Washoe County
Sequential Intercept Model

System Map: Intercepts 0-4

February 2025

Contents

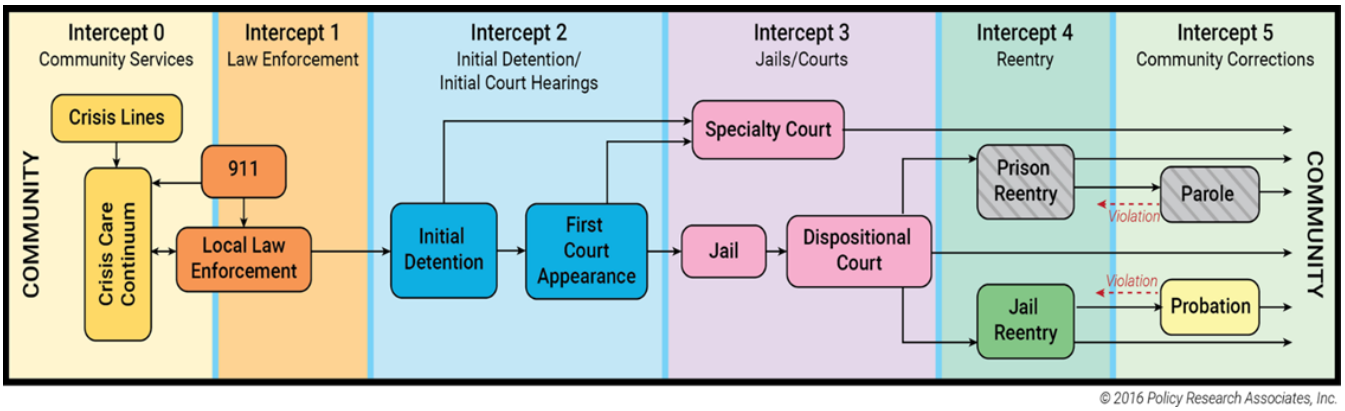
Background and Introduction

In January 2024, Washoe County hosted a Behavioral Health Summit aimed at improving criminal justice responses to individuals with behavioral health challenges. The Leading Change Guide for State Court Leaders[1] and Substance Abuse and Mental Health Services Administration's (SAMHSA) Sequential Intercept Model (SIM)[2] were used as best practice guides for Summit facilitation and are intended for use in all subsequent efforts, including the following document. Following the Behavioral Health Summit, a Core Team was established to lead the initiative to plan and implement SIM more comprehensively throughout Washoe County.

The Washoe County SIM implementation efforts have the overarching goal of improving outcomes for individuals with behavioral health challenges while also improving public safety.

SIM Framework

The SIM framework is designed to prevent the criminalization of mental illness and enhance collaboration between the justice and behavioral health systems. It identifies critical intercept points where interventions can prevent further system penetration. The accompanying graphic illustrates the six SIM intercepts.



Inventory Mapping

The Leading Change Guide recommends a comprehensive process to effectively respond to individuals with behavioral health challenges. This process supports establishing targeted interventions, ensures resources are effectively utilized, and partners remain engaged and supportive throughout SIM implementation.

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[1] National Center for State Courts. *Leading Change Guide for State Court Leaders*. https://nacmnet.org/wp-content/uploads/Leading-Change-Guide.pdf

[2] Substance Abuse and Mental Health Services Administration (SAMHSA). *The Sequential Intercept Model*. Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

This document implements one step of that process by outlining deflection and diversion efforts and data within Intercepts 0 through 4 in Washoe County.[3] Completing this SIM mapping positions Washoe County to build an informed approach to deflecting and diverting individuals from the justice system to behavioral healthcare.

Methods and Approach

Along with the Leading Change Guide, Washoe County utilized SAMHSA guidance to approach resource mapping for deflection and diversion programs in Washoe County.[4] Publicly available data, reports, and local insights were integrated to outline the current state of efforts in Washoe County.

The initial phase of mapping, spanning June to July 2024, focused on gathering comprehensive initiative information through existing public and internal data sources. This phase established a baseline understanding of the current efforts at each SIM intercept. From July to September 2024, data collection efforts were expanded through key-person interviews and/or the completion of templates designed to collect essential information by key partners. These efforts were targeted to gain in-depth insights into the effectiveness and reach of existing deflection and diversion initiatives within the County. The interviews and the process of completing the forms clarified the current efforts within each intercept, the services offered within each program, and their impact.

The information from each completed form was synthesized in the following way: 1) each SIM Intercept was rated on a scale of 1 to 10, indicating to what extent a comprehensive range of initiatives are in place that align with SIM best practices; 2) an inventory of assets and potential opportunities were identified; and 3) recommendations from the community summit were summarized.

Upon request to Washoe County, forms completed by providers are available for reference and additional context for the rating, justification, assets, and opportunities described above.

This mapping process is intended to guide ongoing and future planning and implementation of effective deflection and diversion strategies within Washoe County, ensuring that each step is data-driven and aligned with evidence-based frameworks.

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[3] Deflection programs are typically led by police and have no further legal system involvement beyond the initial interaction with the officer in the field. In contrast, diversion programs are generally led by prosecutors and involve both an arrest and a requirement to engage and complete treatment in exchange for dismissal of charges. Justice System Partners. *Differentiating Deflection from Diversion.* Retrieved from: https://justicesystempartners.org/wp-content/uploads/2023/06/01_Differentiating-Deflection-from-Diversion_JSP.pdf

[4] The graphics and descriptions found throughout this document are adapted from resources funded primarily through SAMHSA. Blue text boxes indicate content that is quoted directly from SAMHSA website. Information contained in the "Initiatives and Services that Support Diversion" sections are also derived from the same SAMHSA website and can be found at: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

Intercept 0: Community Services

Intercept 0 covers early intervention opportunities for individuals with behavioral health challenges before they are in contact with law enforcement or the justice system. The Washoe County inventory process for Intercept 0 was narrowed to activities most aligned with SAMHSA's 2020 guidelines for a best-practice behavioral health crisis response system.[5]

- Connecting individuals with behavioral health challenges to services before they encounter the justice system.
- Supporting law enforcement in responding to public safety emergencies and mental health crises.
- Facilitating diversion to treatment before an arrest occurs.
- Reducing pressure on resources at local emergency departments and inpatient psychiatric units for urgent but less acute behavioral health needs.

Initiatives and Services that Support Deflection at Intercept 0

Key resources needed at Intercept 0, per SAMHSA, include the following:

1

Someone to Contact: Warm lines and hotlines connect individuals directly to clinical treatment providers without involving law enforcement.

- Crisis Call Center Hub - available 24 hours per day, seven days per week, 365 days per year for individuals in crisis.
- Other - additional lines specific to special populations are available for individuals in crisis.

2

Someone to Respond[6]**:** Mobile crisis teams (MCTs) work to stabilize individuals, determine underlying causes of symptoms, initiate case management services and connection to care, and reconnect individuals with their previous providers.

- Mobile crisis outreach teams - comprise behavioral health and other professionals.

3

A Safe Place to Go/A Safe Place to Be: Rather than taking individuals in crisis to hospital emergency departments or arresting them, individuals experiencing a crisis can go to stabilization units, crisis living rooms, or respite centers. Efficient and straightforward walk-in and drop-off processes enhance the effectiveness of this deflection approach.

- Crisis Stabilization Center (CSC) - open 24 hours per day, seven days per week, 365 days per year to admit and stabilize individuals.
- Other - programs available for individuals in need of behavioral health services that do not meet the standards of a CSC.[7]

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[5] SAMHSA. *National Guidelines for Behavioral Health Crisis Care*. Retrieved from: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf

[6] Law enforcement based Mobile Crisis Outreach Safety Teams (MOST) and Homeless Outreach Proactive Engagement (HOPE) Teams are mapped in Intercept 1.

[7] SAMHSA. *Intercept 0*. Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0

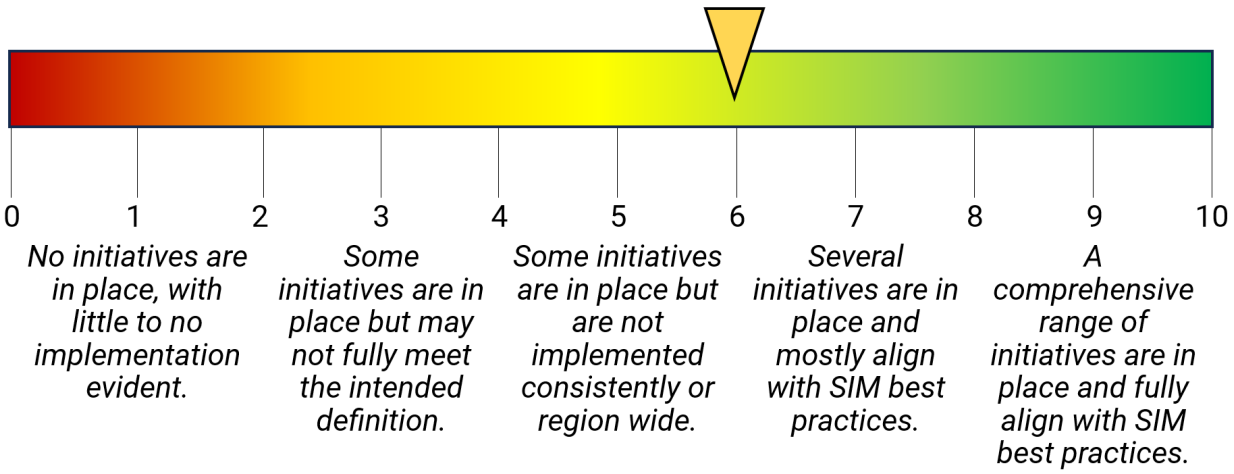
Current Status of Intercept 0 Diversion Efforts within Washoe County

Rating and Justification

Washoe County partners have been persistent and intentional about building an improved behavioral health crisis response system in collaboration with statewide efforts. Locally, there are two coalitions advancing this work – one focused more broadly on the implementation of the crisis response system since 2021 and another focused more specifically on the needs of children and families since 2022.

Intercept 0 has three distinct components that need to be in place to fully achieve the Intercept's purpose, per SAMHSA guidelines. These include the Call Center Hub, serving as "someone to contact" for de-escalation and referral, Mobile Crisis Teams, serving as "someone to respond" to where people are, and a crisis stabilization center to divert from jail or the emergency department and providing a living room model where people in crisis can be de-escalated, stabilized, and linked to appropriate services. Over the last three years, Washoe County invested in a comprehensive Crisis Response System Implementation Plan based on best practices to address many of the components of Intercept 0. As a result, Intercept 0 has best-practice initiatives under development or in place, and they mostly align with best practices identified in both crisis response literature and the SIM framework. Each component is in different stages of implementation.

Based on the status of implementation and attention to best practices outlined by SAMHSA, Intercept 0 received an overall rating of **6**. Eleven initiative partners participated in mapping and self-rated their effectiveness ranging from 5 to 10[8], where a rating of "1" indicates not meeting community needs and "10" represents fully meeting community needs. The resulting rating score for this intercept is demonstrated in the graphic below.



[8] Three initiative partners provided a N/A or no rating to this question.

Assets and Opportunities

For additional context, assets to leverage and opportunities to explore for Intercept 0 are provided below.

Assets

Someone to Contact:

- A Call Center Hub operating 24/7 has been in place since the implementation of 988. The statewide provider, Crisis Support Services of Nevada (CSSNV), is integrated into the Lifeline Network which adheres to best practices. It receives contacts through call, chat, and text. A new Administrative Service Organization, Carelon, has been selected by the State of Nevada with a contract that was finalized in late 2024. Carelon will subcontract with CSSNV to support the Call Center Hub in the Washoe region.
- Other warm lines such as the National Alliance on Mental Illness (NAMI) warmline are in place and coordinate with CSSNV.
- Washoe County Human Services Agency operates a hotline for children's mobile crisis that is staffed 24/7.
- Certified Community Behavioral Health Clinics (CCBHCs) operate 24/7 on call lines for crisis.
- Other specialty lines are in place and include Nevada Caring Contact's teen line, NAMI Peer Line, veterans, sexual assault, and substance use hotlines, some operated by CSSNV.
- Some use of peers is in place at the call center and other lines.

Someone to Respond:

- An MCT for children has transitioned to Washoe County Human Services Agency from the Nevada Division of Child and Family Services and is clinically staffed to support dispatch from its own direct line for children, youth, and their families. Services are provided in-home, by telehealth, or in the community.
- Two CCBHCs also provide mobile response, responding largely by telehealth rather than mobile crisis.
- All teams work to stabilize individuals, determine underlying causes of symptoms, initiate case management services and connection to care, and reconnect individuals with their previous providers. Note: Co-responder MCTs are mapped under Intercept 1.

A Safe Place to Go/A Safe Place to Be:

- Renown will open the Crisis Care Center in February 2025 which will operate 24 hours per day, seven days per week, 365 days per year to admit and stabilize individuals with a planned opening for fall 2024.
- CCBHCs offer walk-in appointments and spaces designed for individuals to de-escalate.
- Some targeted in-home services to support children and youth in the home in lieu of referral to the emergency room or a CSC are available in the community.

Opportunities

Someone to Contact:

- Continue Washoe County specific coalition efforts and collaborate with Carelon and CSSNV to enhance the 988 Call Center Hub operations as outlined in the contract with Carelon. This includes improved response times, enhanced case management, additional technology capacity, collaboration with 911 dispatch centers, and improved partnership with other elements of the crisis response system.
- Build relationships, collaboration, and protocols with specialty call lines providing behavioral health supports.

Someone to Respond:

- Continue Washoe County specific coalition efforts and collaboration with the State to build out sustainable MCT models with expanded operating capacity and connection to other elements of the Crisis Response System. This includes increased capacity for all existing mobile crisis teams, a non co-responder model response for adults, inclusion of peers, improved dispatch integration and capability, and improved ability to track shared metrics.

A Safe Place to Go/A Safe Place to Be:

- Continue Washoe County specific coalition efforts to collaborate with Renown to support the successful opening and operation of the Crisis Care Center.
- Continue to pursue crisis stabilization as a component of services for youth ages 6 to 18 offered at the Washoe Behavioral Health Center, in the facility formerly known as West Hills.
- Increase availability of in-home services to support children and youth in the home in lieu of referral to the emergency room or a CSC.
- Increase availability of programs available for individuals in need of substance use focused early diversion services that do not meet the standards of a CSC.

Recommendations from the Field

No recommendations were made at the Behavioral Health Summit for Intercept 0. It was not included in the Summit as it falls under the Washoe Crisis Response Implementation Project which is a separate initiative of the County.

Intercept 1: Law Enforcement

The primary activity at Intercept 1 involves responses from law enforcement and emergency services to individuals with behavioral health challenges.

- Begins when law enforcement responds to an individual with behavioral health challenges.
- Ends when the individual is either arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that facilitate collaboration between behavioral health providers and law enforcement.

Initiatives and Services that Support Diversion at Intercept 1

Key resources at Intercept 1, per SAMHSA, include the following:

1. **Dispatcher Training**: Training dispatchers about behavioral health and crises can enhance their ability to determine when responders with behavioral health expertise are needed.

2. **Specialized Law Enforcement Training:** Crisis Intervention Team (CIT) training educates law enforcement officers on identifying the signs and symptoms of behavioral health challenges and de-escalating crises. Such training prepares responders to effectively support individuals with behavioral health challenges.

3. **Specialized Law Enforcement Responses:** These responses involve partnerships between law enforcement and behavioral health clinicians or case managers, helping individuals with behavioral health challenges access necessary services.

4. **Data Sharing:** Effective data collection and sharing among agencies and systems facilitate the identification of individuals who frequently use emergency services, often becoming "familiar faces" across justice and emergency systems. Law enforcement, crisis services, and hospitals can use this data to follow up after crises and connect these individuals with the preventive care they need. [9]

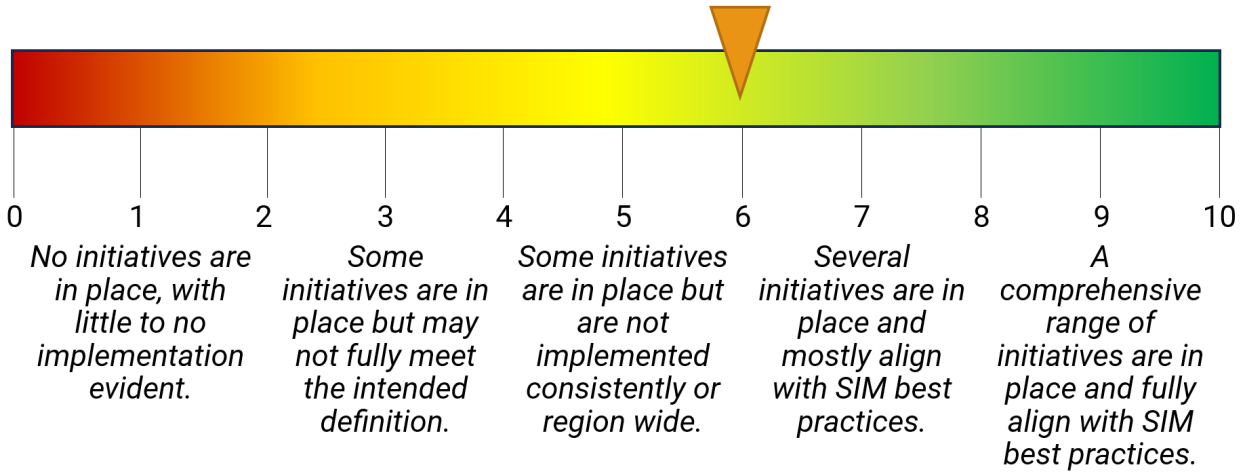
[9] SAMHSA. *Intercept 1.* Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1

Current Status of Intercept 1 Diversion Efforts within Washoe County

Rating and Justification

Regional law enforcement agencies have been proactive in addressing the behavioral health needs of community members within two key SIM best practices that provide the opportunity to have a system-wide impact: law enforcement training and specialized responses. All three law enforcement agencies are strong proponents of Crisis Intervention Training (CIT), including offering CIT in the Academy for all new recruits and working toward training all existing officers. In addition, specialized law enforcement response includes clinicians as part of Mobile Outreach Safety Teams (MOST), which have recently been expanded and housed within each law enforcement agency. MOST Team members enhance response, provide on the job behavioral health response training and support for officers, and are leaders in regional coalition efforts to improve response to individuals experiencing a behavioral health crisis. Dispatchers receive some behavioral health related training as part of their required certification process but could benefit from enhanced training more aligned with the SIM recommendations. Finally, the region has attempted but struggled with data sharing given the existence of a multitude of disparate systems. Manual efforts to compile and share data have been labor-intensive and unsustainable.

Based on the status of implementation and attention to best practices outlined by SAMHSA, Intercept 1 received an overall rating of **6**. Ten initiative partners participated in mapping and self-rated their effectiveness ranging from 4 to 8, where a rating of "1" indicates not meeting community needs and "10" represents fully meeting community needs. The resulting rating score for this intercept is demonstrated in the graphic below.



Assets and Opportunities

For additional context, assets to leverage and opportunities to explore for Intercept 1 are provided below.

Assets

Dispatcher Training: All dispatchers undergo training that meets certification requirements, which includes a component on behavioral health.

Specialized Law Enforcement Training: CIT is embedded in the law enforcement academy for new recruits. In addition, each law enforcement agency provides CIT, aiming to train 100% of officers.

Specialized Law Enforcement Responses: Each law enforcement agency is equipped with Mobile Outreach Safety Teams (MOST), where clinicians are dispatched with or without an officer, depending on the agency and the circumstance of the call for service. Additionally, the Homeless Outreach Proactive Engagement (HOPE) Team consists of Washoe County Sheriff's Office (WCSO) employees, court case managers, and a peer who work together to identify individuals in need of housing, medical, and behavioral health care, and connect them with services in the community.

Opportunities

Dispatcher Training:

- Provide additional training for dispatchers on crisis response and how to serve individuals with behavioral health challenges. Each dispatch agency identified additional training as a need.

Specialized Law Enforcement Training:

- Train all remaining law enforcement officers in CIT.
- Enhance ongoing behavioral health training and frequency for certain officers.

