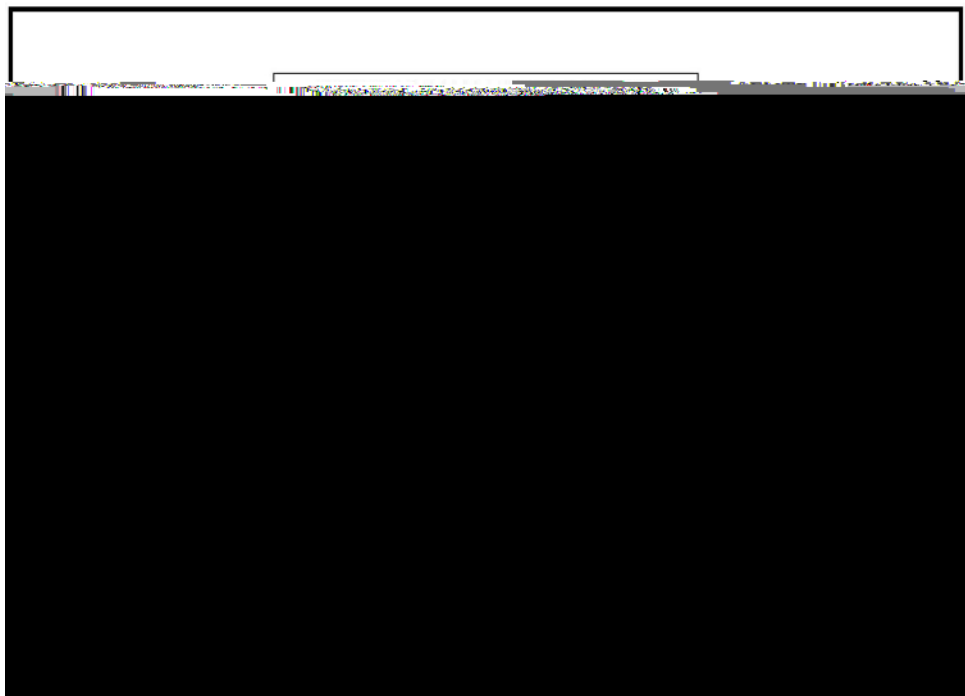


Illustration 4 illustrates the third and final possible scenario.

Illustration 4

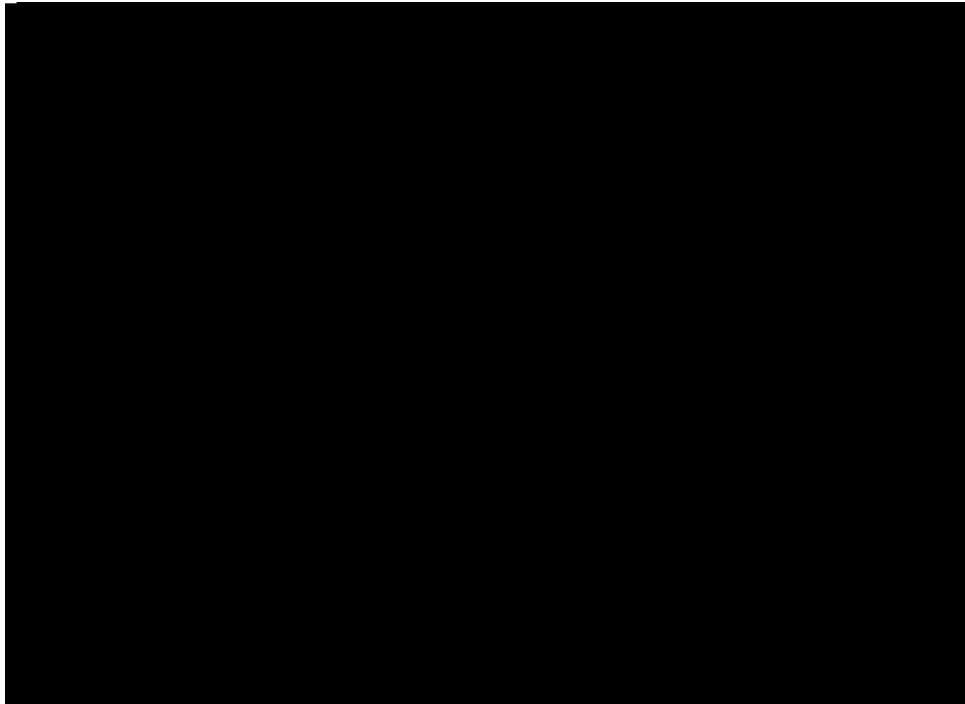


Table 1
Estimated Costs – Central Managing Agency and System-Wide Case
Manager
1-Year Estimate

