Evaluation of the
Jail Mental Health Pilot Programs

Contents

Preface

This report evaluates the activities of Virginia's Jail Mental Health Pilot Program during FY2019 (July 1, 2018 through June 30, 2019). It is the third in a series of evaluation reports on the pilot program produced by the Virginia Department of Criminal Justice Services (DCJS) since the program began in January 2017.

Item 398 J.1–6 of the 2016 Appropriations Act directed DCJS to establish pilot programs to provide services to mentally ill inmates, and evaluate the implementation and effectiveness of the pilot programs. The language reads:

1. *The Department of Criminal Justice Services shall solicit proposals from local or regional jails to establish pilot programs to provide services to mentally ill inmates, or to provide pre-incarceration crisis intervention services to prevent mentally ill offenders from entering jails. The Department of Criminal Justice Services shall evaluate the proposals in consultation with the Department of Behavioral Health and Developmental Services and the Compensation Board, and shall report a list of up to six recommended pilot sites to the Secretary of Public Safety and Homeland Security and the Chairmen of the House Appropriations and Senate Finance Committees no later than September 15, 2016.*

2. *In its solicitation for proposals, the Department of Criminal Justice Services shall require submissions to include proposed actions to address the following minimum conditions and criteria:*

   a. *Use of mental health screening and assessment instruments designated by the Department of Behavioral Health and Developmental Services;*

   b. *Provision of services to all mentally ill inmates in the designated pilot program, whether state or local responsible;*

   c. *Use of a collaborative partnership among local agencies and officials, including community services boards, local community corrections and pre-trial services agencies, local law enforcement agencies, attorneys for the Commonwealth, public defenders, courts, non-profit organizations, and other stakeholders;*

   d. *Establishment of a crisis intervention team or plans to establish such a team;*

   e. *Training for jail staff in dealing with mentally ill inmates;*

   f. *Provision of a continuum of services;*

   g. *Use of evidence-based programs and services; and,*

   h. *Funding necessary to provide services including, but not limited to: mental health treatment services, behavioral health services, case managers to provide discharge planning for individuals, re-entry services, and transportation services.*

3. *The funding for each pilot program shall supplement, not supplant, existing local spending on these services.*

4. *In evaluating proposals and recommending pilot sites, the Department of Criminal Justice Services, in consultation with the Department of Behavioral Health and Developmental Services and the Compensation Board, shall at minimum give consideration to the following factors:*

   a. *The readiness of the local or regional jail to undertake the proposed pilot program;*

   b. *The proposed shares of cost to be funded by the Commonwealth, localities, or other sources, respectively;*

c. The need for such a program demonstrated by the local or regional jail;

d. The demonstrated collaborative relationship between the jail and community mental health treatment providers and other stakeholders; and,

e. To the extent feasible, ensuring the recommendation of pilot sites representing both rural and urban settings.

5. Included in the appropriation for this Item is $1,000,000 the first year and $2,500,000 the second year from the general fund to be awarded to local or regional jails to support the proposals recommended pursuant to the report required by Paragraph J.1. of this Item. The funding for each pilot program shall be effective for pilot programs starting as of January 1, 2017.

6. The Department of Criminal Justice Services, in consultation with the Department of Behavioral Health and Developmental Services, shall evaluate the implementation and effectiveness of the pilot programs and report to the Governor; the Secretaries of Health and Human Resources and Public Safety and Homeland Security, and the Chairmen of the House Appropriations Committee and the Senate Finance Committee by October 15, 2017, for grants awarded in the first year, and by October 15, 2018, for all grants.

Item 395 J.1–2 of the 2018 Appropriations Act continued the Jail Mental Health Pilot Program:

1. Included in the appropriation for this Item is $2,500,000 the first year from the general fund to continue the pilot programs authorized in Item 398, Chapter 836, 2017 Acts of Assembly.

2. The Department of Criminal Justice Services, in consultation with the Department of Behavioral Health and Developmental Services, shall evaluate the implementation and effectiveness of the pilot programs and to the Governor; the Secretaries of Health and Human Resources and Public Safety and Homeland Security, and the Chairmen of the House Appropriations Committee and the Senate Finance Committee by October 15, 2018.

Item 395 J.1–4 of the 2019 Appropriations Act further continued the Jail Mental Health Pilot Program and added several new reporting requirements which are due to the GA by June 30, 2020, related to the provision of services and outcomes at pilot sites. The language reads:

1. Included in the appropriation for this item is $2,500,000 the first year and $2,500,000 the second year from the general fund to continue the pilot programs authorized in Item 398, Chapter 836, 2017 Acts of Assembly. The number of pilot sites shall not be expanded beyond those participating in the pilot program the first year.

2. The funding provided to each pilot site shall supplement, not supplant, existing local spending on these services. Distribution of grant amounts shall be made quarterly pursuant to the conditions of paragraph J.3. of this item.

3. The Department shall collect on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates and jail staff, (iv) the provision of appropriate services after release, (v) the number of inmates re-arrested or re-incarcerated within 90 days after release following a positive identification for mental health disorders in jail or the receipt of mental health treatment within the facility. The Department shall provide a report on its findings to the Chairmen of the House Appropriations and Senate Finance Committees no later than October 15th each year.

4. *The Department of Criminal Justice Services, in cooperation with the Executive Secretary of the Compensation Board and the Board of Corrections, shall evaluate the resources needed by local and regional jails to comply with the minimum standards of behavioral health services to be established by the Board of Corrections pursuant to House Bill 1942 of the 2019 Session of the General Assembly. The evaluation shall include consideration of the appropriate share of resources for minimum standards of care to be provided by the Commonwealth and local governments, respectively. The evaluation shall also consider the appropriate mechanism by which any such Commonwealth funds be provided. The Department shall report the findings of its evaluation to the Chairmen of the House Appropriations and Senate Finance Committees by June 30, 2020.*

Introduction

As noted in DCJS's previous evaluation reports, the high incidence of mental illness among inmates in local jails has long been recognized as a serious problem. To address this challenge, the 2016 Appropriations Act established the Jail Mental Health Pilot Program, an 18-month grant program to provide a continuum of behavioral health services to jail inmates, beginning during their incarceration and continuing through their release to the community.

In July 2016, 19 Virginia local and regional jails submitted concept papers to DCJS describing their proposed mental health pilot program and funding budget. In December 2016, the Criminal Justice Services Board awarded grants of $1 million for FY17 and $2.5 million for FY2018 to six jails: Chesterfield County Sheriff's Office, Hampton Roads Regional Jail, Middle River Regional Jail, Prince William Adult Detention Center, Richmond City Sheriff's Office, and Western Virginia Regional Jail (see Figure 1).

Figure 1: Jail Mental Health Pilot Sites
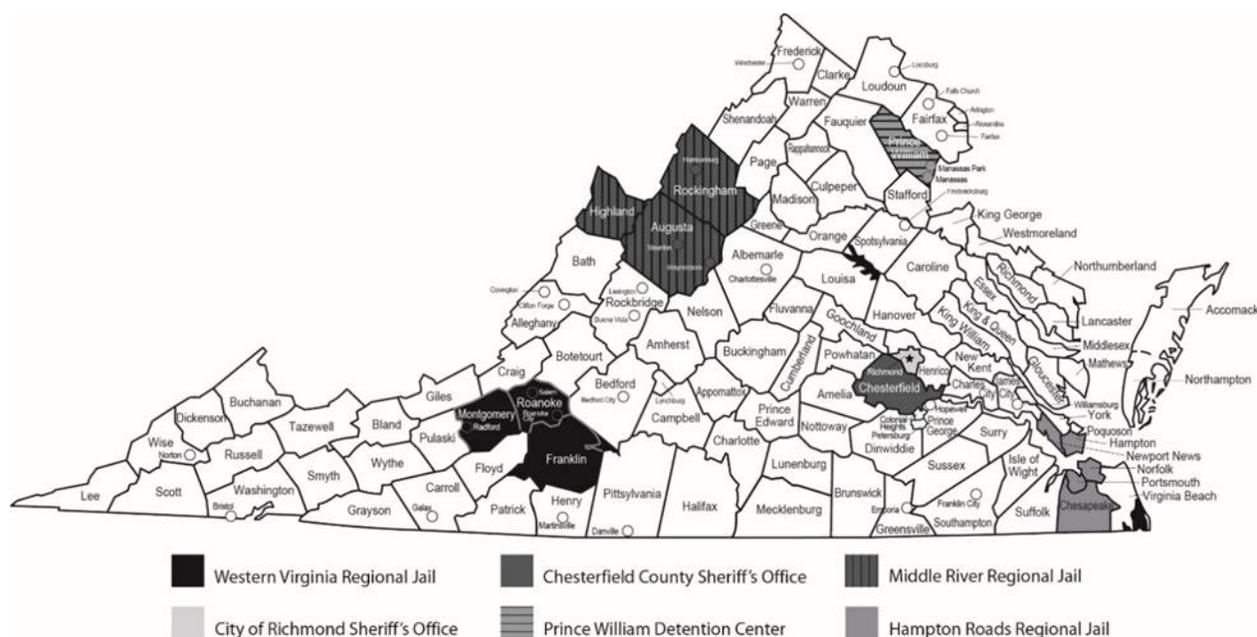
As part of the Jail Mental Health Pilot Program, DCJS was directed to evaluate and periodically report on the progress of the program. In October 2017, DCJS provided the General Assembly with an interim report on FY2017 program implementation, and, in October 2018, a report on FY2018 activities.