Specialized Law Enforcement Responses:

- Expand the capacity of MOST (e.g., number of staff and clinicians, operating hours, data collection). There are not enough MOST clinicians available to respond to behavioral health-related call volume, leading to frequent delays in response times.
- Enhance the co-responder model for all three jurisdictions by providing specialized training to co-responding officers.
- Explore implementation of behavioral health specialized units.

Recommendations from the Field

Recommended enhancements to Intercept 1 efforts were identified at a county-wide Behavioral Health Summit held in January 2024. Key partners from across disciplines offered the following recommendations, listed in the order ranked by importance. Bolded headers indicate where recommendations align with SAMHSA's best practices.

- **Dispatcher Training:** Provide standardized training for dispatch regarding early identification of behavioral health issues.
- Provide ongoing behavioral health training for all law enforcement, apart from CIT, which should be considered specialized training.
- Identify protocols to determine the primary response to someone with a behavioral health issue (e.g., access to care vs. criminal justice involvement), especially for misdemeanor offenses.
- Provide and train on a standardized process for handling calls with an identified behavioral health issue.
- Establish shared intentions for systems-building to simplify pathways to services.

Intercept 2: Initial Detention/Initial Court Hearings

Once an individual is arrested, they move to Intercept 2 of the SIM. At this stage, the individual is detained and undergoes an initial hearing presided over by a judge or magistrate.

- Involves individuals with behavioral health challenges who have been arrested and are undergoing intake, booking, and an initial hearing with a judge or magistrate.
- Supports policies that enable the setting of bonds to facilitate diversion to community-based treatment and services.
- Includes post-booking release programs that direct individuals into community-based programs.

Initiatives and Services that Support Diversion at Intercept 2

Key resources needed at Intercept 2, per SAMHSA, include the following:

1. **Screening for Behavioral Health Challenges:** Utilizing validated instruments allows jails to identify individuals with behavioral health challenges upon entry. After identification, these individuals can be linked to jail-based or community-based services. Screenings should be conducted for all new individuals and can be performed by non-clinical staff at various points, including jail booking, police holding cells, and prior to the first court appearance. It's crucial that the chosen screening tools are validated for the specific setting to ensure accurate data collection. Implementing universal screening at intake or booking helps jails track the number of individuals with these disorders.

2. **Information Sharing and Data Matching:** This involves linking information from different systems about an individual. Data matching and information sharing between jails and community-based behavioral health providers can help develop diversion options that address all aspects of a person's needs. They also determine if newly arrested individuals have previously received behavioral health services, allowing for reconnection to existing case managers and resources, thus enhancing service delivery.

3. **Pretrial and Diversion Services:** Some defendants, while posing a risk of criminal behavior or failing to appear in court, do not necessitate incarceration. Pretrial services with specialized mental health services can mitigate the need to detain these individuals. These teams ensure that individuals with behavioral health challenges receive timely services, preventing their condition from deteriorating while awaiting case resolution.

4. **Post-Booking Release:** Certain programs permit defendants to be released into treatment while their charges are deferred. These initiatives enhance the individual's health and social outcomes by minimizing the long-term effects of incarceration and criminal convictions. [10]

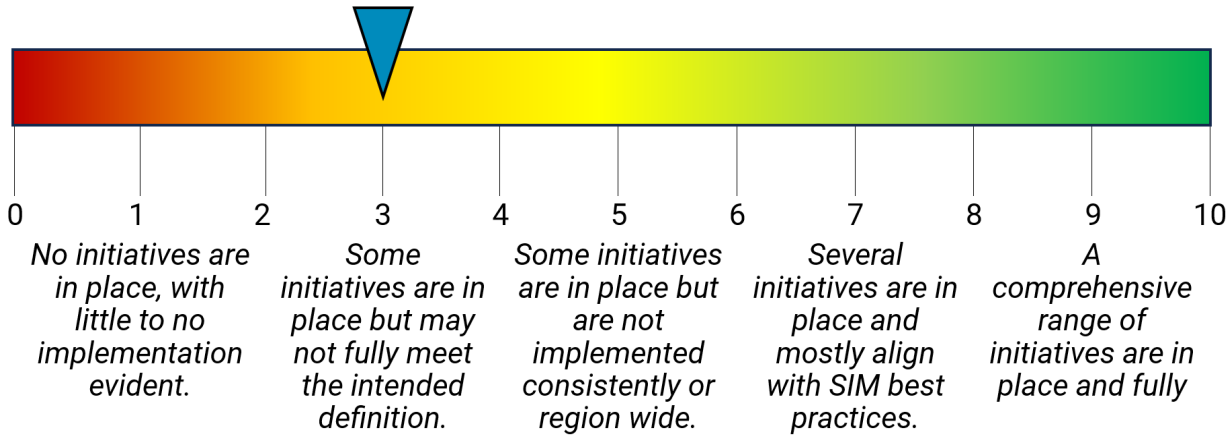
[10] SAMHSA. *Intercept 2.* Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2

Current Status of Intercept 2 Diversion Efforts within Washoe County

Rating and Justification

Intercept 2 has several initiatives in place that align with SIM best practices, including the intake screening conducted by the medical contractor at the jail, the Reno Municipal Court's Community Court, and the Support in Treatment, Accountability and Recovery (STAR) Program. However, while these initiatives are laudable for their specific impact, they are small in scale, target a relatively narrow population, and do not achieve broad alignment with the SIM. Significantly, our region lacks a best practice approach to screening which SAMHSA and other national experts recognize as foundational to the success of implementing the SIM.

Based on the status of implementation and attention to best practices, Intercept 2 received an overall rating of **3**. Seven initiative partners participated in mapping and self-rated their effectiveness ranging from 7 to 8.5, where a rating of "1" indicates not meeting community needs and "10" represents fully meeting community needs. The resulting rating score for this intercept is demonstrated in the graphic below.



Assets and Opportunities

For additional context, assets to leverage and opportunities to explore for Intercept 2 are provided below.

Assets

Screening for Behavioral Health Challenges: The jail, via NaphCare, provides medical, mental health, and suicide screenings, as well as a medication review, for all individuals upon intake. The Nevada Pretrial Risk Assessment also screens for substance use and mental health issues.

Pretrial and Diversion Services: Law enforcement officers send certain high utilizers of the criminal justice system to Reno Municipal Court's (RMC) Community Court rather than to jail; this Court primarily serves unhoused individuals who have been cited for quality-of-life issues, assessing and connecting them to behavioral health and other services. Courts may also divert individuals with severe mental illness to court-order Assisted Outpatient Treatment (AOT) at both pre- and post-adjudication.

Post-Booking Release: Individuals with opioid use disorder can be diverted from the criminal justice system post-booking via the Department of Alternative Sentencing's Support in Treatment, Accountability and Recovery (STAR) Program, which connects them to evidence-based services.

Opportunities

Pretrial and Diversion Services: Explore criteria and processes that allow for prosecution, defense, and judges to agree to pretrial diversion. Expand specialized pretrial services to serve individuals with behavioral health challenges, with the goal of avoiding incarceration and further involvement with the courts when appropriate.

Pre-Trial Release: Expand pre-trial release programming and services to individuals who have been deflected and diverted.

Recommendations from the Field

Recommended enhancements to Intercept 2 efforts were identified at a county-wide Behavioral Health Summit held in January 2024. Key partners from across disciplines offered the following recommendations, listed in the order ranked by importance. Bolded headers indicate where recommendations align with SAMHSA's best practices.

- **Information Sharing and Data Matching:** Implement information-sharing practices across services/systems, including A) previous medical history and existing treatment plans, B) access to screening results conducted by partners, and C) information about individuals who are familiar.
- **Post-Booking Release:** Develop universal criteria for determining which cases are eligible for deflection at the time of booking and initial court hearings.
- **Pretrial and Diversion Services:** Expand community resources to support deflection; supportive housing, SUD treatment, and inpatient beds are most important.
- **Information Sharing and Data Matching:** Establish a universal request for Release of Information (ROI) so that agencies can share more information with each other.
- Establish a navigator to support a person through the variety of systems and agencies they come into contact with, from initial contact through recovery.

Intercept 3: Jails/Courts

During Intercept 3, individuals with behavioral health challenges who have not been diverted at earlier stages may be held in pretrial detention in the jail while awaiting the resolution of their case.

- Involves individuals with behavioral health challenges who are detained in jail before and during their trials.
- Includes court-based diversion programs that resolve criminal charges while addressing the defendant's behavioral health needs within the community.
- Offers services designed to prevent the deterioration of a person's behavioral health symptoms during their incarceration.

Initiatives and Services that Support Diversion at Intercept 3

Key resources needed at Intercept 3, per SAMHSA, include the following:

1. **Treatment Courts for High-Risk/High-Need Individuals:** These courts work within the legal process to address the root causes of justice involvement. Available through both pre-plea and post-plea processes, they include specialized courts such as drug courts, mental health courts, Driving While Impaired (DWI) courts, veterans' courts, and others.

2. **Alternatives to Prosecution Programming:** These programs are available for individuals who may not require intensive treatment court services but could still benefit from community support. These programs typically place a charge "on hold," dismissing it once the individual completes the program. It's important that any fees or restitution required for participation do not lead to negative outcomes or disproportionately affect those with fewer resources.

3. **Jail-Based Programming and Health Care Services:** Jail health care providers are mandated to offer medical and behavioral health services to detained individuals requiring treatment. Facilities should provide trauma-informed, evidence-based care to ensure that incarceration does not exacerbate health issues. Suicide prevention plans and procedures are also essential to safeguard all detainees, particularly those with mental health concerns.

4. **Partnerships with Behavioral Health Community-Based Providers:** When jails collaborate with community-based providers, they enhance the availability of treatments and services accessible during detention. Such partnerships foster ongoing care relationships, encouraging continued treatment post-release. In-reach services also play a critical role in identifying detainees who might be better served by community-based or inpatient treatment facilities.

5

Mental Health Jail Liaisons or Diversion Clinicians: Identifying community-based resources for individuals with mental and substance use disorders can be challenging, often leaving many without crucial services. Mental health jail liaisons and diversion clinicians bridge this gap by facilitating connections and providing additional layers of treatment and programming alongside jail treatment providers.

6

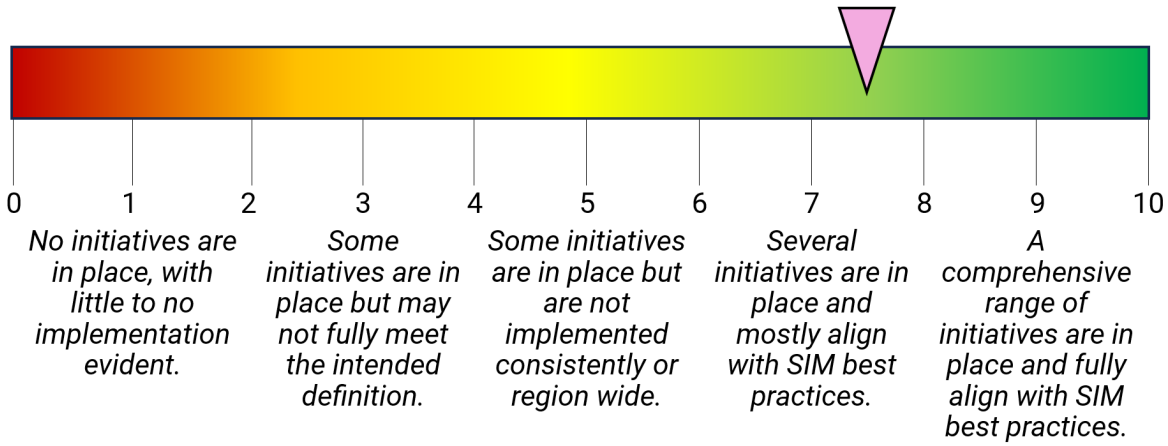
Collaboration with Veterans Justice Outreach: Collaborations with Veterans Justice Outreach specialists, behavioral health experts, and local justice system partners are vital. They enhance timely access to diversion resources and services for justice-involved veterans, ensuring they receive the support they need.[11]

Current Status of Intercept 3 Diversion Efforts within Washoe County

Rating and Justification

The regional courts and Washoe County detention facilities have invested a significant amount of leadership and resources into Intercept 3 initiatives that align with the SIM. The result includes a robust array of treatment courts and jail-based health care services, including a certified Opiate Treatment Program and a new Mental Health Unit. However, this success is sometimes limited by the lack of timely or adequate access to behavioral health services.

Based on the status of implementation and attention to best practices outlined by SAMHSA, Intercept 3 received an overall rating of **7.5**. Partners participated in mapping for 16 initiatives and self-rated their effectiveness ranging from 6 to 10, where a rating of "1" indicates not meeting community needs and "10" represents fully meeting community needs. The resulting rating score for this intercept is demonstrated in the graphic below.



[11] SAMHSA. *Intercept 4.* Retrieved from: https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model/intercept-3

Assets and Opportunities

For additional context, assets to leverage and opportunities to explore for Intercept 3 are provided below.

Assets

Treatment Courts for High-Risk/High-Need Individuals:

- Reno Municipal Court (RMC), Sparks Justice Court (SJC) Reno Justice Court (RJC), and Second Judicial District Court (SJDC) all include treatment courts that serve a variety of high-risk/high-need individuals. They often include contracts with service providers, which improves access to the behavioral health system.

Jail-Based Programming and Health Care Services:

- NaphCare is contracted to provide health care services, including suicide prevention, acute mental health services, and discharge planning.
- NaphCare staffs the certified Opiate Treatment Program that offers Medication Assisted Treatment (MAT), substance use programming, counseling, and discharge planning.
- The Mental Health Unit—which opened in September 2024 with funding through December 2025 and is staffed by both NaphCare and WCSO—provides mental health services for individuals who are either awaiting a bed at or returning from Lake's Crossing, as well as those awaiting a competency hearing.

Alternatives to Prosecution Programming:

- The SJDC Competency Court serves individuals with severe mental illness who are frequently involved with the criminal justice and competency system, exploring alternatives to adjudication when appropriate. The program collects robust outcome data, including the success rate of individuals diverted and the factors contributing to success.

Collaboration with Veterans Justice Outreach:

- WCSO's Detention Services Unit (DSU) collaborates with the Veterans Court and local Veterans' Affairs representatives to help serve the veteran population, including determining eligibility for community-based services upon discharge.

Opportunities

Jail-Based Programming and Health Care Services:

- Expand capacity to reduce wait times to see a NaphCare mental health professional (wait time is currently two to three weeks).
- Expand the capacity of the MAT program (currently limited to 40 individuals).
- Continue the Mental Health Unit with attention to outcomes in order to advocate for continued funding once the grant expires.

Partnerships with Behavioral Health Community-Based Providers:

- Collaborate with community-based providers to enhance the availability of treatments and services accessible during detention. There are no known programming options available during detention as outlined by SAMHSA.

Mental Health Jail Liaison Clinicians:

- Consider adding mental health jail liaison clinicians who work alongside NaphCare's treatment providers.

Recommendations from the Field

Recommended enhancements to Intercept 3 efforts were identified at a county-wide Behavioral Health Summit held in January 2024. Key partners from across disciplines offered the following recommendations, listed in the order ranked by importance. Bolded headers indicate where recommendations align with SAMHSA's best practices.

1. Create a repository of client information (services, medications, treatment, etc.).
2. Increase the network of trusted providers.
3. **Jail-Based Programming and Health Care Services:** Ensure clients have medication.
4. Expand community resources to support diversion (e.g., transportation, housing).
5. Additional providers are needed to restore competency.

Intercept 4: Reentry

At Intercept 4, individuals plan for and transition from jail back into the community.

- Provides transition planning and support for individuals with behavioral health challenges returning to the community after incarceration.
- Ensures that individuals have comprehensive plans in place to provide seamless access to medication, treatment, housing, healthcare coverage, and services from the moment of release and throughout their reentry.

Initiatives and Services that Support Diversion at Intercept 4

Key resources needed at Intercept 4, per SAMHSA, include the following:

1. **Transition Planning**: Transition planning by jail or in-reach providers enhances reentry outcomes by tailoring services to an individual's needs before release. This planning should start at intake, continue throughout incarceration, and involve coordination across justice, behavioral health, and physical healthcare systems.

2. **Medication and Prescription Access Upon Release**: Upon release from jail, individuals should receive sufficient medication and prescriptions to follow their treatment plans and prevent relapse while they arrange to see their community-based medical provider.

3. **Warm Hand-offs**: Engagement in services is increased when corrections staff provide a warm hand-off to providers. Individuals who are transported directly to services upon release often experience better outcomes than those simply released to the streets. Ideally, the community-based worker conducting the pick-up should already be familiar with providing in-reach services during Intercept 3, establishing a relationship and trust for the reentry process.

4. **Benefits and Healthcare Coverage Upon Release**: States are encouraged to suspend rather than terminate Medicaid coverage, allowing individuals returning to the community to quickly access necessary treatment services and medications. Ideally, paperwork to initiate or reinstate benefits and/or healthcare coverage should be completed before release to ensure these essential resources are available during the transition back to the community.

5. **Peer Support Services**: Individuals who have experienced the transition from incarceration to community life can offer invaluable peer support. They assist with planning for reentry, identifying safe housing, and recognizing potential triggers or issues that could lead to re-incarceration. Peer staff may be employed by the jail or in-reach providers to deliver these critical transition planning services.

6

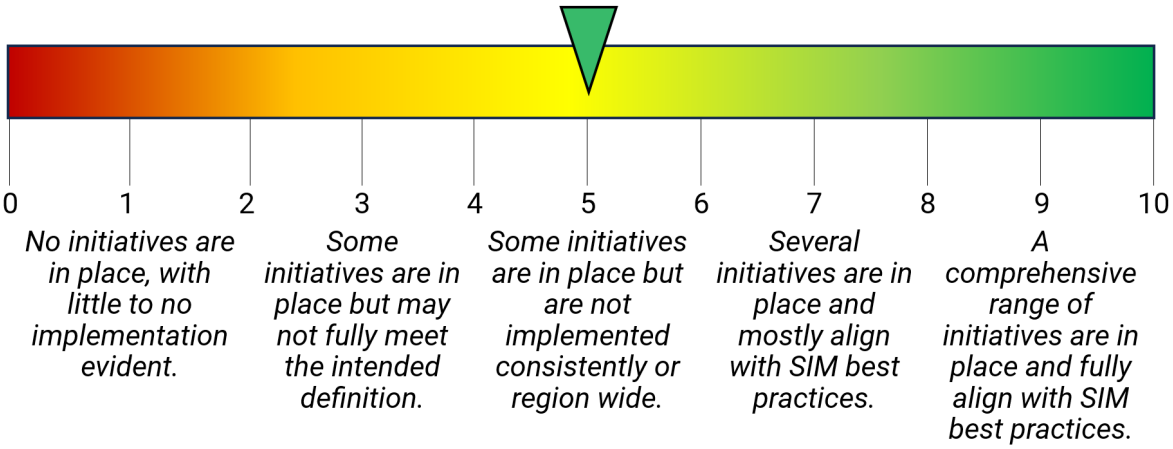
Reentry Coalition Participation: Many communities maintain a coalition dedicated to supporting individuals reentering from prison or jail. It's important that partners from justice, behavioral health, and various supportive services are involved to help coordinate the resources and processes available to those with behavioral health challenges as they plan their transition. [12]

Current Status of Intercept 4 Diversion Efforts within Washoe County

Rating and Justification

WCSO leadership has prioritized behavioral health, taking significant steps to address the needs of individuals reentering back into the community. This includes introducing new and innovative programs for individuals with behavioral health challenges while incarcerated. WCSO prioritizes transitional planning for individuals with behavioral health challenges and can transport individuals to community providers as services are available. However, some areas require improvement to align with the SIM. Currently, medication and prescriptions are only provided to individuals being transported to a community program, and benefits are only activated upon release for individuals who request a meeting with the Medicaid representative.

Based on the status of implementation and attention to best practices outlined by SAMHSA, Intercept 4 received an overall rating of **5**. Partners participated in mapping for five initiatives and self-rated their effectiveness ranging from 6 to 10, where a rating of "1" indicates not meeting community needs and "10" represents fully meeting community needs. The resulting rating score for this intercept is demonstrated in the graphic below.



[12] SAMHSA. *Intercept 4.* Retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4

Assets and Opportunities

For additional context, assets to leverage and opportunities to explore for Intercept 4 are provided below.