Cost Category	No. of Positions	One-Time Cost Estimate (Low-End)	One-Time Cost Estimate (High-End)	Recurring Cost Estimate	Estimated Annual Salary
Professional Manager	1	-	-	\$80,000	\$80,000
Data System		\$375,000	\$500,000	\$90,000	\$90,000
System-Wide Case Manager	8	-	-	\$440,000	\$440,000



€ Ability to match the daily census of the county jail to any clients registered with the Department of Human Services Division of Mental Health. Again, the Jail

\$698,447. The total combined treatment and correction personnel 2008 estimated CPIAUCN

determined to be the minimal required “Treatment” level personnel staffing requirements for a facility to be open and operated over a 24-hour, seven day a week, 52 weeks per year period. The estimated total cost in 2000 for this level of “Treatment” personnel is estimated to have been approximately \$2.7 million. Using the same CPIAUCSN calculation used for Table 2, the estimated CPIAUCSN adjusted salary cost for “Treatment” personnel for this type of facility in the Reno-Sparks-Washoe County area in just 2006 would have been approximately \$3.2

Table 5

The first group of datasets examined was data provided by the “Mental Health Court” on charges and number of defendants who were tried before the court. The Mental Health Court is a court diversion program instituted by Washoe County. Like any other court diversion program, like the Drug Court or Homeless Court, the defendant before the Mental Health Court must, for the most part, be a non-violent offender and, in the case of the Mental Health Court, suffer from some form of documented mental illness.

Table 6 below presents the total number of defendants before the Washoe County Mental Health Court over the FY 2002 to FY 2006 period. As Table 6 illustrates, the average number of mentally ill defendants charged with a criminal activity appearing before the Mental Health Court has increased at

V

Table 8
Washoe County Sheriff's Office Detention Facility
Inmates by Special Housing/Program Unit
2004 – 2006

Type of Detention Facility Program/Housing Unit	2004	2005	2006	Avg. Annual % Change	2004-2006 Actual Change	2004-2006 % Change
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Table 9
Washoe County Sheriff's Office Detention Facility
Top 100 Homeless "Frequent Flyers"
2006

	Number of Inmates	Percent of all Inmates	Number of Bookings Per Inmate	Percent of all Bookings
Top 50 (1-50)				



as practitioners like prosecuting attorneys, active and retired judges and defense attorneys (both private practi

2 – Detailed Discussion of Key Issues

Introduction

This chapter addresses more specific needs for each of the five “system elements” identified in Illustration 1 in chapter one. Those five “system elements” included:

1. First Responders – including law enforcement, EMT paramedics and fire department personnel.
- 2.

examination of juvenile alternative to incarceration programs developed in other jurisdictions as well as an examination of efforts already underway in Washoe County and identifying system elements that could be added to help reduce the population of juvenile non-violent, mentally ill offenders through effective intervention.

System Elements – Identifying Opportunities within the “System”

Each of the five system elements identified in chapter one – first responders, detention facility, judicial, treatment and parole and probation – plays an important role in linking individuals in need of mental health services to appropriate resources.

sponsored jointly by the City of Reno, the City of Sparks, and Washoe County and with state and federal agencies and funding sources, represents serious efforts and investment to centralize mental health services in demand by the non-violent, mentally ill offender population currently

violent, mentally ill offenders. Chapter two of “Breaking through the Barriers” (1990) focused almost solely on various strategies law enforcement and first responders in general would have to pursue in helping develop an effective jail diversion program for non-violent, mentally ill offenders. For law enforcement first responders, three “police decision-making” possibilities were identified: 1) Emergency Psychiatric Apprehension, 2) Arrest and 3) Informal Dispositions.

In the Emergency Psychiatric Apprehension decision, law enforcement first responders are generally hesitant to initiate a “treatment” of a non-violent, mentally ill offender until the first responder has identified an immediate potential for escalation to a more “serious problem” such as danger to life, physical health, property, and/or order. This-mmao6(eexclusiould ha.5(e,)§J-15.33 -1.15 T0.

are some that have been developed in Washoe County but are either in their infancy or have yet to be considered.

€ A common philosophy across all seve

but also allows intake officers/deputies the ability to immediately ascertain what mental health services and service providers should be immediately used as the inmate is being booked. The Suicide Prevention Intake Screening Guidelines requires both face-to-face interview and observation activities while requiring additional linkages with mental health supervision and service providers to provide accurate and immediate case-by-case assessments used not only by the detention facility but by court, treatment and even parole and probation officials to develop effective and appropriate mental health treatment regimes as a means of reducing recidivism amongst inmates in the long-term.

In regards to additional “training”, several studies, including the “Breaking

significantly improved the County's potential for a system-wide jail diversion program.