The program in the six initial jails was renewed by the General Assembly for FY2019. Funding was awarded to six pilot sites as outlined below in Table 1. This evaluation covers program activities during FY2019 (July 1, 2018–June 30, 2019) and highlights the successes and challenges across participating jails. Recommendations are made for the current participating jails, and for jails that may implement similar mental health programs in the future.

Table 1: Jail Mental Health Pilot Programs and Award Amounts

Selected Pilot Site	Funding Awarded FY 2019
Chesterfield County Sheriff's Office	$292,035
Hampton Roads Regional Jail	$600,008
Middle River Regional Jail	$304,766
Prince William-Manassas Regional Adult Detention Center	$311,406
Richmond City Sheriff's Office	$466,673
Western Virginia Regional Jail	$400,005

Data Collection and Evaluation Methodology

Data Collection

To assess how the pilot sites delivered services under this program, DCJS required each jail to submit quarterly qualitative data about their accomplishments, challenges, and program updates, as well as quantitative performance measures, on the following activities:

- Mental health screenings and assessments provided to inmates admitted to the jail

- Mental health treatment plans and treatment services provided to inmates in the jail

- Aftercare services provided to assist inmates released from the jail

Data Analysis

The main findings in this report focus primarily on aspects of the pilot programs that could be analyzed for all six jails combined. Appendices A–F provide an abbreviated two-page summary of information obtained for each one of the six jails.

Although data in this report focuses on changes observed from July 1, 2018 through June 30, 2019, the report also references data from the previous 18-month project period (January 1, 2017–June 30, 2018) to help contextualize the second year of data. Data are generally reported in three-month quarterly intervals.

Because each of the six jail pilot sites worked with a unique inmate population (in terms of number of inmates, average length of stay, and prior experience with mental health services), staff at each site designed their program to meet the needs of their jail population. As a result, although all of the jails reported the same basic performance measures data to DCJS, there are also differences in the data reported by each of the jails.

Additionally, some jails' reporting included brief descriptions of individual inmates' experiences with the program. This report contains excerpts from these descriptions, to provide a more complete picture of how the mental health pilot program has affected inmates participating in the program.

Summary of Evaluation Findings

The findings of this second year evaluation report generally show a continuation of the findings from the first year:

> The jail mental health pilot project has demonstrated that providing targeted, dedicated, and carefully-considered funding for jail mental health services produced measurable improvements in identifying inmates with mental and behavioral health needs, in developing treatment plans and delivering services to these inmates, and in providing post-release services to aid their transition into the community. The 18-month pilot project also demonstrated that integrating mental health services in a jail environment can be a complex, lengthy and challenging process.

The pilot program activities in FY2019 showed major gains over program activities in FY2018. Many of the program start-up problems that jails encountered in FY2018 were addressed in FY2019 as the jails continued to integrate mental health services into their daily operations. There were large improvements in the basic front-end task of identifying inmates entering the jails who had serious mental health problems. In the fourth quarter of FY2018, 84% of admitted inmates were screened; by the fourth quarter of FY2019, this had increased to 91%. In the fourth quarter of FY2018, fewer than 50% of inmates were being screened within eight hours of admission; by the fourth quarter of FY2019, 94% were screened within eight hours.

Over the course of FY2019, most major performance measures showed improvements. The rate of admitted inmates who received mental health screenings and assessments increased, and the rate of inmates assessed with mental health problems who were then admitted to the jail treatment programs increased. The number of hours of in-jail services, across all types of services offered, increased. The number of inmates who resumed or secured healthcare benefits after release increased by 80% from the first to the fourth quarter of FY2019.

Along with major gains, some challenges remained. The most serious challenge continued to be the difficulty of recruiting and retaining qualified mental health staff to work in the jails. As such, despite many improvements in program activities during FY2019, when there were declines in program measures they were often due to disruptions caused by staff turnover. Providing safe, affordable housing in the community for released inmates has also remained a challenge. Collecting performance data on program activities, especially post-release, also continues to be a challenge.

Overall, this assessment demonstrates many benefits associated with providing mental health services to jail inmates. Fully integrating these services into a jail environment, and fully evaluating their effects, will likely require more time than the two years to date. However, it appears to be a promising approach to improving jail operations and making it more likely that inmates released from jail will be able to successfully re-enter society.

Pilot Project Achievements

A number of achievements were identified across the six jails over the second year of the pilot project.

Mental health screenings were provided to more incoming inmates in FY2019. Participating locations used grant funding to improve their ability to identify individuals entering the jails with mental health problems. Since the first quarter of the FY2018 funding year, the six jails have increased the rate of all booked inmates that are screened using the Brief Jail Mental Health Screen (BJMHS) or the Correctional Mental Health Screen for Women (CMHS-W). This trend continued in the second year of the project as nearly all booked inmates were being screened in the final quarter of FY2019. Over 93% of these screenings occurred within eight hours of booking.

Mental health assessments, provided to inmates who screen positive for mental illness, also increased in FY2019. Participating jails improved the rate of positively screened inmates that received a full assessment throughout FY2019. While screenings only identify warning signs of mental health needs, the assessment is the tool that properly diagnoses individuals that have a mental illness. These initial screenings and assessments are the foundations of a successful mental health program. This is where staff members identify who in their jail population needs treatment, and what services are best suited for their specific needs.

Admission to mental health programs by eligible participants is increasing. Due to the improved screening and assessment process, more inmates in need of treatment services are being identified. This can largely be attributed to the increased staff hired under the pilot project grant. Participating jails now have qualified staff trained in mental health treatment fully integrated into their facility. These staff are creating specialized treatment plans for inmates, assuring medication compliance, implementing innovative, evidence-based curricula for program participants, and preparing them for successful re-entry. The successes illustrated by the jail performance measures and descriptive accounts are largely attributable to these specialized staff members.

Treatment services in the jails are improving. Successes in treatment services are shown in the performance measures reported quarterly by each jail. Participating jails increased the rate of positively assessed individuals that became program participants. This increase occurred as jail staff reduced the rate of individuals that were placed on a waiting list for participation. This indicates that, in the second year of the project, staff members are enrolling eligible participants more quickly. Faster enrollment is vital because the average length of stay varies widely across sites, and more inmates remain in the program long enough to receive services. The sites were also able to increase the total one-on-one therapy hours, medication management, vocational training, education, legal assistance, life skills building, case management, group therapy, and peer support services throughout FY2019.

The Treatment Services section of this report contains a number of descriptive accounts that detail the effects of these services. The common thread in these accounts is that program participants often bring a great deal of previous struggles and difficulties with them when entering jail, but they rarely have ever been treated for mental health and/or substance abuse needs. The treatment planning and care provided by pilot project staff have changed the participants' lives while incarcerated. Re-entry specialists hired using grant funding have then worked with the inmates to build a plan and infrastructure aimed at increasing the likelihood of success upon re-entry.

Jail culture has also improved in the participating jails. Program funding has been used to implement consistent, evidence-based mental health trainings for all jail staff. These trainings have helped reduce mental health stigma often present prior to project implementation. Staff members are now better equipped to identify mental health or substance abuse needs and provide help. They are also more empathetic to the complexities and difficulties faced by those with acute mental health needs.

Jail climate has improved across the six sites since prior to project implementation. The jails are safer according to a number of objective measures. Assaults on staff or other inmates, fights between inmates, and suicide attempts have all declined since implementation of the pilot program in 2017.

Aftercare services have improved. A number of descriptive accounts included in the Treatment Services and Aftercare Services portion of this report highlight some of the re-entry successes by program participants. These accounts detail individuals that have succeeded upon re-entry by rebuilding support systems, obtaining housing and employment, getting needed medication, restoring benefits, and bringing a new outlook to their lives. The mental health staff hired with project funds can largely be credited with these re-entry success stories. They have built robust community networks that help make the re-entry transition smooth for program participants and assist them beyond their release date. They also prepared them for successful re-entry during their time in the program.

The quantitative metrics also highlight successes in the re-entry stage of project. More released program participants appeared at community appointments and secured/resumed disability or healthcare benefits throughout FY2019. Challenges did remain in that the numbers of inmates receiving post-release medication and housing declined during FY2019.

An important measure for program efficacy is the recidivism rate of program participants. Standardized recidivism data has not yet been collected across the six sites; however, jail staff members at some sites began collecting preliminary recidivism data in FY2019. Early indicators are that recidivism rates have been reduced among program participants. All sites are now collecting recidivism data, which will be analyzed and presented in the FY2020 program evaluation report.

Pilot Project Challenges

Despite the successes experienced across participating jails, a number of challenges occurred during the second year of the pilot project.

Staff hiring and retention continues to be a critical challenge across the pilot sites. One jail, for example, has not been able to fill their vacant re-entry specialist position for over 18 months; causing the jail therapist to fill the therapeutic role, and take on the duties of establishing successful community re-entry. Staff members across sites have described the difficulty of hiring qualified candidates for positions which are limited to grant funding for one year at a time.