Assets

Transition Planning:

- WCSO Detention Services Unit (DSU) assists with reentry and discharge planning with a focus on individuals who have behavioral health challenges and/or individuals experiencing homelessness.
- The Bridge at WCSO will be fully launched in 2025 and will include the following: screening for reoffending and criminogenic needs, a real-time data dashboard, and in-house and remote programs to address criminogenic needs.

Medication and Prescription Access Upon Release:

- Individuals who are transported to any community-based programming are provided with medication for up to 30 days. Any incarcerated person can request a paper prescription before release.

Benefits and Healthcare Coverage Upon Release:

- The State of Nevada suspends rather than terminates Medicaid coverage. All individuals who request to meet with the Department of Health and Human Services Division of Welfare and Supportive Services (DWSS) representative are screened and interviewed (unless released from custody unexpectedly).

Warm Handoffs: Individuals can be transported by WCSO DSU to any local provider in Reno, Sparks, Carson City, Fallon, Fernley, and Elko. DSU coordinates with community resources to ensure bed space is available before transport.

Opportunities

Transition Planning: Increase the ability of DSU staff to serve additional individuals in need of case management and discharge planning. Due to the capacity of DSU staff and screening guidelines, not all individuals receive these services.

- Medication and Prescription Access Upon Release: Provide medication to individuals being case managed.
- Benefits and Healthcare Coverage Upon Release: Enhance the capacity of DSU and DWSS staff to screen for eligibility and initiate or reinstate benefits and/or healthcare coverage before individuals are released back to the community.

Warm Handoffs: Increase community program capacity to serve more individuals in need. Long waitlists for community-based services (often 30 to 90 days) impact how many individuals can be served and increase the amount of time these individuals are in jail waiting for services to begin.

Reentry Coalition Participation: Create a local reentry coalition dedicated to supporting individuals reentering from jail. There is no known reentry coalition in Washoe County, as outlined by SAMHSA.

Recommendations from the Field

Lastly, recommended enhancements to Intercept 4 efforts were identified at a county-wide Behavioral Health Summit held in January 2024. Key partners from across disciplines offered the following recommendations, listed in the order ranked by importance. Bolded headers indicate where recommendations align with SAMHSA best practices.

- **Transition Planning**: Create a multidisciplinary reentry team with jail intake and community providers.
- **Transition Planning**: Begin reentry discharge planning process at intake to connect with community providers first to best align services.
- **Transition Planning**: Ensure more money and more resources for in-jail discharge planning (under-resourced).
- **Transition Planning**: Increase communication and collaboration across supports and intercepts to make notification of discharge of persons in jail with a mental health issue consistent.
- **Transition Planning**: Universal data sharing exists, but no information for those internally to link to providers externally or vice versa. Access to information about actual release times is crucial to provide quality support.

Opportunities that Cross Multiple Intercepts

Several best practice efforts align with all Intercepts and can be implemented in each. Below is a list of initiatives that could enhance deflection and diversion efforts in Washoe County.

Screening for Behavioral Health Challenges: Utilize validated screenings and assessments consistently across Intercepts or within the Intercepts in our region where results can have the most impact. Employ these screenings and assessments to ensure the right community-based resources are allocated to the clients most likely to benefit.

Information and Data Sharing: Identify critical data that needs to be shared within and across the Intercepts to be effective and develop systems to facilitate sharing. Improve collaboration for information and data sharing within and across Intercepts.

Frequent Utilizers/Familiar Voices: Develop a coordinated approach for individuals with behavioral health challenges who frequently and repeatedly interact with the justice system, behavioral healthcare system, emergency rooms, and other social services providers.

Data Collection: Establish relevant output and outcome measures to track progress in deflecting and diverting individuals with behavioral health challenges from the justice system into a behavioral health system of care.

Peer Services: Incorporate peer support and services into all Intercepts where appropriate. Determine when and how peers can most effectively support individuals throughout the Intercepts.

Support for Victims of Crime: Increase the availability of resources for victims of crime to ensure their needs are met.

Access to Behavioral Health Services: Expand timely access to behavioral health care and wraparound services for justice-involved individuals.

Appendix: Completed Forms of Washoe County Resources by Intercept

Resource mapping forms were completed by initiative partners. Forms are provided for reference and additional context for the rating, justification, assets, and opportunities described above. Forms have been slightly edited for clarity and grammatical correctness.

Intercept 0: Community Services

The following resources are available in Washoe County for Intercept 0[13]:

Community-Based Crisis Response

Someone to Contact[14]

Crisis Call Center Hub:

- 988 Suicide & Crisis Lifeline / Crisis Support Services of Nevada (CSSNV)*

Other:

- Nevada Caring Contacts
- Nevada Warmline
- Nevada Teen Peer Support Text Line and Chat
- Children's Mobile Crisis Response Team (MCRT) Hotline
- SafeVoice

Someone to Respond

Mobile Crisis Outreach Teams:

- Children's Mobile Crisis Response Team
- Quest Counseling Certified Community Behavioral Health Center (CCBHC) Mobile Team
- Vitality CCBHC Mobile Team

A Safe Place to Go/A Safe Place to Be

Crisis Stabilization Center:

- Renown Crisis Care Center*

Other:

- Quest Counseling
- Vitality Unlimited

* Programs align with national guidelines for crisis response best practices.

[13] The information and data presented in the following tables encompass a broad spectrum of resources for individuals with behavioral health challenges and are not limited to those involved in or at risk of entering the justice system.

[14] National warm lines and hotlines (e.g., Trevor Project, Veterans Crisis Line, etc.) are accessible for Washoe County residents; however, only Washoe County-operated warm lines and hotlines are listed in this document.

Someone to Contact: Crisis Call Center Hub

Basic Information	
Name:	988 Suicide & Crisis Lifeline / Crisis Support Services of Nevada (CSSNV)
Website:	https://cssnv.org/
Contact(s):	• Amee Ivie, Chief Executive Officer, (775) 221-7612, ameei@cssnv.org • Christian Raymer, Chief Programs & Development Officer, (702) 982-8381, christianr@cssnv.org
Initiative	
Description:	Crisis Support Services of Nevada (CSSNV) offers confidential 24/7/365 crisis intervention services statewide, accessible via the 988 Suicide & Crisis Lifeline. Support includes phone, text, and chat options, providing immediate assistance to individuals experiencing personal crises. CSSNV operates within the national Lifeline Network, administered by the Substance Abuse and Mental Health Administration (SAMHSA), adhering to evidence-based practices and the highest standards in crisis management. Additionally, CSSNV provides specialized support through the Care Coordination Unit for more complex cases, including limited case management services, healthcare navigation, care plans, and substance misuse referrals.
Is there peer involvement? If yes, how are peers involved?	Currently, CSSNV does not have official peer support roles within its service model but has a team of diverse individuals with lived experience. The team comprises trained crisis intervention professionals who utilize evidence-based practices to support individuals in crisis. While CSSNV does not formally involve peers in its operations, they are committed to providing compassionate and understanding support that aligns with the best practices in crisis management.
Target Population:	Individuals in Nevada experiencing a personal crisis, including those with thoughts of suicide, as well as anyone concerned about the well-being of someone else.
Intake & Referrals	
How do individuals get assigned or referred to you?	• Self-Initiation: Individuals reach out by calling, texting, or chatting 988. • Third-Party Referrals: Referrals are received from friends, family members, bystanders, healthcare professionals, and other concerned parties about someone in crisis. • 911 Referrals: A dedicated line allows 911 to refer third-party callers directly to 988. • Broadscale Marketing Efforts: Referrals generated through partner awareness and outreach initiatives.

Where are you referring individuals to support their behavioral health needs?	• CSSNV primarily utilizes online search tools such as Google to identify appropriate resources. Additionally, the Care Coordination Unit leverages the State of Nevada's OpenBeds platform and service registry and collaborates with Nevada 211 for real-time access to its database to ensure individuals are connected to the most suitable and relevant services. They also use 311.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, CSSNV is integrated into the Lifeline Network, which adheres to evidence-based practices and industry best standards. The program is also accredited by the American Association of Suicidology (AAS).
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023 (from July 2023-January 2024). Some data are available prior to July 2023. The Nevada Division of Public and Behavioral Health (DPBH) also has related data.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	CSSNV can provide a comprehensive report on data consistent with SAMHSA's requirements for crisis centers, including metrics such as call volume, answer rates, call outcomes, and demographic information. For official data requests, DPBH manages and processes these requests.
Does this number represent an unduplicated count?	N/A
Do you have the capacity to serve additional individuals?	N/A
If yes, what is the maximum number of individuals that can be served in one year?	Due to the unpredictability inherent in crisis contact centers, it is challenging to provide a definitive maximum number of individuals that can be served in a year.
What data do you have that describes if the need is being met?	The data indicate an increase in contact volume, and success is measured through answer rates, which reflect the ability to meet the growing demand for crisis services.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	CSSNV rated their program at a 6. While they have demonstrated their ability to manage the current volume of crisis contacts through significant infrastructure and operational enhancements, there is recognition that additional staffing and resources are necessary to fully meet the needs of Nevadans. With these improvements, CSSNV could enhance their capacity to respond effectively to the increasing demand.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	CSSNV does not maintain a waitlist, as the Lifeline Network has back-up centers in place to ensure that individuals in crisis receive help immediately, without delay.
Outcomes Measurement	
What outcome data can you provide?	CSSNV can capture and provide detailed outcome data, including: • Answer rates (Calls/Texts/Chats offered vs. Calls/Texts/Chats answered by CSSNV) • Individual demographics • Average speed to answer • Average interaction length (“talk time”) • Reason for the interaction • Resolution outcomes • Instances where emergency services were not required due to the reduction of risk • Interactions that required emergency service intervention • Specific reasons for emergency service intervention, such as active suicide involving the individual, active suicide involving a third party, homicide involving the caller, homicide involving a third party, medical emergency, or other immediate safety reasons

Additional Context
The Division of Public and Behavioral Health (DPBH) issued a Request for Proposals (RFP) from vendors for the establishment, physical infrastructure, workforce, technology, and administration of a centralized Nevada 988 Suicide and Crisis Lifeline call center(s) that are operated 24/7/365 days to answer calls, texts, and chats routed to Nevada from the National 988 Suicide and Crisis Lifeline. Goals and objectives from the RFP include: a. Establish, staff, and operate Nevada's 988 Suicide and Crisis Lifeline Center(s) 24/7/365 pursuant to NRS 433.702 and NRS 433.704. b. Work towards and achieve SAMHSA Best Practice standards via SAMHSA National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit. c. Maintain National 988 Suicide and Crisis Lifeline accreditation standards, requirements and duties for call center as established in and pursuant to NRS 433.706. d. Provide a software solution to support the operation of a call center pursuant to NRS 433.706 to include case management software with multi-user access and consumer repository. Interoperability between community partner systems is established in accordance with NRS 433.706. e. Setup and implement a software solution to include the ability to dispatch, locate (GPS), and communicate with Designated Mobile Crisis Teams (DMCTs), Community Providers, Crisis Stabilization Centers (CSCs), and Bed Registry as well as other identified system interfaces such as webservices, and Application Programming Interfacing (API). f. Provide internal dashboards that depict the accomplishment of SAMSHA's Best Practice standards and requirements. g. Establish memorandums of understanding (MOUs) with appropriate Community Partners for the service provision of DMCTs, CSCs, and follow up care.[15] The contract is expected to be finalized at a Board of Examiners meeting in October 2024. Note: The contract was awarded and executed in December 2024.

[15] Attachment_01_SOW~1.docx, https://nevadaepro.com/bso/external/bidDetail.sdo?docId=40DHHS-S2716&external=true&parentUrl=close

Someone to Contact: Other

Basic Information	
Name:	Nevada Caring Contacts
Website:	namiwesternnevada.org
Contact(s):	Neil Chestnut, Neil@namiwesternnevada.org
Initiative	
Description:	The Nevada Caring Contacts program is a specialized branch of the Nevada Warmline and Teen Text Line that is peer-built, peer-led, and peer-delivered. This program is an innovation in hospital and suicide prevention and postvention that provides peer support for follow-up care to bridge the gap between the identification of a crisis or suicidality and stabilization. Nevada Caring Contacts provides person-centered peer support that is available to all Nevadans to reduce the use of higher levels of care, suicide attempts, and loss of lives due to death by suicide. Nevada Caring Contacts is also a hospital diversion program, offering peer support to individuals identified as being at risk of hospitalization or recently hospitalized.
Is there peer involvement? If yes, how are peers involved?	Yes.
Target Population:	Adults in need of mental health support, at risk of making a suicide attempt, have recently made an attempt, identified as at risk of hospitalization, or recently discharged from the hospital.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals can be referred for outbound Nevada Caring Contacts by a licensed professional through email, Avel, or OpenBeds.
Where are you referring individuals to support their behavioral health needs?	Varies by need.

Data Collection and Outcomes Measurements	
Is the program evidence-based?	No, but it is based on the best practices for peer support and warmlines from the Substance Abuse and Mental Health Administration (SAMHSA). National Alliance on Mental Illness (NAMI) Western NV was part of the expert technical panel for Warmlines held by SAMHSA. Additionally, the program was a winner of the 2022 Innovations in Peer Recovery through SAMHSA.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2021 to current date.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• 60 participants received services on the Warmline NCC. • 61 participants received services on the Teen Text Line NCC.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Operator capacity is increased to meet call volume.
What data do you have that describes if the need is being met?	One data point is whether the person had their need met.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	6. Nevada Caring Contacts observes that they have an excellent service that is becoming well known in communities. They need to continue outreach efforts to increase awareness about the support available through the Nevada Caring Contacts Program.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Demographics, primary presenting concern, all presenting concerns, who students are talking to if the teen text line and chat were not available, was the need met, satisfaction with service, referring source, geographic location, suicide history, suicidal assessment, homicidal ideation, housing status, engagement in treatment at the 14, 30, 60 and 90 day mark, referring source, and graduations.
Additional Context	

Someone to Contact: Other

Basic Information	
Name:	Nevada Warmline
Website:	namiwesternnevada.org
Contact(s):	Tim Harrison, tim@namiwesternnevada.org
Initiative	
Description:	Nevada Warmline is a stigma-free, non-crisis peer support service available 24 hours a day, 7 days a week, 365 days per year. Callers will speak one-on-one with a Peer Wellness Operator, who is an individual living with mental illness and in recovery. The line supports individuals living with mental health challenges and/or life stressors.
Is there peer involvement? If yes, how are peers involved?	Yes.
Target Population:	Adults in need of mental health support.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals can be referred for outbound contacts or self-referred by calling in.
Where are you referring individuals to support their behavioral health needs?	Varies by need.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No, but it is based on the best practices for peer support and warmlines from SAMHSA. NAMI Western NV was part of the expert technical panel for Warmlines held by SAMHSA.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2021 to current date.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Nevada Warmline fields over 7,000 calls per month.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Operator capacity is increased to meet call volume.
What data do you have that describes if the need is being met?	One data point is whether the person had their need met.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. Nevada Warmline notes that they have an excellent service that is becoming well known in communities. Outreach efforts need to continue to increase awareness about the supports available through the Warmline.
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Demographics, primary presenting concern, all presenting concerns, who students are talking to if the teen text line and chat were not available, was the need met, satisfaction with service, referring source, geographic location, suicide history, suicidal assessment, homicidal ideation, and housing status.
Additional Context	

Someone to Contact: Other

Basic Information	
Name:	Nevada Teen Peer Support Text Line and Chat
Website:	namiwesternnevada.org
Contact(s):	Ashley Ramsey, ashley@namiwesternnevada.org
Initiative	
Description:	Nevada Teen Peer Support Text Line and Chat is a stigma-free, non-crisis peer support for individuals with mental health challenges or life stressors. Callers will speak one-on-one with a Youth Peer Wellness Operator, who is an individual living with mental illness and in recovery. The Nevada Teen Peer Support Text Line is for youth ages 24 and younger. Youth can text from 7 am to midnight, 7 days a week, 365 days per year, to connect for a one-on-one text conversation with a young adult Peer Wellness Operator. Youth can use their school issued technology to access service through the website.
Is there peer involvement? If yes, how are peers involved?	Yes.
Target Population:	Youth in need of mental health or life stressors support.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals can be referred for outbound contacts or self-referred by texting or chatting in.
Where are you referring individuals to support their behavioral health needs?	Nevada Teen Peer Support Text Line and Chat encourages youth to talk to a trusted adult, specifically at school or with family, and promotes engagement in treatment.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No, but it is based on the best practices for peer support and warmlines from SAMHSA.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2022 to the current date.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Nevada Teen Peer Support Text Line and Chat receives between 5,000 to 10,000 texts per month statewide. Washoe County represents over 30% of program participants.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Operator capacity is increased to meet text and chat volume.
What data do you have that describes if the need is being met?	One of the data points is whether the person had their need met.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	5. Nevada Teen Peer Support Text Line and Chat has an excellent service, but they have a higher capacity than the amount of current participants. They are working to improve outreach with youth and schools to better meet the needs of the community.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Demographics, primary presenting concern, all presenting concerns, who students are talking to if the teen text line and chat were not available, CPS referrals, was the need met, satisfaction with service, referring source, geographic location, suicide history, suicidal assessment, homicidal ideation, and housing status.
Additional Context	
Nevada Teen Peer Support Text Line and Chat is able to provide real-time data on the participants they serve. This information is cleaned and is available to community partners. It is gathered by the month.	

Someone to Contact: Other

Basic Information	
Name:	Children's Mobile Crisis Response Team (MCRT) Hotline
Website:	https://knowcrisis.com/; maybe a new website in the future
Contact(s):	Jessica Goicoechea-Parise, 775-433-9526, Jgoicoechea@washoecounty.gov
Initiative	
Description:	The Mobile Crisis Response Team (MCRT) maintains a hotline at 775-688-1670, which is staffed 24 hours a day, seven days a week, 365 days a year. Trained professionals screen, prevent, or stabilize a crisis, and they work with the family to decide whether to implement an MCRT response or alternatively connect the family to a community resource.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Youth under the age of 18 and their families.
Intake & Referrals	
How do individuals get assigned or referred to you?	The hotline is promoted on a website, through promotional items, and through 211 and 988. Children can also be referred directly from the Washoe County School District (WCSD), hospitals, and other key youth serving agencies.
Where are you referring individuals to support their behavioral health needs?	Reno Behavioral Health, Willow Springs, CCBHCs, Wraparound in Nevada for Children and Families (WIN), Nevada PEP, and private for profit and nonprofit outpatient providers, depending on insurance. MCRT maintains a resource and referral list available upon request.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	The County will have a complete 12-month data set after June 30, 2025.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Call volume, average call time, time of day and week, demographic data, referral source.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Not enough data in the first month to determine. Currently able to answer all calls.
If yes, what is the maximum number of individuals that can be served in one year?	Not able to determine currently. The hotline is able to answer more calls than they are currently receiving.
What data do you have that describes if the need is being met?	In the first 42 days the team has been with Washoe County, they have been able to answer 100% of the calls. As the community gains greater awareness of the resource, this will need to be evaluated.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10, but will need to be evaluated after a full year of operations.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	

Outcomes Measurement	
What outcome data can you provide?	No defined outcomes specifically for the hotline.

Additional Context
Operation of the Children's MCRT in Washoe County was recently transferred from the State to Washoe County Human Services Agency as of July 1, 2024. Nine of 10 existing staff have moved from the State to Washoe County. At the time of this submission, the County was actively recruiting to fill vacant positions. Once these positions are filled and the team is fully operational within Washoe County, the service capacity will expand. The move also integrates the MCRT into local efforts and provides economies of scale and backup coverage within the Washoe County clinical program.