However, there still remain two primary issues that the courts, in conjunction with local, county, state and even federal policy makers and other "system-elements" (i.e. first responders, detention facility, etc.), will ultimately have to resolve in both the

Certainly, a system-wide real-time database could significantly improve communication not only within the judicial system in Washoe County but between all points in an overall jail di

County, was an identified need for a change in state/federal statutes and laws that would allow court-ordered treatment for repeat and substance abuse offenders. Nearly 20 years since this 1988 study, the issue of Conservatorship is as important and admittedly *unresolved* as it was then. For any jail diversion of

amongst several different service providers. A formalized structure must be developed in order to ensure consistency within the treatment regime. Without this consistency, any positive development in an individual's treatment and rehabilitation will be lost. Like the judicial system, greater communication – horizontally, vertically ~~and~~ even internally – will be needed. Improvement – relationship – greater partnership amongst community based service providers – communication amongst community based

In regard to resources, four primary areas were identified by parole and probation staff, and were confirmed with a cursory examination of available literature on jail diversion programs for non-violent, mentally ill offenders located in other parts of the United States. Those four resource needs include: 1) housing, which includes a facility similar to the acute treatment

Some level of training in dealing with mentally ill paroled and/or probationed offenders should be made av

Throughout the course of this study the observation has been made several times that many of the “elements” needed for an effective jail diversion program for non-violent, mentally ill offenders are already in place throughout the Reno-Sparks-Washoe County area amongst first responders, the detention facility, the judicial system, treatment and community based service providers and parole and probation. The largest “missing component” is the lack of more

1. 1.

administration or political power to require cooperation from a provider in

principles apply to both systems. While the authors of this study recognize the repetition, the authors feel it is necessary to include the full set of

within the Washoe County Juvenile Justice System indicated similar rates amongst the Washoe County juvenile offender population with methamphetamine and alcohol usage amongst the most common substances abused by juvenile offenders in Washoe County.

In addition to larger substance abuse treatment and medical treatment systems, the education system, according to the 2006 NCMHJJ study, also is a key stakeholder whose participation in the local jurisdictions' attempt to create a juvenile jail diversion program for non-violent, mentally ill offenders. Considerable evidence exists

between the juvenile justice system and the local education system. According to Burrell and Warboys (2000), nearly 20.00% of students nationwide in the United States with some form of emotional and/or mental disorder are arrested at least once before they exit

the system. Furthermore

the National Institute of Mental Health and the National Institute of Disability and Juvenile Justice (2005) concluded that the majority of offenders entering a juvenile correction facility enter with a broad range of intense educational, mental health, medical

and behavioral issues. The 2006 NCMHJJ study advanced six specific

-
1. Recognize that many youth in the juvenile justice system are experiencing significant mental health problems

-
3. Access to immediate, emergency mental health services should be available for all youth who, based on the results of the initial screen or the mental health screen and staff observations of youth behavior, indicate a need for emergency services.
 4. A mental health assessment should be administered to any youth whose mental health screen indicates the need for further assessment.
 5. Instruments selected for identifying youth who need mental health services should be validated and reliable.

-
- € Reduced recidivism not only in the juvenile justice system but in the adult justice system as well. In Florida, researchers found that after the implementation of an adult jail diversion program for non-violent, mentally ill offenders, for every one adult offender successfully treated, three former juvenile mentally ill offenders were replacing the one adult offender. Upon implementation of a juvenile jail diversion program, the numbers essentially “flipped”; for every three adult offenders being successfully treated, only one juvenile offender was entering the adult justice system.
 - € Providing more effective and appropriate treatment.
 - € Decreasing overcrowding of detention facilities; juvenile detention facilities in the short-term and adult detention facilities in the long-term.
 - €

involved and counseling and treatment provided to family members as well as the juvenile themselves.

5. Consideration should be given to the use of diversion programs as alternatives to traditional incarceration for serious offenders with mental .e

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- € Offer developmentally driven services that recognize adolescents think and feel differently than adults, especially when under stress.
 - € Include an aftercare component.
 - € Focus on measuring program effectiveness and meei5 - qualityr s anardss.

€

5. Dispositional Alternatives (Treatment).

6. Re-Entry (Parole and Probation in conjunction with Treatment).

This section is a brief discussion regarding each of the six “critical

The next two critical interventions, intake and detention, are both linked and part of the detention facility system-element. At intake, the juvenile is being booked into a juvenile detention facility in the same way an adult offender would be booked into an adult

point where the “continuum case manager” for the juvenile jail program for juvenile non-violent, mentally ill offenders begins working with the offender. In the adult system, the “continuum case manager” is there at intake and intake to ensure that diversion begins immediately including the scheduling of a diagnosis for the offender as soon as possible. In the juvenile system, a similar “continuum case

involvement – is developed and ultimate

larger mental health system can reach consensus on policy objectives,
program initiatives and fund raising via