Problems caused by staff turnover were reflected in the performance measure for developing mental health treatment plans. There was a decrease in the rate of individuals who were positively assessed for a mental illness and then had a treatment plan developed between the first and final quarters of FY2019. Jail officials have noted that when these treatment plan development rates drop, it is often due to turnover in staff that worked directly with treatment planning.

Affordable housing for released inmates continues to be a challenge. This has been especially difficult in locations where the cost of living is expensive and rising. The issue is exacerbated when an incident occurs at the location where a released program participant is housed, and individuals or groups in the community then fear allowing future released participants to live in that location.

Extensive mental health conditions have also been cited as a challenge. Jail staff have cited concerns that some inmates have mental health problems beyond the jail's ability to manage. For example, one site noted that their mental health counselors focus primarily on medication management and individuals in acute crisis because the acuity of their population is so high. They are able to offer little programming beyond crisis management; thus, they are constantly reacting to issues as they arise. The culture of their facility could improve if the counselors could intervene earlier with individuals experiencing mental health symptoms and teach them skills for managing symptoms on their own.

Program performance measurement has continued to be a challenge at many jails. As was the case in FY2018, data collection of the performance measures has been a problem. Jail staff noted that obtaining data for the quarterly grant reports can be difficult and time-consuming. This is largely due to the fact that the data may exist in different databases, making it tedious to obtain and report.

Despite these challenges, the mental health programs at these six sites are making major improvements in individuals' lives and their community, while improving the culture of their facility. The full findings of the report demonstrate the improvements made by the jail mental health pilot project.

List of Recommendations

Based on the achievements and challenges identified in this evaluation, the following recommendations are provided. Additional details on each recommendation are found in the Detailed Recommendations section beginning on page 24 of the report. The recommendations focus on both jails that are currently participating, as well as the lessons learned that can be applied if Virginia implements similar programs in other jails.

Jail Climate

Recommendation 1:
Continue implementing evidence-based, mental health training for all jail staff.

Recommendation 2:
Continue implementing evidence-based curricula that teaches participants how to handle issues without violence.

Staffing

Recommendation 3:
Transition funding from a grant program to a dedicated funding stream in order for jails to be able attract and retain qualified candidates for mental health positions in the jails.

Recommendation 4:
If the program expands to new sites, these sites should hire a re-entry coordinator that focuses primarily upon re-entry services.

Recommendation 5:
If the program expands to new sites, these sites should hire qualified mental health specialists.

Programming

Recommendation 6:
Improve communication among various departments within each jail.

Recommendation 7:
Continue dedicating funding for mental health treatment planning and services.

Recommendation 8:
Sites should continue exploring innovative, evidence-based curricula for implementation in their treatment programming.

Recommendation 9:
Sites should use peer support specialists to facilitate treatment groups and teach evidence-based curricula.

Recommendation 10:
If the program expands to new sites, these sites should carefully plan for and provide evidence-based individual and group counseling.

Recommendation 11:
If the program expands to new sites, these sites should focus on implementing effective diagnostic assessments, individualized treatment plans, and case management.

Aftercare Services

Recommendation 12:
Continue dedicating funding for aftercare services that help program participants re-enter the community.

Recommendation 13:
Improve housing options for program participants released into the community.

Recommendation 14:
Improve transportation access for program participants released into the community.

Recommendation 15:
Provide discharge medication to released program participants as soon as possible.

Recommendation 16:
Provide clothing to released program participants at time of initial re-entry.

Recommendation 17:
Provide released program participants with financial resources upon re-entry.

Recommendation 18:
Provide increased support for securing or restoring health care benefits.

Recommendation 19:
Provide released program participants with increased job training opportunities.

Recommendation 20:
If the program expands to new sites, provide guidance on the essential aftercare elements for successful re-entry of program participants.

Recommendation 21:
If the program expands to new sites, these sites should build robust community networks to support aftercare and re-entry services.

Performance Measurement

Recommendation 22:
Create a uniform database for collecting, reporting, and assessing the impacts of the jail mental health program activities.

Specific Project Findings

Mental Health Screening

The first step to a successful mental health program is screening all inmates booked into each facility. All six sites used the Brief Jail Mental Health Screen (BJMHS) or the Correctional Mental Health Screen for Women (CMHS-W) as their screening tools. These instruments were designated by the Department of Behavioral Health and Developmental Services as the screening tools to be used by each jail.

In FY2018 there was an increase in the rate of inmates booked who also received an initial mental health screening. This positive trend continued in FY2019. Figure 2 shows the percentage of booked inmates who were screened and not screened during the first and final quarters of FY2019.

Figure 2
Percentage of Inmates Entering Jails Screened for Mental Health Issues
Quarter 1 vs. Quarter 4 of FY2019
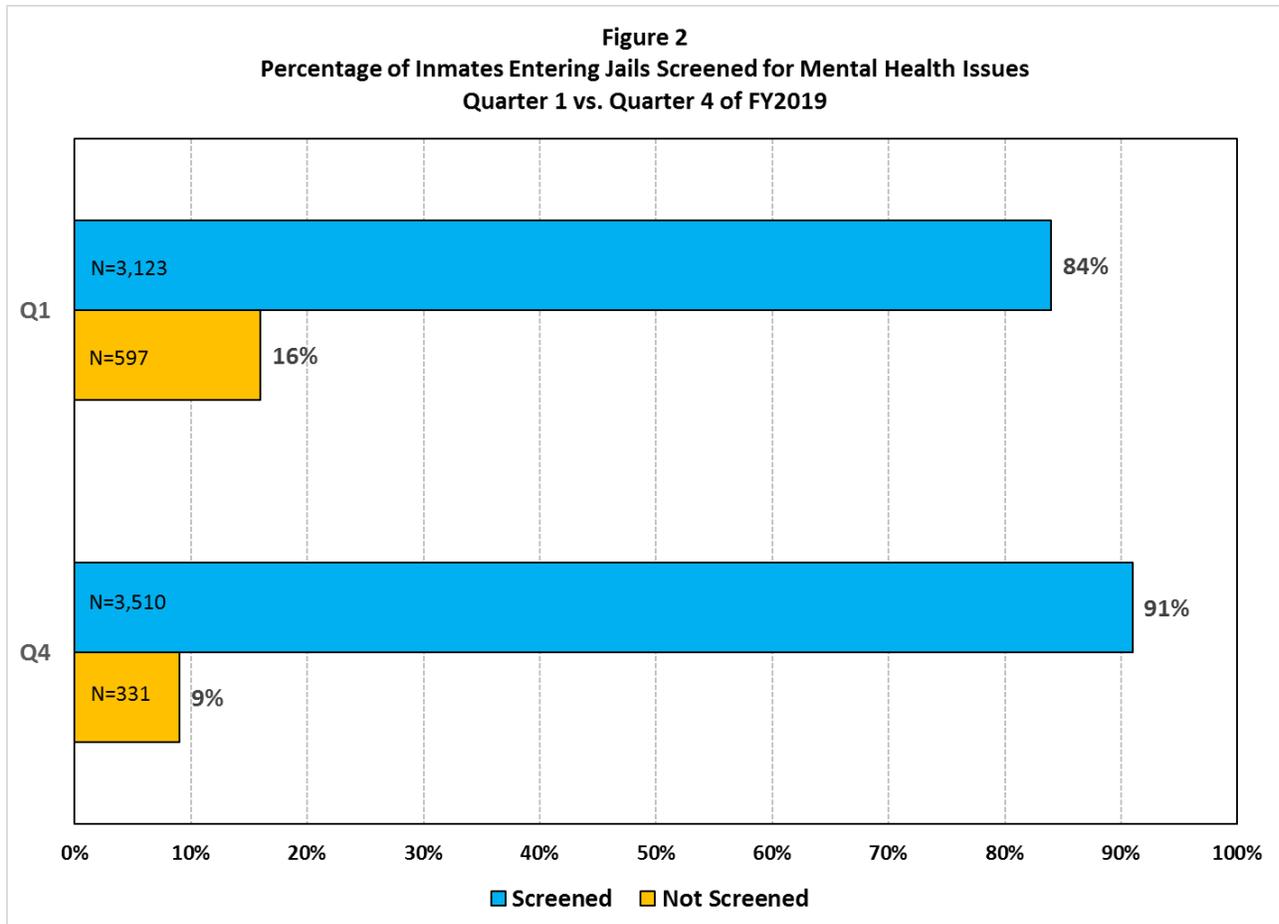
During the first quarter of FY2019, 84% of the inmates booked into the jails received a mental health screening. By the fourth quarter of FY2019, this had increased to 91% of the inmates booked into the jails.

The jails cited several reasons why 9% of the booked inmates did not receive a screening when booked into the jail during the fourth quarter. The most common reason cited is that they were released from the jail before a screening could occur. Other common reasons cited were that inmates serving only weekend sentences were not screened each time they entered the jail, some inmates were too intoxicated to answer the screening questions, or inmates were transferred to another facility before a screening occurred.