Someone to Contact: Other

Basic Information	
Name:	SafeVoice
Website:	http://safevoicenv.org/
Contact(s):	• Katherine Loudon, 775-850-8012, kloudon@washoeschools.net • Tiffany Schweickert, 775-850-8037, tschweickert@washoeschools.net
Initiative	
Description:	SafeVoice is an anonymous reporting system used to report threats to the safety or well-being of students. It includes a phoneline, a website, and a downloadable app. SafeVoice was established to protect student wellness, prevent violence, and save lives. It provides students, school professionals, and others with a safe place to submit tips concerning their own safety or that of others. A team at Nevada Department of Public Safety answers tips 24/7 and enters information into a system that distributes the tip to the Washoe County School District (WCSD) and specific school sites. Each school identifies a team of individuals to receive a tip and respond. The school site teams are critical to the success of the program. Tips are categorized and include topics like suicide, bullying, etc. School professionals follow behavioral health related policies and protocols (suicide, bullying, etc.), which can include contacting family, completing investigations, and making any necessary referrals/warm handoffs directly to behavioral health providers. The program is mandated in NRS since 2017. The Safe Voice hotline is (833)-216-7233.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Elementary through high school students. Training starts in 5th grade.
Intake & Referrals	
How do individuals get assigned or referred to you?	The SafeVoice tip line is promoted through various marketing channels designed to reach children and adolescents. Counselors and school social workers do lessons. SafeVoice is promoted in schools with rack cards, magnets, posters, etc. SafeVoice information is on the back of all school IDs.
Where are you referring individuals to support their behavioral health needs?	Tipline refers tips to recipient list for a particular school, which includes school counselors and other school professionals. School professionals then follow behavioral health related policies and protocols (suicide, bullying, etc.).

Data Collection and Outcomes Measurements	
Is the program evidence-based?	Nevada received guidance and the model from Colorado's program: https://safe2tell.org/what-we-do/
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023-2024 school year.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of tips received, category of tips, by school, times of day. 961 tips were received for Washoe County in the 2023-2024 school year.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Unable to determine.
What data do you have that describes if the need is being met?	All calls are being answered and receive a response, which is then logged into the SafeVoice system.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	9. It is only as good as the information that is reported. When calls are anonymous they are difficult to follow up on. There are a lot of calls on suicidal ideation and there are good opportunities to intervene right away. A lot of kids are using the system and using it appropriately.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Number of suicide tips that were addressed. Number of bullying tips that were addressed. Number of planned school attacks addressed. No aggregate data is collected on outcomes.
Additional Context	
SafeVoice is not specifically designed to divert/deflect individuals who are experiencing behavioral health challenges from the justice system but does provide a way to share safety concerns without calling 911 and interacting directly with law enforcement. A percentage of calls do involve behavioral health concerns. In cases where suicidal ideation is reported after hours, law enforcement will respond. If school safety, a weapon, drug distribution or other public safety concerns are reported, law enforcement will respond to the school site.	

Someone to Respond: Mobile Crisis Outreach Teams

Basic Information	
Name:	Children's Mobile Crisis Response Team
Website:	https://knowcrisis.com/; maybe a new website in the future
Contact(s):	• Jessica Goicoechea-Parise, 775-433-9526, Jgoicoechea@washoecounty.gov
Initiative	
Description:	The Mobile Crisis Response Team (MCRT) provides crisis intervention and short-term support to Nevada families and youth who show signs of behavioral or mental health issues that pose a threat to their stability within their home, school, or community. The children's MCRT can support families in the office, in a family's home, by telehealth, or in the community. Trained mental health professionals assess and stabilize a crisis or if stabilization is unable to occur, the MCRT provides a warm hand-off to an appropriate level of care.
Is there peer involvement? If yes, how are peers involved?	None
Target Population:	Youth under the age of 18 and their families.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals are screened through the MCRT hotline and are referred for a response.
Where are you referring individuals to support their behavioral health needs?	Reno Behavioral Health, Willow Springs, CCBHCs, WIN, Nevada PEP, and private for profit and nonprofit outpatient providers, depending on insurance. MCRT maintains a resource and referral list available upon request.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, based on best practice for children's mobile crisis response.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	The County will have a complete 12-month data set after June 30, 2025.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of mobile responses, average time of response, time of day and week, demographic data, and location.
Does this number represent an unduplicated count?	No (Same youth or family may require multiple responses.)
Do you have the capacity to serve additional individuals?	Not enough data in the first month to determine. Currently able to respond to all referrals.
If yes, what is the maximum number of individuals that can be served in one year?	The best estimate is approximately 1,200 responses per year. Some will be duplicated individuals. A more accurate answer will be available after June 30, 2025.
What data do you have that describes if the need is being met?	In the first 42 days the team has been with Washoe county, they have been able to respond to 100% of the calls requested and referred for response. As the community gains greater awareness of the resource, this will need to be evaluated.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10, but will need to be evaluated after a full year of operations.

Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Percent of calls that required and requested a response that the Children's Mobile Crisis Response Team are able to receive a response within the first 24 hours, percent of families that decline a response, percent of families who open short-term stabilization services, percent of families that decline short-term stabilization services, percent of families that don't require short-term stabilization services but are connected to other resources, percent of families that don't require additional support, percent of calls referred to emergency rooms, percent of responses that escalate to a 911 response, and percent of youth arrested.
Additional Context	
Operation of the Children's MCRT in Washoe County was recently transferred from the State to Washoe County Human Services Agency as of July 1, 2024. Nine of 10 existing staff have moved from the State to Washoe County. As of this writing, the County was actively recruiting to fill vacant positions. Once these positions are filled and the team is fully operational within Washoe County, the service capacity will expand. The move also integrates the MCRT more fully into local efforts and provides economies of scale and back up coverage within the Washoe County clinical program.	

Someone to Respond: Mobile Crisis Outreach Teams

Basic Information	
Name:	Quest Counseling CCBHC Mobile Team
Website:	https://www.questreno.com/
Contact(s):	Jolene Dalluhn, 775-786-6880, jdalluhn@questreno.com
Initiative	
Description:	Quest's team of behavioral health providers offers immediate crisis support for the entire community, client or not, experiencing a mental health or substance use crisis. They offer 24/7/365 crisis support through the after-hours answering service to connect individuals to a member of their team.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Adolescents and adults in need of behavioral health services.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals who call the office line may call after hours and not receive an immediate mobile crisis response, but appointments are scheduled for them as soon as possible. Current clients receive de-escalation on the phone, assessment of skills, and planning for immediate safety. Non-clients receive de-escalation and support through the admission process.
Where are you referring individuals to support their behavioral health needs?	Reno Behavioral Health (RBH) for suicidality and/or referral for detox the following morning. 911(Sheriff's office or law enforcement) if there is a medical threat.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Licensed clinicians will go out with another person. There is no person designated for mobile crisis, but clinicians respond when a client is in crisis. Seven staff have done Mobile Crisis Training.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023. They served 12 clients in 2023. These are only clients who are known.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number served (12 clients who are known in 2023), presenting problem, location, disposition, referrals made, and was crisis resolved.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	150
What data do you have that describes if the need is being met?	CCBHC data for site monitor, number attempted / number of completed suicides for both youth and adults.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	As set up right now, yes. Would not want to get more calls from the community if the client is unknown, as they wouldn't be able to respond in the same way.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	Not applicable.

Outcomes Measurement	
What outcome data can you provide?	Number served, presenting problem, location, disposition, referrals made, and was crisis resolved.
Additional Context	
Services are offered in Spanish and Sign Language through the language line through the university. Demographics are collected on all clients. Focus is on Quest clients, as they are not set up as a community response mobile crisis due to safety and training concerns.	

Someone to Respond: Mobile Crisis Outreach Teams

Basic Information	
Name:	Vitality CCBHC Mobile Team
Website:	https://vitalityunlimited.org/outpatient-services/
Contact(s):	• Heather Eaton, LCSW, 775-322-3668, Heather.eaton@vitalityunlimited.org • Jana Wellman, MFT, Jana.wellman@vitalityunlimited.org
Initiative	
Description:	24-Hour Mobile Crisis Intervention is available as needed through an after-hours crisis line to meet individuals in the community. Office and telehealth visits are also available during business hours, and individuals in crisis can be seen on the same day. All crisis services are available to anyone, regardless of their status as a consumer with Vitality. Vitality also dispatches to Renown's ER department for mental health crisis.
Is there peer involvement? If yes, how are peers involved?	Peers are not involved at this time due to lack of staffing. However, when peers are on staff, they are involved in crisis response during office hours.
Target Population:	Vitality services all ages experiencing a mental health crisis.
Intake & Referrals	
How do individuals get assigned or referred to you?	Typically, consumers either call themselves or are referred via the MOST team, the Washoe County School District, or Renown.
Where are you referring individuals to support their behavioral health needs?	Vitality refers in house for all services other than acute care. If acute care is needed, the patient is referred either to Reno Behavioral Health or Renown.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, Vitality utilizes the Columbia Suicide Screen, PHQ-9, and CAMS when working with suicide prevention and all evidence-based practice modalities.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	Unknown.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Unknown.
Does this number represent an unduplicated count?	
Do you have the capacity to serve additional individuals?	
If yes, what is the maximum number of individuals that can be served in one year?	
What data do you have that describes if the need is being met?	
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	
Do you maintain a waitlist?	

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	
Additional Context	

A Safe Place to Go/A Safe Place to Be: Crisis Stabilization Center

Basic Information	
Name:	Renown Crisis Care Center – *set to open in late 2024*
Website:	
Contact(s):	• Steve Shell, 775-982-5148, Steve.shell@renown.org • Shelly Christenson, 775-982-8171, Shelly.christenson@renown.org
Initiative	
Description:	24/7 crisis stabilization center where adults will be assessed and triaged for mental health and/or addiction issues and will be connected to appropriate follow-up care in the community that may include inpatient treatment, outpatient programs, or other support services including case management, housing assistance, and/or financial assistance.
Is there peer involvement? If yes, how are peers involved?	Yes. Peers will be greeting individuals who present for services and will help guide them through the process while also monitoring for their safety while in the facility. Peers will also be fully engaged in the stabilization process to help communicate discharge options to the individuals being served.
Target Population:	Adults aged 18+ who are experiencing a mental health crisis or dealing with an addiction.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals may walk into the facility at any time or be dropped off by law enforcement or ambulance service. They may also be referred by the 988 crisis call center or mobile crisis teams.
Where are you referring individuals to support their behavioral health needs?	Renown Crisis Care Center will be referring to a variety of community partners based on the needs of the individuals served at the time they are assessed and triaged.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes. The SAMHSA crisis model is being implemented.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023 (data from Renown Crisis Care Center emergency rooms).

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of youth and adults in the ERs that were assessed for mental health and/or substance use issues.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	No limit in the ERs.
What data do you have that describes if the need is being met?	Renown Crisis Care Center ERs continue to see many individuals who have presented before.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	N/A, as Renown Crisis Care Center responds to the needs of the individuals who present to the ERs. This will become more pertinent when the Crisis Care Center opens.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	This will become more pertinent when the Crisis Care Center opens.

Outcomes Measurement	
What outcome data can you provide?	None at the moment, but the Renown Crisis Care Center will have a care navigator who will be tracking individuals for at least one year after they are served at the Crisis Care Center to analyze recidivism and the success of care plans that will be implemented.
Additional Context	

A Safe Place to Go: Other

Basic Information	
Name:	Quest Counseling – Specialty Court Services
Website:	https://www.questreno.com/
Contact(s):	Jolene Dalluhn, 775-786-6880, jdalluhn@questreno.com
Initiative	
Description:	A Certified Community Behavioral Health Center (CCBHC) offering peer services, case management, crisis intervention, Basic Skills Training, and Psycho-Social Rehabilitation. Quest provides medically assisted therapy (MAT), services for mothers in recovery, and serves adults in court-mandated counseling and/or therapy. There is a drug court contract with a specialty court director overseeing District Court 2 and a young offenders contract. Both include treatment, information on drug court, court attendance, and court staffings. Clients are assessed prior to entering drug court treatment.
Is there peer involvement? If yes, how are peers involved?	Yes, the primary counselor would refer the client to peer services, or the client may attend a group led by a peer. Currently, Quest does not have a peer, but a peer will be starting September 3 and will be certified through work at Quest.
Target Population:	Adolescents and adults in need of behavioral health services.
Intake & Referrals	
How do individuals get assigned or referred to you?	2nd Judicial District Court, Department of Alternative Sentencing (DAS), Sparks Justice Court, Sparks and Reno Municipal Court, private attorneys, evaluation centers.
Where are you referring individuals to support their behavioral health needs?	Reno Behavioral Health (RBH) for partial hospitalization, SAI Mental Health for Intensive Outpatient Program (IOP), refer out if on parole with violence or sex offense to Bristlecone or Ridge.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	All treatment is evidence based, such as cognitive behavioral therapy and trauma informed motivational interviewing, and functional family therapy.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Demographics, numbers served, length of stay, diagnoses, exit outcomes, services received, recidivism, treatment episodes, hospitalizations, and suicidality.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	No
If yes, what is the maximum number of individuals that can be served in one year?	No.
What data do you have that describes if the need is being met?	The contract does not have a number or dollar amount to be served per year. Can serve 75 people in drug court per year. Have not turned anyone away this year and have served 54 through August 16, 2024.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	Yes, based on numbers served and utilization to date.
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Successful Completion through Discharge Data, American Society of Addiction Medicine (ASAM) 6 domains on self-worth, employment, social, recovery, etc.
Additional Context	
Services are offered in Spanish and Sign Language and through an interpreter through the language line. Additional services include transportation assistance and targeted case management, which provides wrap-around services for basic living supports, food, and clothes. A TANF worker is also available to enroll individuals in mainstream benefits.	

A Safe Place to Go: Other

Basic Information	
Name:	Vitality Unlimited
Website:	https://vitalityunlimited.org/
Contact(s):	• Heather Eaton, LCSW, 775-322-3668, Heather.eaton@vitalityunlimited.org • Jana Wellman, MFT, Jana.wellman@vitalityunlimited.org
Initiative	
Description:	Vitality Unlimited is a CCBHC offering clinical, outpatient, and inpatient services as well as transitional housing. Services address substance use disorders, mental health disorders, medically assisted therapy (MAT), medication management, primary care and family medicine, targeted case management, basic skills training, psychosocial rehabilitation, group therapy, and intensive outpatient for substance use and co-occurring disorders. Vitality treats consumers across the lifespan and is open Monday through Saturday.
Is there peer involvement? If yes, how are peers involved?	Peers are not involved at this time due to lack of staffing.
Target Population:	Vitality serves consumers across the lifespan.
Intake & Referrals	
How do individuals get assigned or referred to you?	
Where are you referring individuals to support their behavioral health needs?	Referrals are in house for all services other than acute care. If acute care is needed, the patient is referred either to Reno Behavioral Health or Renown.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, Vitality Unlimited uses all evidence-based practices.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	
Does this number represent an unduplicated count?	
Do you have the capacity to serve additional individuals?	
If yes, what is the maximum number of individuals that can be served in one year?	
What data do you have that describes if the need is being met?	
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	

Do you maintain a waitlist?	
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	
Additional Context	

Intercept 1: Law Enforcement

The following resources are available in Washoe County for Intercept 1:

Key Elements for Diversion
Dispatcher Training • Reno Public Safety Dispatch • Sparks Police Department (SPD) Dispatch • Washoe County Sheriff's Office (WCSO) **Specialized Law Enforcement Training** • Northern Nevada Law Enforcement Academy's Crisis Intervention Training (CIT) • Reno Police Department (RPD) CIT • SPD CIT • WCSO CIT **Specialized Law Enforcement Responses** • Homeless Outreach Proactive Engagement (HOPE) Team • RPD Mobile Outreach Safety Team (MOST) • SPD MOST • WCSO MOST

Dispatcher Training

Basic Information	
Name:	Dispatch Training – Reno Public Safety Dispatch
Website:	Reno.gov/dispatch
Contact(s):	• Cody Shadle, 775-334-2212, shadlec@reno.gov
Initiative	
Description:	Reno Public Safety Dispatch personnel maintain two distinct certifications (Emergency Medical Dispatch and Emergency Fire Dispatch) that provide training and guidance in the use of nationally approved protocols. Embedded within these protocols and the associated certifications are components covering behavioral health including substance abuse, mental health affliction, and suicide mitigation. Employees are required to re-certify every two years with additional requirements for continuing education to occur annually. Additionally, Reno Public Safety Dispatch is currently evaluating crisis intervention training (CIT) for civilians through the Reno Police Department (RPD) Mobile Outreach Safety Team (MOST). This training is substantial but more focused on in-person interactions. Reno Public Safety Dispatch has provided and offered Applied Suicide Intervention Skills Training (ASIST) to personnel through cooperative efforts with CSSNV; however, this has not yet become a training requirement for staff.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Users of 911 and non-emergency communication systems. Either patients requesting behavioral health assistance or “third-party callers” requesting assistance for family or friends.
Intake & Referrals	
How do individuals get assigned or referred to you?	Direct calls to 911 and/or police non-emergency lines.
Where are you referring individuals to support their behavioral health needs?	988, Crisis Support Services, or referral to the RPD’s MOST team

Data Collection and Outcomes Measurements	
Is the program evidence-based?	N/A
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 2023 - July 2024.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	100% of personnel are required to maintain their certification level training through Emergency Medical and Emergency Fire dispatching. This includes 43 Dispatchers, four call takers, nine supervisors, one manager, and one director. Supervisors receive additional training for de-escalating conflict and identifying at risk behaviors as required by City of Reno for all supervisory-level staff and above.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Based on staffing.
What data do you have that describes if the need is being met?	Reno Public Safety Dispatch do not control or manage outcomes of the patients nor possess specific data as to the effectiveness of the program. Anecdotally, Reno Public Safety Dispatch staff has requested additional training on these associated topics.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	4. Dispatchers are receiving some training through the certifications but do not receive sufficient focused training on serving individuals with behavioral health needs.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Reno Public Safety Dispatch does not manage outcomes of the patients nor possess specific data as to the effectiveness of the program.
Additional Context	
Mentioned above, Dispatch leadership is working with MOST and outside partners to evaluate training programs such as CIT and ASIST to determine the best pathway for staff and plan to have an improved training strategy by Quarter 1 of 2025 (July).	

Dispatcher Training

Basic Information	
Name:	Dispatch Training – Sparks Police Department Dispatch
Website:	
Contact(s):	Connie Shepperd, 775-353-2304, cshepperd@cityofsparks.us
Initiative	
Description:	Sparks Police Department Dispatchers hold and maintain one certification for Emergency Fire Dispatch, which uses nationally approved protocols. Embedded within the protocols and the associated certification are components covering behavioral health including substance abuse, mental health affliction, and suicide mitigation. Dispatchers are required to re-certify every two years with additional requirements for continuing education to occur annually. Emergency Medical Dispatch certification is expected to be implemented by the end of next year. There are also specific, focused efforts to enhance behavioral health training for dispatchers to meet the growing need in the community. Sparks Police Department Dispatchers are scheduled to attend "CIT Support Training for 911," starting next month, October 2024. In addition, Sparks Police Department MOST team is developing a CIT-type course tailored more for Dispatchers.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	All Populations – all users of 911 and non-emergency communications systems with behavioral health challenges. Either patients requesting behavioral health assistance or "third-party callers" requesting assistance for family or friends.
Intake & Referrals	
How do individuals get assigned or referred to you?	Direct calls to 911 and/or police non-emergency lines.
Where are you referring individuals to support their behavioral health needs?	988, Crisis Support Services, or referral to Sparks Police Department MOST team.

Data Collection and Outcomes Measurements	
Is the program evidence-based?	N/A
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 23 – June 24
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	100% of personnel are required to maintain their certification level training through International Academies of Emergency Dispatch (IAED) for Emergency Fire Dispatching. This currently includes 14 Dispatchers, four supervisors, and one manager. Supervisors have additional training.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	N/A

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. Dispatchers are receiving some training through the certification and will be receiving additional 911-support focused CIT training on serving individuals with behavioral health needs in the upcoming months. This CIT support training for 911 covers the role of 911 in the crisis response system, signs of mental health condition, suicide assessment and intervention, and crisis intervention strategies and should enhance a dispatcher's ability to determine when responders with behavioral health expertise are needed. However, since this training has yet to be completed, it is unknown if this training will meet that goal or if additional training may be needed.
Do you maintain a waitlist?	N/A
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	N/A
Additional Context	
As mentioned above, Sparks Dispatch personnel are scheduled to attend "CIT Support Training for 911" hosted by CIT International. Dispatch leadership has also been collaborating with Sparks' MOST team to develop training specific to behavioral health crisis response, a CIT-type course, tailored more for Dispatchers; they hope to implement this in Spring of 2025.	