Another achievement of the pilot program during the initial funding year was the jails' ability to screen booked inmates in a shorter amount of time after being booked into the jail. Figure 3 displays the rate of screenings that occurred in less than four hours, within 4–8 hours, within 9–23 hours, within 24–72 hours, and more than 72 hours after booking, in FY2019.

Figure 3
Time from Jail Admission to Mental Health Screening
**Quarter 1 vs. Quarter 4 FY2019**
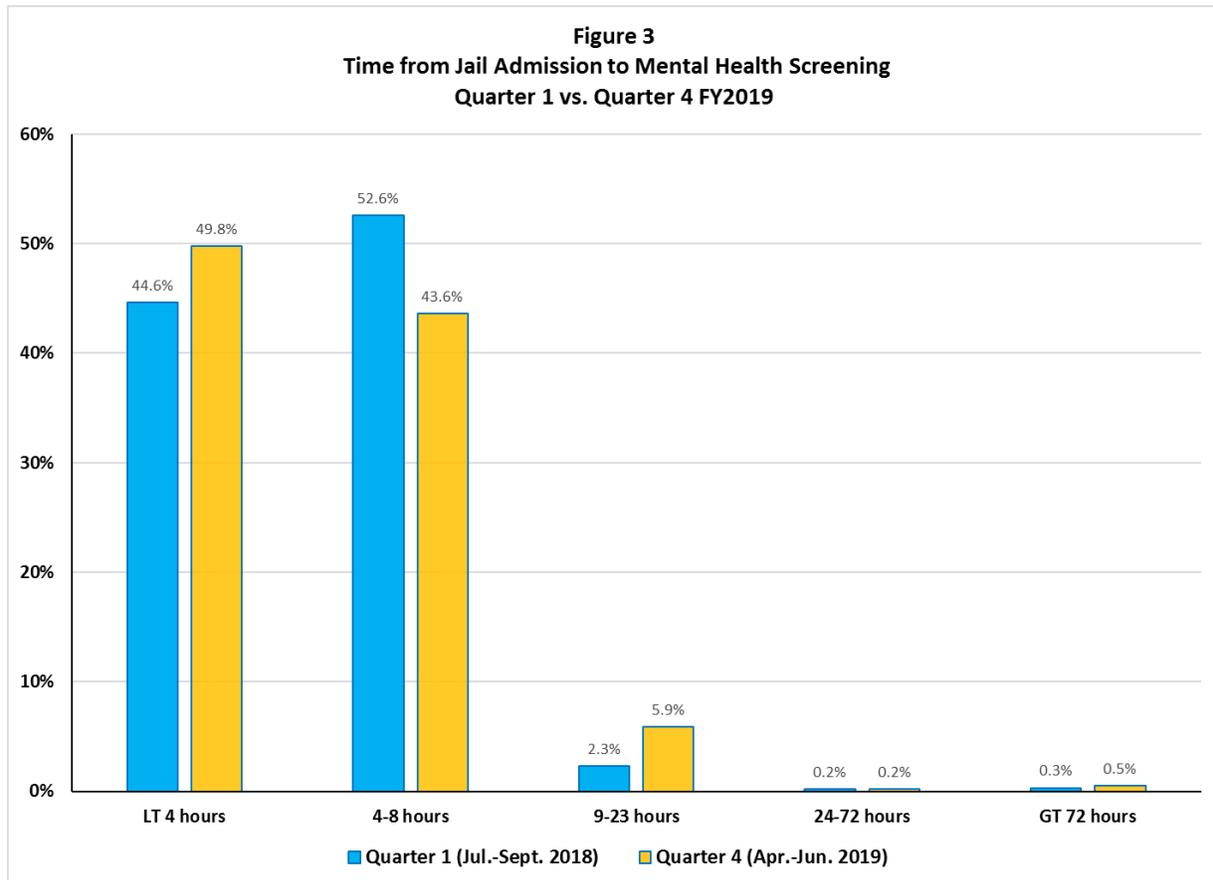
During FY2019 the jails consistently conducted most of the mental health screenings within eight hours of initial booking. In the final quarter of FY2019, 50% of the screenings occurred within four hours, and another 44% occurred within eight hours. In other words, 94% of all screenings occurred within eight hours of booking. To put this into context, during the final quarter of FY2018, the jails screened fewer than 50% of inmates within eight hours of admission. This decrease in time to screening contributed to the increase in the percentage of inmates screened (seen in Figure 3), because the top reasons previously cited for a lack of screening were all time related. Additionally, faster time to screening will contribute to faster time to assessment for inmates requiring an assessment.

Mental Health Assessment

Inmates who screen positive for a potential mental illness are then given a full assessment to determine if a mental illness is present, identify the type of illness, determine its severity, and help develop a specific treatment plan to address the inmate's needs.

The pilot program has helped improve the rate of positively screened individuals that undergo a full assessment. Sites have used program funding to hire, or contract with, professionals qualified to administer a full mental health assessment. Figure 4 displays the rate of individuals that screened positive and underwent a full assessment in the first and final quarters of FY2019.

Figure 4
Percentage of Positively Screened Inmates Receiving Full Mental Health Assessment
Quarter 1 vs. Quarter 4 of FY2019
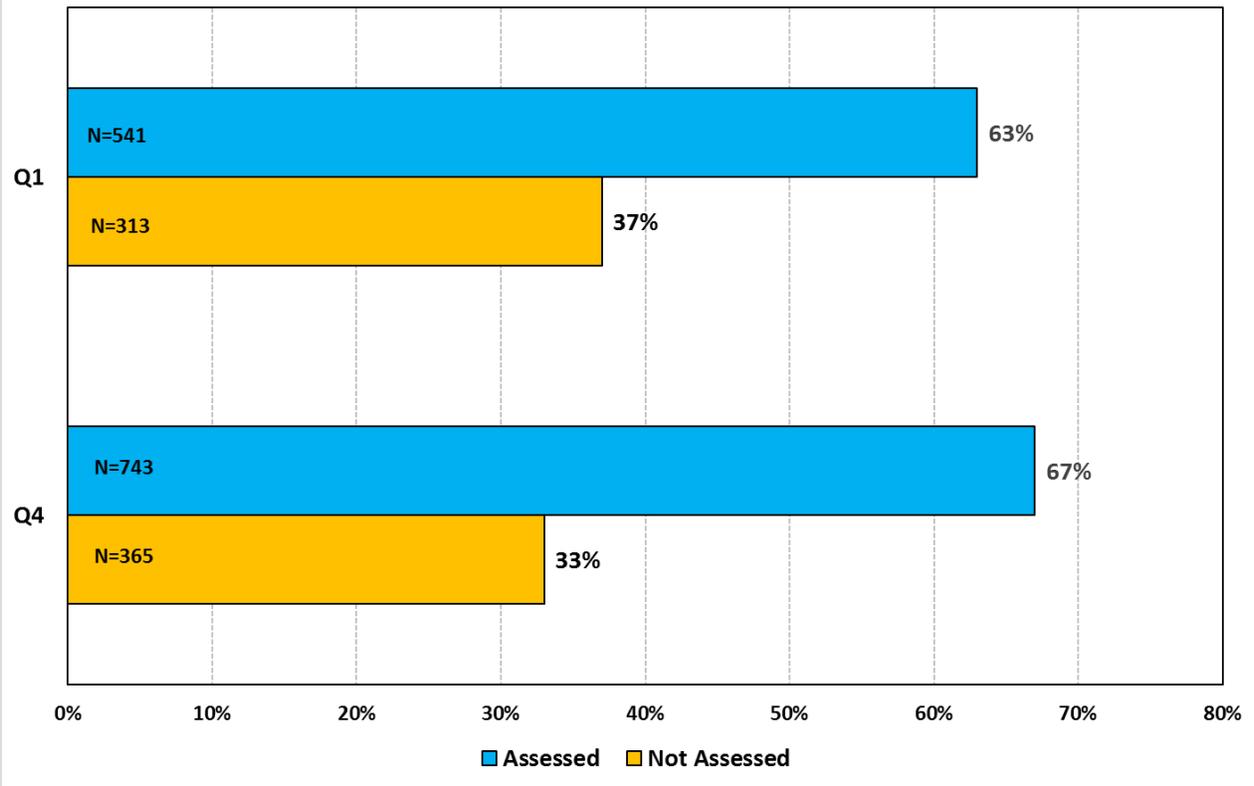
As can be seen, 63% of all positively screened inmates in the first quarter, and 67% of all positively screened inmates in the final quarter underwent a full mental health assessment in FY2019. To put these rates in context, only 13% of positively screened inmates received a full mental health assessment during the first quarter of the FY2018 funding year. Thus, the pilot program has significantly improved the rate of positively screened inmates receiving a full assessment. This step in the process is crucial because an assessment helps staff members determine who is eligible for program participation and what specific elements should be included in their treatment plan.

There also continues to be a clear set of reasons why some inmates that screen positive do not undergo the full assessment. The most common reasons for no assessment are that the individuals are released or transferred to another facility before an assessment occurs, or they refuse to undergo the assessment.

Treatment Services

Various performance measures illustrate how the six sites used grant funding to provide in-jail treatment. Figure 5 displays the rates of inmates who were positively assessed and became program participants, were put on a wait list for participation, or were deemed ineligible for program participation, during the first and final quarters of FY2019.

Figure 5
Percentage of Positively Assessed Inmates Becoming Program Participants
Quarter 1 vs. Quarter 4 FY2019

Q1	Became Participant (N=555)	50%
	Ineligible to Participate (N=206)	19%
	Waitlisted (N=343)	31%
Q4	Became Participant (N=761)	76%
	Ineligible to Participate (N=206)	20%
	Waitlisted (N=37)	4%

Legend: ■ Became Participant ■ Ineligible to Participate □ Waitlisted
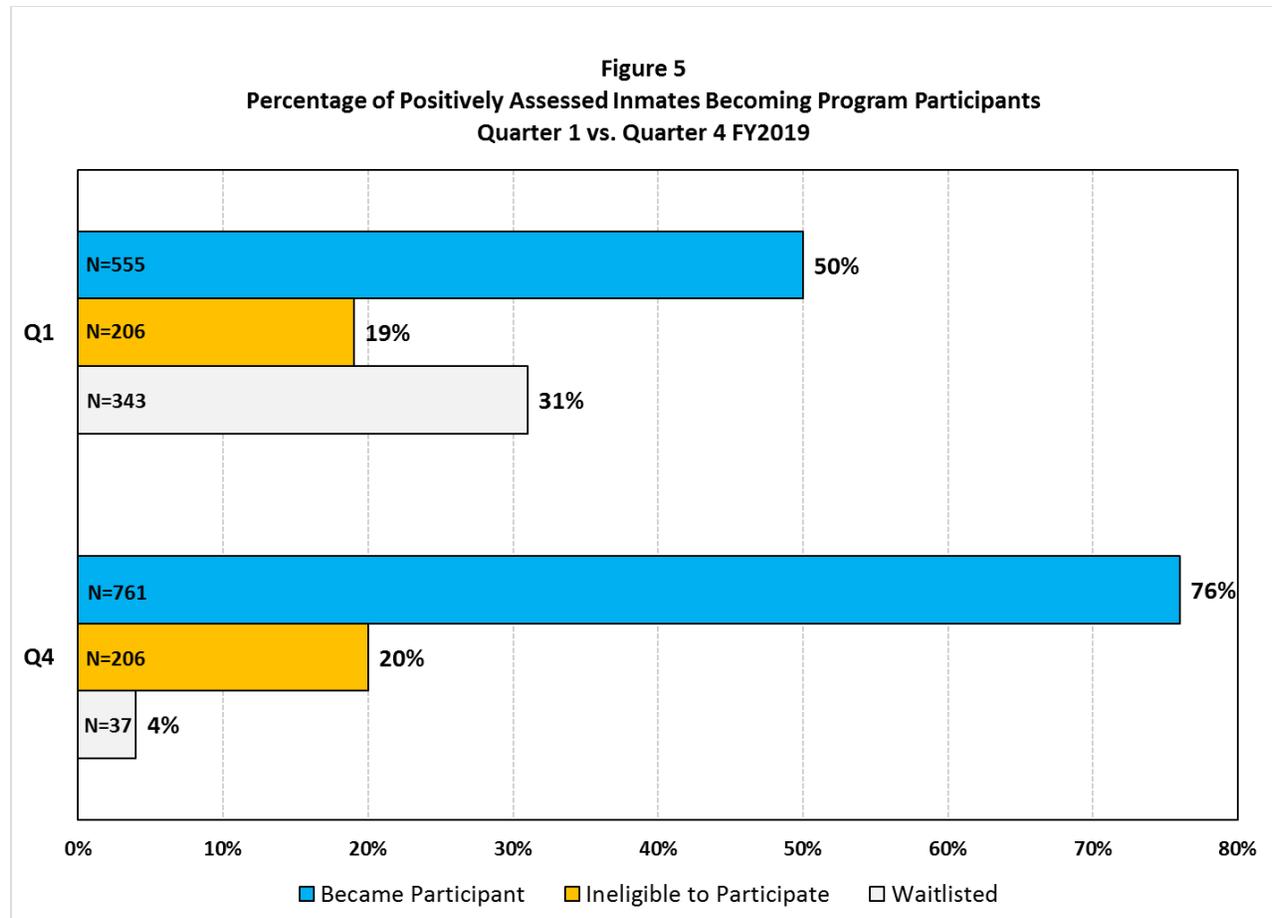
The rate of individuals that were positively assessed for a mental health problem and became program participants increased from 50% to 76% from the first to the final quarter FY2019. This increase in the rate of participants being admitted into the treatment program was largely due to a reduction in the rate of individuals placed on a waiting list for participation, from 31% in the first quarter to only 4% in the fourth quarter. Both an increase in mental health staff and improved trainings helped increase the capacity of the treatment programs and reduce the number of individuals that had to wait for program participation.

In both the first and final quarters of FY2019, about 20% of the inmates positively assessed for mental health problems were deemed ineligible for program participation. These inmates were determined to be ineligible because their mental health diagnosis did not meet the criteria for program participation at the facility. Alternatively, some inmates had a charge deemed too severe for program participation, they refused to participate, or their length of stay did not meet the program participation criteria. Staff at each site established their own criteria for program eligibility, which is detailed in Appendices A-F.

A key element of a successful mental health program is a treatment plan. Each treatment plan is created to meet the needs of the specific individual who was screened and positively assessed for mental health problems. A treatment plan identifies the medication that the individual needs during and post-incarceration, the types of curriculum and treatment services that would benefit them, and the

elements necessary for a successful re-entry into the community. Figure 6 shows the percentage of eligible inmates that had a treatment plan developed in the first and final quarters of FY2019.

Figure 6
Percent of Eligible Inmates That Had Treatment Plan Developed
Quarter 1 vs. Quarter 4 FY 2019
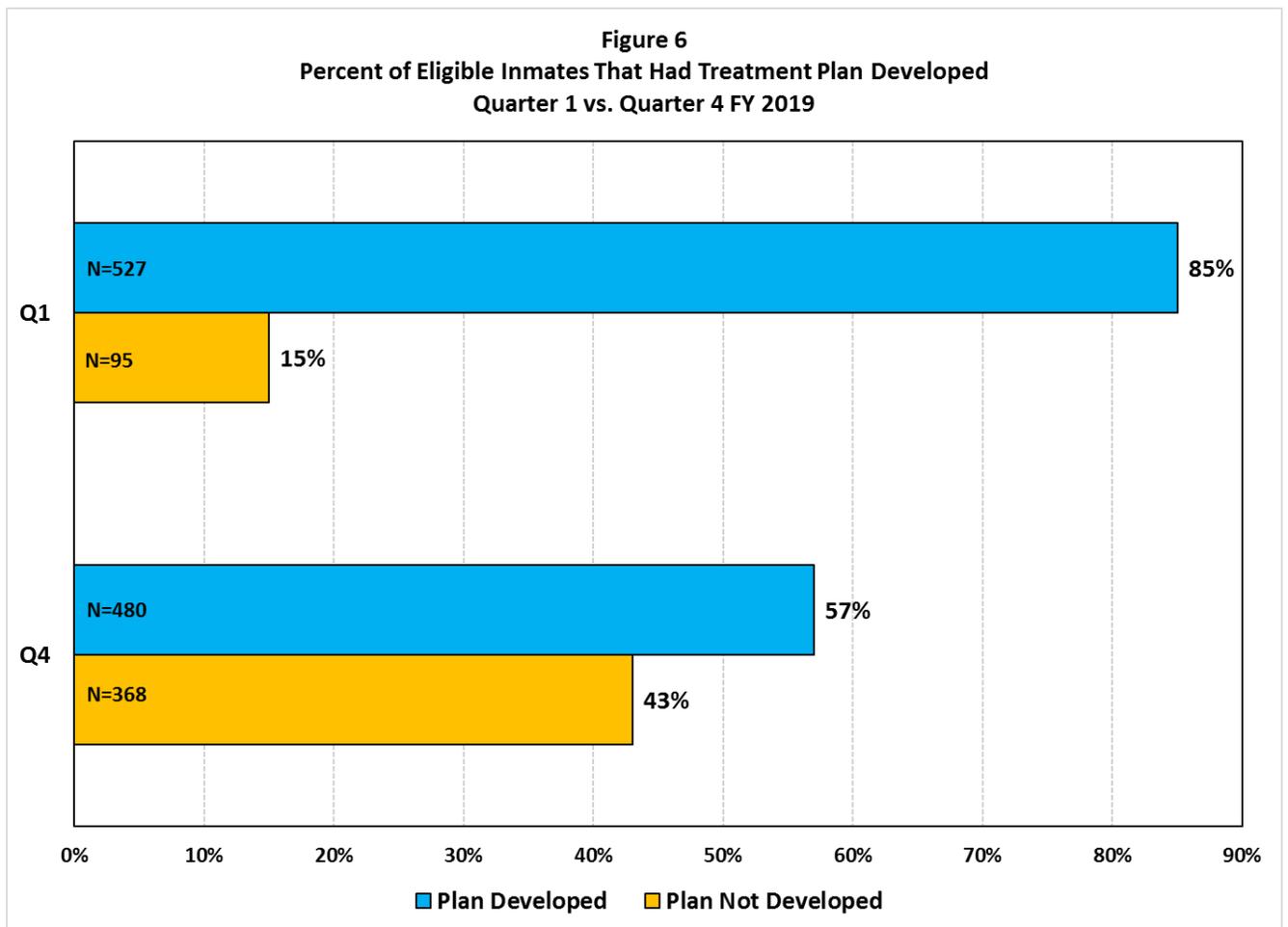
The percentage of eligible inmates that had a treatment plan developed *decreased* from 85% to 57% from the first to the final quarter of FY2019. Jail staff indicate that a primary reason for this decrease is the high turnover rates of staff members serving in crucial treatment planning positions. Multiple sites expressed difficulty recruiting and retaining qualified staff members, primarily because single-year grant funded positions provide little job stability. Other reasons cited for treatment plans not being created were that the individual had a length of stay making them ineligible for treatment planning, or that they were released from jail before a treatment plan could be created.