Dispatcher Training

Basic Information	
Name:	Dispatch Training - Washoe County Sheriff's Office (WCSO)
Website:	
Contact(s):	• Jenn Felter, 775-333-7017, jfelter@washoecounty.gov • 775-830-3051
Initiative	
Description:	WCSO Dispatchers hold three specific certifications – Emergency Police Dispatch, Emergency Fire Dispatch, and Emergency Medical Dispatch. Embedded within each of those certifications are components of behavioral health training. There are no specific, focused efforts to enhance behavioral health training and meet the growing need in the community. Dispatchers re-certify every two years and have annual training opportunities.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Population health – all individuals who call 911 and the non-emergency line with behavioral health challenges.
Intake & Referrals	
How do individuals get assigned or referred to you?	Public calls 911 and non-emergency lines.
Where are you referring individuals to support their behavioral health needs?	988 or referral to WCSO MOST Teams.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	N/A
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 23 – June 24

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	100% of dispatchers have training including behavioral health components to meet the certification requirements. Number of dispatchers trained and certified – 29 dispatchers, 6 call takers, and 5 supervisors. Supervisors have additional training.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	N/A
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	4. Dispatchers receive some training through the certifications but do not receive sufficient focused training on serving individuals with behavioral health needs.
Do you maintain a waitlist?	N/A

If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	N/A
Additional Context	
Dispatch leadership has been collaborating with MOST team to research training specific to behavioral health crisis response and hopes to implement within the next couple of years.	

Specialized Law Enforcement Training

Basic Information	
Name:	Crisis Intervention Training as part of Northern Nevada Law Enforcement Academy (NNLEA)
Website:	N/A
Contact(s):	• Lieutenant Peter Sewell, 775-789-5415, psewell@washoecounty.gov • Christy Butler, 775-276-4292, butlerch@reno.gov
Initiative	
Description:	Crisis Intervention Training (CIT) is a 40-hour, evidence-based behavioral health training model focused on first responders. CIT trainings develop participant skills in responding to those in behavioral health crisis. The basic goals of CIT are to improve customer and officer safety as well as to assist individuals with behavioral health issues and addiction disorders and facilitate access to community treatment and resources to divert individuals from the criminal justice system. Participants in the Peace Officers Standards and Training (POST) Academy receive 40 hours of CIT training as part of the Academy curriculum. Participants include individuals seeking POST certification from a variety of fields (e.g., police, fire investigators, parole and probation officers, detention officers, etc.). The result is all new law enforcement officers trained in Washoe County have CIT training.
Is there peer involvement? If yes, how are peers involved?	Peers are included as presenters as part of the CIT curriculum. Representatives from the National Alliance on Mental Illness (NAMI) are presenters as well as a panel of peers who share their lived experience interacting with law enforcement.
Target Population:	Individuals seeking POST certification.
Intake & Referrals	
How do individuals get assigned or referred to you?	N/A
Where are you referring individuals to support their behavioral health needs?	N/A

Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 1, 2023 – June 30, 2024
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of individuals trained (78).
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	N/A
If yes, what is the maximum number of individuals that can be served in one year?	As many as needed from the partnering agencies.
What data do you have that describes if the need is being met?	NNLEA has been able to successfully meet the needs of the partner agencies.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Training evaluation results.
Additional Context	
Per NAC 289.140 section 4. (f) and (k), all officers are required to have minimum standards and training which include crisis intervention and handling of persons with mental illness. Per NAC 289.230 section 1.b, the officer must annually complete no less than 12 hours of continuing education in courses that address (1) racial profiling, (2) mental health, (3) the well-being of officers, (4) implicit bias recognition, (5) de-escalation, (6) human trafficking, and (7) firearms. There is no NAC or NRS that requires the full 40-hour CIT training.	

Specialized Law Enforcement Training

Basic Information	
Name:	Reno Police Department (RPD) Crisis Intervention Training (CIT)
Website:	N/A
Contact(s):	Christy Butler, 775-276-4292, Butlerch@reno.gov
Initiative	
Description:	Crisis Intervention Training is a 40-hour, evidence-based behavioral health training model focused on first responders. CIT trainings develop participant skills in responding to those in behavioral health crisis. The basic goals of CIT are to improve customer and officer safety as well as to assist individuals with behavioral health issues and addiction disorders and facilitate access to community treatment and resources to divert individuals from the criminal justice system. RPD hosts two CIT trainings a year that include sworn officers, dispatch, victim services unit, as well as other RPD staff. RPD opens the training and invites other interested agencies. In addition, RPD offers regular, short briefing trainings focused on specific behavioral health topics to keep the information fresh and current for officers. Community agencies have the opportunity to provide updates on services available in the community.
Is there peer involvement? If yes, how are peers involved?	Peers are included as presenters as part of the CIT curriculum. Representatives from the National Alliance on Mental Illness (NAMI) are presenters as well as a panel of peers who share their lived experience interacting with law enforcement.
Target Population:	Reno Police Department staff and other interested community partners.
Intake & Referrals	
How do individuals get assigned or referred to you?	N/A
Where are you referring individuals to support their behavioral health needs?	N/A
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 1, 2023 – June 30, 2024
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of individuals trained.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	N/A
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	RPD is making progress toward 100% of sworn officers being trained, but the pace is constrained by availability of training partners and RPD staff having 40 hours available for training.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	9. The remaining individuals will be trained in the next 12 months.

Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Training evaluation results.
Additional Context	
Per NAC 289.140 section 4. (f) and (k), all officers are required to have minimum standards and training which include crisis intervention and handling of persons with mental illness. Per NAC 289.230 section 1.b, the officer must annually complete no less than 12 hours of continuing education in courses that address (1) racial profiling, (2) mental health, (3) the well-being of officers, (4) implicit bias recognition, (5) de-escalation, (6) human trafficking, and (7) firearms. There is no NAC or NRS that requires the full 40-hour CIT training. WCSO utilizes PoliceOne to satisfy the annual NAC requirements.	

Specialized Law Enforcement Training

Basic Information	
Name:	Sparks Police Department (SPD) Crisis Intervention Training (CIT)
Website:	N/A
Contact(s):	Lauren Fera-Wing, 775-789-5415, lferawing@cityofsparks.us
Initiative	
Description:	Crisis Intervention Training is a 40-hour, evidence-based behavioral health training model focused on first responders. CIT trainings develop participant skills in responding to those in behavioral health crisis. The basic goals of CIT are to improve customer and officer safety as well as to assist individuals with behavioral health issues and addiction disorders and facilitate access to community treatment and resources to divert individuals from the criminal justice system. In 2023, Sparks accomplished getting all sworn office within SPD CIT trained. SPD partnered with NAMI and other local community resources to present the training.
Is there peer involvement? If yes, how are peers involved?	Peers are included as presenters as part of the CIT curriculum. Representatives from the National Alliance on Mental Illness (NAMI) are presenters as well as a panel of peers who share their lived experience interacting with law enforcement.
Target Population:	SPD sworn officers.
Intake & Referrals	
How do individuals get assigned or referred to you?	N/A
Where are you referring individuals to support their behavioral health needs?	N/A
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 1, 2023 – June 30, 2024
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of individuals trained in FY 23/34. Approximately 50
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	N/A
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	100% of sworn officers have received CIT training.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10. Approximately 130 sworn officers at SPD have completed CIT training.

Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Training evaluation results.
Additional Context	
Per NAC 289.140 section 4. (f) and (k) all officers are required to have minimum standards and training which include crisis intervention and handling of persons with mental illness. Per NAC 289.230 section 1.b the officer must annually complete no less than 12 hours of continuing education in courses that address (1) racial profiling; (2) mental health; (3) the well-being of officers; (4) implicit bias recognition; (5) de-escalation; (6) human trafficking; and (7) firearms. There is no NAC or NRS that requires the full 40-hour CIT training. SPD will start offering refresher trainings during briefings this year.	

Specialized Law Enforcement Training

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) Crisis Intervention Training (CIT)
Website:	N/A
Contact(s):	Lieutenant Peter Sewell, 775-789-5415, psewell@washoecounty.gov
Initiative	
Description:	Crisis Intervention Training is a 40-hour, evidence-based behavioral health training model focused on first responders. CIT trainings develop participant skills in responding to those in behavioral health crisis. The basic goals of CIT are to improve customer and officer safety as well as to assist individuals with behavioral health issues and addiction disorders and facilitate access to community treatment and resources to divert individuals from the criminal justice system. New recruits receive CIT in the Northern Nevada Law Enforcement Academy (NNLEA). There is nothing currently in place to get remaining personnel CIT certified.
Is there peer involvement? If yes, how are peers involved?	Peers are included as presenters as part of the CIT curriculum. Representatives from the National Alliance on Mental Illness (NAMI) are presenters as well as a panel of peers who share their lived experience interacting with law enforcement.
Target Population:	WCSO sworn officers.
Intake & Referrals	
How do individuals get assigned or referred to you?	N/A
Where are you referring individuals to support their behavioral health needs?	N/A
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 1, 2023 – June 30, 2024
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	45 recruits were trained as part of the NNLEA Academy.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	N/A
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	Number of officers who have received full CIT training.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. All but approximately 124 of approximately 480 sworn officers have received CIT training. There is no current plan to train the remaining officers in the full CIT program.

Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Training evaluation results.
Additional Context	
Per NAC 289.140 section 4. (f) and (k), all officers are required to have minimum standards and training which include crisis intervention and handling of persons with mental illness. Per NAC 289.230 section 1.b, the officer must annually complete no less than 12 hours of continuing education in courses that address (1) racial profiling, (2) mental health, (3) the well-being of officers, (4) implicit bias recognition, (5) de-escalation, (6) human trafficking, and (7) firearms. There is no NAC or NRS that requires the full 40-hour CIT training. WCSO utilizes PoliceOne to satisfy the annual NAC requirements.	

Specialized Law Enforcement Responses

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) - Homeless Outreach Proactive Engagement (HOPE) Team
Website:	Washoesheriff.com
Contact(s):	• Lt. Shatawna Daniel, 775-328-6357, sdaniel@washoecounty.gov • Cpt. John Stewart, 775-328-6362, JStewart@washoecounty.gov
Initiative	
Description:	The HOPE team identifies persons experiencing homelessness through service requests, referrals, and self-initiated activity. The team comprises one sergeant, two deputies, two case managers, and one peer worker. The HOPE team builds relationships with their sister agencies, local partners, and the community to assist in addressing the social determinants of health needs for the homeless, those at risk of being homeless, and any individuals experiencing hardship. While providing these resources, they connect the unsheltered population to emergency shelter, housing, Medicaid, and critical services (medical and mental health). Their primary goal is to link them to services, leading them to permanent housing.
Is there peer involvement? If yes, how are peers involved?	The HOPE team acquired a peer worker on August 7, 2024, for a ninety-day trial period. The peer worker rides with the deputies every Wednesday for eight hours daily. The peer worker is a full-time employee with Hope Springs. The peer worker plays a crucial role on the team, offering support based on his lived experience. The peer worker has a broad understanding of homelessness, mental health, and substance abuse. He can build trust and rapport with many homeless clients who pose unique challenges and distrust of HOPE team's current system due to past trauma. The duties of the peer worker include providing emotional support, connections to resources, advocacy, crisis intervention, and outreach. Due to the peer's affiliation with Hope Springs, he has a robust working knowledge of the programs and services offered to HOPE team's homeless population, contributing to the best possible outcome.
Target Population:	Homeless/Vulnerable population.
Intake & Referrals	
How do individuals get assigned or referred to you?	Referrals, calls for service, self-initiated activity.

Where are you referring individuals to support their behavioral health needs?	HOPE team clients are usually located in the unincorporated areas of Washoe County. Therefore, transportation can hinder receiving services or scheduling and maintaining appointments. The HOPE team utilizes the Hopes Clinic, Reno Behavioral Health, the MOST team, and psychiatric urgent facility (PUF) House. If arrested, a referral to the Mental Health staff can be requested. Several programs throughout the region work collaboratively with the HOPE team's units and agency. Many of these referrals are made on a case-by-case basis and are specific to the client's needs.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	July 1, 2023 – June 30, 2024
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Areas of focus, contacts made, accepted resources, citations, arrests, calls for service, diverted, and housed.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	Monthly stats that delineate the above data collected.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. The HOPE team's co-response team is designed to strengthen the relationship between law enforcement, the homeless population, local partners, stakeholders, and the HOPE team's community. They understand the needs and concerns of the homeless population and the community. They are there to listen, build rapport, provide resources, and bring forth reasonable solutions unique to everyone's needs. Due to their innate ability to treat everyone with respect and compassion, they have created an environment that allows their clientele and the community to feel safe, heard, and respected. However, there can be multiple barriers when working with the homeless population, including mental health and substance abuse, lack of access to resources, housing, legal issues, transiency, and physical health. The region lacks services specific to housing and mental health facilities. Cares Campus is not always the answer; very few individuals will agree to go there. The other barrier is more team specific. WCSO hires deputies, and the County employs the case managers. This does not allow for continuity and consistency in training and expectations. The team could also benefit from tenancy support to measure the unit's success once an individual is housed.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	The HOPE team's monthly stats and success stories.
Additional Context	
Since February 2024, the HOPE team has collected additional data on the specific location of diversion, bus tickets, camps posted/removed, and permanent housing. This is also provided in a monthly summary.	

Specialized Law Enforcement Responses

Basic Information	
Name:	Reno Police Department (RPD) Mobile Outreach Safety Team (MOST)
Website:	
Contact(s):	Christy Butler, 775-276-4292, butlerch@reno.gov
Initiative	
Description:	In RPD, a clinician rides alongside a law enforcement officer during patrols. When a call for service involving a mental health or substance use crisis is received, the clinician and the officer respond together. The clinician provides on-the-spot assessment, de-escalation, and immediate support to individuals in crisis. This partnership allows for a more nuanced response, where the clinician can address the mental health needs of the individual, while the officer ensures safety and handles any law enforcement aspects. The second model, used by the RPD MOST, involves clinicians who are not fixed to a single officer but are instead self-deployed. In this setup, clinicians can independently travel to various scenes as needed, responding to crises across different locations. Officers on scene can request a clinician's presence when they determine that a mental health or substance use crisis is occurring.
Is there peer involvement? If yes, how are peers involved?	None.
Target Population:	RPD MOST clinicians are the front-line response to those in mental health crisis and remain responsive to the needs of RPD and the City of Reno.

Intake & Referrals	
How do individuals get assigned or referred to you?	The RPD MOST referral process is designed to ensure that individuals in crisis receive the appropriate support from trained clinicians. Here is how the process works: Crisis Situations (911 Calls) 1. Initial Contact: When an individual in crisis calls 911, the dispatcher assesses the situation. 2. Clinician Dispatch: If deemed necessary, the dispatcher will send a clinician from the MOST team to the scene to meet with law enforcement officers. 3. On-Scene Collaboration: The clinician and officers collaborate to address the crisis. The clinician provides immediate mental health support while the officers manage safety and any legal aspects. 4. A sergeant or lieutenant can request the assistance of MOST: There are multiple calls that go to a sergeant's office or lieutenant's office that are mental health/substance use related. When MOST is available, a sergeant will request contact be made by phone to determine level of need and if appropriate resource. Non-Crisis Emergencies (Email Referrals) 1. Family Members: Concerned family members, whether in-state or out-of-state, can send an email to request follow-up or intervention for a loved one. 2. Local Agencies/Hospitals: Agencies or hospitals that are concerned about an individual can send an email referral to MOST for follow-up, particularly if they believe the person may need support but is not in immediate crisis. 3. Law Enforcement: If law enforcement officers encounter a call for service when the MOST team is unavailable, they can send an email referral for follow-up by the team. 988 Referrals • 988 Hotline: If the 988 suicide and crisis hotline receives a call and their staff are unable to de-escalate the situation, they will contact dispatch to request the assistance of a MOST clinician. • This system ensures that individuals in various types of crises receive timely and appropriate interventions, whether the situation requires an immediate on-scene response or a follow-up through email referrals.

Where are you referring individuals to support their behavioral health needs?	Northern Nevada Adult Mental Health Services (NNAMHS), Reno Behavioral Healthcare Hospital, Quest, National Alliance on Mental Illness (NAMI), Veteran's Resource Center, Our Place Women's Shelter, Cares Campus, Community Health Alliance, WC Health-WellCare Behavioral Health, Northern Nevada HOPES, and other community providers, including reconnecting providers with whom the individual has already been in contact. Not all community-based programs work with individuals in the justice system, and many community-based providers are not equipped to handle the serious mental illness (SMI) population.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Clinicians with evidence-based models for crisis service are deployed.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• Number of contacts (includes contacts in the field, phone calls, and third-party referrals) • Demographics • Characteristics such as experiencing homelessness, insurance status • If the contact has an active mental health provider • Whether or not the contact appeared to be under the influence
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes

If yes, what is the maximum number of individuals that can be served in one year?	At any given time, only one clinician is on duty. This means that in the event of multiple crisis calls occurring simultaneously, the clinician can only respond to one situation at a time, potentially delaying responses to other crises. The team is responsible for providing coverage every day of the week, both in the morning and evening. With just three clinicians, maintaining consistent coverage for all hours across seven days is a significant challenge. This can lead to gaps in availability, especially if a clinician is unavailable due to illness, vacation, or other reasons. The ability to follow up on non-crisis situations might also be limited, as clinicians must prioritize immediate crises, leaving less time for proactive outreach or follow-up with individuals who require additional support. These limitations can reduce the overall effectiveness of the MOST team, highlighting the need for additional resources or staffing to better meet the community's needs
What data do you have that describes if the need is being met?	The data tracks the number of contacts the MOST team makes, indicating how many individuals they engage with during their shifts. The data categorizes the types of crises the team encounters, such as mental health emergencies, substance abuse issues, or domestic situations. If an individual requires additional support beyond what can be provided on the scene, the data notes whether a referral was made to other services, such as mental health treatment, social services, or medical care. While the data captures initial contacts and referrals, it does not track whether the individual follows through with the recommended services. This gap means there is no clear picture of the long-term outcomes for individuals after their interaction with MOST. A significant portion of the contacts involves "familiar voices"—individuals who are well known to the MOST team and RPD due to their frequent interactions. These individuals may have recurring crises that require repeated intervention but may not always engage with the recommended follow-up services.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	The team is effective in providing immediate crisis intervention when available, likely scoring around 7-8 for this aspect. The clinicians on duty work hard to address emergencies as they arise, providing critical support in real-time. Due to limited staffing—only three full-time clinicians covering seven days a week—the program might score lower, around 4-5. This limitation can lead to delays, reduced coverage, and the inability to respond to multiple crises simultaneously. Since the program does not track whether individuals follow through with referrals, it may score around 3-4 in this area. The lack of data on long-term outcomes makes it difficult to assess the program's effectiveness in sustaining positive change for individuals in crisis. The high number of repeated contacts with the same individuals could indicate that the program is not fully addressing the underlying issues for these people, suggesting a score of around 4-5. Taking all these factors into account, the program might be rated around 5-6 out of 10 in terms of meeting the community's needs. While the RPD MOST is providing valuable crisis intervention, the limitations in staffing, follow-up, and long-term impact indicate room for improvement to more fully meet the community's needs.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	

Outcomes Measurement	
What outcome data can you provide?	• **Dispatch**: The number of cases initiated by 911 dispatch. • **Sergeant Request**: Instances where a sergeant specifically requested MOST assistance. • **Officer Request**: Calls where on-scene officers requested a clinician's support. • **Mental Health**: Data on the types of mental health crises encountered, such as anxiety, depression, suicidal ideation, psychosis, or PTSD. • **Substance Use**: Information on substance-related crises, such as overdoses, withdrawal symptoms, or intoxication • The number of individuals placed on a Mental Health Crisis Hold. • **In-Person Intervention**: Instances where the clinician met with the individual on-site. • **Telephone Contact**: Cases managed through phone calls, either with the individual in crisis or with family members/other agencies. • **Follow-Up Visits**: Instances where follow-up contact was made after the initial crisis intervention. • **Went to Jail**: Data on individuals who were arrested and taken to jail following the crisis intervention. • **Referred to Services**: The number of individuals who were referred to mental health or substance use services, including inpatient or outpatient treatment or counseling. • **Refused Services**: Cases where individuals declined the recommended services or interventions.