The pilot program funding has improved the ability of jails to offer an array of treatment services. It has been used to hire licensed mental health professionals who conduct assessments, create treatment plans, and conduct individual and group therapy. These officials use evidence-based practices to improve the treatment of mentally ill inmates. They also deliver treatment services for individuals with cognitive or language barriers and identify when alternative therapies would be most effective for each participant.

Jail staff hired using pilot program funding have used various evidence-based practices to provide continuity of care to program participants. Many of these practices involve curricula that is delivered in the jail and helps participants in multiple ways. Jail staff reported that participants have been eager to attend, participate in, and complete classes. Many participants have asked to repeat classes that they valued. Many have also stated that the program has given them hope and confidence in a brighter future for themselves and their families. They stated they are confident they can handle situations they

will face once released, but value knowing that there will be a support system of staff members that will continue to help them as well.

Staff members have cited the impact this program element has had on jail climate. One jail, for example, reported that serious incidents among program participants have decreased significantly, to almost zero. They emphasized that if program funding were discontinued, these serious incidents would likely increase if inmates are no longer attending these courses and if there are fewer qualified and trained staff available to help prevent or mitigate incidents. A staff member at this jail also wrote:

> "Offenders are a vulnerable population and so many offenders have co-occurring substance abuse and mental health issues and are, therefore, at higher risk for overdose if released from incarceration without proper treatment, resources and continuity of care within the community; eliminating the program would make it most likely that the recidivism rate remain high and incarceration serves as an interruption in criminal activity and not rehabilitative in nature."

The final performance measure used to gauge the impact of grant funding on in-jail services provided were the number of hours of specific treatment services offered. Figure 7 shows the total amount of one-on-one therapy hours, medication management, vocation, education, life skills, case management, group therapy, peer support, and other support hours provided in the first and final quarters of FY2019.

Figure 7
Hours of In-Jail Services Provided
Q1 vs. Q4 FY2019
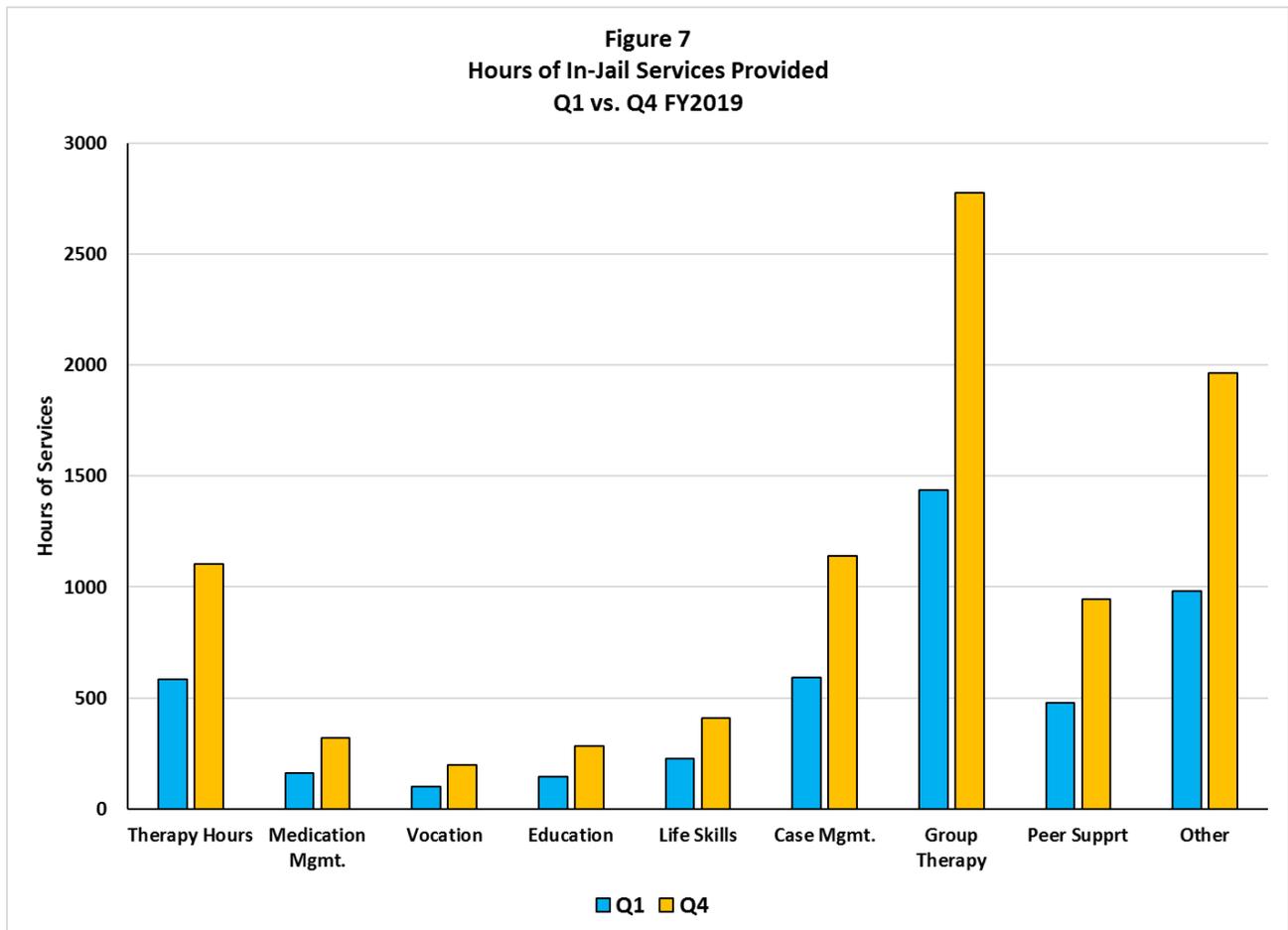
The numbers of hours of all types of treatment services provided increased over FY2019. This can be attributed to the increase in mental health staff hired using pilot program funding and the ability to use grant resources to bring in qualified individuals that provide various forms of treatment.

In addition to the quantitative data indicating gains from providing treatment services, the jails also provided descriptive examples of how inmates have benefitted from the services provided. Jail staff were able to provide these descriptions because many released program participants remained in contact with the program staff. A common theme across the sites is that these former participants expressed how these treatment services helped their re-entry. Some examples are provided below.

Participant A had a lengthy history of drug use and criminogenic behavior, and a history of behavioral infractions in the jail facility. He was one of the first enrollees in the pilot program at the jail, and frequently participated in the Dialectical Behavior Therapy (DBT) skills group. Initial participation was sporadic but improved as he became comfortable with the group dynamic. He eventually became a model group member that used DBT language and skills daily. Participant A requested individual counseling as his release date neared, to help process years of strained family dynamics and develop a discharge and relapse prevention plan tailored to his mental health needs. Participant A returned home after six months of pilot program participation, where he was reunited with his children and other family members.

Participant B was the parent of four children, in a strained marriage, had deep-seated family issues, and faced larceny and forgery charges. He attended the DBT skills group regularly, but was reluctant to share thoughts or feelings due to guilt and shame. He gradually began to participate fully, and eventually earned trustee status. Participant B succeeded as a trustee for some time before an infraction removed him from this position. He remained positive despite the setback and continued attending skills groups. While incarcerated, he dealt with the death of a family member, the denial of a sentence reconsideration, and the ending of his marriage. He continued to persevere, seeking individual counseling to help address mental health concerns through therapy and medication management. Participant B enthusiastically signed up for and completed new treatment program options, such as Art Therapy, Trauma-Informed Yoga, and self-esteem groups. He became the first DBT group graduate in the jail's pilot program and was asked to be a peer mentor after completing the group. He is due to be released in December 2019.

Participant C was admitted into the pilot program in July 2017. He reported a history of trauma, substance use, and mental illness. He was diagnosed with Major Depressive Disorder, Post-Traumatic Stress Disorder, and Stimulant Use Disorder. He experienced multiple psychiatric hospitalizations and suicide attempts and was hospitalized for acute psychiatric treatment three weeks prior to incarceration. Participant C was first arrested at age 14, and had over 20 arrests and six years of incarceration. He engaged in treatment once admitted to the mental health program, but had three disciplinary incidents, one of which resulted in a 30-day probation from programming. He remained committed to treatment despite these setbacks and progressed toward treatment goals. Participant C noticed progress in insight, self-awareness, coping skills, relapse prevention, and symptom management. A community agency also provided him with intensive case management and re-entry support after release. At the time of this report, Participant C had established independent housing, acquired full-time employment, maintained sobriety, takes medication regularly, and had no critical psychiatric incidents. The community agency reported that he has been compliant with probation, reconnected with his family, established a healthy partnership and support system of friends and family, and is feeling significant life satisfaction.