Additional Context
All clinicians on the RPD MOST team have completed CIT, which equips them with skills to de-escalate situations involving individuals with mental health issues or substance use disorders. The clinicians have also completed a 40-hour FBI hostage negotiation training, enhancing their ability to manage high-stakes, potentially volatile situations with a focus on communication and resolution. During a crisis intervention, the clinicians do not perform formal mental health assessments on-site. Their primary goal is to de-escalate the situation and stabilize the individual. If an individual does not meet the criteria for a Mental Health Crisis Hold, they are referred to an appropriate community provider who can conduct a thorough assessment based on the behaviors and symptoms observed during the crisis. The RPD MOST Supervisor plays a crucial role in broader law enforcement training by facilitating CIT at the Northern Nevada Police Academy. This ensures that officers are also equipped with the skills to handle mental health crises, improving overall community safety and response effectiveness.

Specialized Law Enforcement Responses

Basic Information	
Name:	Sparks Police Department (SPD) Mobile Outreach Safety Team (MOST)
Website:	
Contact(s):	Lauren Fera-Wing, 775-315-7548. lferawing@cityofsparks.us
Initiative	
Description:	MOST clinicians ride along with law enforcement to provide crisis intervention services in response to a call for service. MOST can assist with directing people in crisis to the most appropriate resources to address their needs immediately.
Is there peer involvement? If yes, how are peers involved?	Peers are involved when they are on scene with the individual. Often, peers are utilized to establish rapport or to assist individuals with resource coordination in the community.
Target Population:	MOST can be called by anyone to assess any person's mental health status and needs.
Intake & Referrals	
How do individuals get assigned or referred to you?	Any officer can refer individuals via email, or they are seen in response to a call for service.
Where are you referring individuals to support their behavioral health needs?	Northern Nevada Adult Mental Health Services (NNAMHS), Reno Behavioral Healthcare Hospital, Quest, Vitality, National Alliance on Mental Illness (NAMI), Veteran's Resource Center, and other community providers, including reconnecting providers with whom the individual has already been in contact. Not all community-based programs work with individuals in the justice system.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Clinicians with evidence-based models for crisis service are deployed.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• Number of contacts (includes contacts in the field, phone calls, and third-party referrals) • Demographics • Characteristics such as experiencing homelessness and insurance status • If the contact has an active mental health provider • Whether or not the contact appeared to be under the influence
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Staffing resources can limit the program's ability to meet community need, in addition to deployment relying on the discretion of the desk sergeant, which may impact the program's ability to serve individuals in need.
What data do you have that describes if the need is being met?	MOST tracks contacts based on demographics and the reason for contact (i.e., call for service, email referral, suicidal, welfare check, etc.). MOST marks whether the individual was admitted to the hospital, taken to jail, or diverted from both systems.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	Based on the data, about a 7.
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	• Referral sources (e.g., 988, 911, deputy request to the scene, direct emails, etc.) • Resolution (i.e., was additional law enforcement called, where that contact ended, did they end up with shelter, mental health crisis holds [suicidal or homicidal], etc.)
Additional Context	
MOST is comprised of licensed clinicians who have attended CIT training. As of 2023, SPD does not utilize a formal screening or assessment tool; there is also a plan to have a shared MOST database where familiar voices can be identified.	

Specialized Law Enforcement Responses

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) Mobile Outreach Safety Team (MOST)
Website:	
Contact(s):	La Risa Renner, Lrenner@washoecounty.gov
Initiative	
Description:	MOST clinicians ride along with law enforcement to provide crisis intervention services in response to a call for service. MOST can assist with directing people in crisis to the most appropriate resources to address their needs immediately.
Is there peer involvement? If yes, how are peers involved?	Yes. When helping to engage persons in services, MOST has utilized peers to reach out or will connect with them together for the hand off. Peers from staff at Our Place, Cares Campus, Vitality, and Crossroads have a new referral partnership for mothers with substance use through True Vista Foundation.
Target Population:	MOST can be called by anyone to assess any person's mental health status and needs.
Intake & Referrals	
How do individuals get assigned or referred to you?	Dispatch, deputies, or the shift sergeant. Email referral from community.
Where are you referring individuals to support their behavioral health needs?	Reno Behavioral Health, Mobile Crisis Response Team (MCRT), Northern Nevada Adult Mental Health Services (NNAMHS), Quest, Vitality, WellCare, and outpatient offices as appropriate and based on insurance.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Clinicians with evidence-based models for crisis service are deployed.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• Number of contacts (includes contacts in the field, phone calls, and third-party referrals) • Demographics • Characteristics such as experiencing homelessness and insurance status • If the contact has an active mental health provider • Whether or not the contact appeared to be under the influence
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Staffing resources can limit the program's ability to meet community need, in addition to deployment relying on the discretion of the sergeant and their response policy, which may impact the program's ability to serve individuals in need.
What data do you have that describes if the need is being met?	How outcomes are referred to services; for 2023: • Total contacts: 1072. Follow ups: 1695. • Referred to services: 85% • MHCH: 8% • Jail: 1% • Refused: 5%
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. MOST is meeting the need as available with law enforcement and has been impactful in de-escalating situations and helping guide people to appropriate services in the community. MOST's limitations are due to staffing of deputies and CFS and/or distances, which can prevent MOST from being on scene in some instances and supporting by phone. In addition, the community may not fully understand the legalities of responses to persons who are suicidal—i.e., how there is often no legal ability to "break down a door" to prevent a person from harm to self.
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	• Referral sources (e.g., 988, 911, deputy request to the scene, direct emails, etc.) • Resolution (i.e., was additional law enforcement called, where that contact ended, did they end up with shelter, mental health crisis holds [suicidal or homicidal], etc.) • A repeat address report can be pulled for someone who calls more than a few times in a 6-week period
Additional Context	
MOST is comprised of licensed clinicians who have attended CIT training. As of 2023, MOST utilizes the questions from the Columbia Suicide Severity Scale to assess the level of triaged care.	

Intercept 2: Initial Detention/Initial Court Hearings

The following resources are available in Washoe County for Intercept 2:

Key Elements for Diversion
Screening for Behavioral Health Challenges • NaphCare **Pretrial and Diversion Services** • Reno Municipal Court (RMC) - Community Court • Second Judicial District Court (SJDC) - Assisted Outpatient Treatment (AOT) • SJDC – Pretrial Services **Post-Booking Release** • Department of Alternative Sentencing (DAS) – Support in Treatment, Accountability and Recovery (STAR) Program

Screening for Behavioral Health Challenges

Basic Information	
Name:	NaphCare
Website:	
Contact(s):	Captain Stewart, jstewart@washoecounty.gov
Initiative	
Description:	Intake screening for mental health issues and substance abuse disorders.
Is there peer involvement? If yes, how are peers involved?	Yes. In addition to the medical screening that takes place at intake, the intake RNs also conduct a medication review and a mental health screen to help identify candidates. Corporate mental health providers and leadership monitor patient charts and conduct peer reviews for all mental health staff.
Target Population:	All Washoe County Sheriff's Office (WCSO) patients are screened during intake.
Intake & Referrals	
How do individuals get assigned or referred to you?	All patients go through an intake screening that involves a Mental Health Screening and a Columbia Suicide Screening.
Where are you referring individuals to support their behavioral health needs?	To the NaphCare mental health team, including mental health professionals.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	The mental health team does not provide group therapies based on an evidence-based curriculum. Otherwise, all screenings are based on the company protocol for mental health assessments and patient needs.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	NaphCare pulls reports from TechCare upon request for quality measure review.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	NaphCare would need a specific request for the information and which parameters are requested.
Does this number represent an unduplicated count?	No. Individuals are counted each time they are admitted to the facility. If they are brought into the facility more than once during a month/year, they may have duplicate data for the different encounters.
Do you have the capacity to serve additional individuals?	No. NaphCare is only contracted to serve the patients of the WCSO.
If yes, what is the maximum number of individuals that can be served in one year?	There is no threshold.
What data do you have that describes if the need is being met?	NaphCare looks at appointment wait times for the mental health professionals and the mental health providers and pulls reports on the number of assessments completed in a requested time frame.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. NaphCare does not serve the general community and only addresses individuals at the jail. The current wait period to see a mental health professional is currently about 14-21 days. NaphCare has recently added additional mental health professionals to the staff to provide better patient coverage.
Do you maintain a waitlist?	Yes. Yes, it is the appointment list for mental health professionals and the providers.

If yes, approximately how many are on the waitlist at any given time?	The timeframe varies based on the availability of mental health professionals and providers to see the patients.
Outcomes Measurement	
What outcome data can you provide?	The comprehensive medical team only provides acute mental health and medical care as part of the contract. NaphCare does not track community programming successes or opportunities for improvement.
Additional Context	

Pretrial and Diversion Services

Basic Information	
Name:	Reno Municipal Court (RMC) – Community Court
Website:	https://www.reno.gov/government/municipal-court/specialty-courts-and-programs
Contact(s):	• Carissa O'Grady, 775-334-2544, ogradyc@reno.gov • Andrew Sherbondy, 775-484-7990, sherbondya@reno.gov
Initiative	
Description:	The Reno Municipal Court Community Court program seeks to reduce and properly address quality-of-life offenses in the downtown area and city parks by utilizing a collaborative, problem-solving approach to crime. Community Court primarily serves the unhoused population and holds its court sessions at the Downtown Reno Public Library on Center Street. This venue provides a level of comfort to this population, as it is considered a more neutral, less formal setting than a traditional courthouse. Community Court provides immediate service linkage to its participants by collaborating with over 20 service providers who volunteer their services every Wednesday from 8:30 a.m. to 12:00 p.m. These services range from substance use and mental health treatment, housing, Supplemental Nutrition Assistance Program (SNAP) and Medicaid verification, veteran services, primary health care, work force development, and legal services, among others.
Is there peer involvement? If yes, how are peers involved?	There is no direct, structured peer involvement currently; however, graduates of the program have historically returned to volunteer periodically.
Target Population:	Community Court focuses primarily on high utilizers of the criminal justice system where a connection to quality-of-life offenses is present, such as trespassing, urinating in public, and defrauding an innkeeper.
Intake & Referrals	
How do individuals get assigned or referred to you?	• Law enforcement citation into the Community Court program: RPD Officers will cite individuals who fit program criteria into Community Court. Participants who successfully complete the goals delineated in their case plans will have their criminal matter closed. • Services Only: Individuals can be referred to Community Court or appear on their own volition independent of a criminal offense for access to services provided on-site. Services Only participants receive ongoing case management via partnership with a community provider. • Order to Comply: Cases adjudicated in a separate department may require engagement with Community Court services as a condition of their suspended sentence.

Where are you referring individuals to support their behavioral health needs?	Community Court utilizes Renovation Mental Health Services for its Treatment Readiness program, as well as Intensive Outpatient Therapy. By nature of the Community Court model, individuals also have access to a wide range of regional treatment and service providers who elect to table on Wednesdays during court.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, while each community court model must be adapted to meet the unique needs of its given community, it is, at its core, a Problem-Solving Court, utilizing a multidisciplinary team and community partnerships to achieve the five core evidence-based approaches to successful supervision, as outlined by the Bureau of Justice Assistance (BJA): (1) assessment, (2) treatment, (3) deterrence, (4) procedural justice, and (5) collaboration.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	347 individuals were served in 2023.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Based on the resources the program has at its disposal currently, approximately 400 individuals over a given calendar year.
What data do you have that describes if the need is being met?	The program captures which referrals have been made for a given participant, and whether that referral was successfully completed. Recidivism data is currently being prioritized for the program.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. Community Court is providing a great service to Washoe County and the unhoused population of Downtown Reno by prioritizing quality of life crimes and the high utilizers the SIM model intends to mitigate.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	**2023 Outcome Data:** • Admitted: 196 individuals • Graduated: 47 • Absconded: 112 • Voluntarily withdrawn: 39 • Unsuccessful termination: 39 • Referred to employment services: 29 • Housing Assistance: 149 • Medical services allocation: 55 • Mental Health services allocation: 72 • Welfare Service allocation (SNAP, Medicaid, etc.): 47 • Identification, SS allocation: 82 • Substance Abuse services allocation: 22 • Treatment Readiness program participation: 44 • Phone allocation: 33
Additional Context	

Pretrial and Diversion Services

Basic Information	
Name:	SJDC - Assisted Outpatient Treatment (AOT)
Website:	https://www.washoecourts.com/Programs/AOT
Contact(s):	• Heather Niel, 775-688-0462, hniel@health.nv.gov • Dianne Talley, 775-328-3186, Dianne.talley@washoecourts.us
Initiative	
Description:	Civil court-ordered outpatient mental health treatment.
Is there peer involvement? If yes, how are peers involved?	Yes.
Target Population:	Severely mentally ill individuals with repeated hospitalizations and incarcerations due to mental health.
Intake & Referrals	
How do individuals get assigned or referred to you?	Law enforcement, social services agencies, family, court, attorneys.
Where are you referring individuals to support their behavioral health needs?	Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2019

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	30-50
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	50 at a time
What data do you have that describes if the need is being met?	60 percent decrease in hospitalizations and 70 percent decrease in jail days.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. With the AOT program, there is usually a significant drop in hospitalizations and/or incarcerations for the individual. This is due to the wraparound supports and availability of the team to the client's needs and stability within the community.
Do you maintain a waitlist?	Yes

If yes, approximately how many are on the waitlist at any given time?	15-20
Outcomes Measurement	
What outcome data can you provide?	Decreased hospitalizations and jail days.
Additional Context	

Pretrial and Diversion Services

Basic Information	
Name:	SJDC – Pretrial Services
Website:	https://www.washoecourts.com/PretrialServices
Contact(s):	Angie Wencke, 775-328-6345, Angelina.wencke@washoecourts.us
Initiative	
Description:	Nevada Pretrial Risk Assessment (NPRA) and Interview.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	All individuals booked into the Washoe County Jail with a pending pretrial case.
Intake & Referrals	
How do individuals get assigned or referred to you?	All individuals with a pretrial case pending in Washoe County must have the NPRA completed pursuant to ADKT 0539 to assist Judicial Officers in setting bail.
Where are you referring individuals to support their behavioral health needs?	Pretrial Services does not refer defendants for services. However, the NPRA and Pretrial Assessment Report includes information for the Judicial Officers including if the defendant has requested treatment for substance use or if there may be concerns about mental health.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	The NPRA is a validated risk tool used to assess risk of re-offense or failure to appear (FTA) for court.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Pretrial Services can easily provide the following data: how many NPRAs were completed, overrides, gender, risk level, and race. Additional data that could be collected with more effort includes: the specific answers to the questions, why there were overrides, bail set, and release decision. Total interviews: • 2021 = 11,548 • 2022 = 10,406 • 2023 = 11,030 Total Entries: • 2021 = 15,354 • 2022 = 13,985 • 2023 = 15,350 Total NPRAs: • 2021 = 8,884 • 2022 = 8,008 • 2023 = 8,579 Defendants released by Pretrial Services prior to judicial review: • 2021 = 3,630; 31.43% of defendants interviewed. • 2022 = 1,812; 17.41% of defendants interviewed – this is notably down due to the situation with RJC but Pretrial Services will soon be releasing again. • 2023 = 2,136; 19.37% of defendants interviewed– Pretrial Services began releasing RJC defendants in Feb of 2023. Total After Hour TPOs entered: • 2022 = approx. 120 • 2023= approx. 131
Does this number represent an unduplicated count?	Yes. NOTE: an individual may be counted multiple times throughout the year depending on how many bookings or add books are completed.
Do you have the capacity to serve additional individuals?	Yes

If yes, what is the maximum number of individuals that can be served in one year?	Unknown.
What data do you have that describes if the need is being met?	There are data regarding rearrest and FTA rates for the department; however, more detailed data would have to be collected to confirm how the tool is doing in Washoe County.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8.5. The tool provides Judicial Officers needed information to make bail decisions. Further evaluation could be done to ensure that the tool could be improved with respect to adding a violence flag or giving a unique risk score for FTA and re-offense.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	• Those that score within the moderate/lower range on the NPRA that were given Administrative Releases by Pretrial Services. This allows for defendants to be released from jail at the earliest opportunity. • NOTE: all that score in the higher range of the NPRA are not eligible for an Administrative Release by Pretrial Services.
Additional Context	
The Pretrial Assessment Team may release defendants prior to judicial review on an Administrative Release based on criteria set by the court.	

Post-Booking Release

Basic Information	
Name:	Department of Alternative Sentencing (DAS) Support in Treatment, Accountability and Recovery (STAR) Program[16]
Website:	https://www.washoecounty.gov/altsent/star-program/index.php
Contact(s):	• Sergeant Chesa Adams, (775) 484-656, cflickinger@washoecounty.gov • Nicole Schauwecker, (775) 221-8430, nschauwecker@washoecounty.gov
Initiative	

[16] While some participants may be enrolled in STAR while still incarcerated, the majority are not in jail but rather living in the community under supervision. Most of their engagement with STAR programming occurs after their release from incarceration.

Description:	STAR is initiated post arrest and discussed during initial hearings, beginning at arraignments where individuals are assessed for risk by booking staff and substance use disorders are identified. There are several referral sources at this stage that typically include one or several of the following: the Judge, DAS Staff, Public Defenders, District Attorneys, or the arrestee themselves. Once a referral is placed, STAR will meet with the referred client to determine readiness for programming and eligibility. Should the client be accepted by STAR, the courts are notified, and another hearing is set to discuss STAR and implement the program as a condition of pre-trial release. The STAR team is composed of a probation officer, case manager, clinician, and peer support specialist and encompasses four phases: **Support** (centered on stabilization and addressing initial barriers to recovery success), **Treatment** (actively engaging in treatment, conditions of supervision, and the Courage to Change journaling curriculum), **Accountability** (application period for skills learned through programming), and **Recovery** (completed classroom instruction and engaged in active, sustained recovery). Every STAR participant is assessed through the Ohio Risk Assessment System (ORAS) or Nevada Pretrial Risk Assessment (NPRA), and the STAR-licensed clinician proctors an American Society of Addiction Medicine (ASAM) Criteria Assessment and, based on the DSM-5 diagnostic criteria, determines diagnosis and appropriate level of care. The STAR team creates an individualized case plan with each participant using a shared decision-making approach and refers the participant to partner agencies and other community recovery and mental health agencies for medication assisted treatment (MAT), residential/transitional living treatment or programming, physical and mental health treatment, and any other services indicated by the case plan. Once stabilized, participants work with the STAR team on completing the Courage to Change interactive journaling curriculum. Journaling is completed by individual participants and then reviewed and discussed with the STAR team either one-on-one or in a group session. The curriculum includes journaling prompts centered on topics that address cognitive distortions, which are often associated with Opioid Use Disorder (OUD). Topics include, but are not limited to, substance use, social values, responsible thinking, self-control, and peer relationships.
Is there peer involvement? If yes, how are peers involved?	There is a full-time Peer Support Specialist on the STAR team. The peer will meet with clients post referral with the STAR assigned law enforcement officer. The Peer provides support, advocacy, and guidance to STAR participants using his/her lived experience.
Target Population:	Criminal justice involved individuals on supervision who struggle with OUD.

Intake & Referrals	
How do individuals get assigned or referred to you?	Referrals are received from court, judges, DAS staff, and other sources (family, friends, or self-referrals).
Where are you referring individuals to support their behavioral health needs?	Based on assessment, participants are referred to MAT services, detox, inpatient recovery treatment, recovery housing, etc. including Crossroads, The Empowerment Center, Life Changes, Northern Nevada HOPES, Reno Behavioral Health, detoxification centers, the Life Change Center, Bristlecone, Marvel Way, Behavioral Health Group, etc. Participants who enroll while incarcerated are assessed with ASAM by the STAR clinician, and an individualized case plan is developed, which may include inpatient care, MAT services, therapy, etc. The STAR team coordinates with jail staff to arrange referrals and transportation to appropriate care upon release.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, STAR uses an evidence-based cognitive behavioral therapy interactive journaling curriculum called the Courage to Change from the Change Companies, where participants engage with empirically proven methodologies for addressing addiction and criminogenic thinking. In addition, STAR participants are linked to MAT services, an evidence-based therapy/treatment used to assist people with opioid addiction.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	October 2022 – September 2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Enrolled and exited participants, service referrals, journaling data, drug testing data, etc.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes. Max caseload is 30 persons at any one time.

If yes, what is the maximum number of individuals that can be served in one year?	Depends upon length of stay for each participant. 62 participants were enrolled the first year; from Oct 2023 to June 2024 22 participants were enrolled.
What data do you have that describes if the need is being met?	• Five participants have graduated from STAR so far, having completed all the requirements of the program and conditions of probation. All five participants were released early from their cases by judges due to their work in the STAR program. • Drug testing results show reduced drug use and fewer overdoses. Data shows an increased understanding of cognitive behavioral therapy (CBT) journal content, which indicates changed thoughts regarding addiction and criminogenic thinking. • The STAR team tracks the number of referrals (or warm hand offs) to treatment and recovery service providers. For the time period above, the STAR team made 204 referrals to community service providers.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8 or 9. Meeting the need for the clientele who are requesting treatment in lieu of incarceration.
Do you maintain a waitlist?	Yes
If yes, approximately how many are on the waitlist at any given time?	The STAR team has never had more than 8 people on the waitlist since inception.

Outcomes Measurement	
What outcome data can you provide?	• When Release on Recognizance is requested, typically all parties in the case are open to a release into the STAR program. (The majority of referrals are approved into the STAR program once their admittance is requested.) • Five participants have graduated from STAR so far, having completed all the requirements of the program and conditions of probation. All five participants were released early from their cases by judges due to their work in the STAR program. • The STAR team can also show data of reduced recidivism (new criminal charges) for STAR participants, as well as a low incidence of overdoses for STAR participants.

Additional Context
DAS provides STAR participants with continual case management throughout the program. Participants are regularly re-assessed, and case plans are modified based on assessment and progress. The STAR team is heavily invested in each participant and communication with participants is at least weekly, usually daily. DAS is continually looking for funding to provide priority treatment services to STAR participants. The STAR team currently has contracts in place for Peer Support, MAT services, and recovery housing.

Intercept 3: Jails/Courts

The following resources are available in Washoe County for Intercept 3:

Key Elements for Diversion

Treatment Courts for High-Risk/High-Need Individuals

- Reno Justice Court (RJC) - Specialty Courts
- Reno Municipal Court (RMC) - Specialty Courts
  - Co-Occurring Disorders Specialty Court
  - CAMO-RNO Veterans Court
- Sparks Justice Court (SJC) - Specialty Courts
- SJDC - Specialty Courts
- Sparks Municipal Court (SMC) - Specialty Courts

Alternatives to Prosecution Programming

- SJDC - Competency Court

Jail-Based Programming and Health Care Services

- NaphCare - Behavioral Health Program
- Washoe County Sheriff's Office (WCSO) - Behavioral Health Program (starting Sept. 1)
- WCSO - Therapeutic Services

Partnerships with Behavioral Health Community-Based Providers

- WCSO

Mental Health Jail Liaisons or Diversion Clinicians

- WCSO

Collaboration with Veterans Justice Outreach

- WCSO

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Reno Justice Court (RJC) – Specialty Courts
Website:	https://www.washoecounty.gov/rjc/
Contact(s):	• Jeremy Wilson, 775-325-6508, jwilson@washoecounty.gov • Program Coordinator (TBD)
Initiative	
Description:	Therapeutic Treatment Courts to assist high risk/high needs individuals obtain recovery and break the cycle of criminal justice involvement through therapeutic intervention tailored to their individual needs.
Is there peer involvement? If yes, how are peers involved?	Not currently. However, this is something that RJC is actively working toward.
Target Population:	High Risk/High Needs Individuals with a Misdemeanor Conviction(s).
Intake & Referrals	
How do individuals get assigned or referred to you?	During Sentencing by the Judge if assessed and determined high risk/high needs.
Where are you referring individuals to support their behavioral health needs?	Multiple places dependent upon the relationship between individual and provider and insurance.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, Therapeutic Courts and Tx Interventions used by providers are evidence-based.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Cases, dispositions, drug free babies, successful completion, etc.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Each Court is different, but the total is around 200.
What data do you have that describes if the need is being met?	Recidivism.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7.5. Specialty Courts can always grow. Some individuals are more successful. Limited resources in the community are available to meet the full need.
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Cases, dispositions, drug free babies, successful completion, etc.
Additional Context	
RJC hosts four Therapeutic Treatment Courts on three different dockets. GT Court is coupled with Community Court for low-level offences and young offenders. CAP Court is the largest court and is a co-occurring mental health and substance use court. RJC also has a misdemeanor DUI Court for high risk/high need DUI 1st and DUI 2nd cases.	

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Reno Municipal Court (RMC) – Co-Occurring Disorders Specialty Court
Website:	
Contact(s):	• Diana Flores, 775-447-3566, floresd@reno.gov • Lisa Wagner, 775-334-3822, wagnerl@reno.gov
Initiative	
Description:	Co-Occurring Disorders (COD) Court provides early intervention and services as a meaningful alternative to incarceration for participants who can function in the community with COD court support. The primary goal of the program is to improve the quality of life and reduce recidivism for the participants, and those who graduate will have a solid foundation on which to build a productive and meaningful life.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	• First offense DUI offenders with a BAC > 0.18 • Second offense DUI offenders • Multiple DUI convictions outside a seven-year offense date window • At least two convictions that are a direct result of substance abuse or addiction • Domestic violence convictions where alcohol or drug abuse was evident • A history of mental illness, mental health treatment, medication, or a referral for treatment or medication • Individuals whose substance abuse and mental health are related to their involvement in the criminal justice system • Age range is anyone of the age of 18 years and older
Intake & Referrals	
How do individuals get assigned or referred to you?	Candidates may be referred at the time of arraignment by defense attorneys, prosecutors, and judges. Candidates may also be referred from other jurisdictions that do not have specialty courts
Where are you referring individuals to support their behavioral health needs?	Contracted mental health providers such as SAI, Presence Therapy, Inner Solutions, CBA and Quest.

Data Collection and Outcomes Measurements	
Is the program evidence-based?	Co-Occurring Disorders Specialty Court uses ALL Rise initiatives, Recovery After Neurotrauma (RANT), the American Society of Addiction Medicine (ASAM), and Mental Health Education (MHE).
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• Number of individuals successfully completed program: 10 • Number of individuals referred to MH Court: 3 • Number of individuals connected to MH services: 36 • Number of individuals self-revoke from program: 5
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	50
What data do you have that describes if the need is being met?	Data is gathered from Drug Court Case Management (DCCM). Two to three graduations are held per calendar year, and 18-25 clients are admitted per year.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. The team works together to provide resources to participants. Co-Occurring Disorders Specialty Court connects them to treatment and works with various agencies to ensure a successful outcome.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide? **All data collected for 2023.**	• Number of cases accepted: 19 • Number of cases referred to this court: 45 • Number of cases referred to MH Court: 3 • Number of cases rejected from the program due to their mental health acuity: 6 • Number of cases who completed: 10 • Number of cases who absconded: 1 • Number of cases who voluntary withdrew from the program: 5
Additional Context	

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Reno Municipal Court – CAMO-RNO Veterans Court
Website:	
Contact(s):	• Joshua Hjermstad, 775-657-4585, hjermstadj@reno.gov • Michelle Masi, 775-334-2297, masim@reno.gov
Initiative	
Description:	Veterans and Active-Duty Military men and women are given the opportunity to work in treatment over the course of 12-18 months to resolve issues related to addictions and the crimes committed. Once completed, convictions may be sealed.
Is there peer involvement? If yes, how are peers involved?	There is a mentorship program that is made up of mostly former participants. Court is also held weekly to which all members are asked to remain in court as a show of support for the other Veterans.
Target Population:	Participants must have had a history of military service and cannot have a Dishonorable Discharge.
Intake & Referrals	
How do individuals get assigned or referred to you?	Clients are referred at the time of arraignment by legal defenders, prosecuting attorneys, or by the bench. Cases may also be transferred from other jurisdictions where veteran courts are not present.
Where are you referring individuals to support their behavioral health needs?	Most Veterans are linked to services at the VA, though a small number as well as any Active-Duty will attend counseling through community-based partners. Quest, SAI, and CBA Healthcare are two examples of recently utilized providers.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	• Number of individuals successfully completed program: 16 • Number of individuals admitted: 21 • Number of individuals connected to veteran services: 49 • Number of individuals self-revoked from program: 1
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	50
What data do you have that describes if the need is being met?	Data is gathered from DCCM. Two to three graduations are held per calendar year, and 20-30 clients are admitted per year.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10. The acceptance and graduation rate are a number that far exceeds other programs in the country to which the team and community are quite proud
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide? **All data collected for 2023.**	• Number of cases accepted: 21 • Number of cases referred to this court: 31 • Number of cases who completed: 16 • Number of cases terminated for non-compliance: 5 • Number of cases who voluntary withdrew from this program: 1
Additional Context	

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Sparks Justice Court (SJC) – Specialty Courts
Website:	
Contact(s):	• Jessica Brown, (775) 353-7606, jabrown@washoecounty.gov • Amanda Currence, (775) 353-7605, acurrence@washoecounty.gov
Initiative	
Description:	Sparks Recovery Court is a therapeutic treatment-based court designed to be a minimum of 12 months. The court works closely with participants, treatment providers, and supervision to help participants develop the tools to live a substance-free life.
Is there peer involvement? If yes, how are peers involved?	Specialty Courts do not currently have any type of peer program.
Target Population:	Non-violent offenders with a substance use disorder.
Intake & Referrals	
How do individuals get assigned or referred to you?	Most cases are referred at the time of sentencing as part of the agreement. They may also be referred as a result of a Revocation Hearing or Order to Show Cause.
Where are you referring individuals to support their behavioral health needs?	If individuals require services beyond the Specialty Courts capacity, they are referred to another specialty court that can better meet their needs.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	FY24
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	27 referrals, 21 accepted into the program, 6 denied, 13 graduations (successful completions), and 44 total individuals served.
Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	55
What data do you have that describes if the need is being met?	

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	6. Specialty Courts have not had to deny the program or put an individual on a wait list due to being at program capacity; they have the ability to accept those currently being referred. Specialty Courts could better serve the community by referring to the program sooner and promoting Sparks Recovery Court so that more individuals would seek the program or be referred.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	
Additional Context	

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Second Judicial District Court (SJDC) – Specialty Courts
Website:	
Contact(s):	Brooke Howard, 775-328-3839, Brooke.Howard@washoecourts.us
Initiative	

Description:	The mission of the Second Judicial District Court's Specialty Courts is to improve quality of life, reduce recidivism, and increase community safety and awareness by engaging the drug and alcohol-abusing offender or the offender with a mental health illness in an intensive, court-supervised, treatment program. This is accomplished through the efforts of a multidisciplinary team, which includes a judge, defense and prosecution counsel, court officers, treatment providers, parole and probation officers, and drug testing staff. The SJDC has seven specialty court programs, serving more than 700 participants each year. The Adult Drug Court (Drug Court) was the first Specialty Court in the Second Judicial District Court's general jurisdiction division. Established in 1995, it was designed to engage the criminal offender, who is diagnosed with a substance use disorder in intensive therapeutic and judicial intervention. Case management for Specialty Court clients uses a team approach involving the judge, defense counsel, treatment personnel, court personnel, parole and probation, and the prosecutor, as needed. Participants who successfully complete the program will not be charged or, if charged, will have the charges against them dismissed; unsuccessful participants are returned for prosecution or serve the remainder of their sentence. The Second Judicial District Court operates seven Specialty Courts programs for those identified with a substance use, mental health, or co-occurring diagnosis: • Adult Drug Court – Pre/Post Plea • Felony DUI Court – Post Plea • Medication-Assisted Treatment Court- Pre/Post Plea • Mental Health Court - Pre/Post Plea • Prison Re-Entry Court - Post Plea • Veterans Treatment Court - Pre/Post Plea • Young Offender Court - Pre/Post Plea Specialty Courts employ a holistic approach that goes beyond simply treating substance use disorders, Specialty Courts improve education, employment, housing, and financial stability. Additionally, Specialty Courts promote family reunification, reduce foster care placements, and increase the rate of mothers with substance use disorders delivering drug-free babies. All Specialty Courts programs require participants to engage in individual and group substance abuse counseling, mental health counseling (based on individual needs), random drug and alcohol testing, probation supervision, collaborative case management and regular court status checks.

	Specialty Courts save considerable money for taxpayers. Specialty Courts invest on average $6,208 per participant. Specialty Court programs result in significant cost savings to the State of Nevada and Washoe County by reducing public costs associated with monitoring, detaining, and prosecuting criminal activity by State and County law enforcement and prosecution agencies. The National Association of Drug Court Professionals (NADCP) reports for every $1.00 invested in Specialty Courts, taxpayers save as much as $3.36 in avoided criminal justice costs alone. When considering other costs associated with participant's involvement in the criminal justice system, it is estimated that Specialty Courts save taxpayers $27.00 for every $1.00 invested by reducing victimization and health care services utilization. NADCP findings indicate that Specialty Courts reduce crime by 45% more than other sentencing options. Participants in Specialty Courts programs are six times more likely to complete substance abuse treatment than those not involved in a judicial program. Without judicial oversight, 70% of substance-abusing offenders drop out of treatment. Specialty Court Coordinators act as liaisons between the jail and courts, performing direct services casework in the Specialty Courts related to supervision, rehabilitation, drug and alcohol test monitoring, and engagement in treatment programs for participants assigned to Specialty Courts. They perform a variety of tasks relative to assigned areas of responsibility, such as DCCM data entry, preparation of reports and DCCM dockets, and as a team member in staffing and court sessions.
Is there peer involvement? If yes, how are peers involved?	All courts have access to peer support through partnerships. However, SJDC Specialty Courts do not have a formal program offered through the court.
Target Population:	Specialty Courts are multi-jurisdictional, community-based programs that provide court supervision and services for participants at least 18 years of age. Using evidence-based, harm reduction, trauma-informed approaches, the Court uses a "phased" system to document progress in treatment and in the program at large. This system underscores the need for collaborative goal setting and program monitoring through ongoing communication and continuous processing of timely and accurate information about each participant's performance in the program. Each phase has a corresponding checklist for participants to use to document their progress and understand what needs to be accomplished before moving to the next phase.

Intake & Referrals	

How do individuals get assigned or referred to you?	• Anyone can make a referral for Specialty Courts (client, judge, defense attorney, district attorney, court, case manager, jail classifications officers, 911 dispatch, etc.)
	• <u>Requirements of All Specialty Court Programs:</u>
	  ○ Filed with the Court is the Defendant's Application to participate in the Court's established and appropriate treatment program for mental health, alcohol or other substance use, or co-occurring disorders.
	  ○ Filed with the Court is a Professional Report by a certified professional within 6 months of sentencing that states the Defendant's diagnosis of mental health, alcohol or other substance use, or co-occurring disorder.
	  ○ A defendant must reside within Washoe County, Nevada to be eligible for diversion.

Where are you referring individuals to support their behavioral health needs?	The Specialty Courts have partnerships/contracts with the following treatment providers: • The Empowerment Center, NNAMHS, WC Health, Bristlecone, Northern Nevada Hopes, Join Inc., Quest, the Department of Welfare and Social Services (DWSS), Crossroads, Life Changes, Salvation Army, Vitality, and Reno Sparks Gospel Mission.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	All specialty court team members have been trained in the treatment court model and each court follows the ten key components identified by All Rise formerly known as the National Association of Drug Court Professionals (NADCP) of the drug court treatment model.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Excel document with data provided.

Does this number represent an unduplicated count?	Yes
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	There is no cap or all court except Mental Health Court, which is at 120 participants.
What data do you have that describes if the need is being met?	
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7, based on Recidivism study
Do you maintain a waitlist?	No

If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Information from the most current statewide Recidivism study.
Additional Context	

Treatment Courts for High-Risk/High-Need Individuals

Basic Information	
Name:	Sparks Municipal Court (SMC) - Specialty Court/Alcohol and Other Drug Court (Adults)
Website:	
Contact(s):	• Heidi Shaw, 775-353-2381, hshaw@cityofsparks.us • Danise Sipple, 775-353-2286, dsipple@cityofsparks.us
Initiative	
Description:	The Alcohol and Other Drug Court intervenes in the participant's abuse/addiction and lifestyle and provides support and structure to assist the participant gain control over the addiction and develop responsible living skills. The program combines judicial supervision, monitoring, testing, treatment, incentives, and sanctions.
Is there peer involvement? If yes, how are peers involved?	
Target Population:	DUI 1st with high BA/history/evaluation and/or screening deems high risk; DUI 2nd; youthful offenders ages 18-24 with charges involving drugs and/or alcohol.
Intake & Referrals	
How do individuals get assigned or referred to you?	Judge determines acceptance into drug court; based on criteria and recommendations; participant volunteer into program
Where are you referring individuals to support their behavioral health needs?	Solutions Counseling, Sierra Counseling Center, American Comprehensive Counseling Services, Northern Nevada Evaluation Center.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	N/A
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	N/A
Does this number represent an unduplicated count?	
Do you have the capacity to serve additional individuals?	Yes. (Currently have 30 in the program.)
If yes, what is the maximum number of individuals that can be served in one year?	Max of 40 participants.
What data do you have that describes if the need is being met?	

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	
Do you maintain a waitlist?	
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	
Additional Context	

Alternatives to Prosecution Programming

Basic Information	
Name:	SJDC – Competency Court
Website:	
Contact(s):	• Karlye Hutchinson, 775-328-3258, Karlye.hutchinson@washoecourts.us • Brooke Howard
Initiative	
Description:	The Mission of the SJDC Competency Court is to promptly resolve competency matters and explore alternatives to adjudication (diversion) when appropriate, ensuring fair and efficient outcomes for all involved.
Is there peer involvement? If yes, how are peers involved?	Yes.
Target Population:	Individuals who cycle through the criminal justice and competency system who experience severe mental illness.
Intake & Referrals	
How do individuals get assigned or referred to you?	Individuals are ordered into Competency Court when competency is raised.
Where are you referring individuals to support their behavioral health needs?	Mainly Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Not at this time.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	Will have a complete 12-month set of data in October 2024.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Approximately 150 individuals.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	There is no cap.
What data do you have that describes if the need is being met?	Collecting data for the length of time individuals are in each part of the competency process, the number of individuals diverted out of the criminal justice system into treatment, and the success rate.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	6. While there has been tremendous improvement on wait times for inpatient restoration treatment and overall time spent in the competency process, there has also been an extreme lack of available resources for those who Competency Court are attempting to divert. The Competency Court success rate is highly dependent on the availability of housing and beds for acute mental health treatment, which is lacking in the community.

Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Length of time spent in each level of competency process, length of time in custody, number of individuals diverted, factors contributing to who is deemed appropriate for diversion, the success rate of individuals diverted, and factors attributing to success.
Additional Context	

Jail-Based Programming

Basic Information	
Name:	NaphCare – Behavioral Health Program
Website:	
Contact(s):	Captain Stewart, jstewart@washoecounty.gov
Initiative	
Description:	Suicide Screening and Prevention.
Is there peer involvement? If yes, how are peers involved?	Yes. In addition to the medical screening that takes place at intake, the intake RNs conduct a medication review and a mental health screen to help identify candidates. Corporate mental health providers and leadership monitor patient charts and conduct peer reviews for all mental health staff (not lived experience peers for the clients).
Target Population:	All Washoe County Sheriff's Office (WCSO) patients are screened during intake.
Intake & Referrals	
How do individuals get assigned or referred to you?	All patients go through an intake screening that involves a Mental Health Screening and a Columbia Suicide Screening.
Where are you referring individuals to support their behavioral health needs?	To the NaphCare mental health team – mental health professional
Data Collection and Outcomes Measurements	
Is the program evidence-based?	The mental health team does not provide group therapies based on an evidence-based curriculum. Otherwise, all screenings are based on company protocol for mental health assessments and patient needs
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	The Behavioral Health Program is able to pull reports from TechCare upon request for quality measure review.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	The Behavioral Health Program would need a specific request for the information and which parameters are requested.
Does this number represent an unduplicated count?	No. Individuals are counted each time they are admitted to the facility. If they are brought into the facility more than once during a month/year, they may have duplicate data for the different encounters.
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	There is no threshold.
What data do you have that describes if the need is being met?	The program looks at appointment wait times for the mental health professionals and the mental health providers as well as pulls reports on the number of assessments completed in a requested time frame. Segregation and Suicide Watch dashboards are frequently monitored to ensure patients are receiving appropriate assessments as scheduled.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10. The Behavioral Health Program does not serve the general community and only addresses individuals at the jail. Suicide Screening and Prevention is everyone's top priority when it comes to patient needs within the facility.