Participant D was an early participant in the mental health program, but began using substances again post-release and was reincarcerated. He completed a second term of programming, and then stepped down to a lower level of care. He also acquired a plumbing work release position. Since being released, Participant D has not relapsed and is working full-time. He is now living in housing provided through the aftercare portion of the pilot program, and saving money to acquire his own housing in the near future.

Participant E was a substance abuser for 15 years and overdosed more than five times. He was homeless and sleeping on sidewalks before being incarcerated and becoming a program participant. He received mental health and substance abuse treatment in jail and is now celebrating about two years in substance abuse recovery. Participant E now has a job, is living in housing provided by grant funding, and receiving mental health services established by the aftercare element of the pilot program.

Aftercare Services

Aftercare services continued to be a critical element of the pilot program, providing continuity of care to inmates following release. Funding at each site was dedicated to helping those individuals who were receiving services in the jail continue to access resources in the community upon their release. The bridge from incarceration to community is regarded as a critical element to help reduce recidivism.

Program funding to hire re-entry specialists has been critical across the sites. Re-entry specialists have assisted in post-release treatment planning, and in establishing and improving collaborative partnerships with community service providers to help released individuals obtain housing, clothing, employment, and mental health treatment. Staff members across sites frequently emphasize that re-entry specialists are a crucial piece of an effective mental health program. Re-entry coordinators assist released individuals with obtaining recovery housing, schedule mental health appointments, and obtain medication. Staff members expressed worry that if the program funding was lost, they would lack the financial resources to fill this re-entry position.

Aftercare services also continued to be the most difficult phase of treatment to implement, and on which to collect performance data. The data collected and reported relies on both jail staff and community agencies to continue tracking program participants weeks after their release. Figure 8 shows the total number of released program participants who had appointments scheduled, were provided medication and housing, appeared at appointments, and secured/resumed employment, disability benefits, and health care benefits for the first and final quarters of FY2019.

Figure 8
Number of Inmates Receiving Aftercare Services
Q1 vs. Q4 FY2019
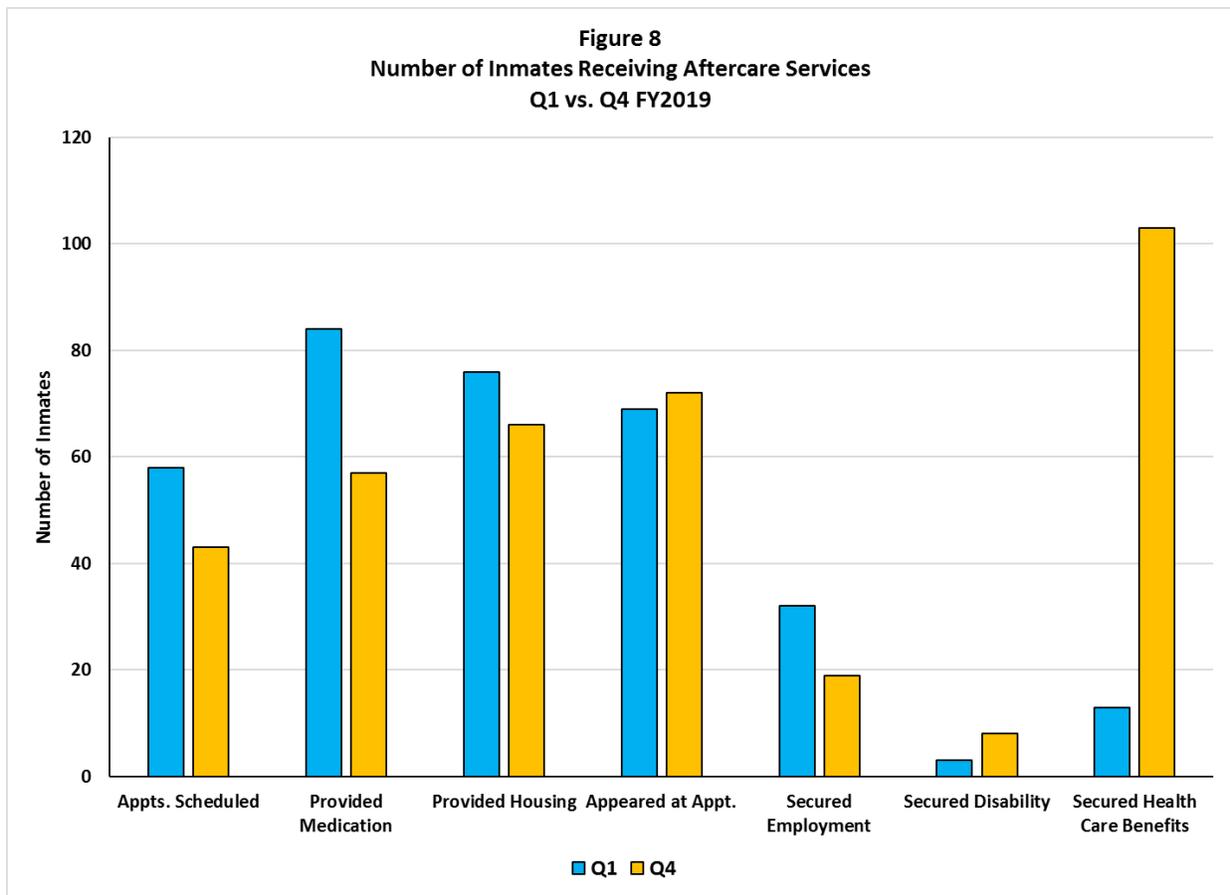
Changes in the numbers of inmates receiving aftercare services over the course of FY2019 were mixed. The numbers of inmates that appeared at appointments, secured disability, and secured health benefits increased from the first quarter to the fourth quarter of FY2019. This increase was especially striking for the number of inmates who were able to secure health care benefits. Over the same period, however, the number of inmates who had appointments scheduled, were provided with medication and housing, and secured employment decreased.

Medication management is typically an important piece of pre- and post-release treatment plans. The timing in which released program participants acquire medication is crucial, as a gap could result in relapses, difficulties with mental health symptoms, and an increased risk of recidivism during the early days of re-entry. Figure 9 shows the time span between release and the first date at which program participants were provided with essential medication during the first and final quarters of FY2019.

Figure 9
Time in Which Inmates Received Medication After Release
Quarter 1 vs. Quarter 4 FY 2019
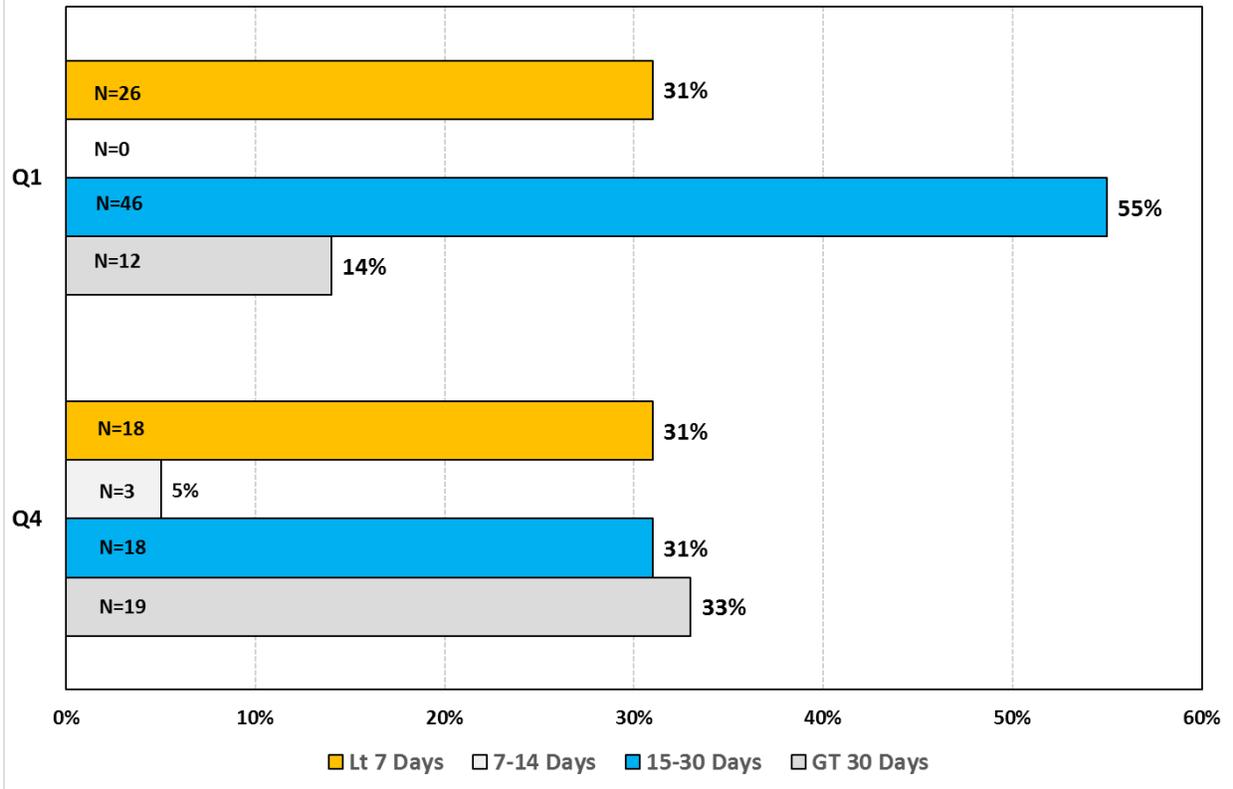
In both the first and last quarters of FY2019, 31% of inmates received their medications less than seven days following release from jail. In the first quarter, 55% of the inmates received their medications between 15–30 days following release, but this had dropped to only 31% of the inmates in the fourth quarter. However, the number and percentage of inmates having to wait more than 30 days after release increased substantially, from 14% in the first quarter to 33% in the fourth quarter.