Do you maintain a waitlist?	Yes. The program maintains an appointment list for routine requests. Urgent requests, Suicide Watch, and Segregation requests are prioritized.
If yes, approximately how many are on the waitlist at any given time?	Depends on how many patients are placed on Segregation or Suicide Watch.
Outcomes Measurement	
What outcome data can you provide?	The comprehensive medical team only provides acute mental health medical care as part of the contract. The Behavioral Health Program does not track community programming successes/opportunities for improvement.
Additional Context	

Jail-Based Programming

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Behavioral Health Program (starting. 1)
Website:	None
Contact(s):	Sgt. Phillips, 775-430-6757, jphillips@washoecounty.gov
Initiative	
Description:	The Jail-Based Mental Health Unit is designed to provide a concentrated effort of serving the mental health community, including those deemed appropriate by the court as part of Judicial Proceedings. This unit is grant funded ending in December of 2025. Inmates in this population meet one of the following criteria: 1. They are ordered by the court to attend Lake's Crossing and are pending bed space at that location. This is a pre-treatment part of the program. 2. They are returning from Lake's Crossing and are receiving continued treatment until they are released from jail. This serves as a post-treatment part of the program. 3. They are pending a court evaluation for competency and are receiving treatment for their mental health condition. This program involves 10 assigned Deputies, eight medical personnel, and one Sergeant that are specifically assigned. It involves a large effort of data collection, specific programming, clinical interventions, when necessary, environmental enhancements to promote mental health, and daily personnel involvement.
Is there peer involvement? If yes, how are peers involved?	None.
Target Population:	Incarcerated individuals with mental health needs
Intake & Referrals	
How do individuals get assigned or referred to you?	Court Ordered.
Where are you referring individuals to support their behavioral health needs?	Lake's Crossing and Community Based Non-Custody Services

Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	New Unit as of Sept. 1st of 2024.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	New Unit as of Sept. 1st of 2024.
Does this number represent an unduplicated count?	N/A
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Variable – The Unit can serve up to 30 in the program. It is currently at 17 occupants.
What data do you have that describes if the need is being met?	New Unit as of Sept. 1st of 2024.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	New Unit as of Sept. 1st of 2024.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Naphcare Medical Services provides treatment data to Lake's Crossing monthly. Deputies collect daily data and provide it to NaphCare to assist with the treatment of those admitted into the program. Data that are collected by Custody include sleep and eating patterns, medication compliance, specific programming involvement, social interactions, and hygiene habits/compliance.
Additional Context	
None	

Jail-Based Programming

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Therapeutic Services
Website:	N/A
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	

Description:	*[Some of the services described below fall under Intercept 4: Transition Planning]* Washoe County Sheriff's Office and Detention Services Unit provide a variety of services to assist incarcerated individuals the facility. This includes targeting the inmate population in the "Resource Unit" by bringing community-based resources into the facility to connect with the population prior to release. These are referred to as "Walk and Talks". Walk and Talks are provided by Medicaid Organizations, Substance Use/Transitional Living Programs, Safe/Sober Living Programs, and Peer-based programs. Additionally, Washoe County Sheriff's Office utilized Notables Music Therapy to provide therapeutic services to targeted inmates assigned to Mental Health Housing Units. Additionally, Washoe County Sheriff's Office is a certified Opiate Treatment Program and offers Medication Assisted Treatment (MAT). The Washoe County Sheriff's Office holds a DEA License to house and dispense multiple prescribed MAT medications to include Methadone, Suboxone, and Buprenorphine. MAT services will be continued for individuals who are inducted and prescribed medication in the community. While in custody, individuals in the MAT program will attend substance use programs and individual counseling sessions with a clinician. Discharge planning is also offered to ensure the individual continues to engage in MAT services upon release. Jail-Based programming includes: • All programs involving the bridge to include online resources. • MAT/OPT. The MAT program is a recourse that the sheriff's office provides. • The Therapeutic Services mental health team and mental health components are provided by NaphCare, the medical contractor. • Inmate Assistance Program (IAP) is a court-ordered program coordinator for Therapeutic Services, so the individual will still be supervised by the courts. Community-Based programming includes: • Walk and Talks with outside providers which provides information to the Therapeutic Services population prior to release. • This can include any vetted program, including Inpatient, Outpatient, Safe/Sober Living, Transitional Living etc. • Non court ordered individuals received case management through DSU to provide assistance into community based programming after completion of their sentence.

Is there peer involvement? If yes, how are peers involved?	Peers are included in Walk and Talks as the program allows individuals with lived experiences to enter the detention facility to provide resources and programming options to the population.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No. (MAT Program: Yes)
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	January 2024 began the tracking of referred individuals not under court order. 2023 for the MAT Program.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	How many individuals have received MAT services while in custody at the Washoe County Sheriff's Office.
Does this number represent an unduplicated count?	No

Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number determined by program capacity in the community. The MAT program is currently unable to expand because there is only one clinician. Currently, MAT participants cannot exceed 40 active participants at any given time.
What data do you have that describes if the need is being met?	WSCO Therapeutic Services tracks the number of referrals received and the number of individuals transported directly to community-based programming/resources.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. Including evidence-based practices and additional services is expensive and funding is not available in most cases. The services being offered are done free of charge with partnering community-based programs. The MAT Program is meeting the need, however, due to staffing the program is unable to grow at this time.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	N/A

Outcomes Measurement	
What outcome data can you provide?	Number of Walk and Talks/services provided each month. While the Walk and Talks are on a recurring schedule, the amount of Walk and Talks completed is based on the resource/program/services schedule and availability.
Additional Context	

Partnerships with Behavioral Health Community-Based Providers

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Jail Partnerships
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	*[The services described below fall under Intercept 4: Transition Planning]* The Washoe County Sheriff's Office/Detention Services Unit partners with all vetted community programs to provide resources to the vendor's population upon release. These resources include Inpatient, Transitional Living, Outpatient Services, Safe/Sober Living, and Mental Health services. Referrals can be made while in custody which allows prescreens, needs assessments, and evaluations to be completed prior to release. After eligibility is determined and criminal charges are satisfied, the Detention Services Unit (DSU) will coordinate with the community-based program to continue treatment upon release.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	January 2024 began the tracking of referred individuals not under court order.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	How many individuals are there transitioning from incarceration to community-based programming.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number determined by programs capacity in the community.
What data do you have that describes if the need is being met?	Jail Partnerships tracks the number of referrals received and the number of individuals transported directly to community-based programming/resources.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	6. These services provide options for the Jail Partnerships population upon release; however, due to community availability and screening guidelines, not all will be eligible for services.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	
Outcomes Measurement	
What outcome data can you provide?	Number of individuals transported directly to community-based resources.
Additional Context	

Mental Health Jail Liaisons or Diversion Clinicians

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Mental Health Jail Liaison
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	*[These services fall under Jail-Based Services, rather than under SAMHSA's definition of 'Jail Liaisons or Diversion Clinicians.']* NaphCare, the contracted medical provider with WCSO, staffs a discharge planner to assist individuals with mental health concerns prior to and upon release. The discharge planner partners with Detention Services to provide case management, medication, and transportation upon release. The discharge planner will determine program eligibility based on Medicaid status and mental health needs and provide clinical information to each program. The Detention Services Unit works with the courts to determine when the individual may be eligible for release and coordinates with NaphCare staff accordingly.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)

Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	January 2024 began the tracking of referred individuals not under court order.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Individuals referred by mental health or competency court who were directly transported to community-based programming.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number determined by programs capacity in the community.
What data do you have that describes if the need is being met?	The program tracks the number of referrals received and the number of individuals transported directly to community-based programming/resources.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. Given the community availability and screening guidelines, not all will be eligible for services.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	None.
Outcomes Measurement	
What outcome data can you provide?	Number of referrals received by DSU and number of individuals transported directly to community-based programming. Any additional information is difficult to obtain. Once the individual is transported to a community program, due to privacy issues, the program is unable to provide the Sheriff's Office with any further information. The program is only able to get additional information if the individual reoffends.
Additional Context	

Collaboration with Veterans Justice Outreach

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO)
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	Washoe County Sheriff's Office/Detention Services Unit (DSU) partners with the courts and local veteran's affairs representatives to provide services to the WCSO inmate population during incarceration and prior to release. This consists of DSU being a point of contact for veteran's court representatives which provide court-ordered resources to the WCSO veteran population. Additionally, DSU will verify which resources each veteran qualifies for based on military discharge status and standing. With or without a court order, DSU will provide case management for veterans in WCSO care and custody and provide discharge planning based on programming and resources available to the WCSO veteran population.
Is there peer involvement? If yes, how are peers involved?	Yes. WCSO can provide veterans with a Peer Support representative from the local Veterans Affairs office while in custody.
Target Population:	Veterans incarcerated at WCSO.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS), Local Veteran's Affairs Office/Hospital

Data Collection and Outcomes Measurements	
Is the program evidence-based?	
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of Veterans booked into the facility. Number of Veterans receiving case management and resources.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number determined by programs capacity in the community.
What data do you have that describes if the need is being met?	N/A

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	7. The need is met while in facility as WCSO provides resources and case management to the veteran population while incarcerated and upon release. However, the lack of resources in the community creates barriers to treatment/services.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	None.
Outcomes Measurement	
What outcome data can you provide?	Number of individuals transported to community-based programs as well as the number of individuals receiving case management while in WCSO custody.
Additional Context	

Intercept 4: Reentry

The following resources are available in Washoe County for Intercept 4:

Key Elements for Diversion
Transition Planning[17] • Bridge at Washoe County Sheriff's Office (WCSO) • WCSO – Detention Services Unit (DSU) **Medication and Prescription Access Upon Release** • WCSO – Detention Services Unit (DSU) **Warm Handoffs** • WCSO – Discharge Planning **Benefits and Healthcare Coverage Upon Release** • WCSO – DSU Medicaid

[17] The DAS STAR program primarily serves individuals after their release from incarceration; however, some participants may be enrolled while incarcerated. In such cases, STAR assists with transition planning and warm handoffs. For more information, please refer to the DAS STAR sheet in Intercept 2.

Transition Planning

Basic Information	
Name:	The Bridge at Washoe County Sheriff's Office (WCSO) – Detention Administration
Website:	
Contact(s):	• TJ Mills, 775-328-3051, tmills@washoecounty.gov • Ryan Hensley, 775-325-6410, rhensley@washoecounty.gov
Initiative	
Description:	The Bridge re-entry initiative has multiple components and is designed to move WCSO's re-entry efforts toward evidence-based practices. While some aspects of The Bridge have been implemented, it will be fully launched in 2025. The initiative includes multiple components as follows: 1. **The Bridge Screening Tool** – The Bridge will utilize a validated assessment to evaluate risk of reoffending and identify criminogenic needs among inmates. Best practices recommend conducting in-person motivational and investigative interviews. However, due to the resource-intensive nature of these practices, The Bridge is exploring alternative formats. One such alternative involves integrating a self-assessment model into the Smart Communications Inmate Tablet System. Under this model, individuals entering an intake housing unit will complete a mandatory self-assessment after watching an instructional video about the tool. This tool is critical to providing targeted, effective programming, and it will enable The Bridge to make data-driven decisions. It will have the capacity to generate case management profiles, which will not only drive pre-release programming, but will indicate appropriate post-release care and additional assessment needs. 2. **The Dashboard** – This tool will provide dynamic, real-time insights into the shifting characteristics and needs of the jail population. 3. **The In-House Bridge Program** – This program will offer a comprehensive curriculum consisting of evidence-based programs crafted and validated to address criminogenic needs effectively. The curriculum provider, American Community Corrections Institute, has been researching and developing evidence-based cognitive interventions for more than 40 years. Inmates who are accepted to the program will move through the curriculum as a cohort. 4. **The Remote Bridge Program** - This program offers a comprehensive curriculum consisting of evidence-based programs crafted and validated to address criminogenic needs effectively. This program is specifically designed for tablet-based delivery, and this suite of classes will seamlessly integrate with the Smart Communications Inmate Tablet System.

Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	For the In-House Bridge Program – The target population is individuals who are at medium or maximum risk of recidivating as assessed, are expected to be reintegrated into the community upon release, and are anticipated to remain in custody for a minimum of four weeks from the starting date of a new cohort of students. For the Remote Bridge Program – The target population is assessed as minimum risk of recidivating, have been sentenced to prison, are in custody awaiting transfer due to a hold, are anticipated to release or transfer from custody in fewer than four weeks from the date of enrollment, and have classification restrictions, such as segregated housing, discipline issues, being kept separate, gang affiliation, officer safety concerns, or escape risk.
Intake & Referrals	
How do individuals get assigned or referred to you?	Inmates who have completed a cognitive behavioral intervention on a tablet can be referred to additional services.
Where are you referring individuals to support their behavioral health needs?	Utilize the Washoe County Resource Guide to provide referrals.
Data Collection and Outcomes Measurements	
Is the program evidence-based?	Yes, the new Bridge Program is evidence based.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	N/A – this is a new program. Past efforts by the Detention Administration reached approximately 15,000 students.

What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	N/A – this is a new program.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Entire population should be able to access cognitive behavioral interventions utilizing the tablet.
What data do you have that describes if the need is being met?	N/A – this is a new program.
On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	N/A – this is a new program.

Do you maintain a waitlist?	N/A – this is a new program.
If yes, approximately how many are on the waitlist at any given time?	N/A
Outcomes Measurement	
What outcome data can you provide?	Course participation and completion. Recidivism. Violent incidents in the facility including inmate-on-inmate and inmate-on-staff. Property damage in the facility.
Additional Context	
The Detention Administration provides pre-release, re-entry programming for inmates in the Washoe County Jail. They also collaborate with local agencies to bring them into the facility as pre-release service providers with the goal of continued care post-release. The Bridge Program is a new program model for the delivery of these services.	

Transition Planning

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Detention Services Unit (DSU)
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	WCSO DSU provides re-entry and discharge planning for individuals upon release. While WCSO books/releases 15,000 plus individuals per year, DSU receives referrals to assist with re-entry and discharge of the most vulnerable population. This population includes mental health, substance use, co-occurring, and homeless. As early as the booking process, vulnerable individuals can be referred to DSU by both WCSO staff as well as court employees. In the event the individual remains in custody, DSU will determine, based on criminal charges/history, if the individual will be eligible for case management and discharge planning. The individual will be interviewed, their needs will be determined, and the appropriate referral to community-based programming will be made.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)

Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	January 2024 began the tracking of referred individuals not under court order.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of individuals receiving case management and discharge planning.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number is determined by program's capacity in the community.
What data do you have that describes if the need is being met?	DSU tracks the number of referrals received and the number of individuals transported directly to community-based programming/resources.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	6. Given the community availability and screening guidelines, not all will be eligible for services.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	None.
Outcomes Measurement	
What outcome data can you provide?	Number of referrals received by DSU. Number of individuals receiving case management by DSU. Number of individuals transported directly to community-based programming. Any additional information is difficult to obtain. Once the individual is transported to a community program, due to privacy issues, the program is unable to provide WCSO with any further information. DSU is only able to get additional information if the individual reoffends.
Additional Context	

Medication and Prescription Access Upon Release

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) - Detention Services Unit (DSU)
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	WCSO DSU partners with NaphCare, a contracted medical provider, to provide medication upon release to specific individuals. WCSO houses on average 1,100 inmates daily and books over 15,000 inmates per year. Providing medication to each of these individuals upon release would be at a cost WCSO DSU could not sustain. In addition, there is a likelihood the individual would lose, sell, or abuse said medication. As a result, individuals being transported to any community-based programming are provided with a bridge medication for up to 30 days to allow for these individuals to obtain their prescribed medication from a community pharmacy. Any inmate in WCSO DSU care and custody can request a gate script (paper prescription), which would allow the individual to obtain the medication from a local pharmacy upon release.
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)

Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.
Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	WCSO DSU does not collect data specifically on how many individuals are transported with medication.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number is determined by programs' capacity in the community as WCSO DSU only provides bridge medication to individuals being transported directly to a community program.
What data do you have that describes if the need is being met?	All individuals being transported or requested gate scripts are provided with said medication.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10. All individuals being transported or requested gate scripts are provided with said medication.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	None.
Outcomes Measurement	
What outcome data can you provide?	All individuals being transported or requested gate scripts are provided with said medication.
Additional Context	

Warm Handoffs

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Detention Services Unit (DSU) Discharge Planning
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	WCSO DSU provides a "warm handoff" to any local community provider/program. The individual can be transported directly from the Sheriff's Office to any local provider, including those in the Reno/Sparks area, Carson City, Fallon, Fernley, and Elko. The individuals can be court ordered or can be transported as a courtesy at the completion of their sentence. DSU coordinates with community resources to ensure bed space is available prior to transport.
Is there peer involvement? If yes, how are peers involved?	Peers associated with the community programs work with the Sheriff's Office as part of the discharge plan/process.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral, Courts, Public Defender, Friends/Family Members, Sheriff's Office Staff
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.

Program Capacity	
What is the most recent year in which you have a complete 12-month data set?	2023 for the Inmate Assistance program (IAP)/court-ordered transports. January 2024 to present for individuals not under court order.
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Individuals transported directly to community-based programs.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	Number is determined by program's capacity in the community.
What data do you have that describes if the need is being met?	DSU Discharge Planning tracks the number of individuals transported; however, this is based on availability in the community.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	10 for the number of individuals receiving a warm hand off to community programs. However, the lack of community programs and/or wait lists affect these numbers.
Do you maintain a waitlist?	Yes
If yes, approximately how many are on the waitlist at any given time?	30- 90 days depending on program.
Outcomes Measurement	
What outcome data can you provide?	Number of referrals received by DSU and number of individuals transported directly to community-based programming. Any additional information is difficult to obtain. Once the individual is transported to a community program, due to privacy issues, the program is unable to provide the Sheriff's Office with any further information. DSU Discharge Planning is only able to get additional information if the individual reoffends.
Additional Context	

Benefits and Healthcare Coverage Upon Release

Basic Information	
Name:	Washoe County Sheriff's Office (WCSO) – Detention Services Unit (DSU) Medicaid
Website:	
Contact(s):	Sgt. Kester, 775-785-6266, mkester@washoecounty.gov
Initiative	
Description:	WCSO DSU partners with the Division of Welfare and Supportive Services (DWSS). The partnership allows for a full-time DWSS employee to be stationed at the Washoe County Jail. Upon request, the DWSS employee will meet with the individual to ensure Medicaid benefits are active upon release. The DWSS representative can also assist with the Supplemental Nutrition Assistance Program (SNAP).
Is there peer involvement? If yes, how are peers involved?	No.
Target Population:	Inmates incarcerated in the Washoe County Detention Facility.
Intake & Referrals	
How do individuals get assigned or referred to you?	Self-Referral
Where are you referring individuals to support their behavioral health needs?	Inpatient Programs, Transitional Living Programs, Safe/Sober Living Programs, Intensive Outpatient Programs, Outpatient Programs, Northern Nevada Adult Mental Health Services (NNAMHS)
Data Collection and Outcomes Measurements	
Is the program evidence-based?	No.
Program Capacity	

What is the most recent year in which you have a complete 12-month data set?	2023
What output data can you provide for that year in Washoe County (e.g., how many individuals come to you)?	Number of individuals provided with Medicaid upon release as well as SNAP benefits.
Does this number represent an unduplicated count?	No
Do you have the capacity to serve additional individuals?	Yes
If yes, what is the maximum number of individuals that can be served in one year?	N/A
What data do you have that describes if the need is being met?	DSU Medicaid is unable to screen all individuals due to the DSU Medicaid population. The ability to interview these individuals is based on a self-referral process. However, all who request this service are screened and interviewed by a representative unless released from custody unexpectedly.

On a scale of 1 to 10 (1 is not meeting the need, 10 is fully meeting the need), is your program meeting the need of the community? Please describe why you gave this answer.	8. All who request to speak with the DWSS representative are interviewed.
Do you maintain a waitlist?	No
If yes, approximately how many are on the waitlist at any given time?	None.
Outcomes Measurement	
What outcome data can you provide?	Number of individuals provided with Medicaid and SNAP upon release. This can be impacted by release date and Medicaid status upon booking. Medicaid can be reactivated upon release; however, any new applications must be processed within 30 days of release or the application cannot be accepted.
Additional Context	