Receiving needed medication is vital to successful re-entry in the initial days following release from jail. Jail staff members emphasized that pilot program funding has been critical in helping assure that participants receive this medication. They stated that, prior to the pilot program, jail staff would often hand inmates prescriptions prior to release and hope that they were able to acquire the medications once in the community. Now, pilot program staff and their community partners work to ensure that released participants acquire their medication in a timely manner.

Another important measure of the impact of post-release services is their effect on recidivism. Formal recidivism measures for released program participants are not yet being collected, but will be for the evaluation of FY2020 program activities. Several jails collected limited recidivism measures for FY2019 participants, but the data collected are not rigorous enough for a formal evaluation. Anecdotally, some jails have reported that their FY2019 data show a general reduction in recidivism for program participants.

There are a number of descriptive success stories that illustrate the impact of aftercare services provided by the pilot program. Each of these stories are unique, but help illustrate the impact of the pilot program on individuals' lives:

Participant F is the parent of three children, has been incarcerated multiple times, and is constantly battling addiction and criminogenic influences. He had little family and friend support to help address

these issues; most of his friendships encouraged continued substance abuse. This lack of a support structure, and consistent transient housing, led to continued addiction and incarceration. He participated in the pilot program but faltered after returning to these negative influences after release. This led to a re-arrest and re-incarceration. In the second stint in the treatment program, Participant F worked diligently with the jail therapist to help manage his addiction and identify necessary treatment. These meetings also helped Participant F realize that a successful re-entry meant removing negative influences. He also sought counseling to help learn decision-making skills that prioritized his children. A comprehensive plan was created to help assure success both during and post-incarceration and create long-term, stable success. At the time of the report, Participant B has completed a 28-day rehabilitation program, secured transitional housing, is employed, is going to the community services board for ongoing treatment, and is implementing a plan to restore relationships with his children.

Participant G was incarcerated for a robbery and suffered from a substance use disorder. After a month of treatment services in the jail, Participant G was released and moved in with his family. Due to the treatment plan created while incarcerated and the community relationships established by jail staff with community agencies, Participant G completed intensive outpatient therapy, attends weekly meetings with a community re-entry agency, has remained sober while attending Alcoholic Anonymous meetings, and is working to obtain a forklift license to help improve employment opportunities.

Participant H was an early participant in the pilot program after displaying bipolar symptoms. The time spent in the program and established treatment plan helped Participant H learn to manage his bipolar symptoms and substance abuse problems and prepare for successful re-entry. Since release, Participant H has worked full-time as an electrical apprentice, has gained numerous raises for good work, is now searching for his own apartment, and has received a bike for transportation from a local re-entry community agency.

Participant I had long suffered from co-occurring disorders. He now has been clean for over two years, has a job and his own home, pays his bills, and obtained a driver's license. Participant I credits the mental health treatment and housing assistance provided by the pilot program for this success.

Participant J has long suffered from co-occurring disorders and never had a job. After undergoing treatment provided by the pilot program, he is now two years into recovery. He credits the program services with helping him maintain consistent mental health appointments, obtain a job, develop a healthy relationship with his children and family, and work toward earning a GED.

Participant K received housing assistance under the program and participated in intensive outpatient programming. He cites this assistance as the only reason he was able to be released from indefinite probation in less than a year, gain a support structure in the community, and become invested in a new career.

Participant L participated in the program and transformed his life from being a substance user, homeless and incarcerated, to being engaged to be married, obtaining a full-time job, obtaining a car, creating a family support structure and finding "the opportunity to have a life."

Jail Climate

Providing inmates with more services to identify and treat mental health challenges could be expected to improve safety and the overall climate in the jails. Therefore, several performance measures were designed to identify any potential opportunities.

Figure 10 displays the numbers of reported: a) incidents involving harm, b) fights between inmates, and c) suicide attempts in the jails from CY2016–CY2018. Data from CY2019 was not included because only data for the first six months of CY2019 was available. It is important to note that the pilot programs were implemented in CY2017.

Figure 10
Number of Jail Safety Incidents
CY 2016 - 2018
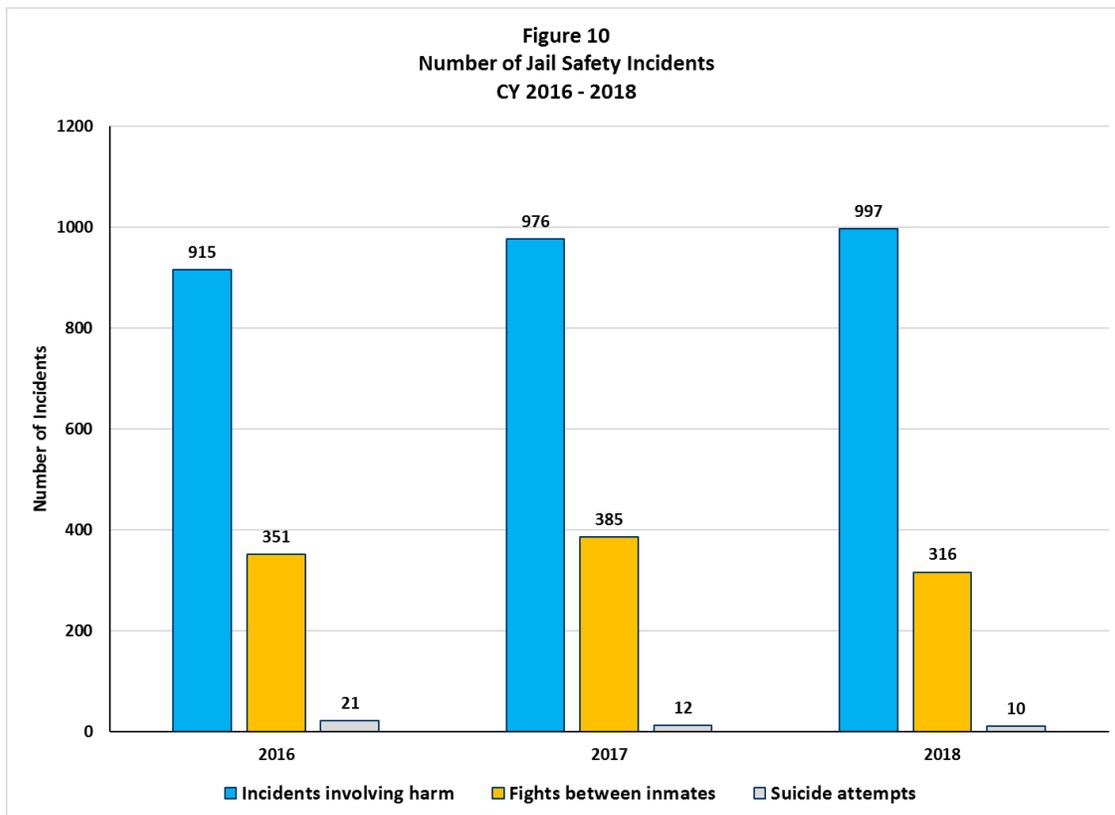
The safety measures show mixed results. The number of fights between inmates declined from 351 in CY2016 to 316 in CY2019 (a 10% decrease), and the number of suicide attempts declined from 21 in CY2016 to 10 in CY2018 (a 52% decrease). However, the number of incidents involving harm increased over the three-year period, from 915 in CY2016 to 997 in CY2018 (a 9% increase). It should be noted that this includes incidents involving all inmates, not just participants of the jail mental health pilot program.

One jail reported that the jail typically had about 15–20 serious incidents per quarter prior to the pilot program, but that since the program began its serious incidents have dropped to about 0–2 per quarter for program participants.

Staff at the jail sites cited various benefits related to the pilot program which they believe contributed to these improvements in jail safety:

- Due to the training they have received, the staff in the jails now have a better understanding of how to properly recognize and respond to inmates with mental health needs, and how to de-escalate potentially volatile situations with mentally ill inmates.

- The pilot program created a safer, more supportive environment in which inmates can openly recognize, acknowledge, and seek treatment for their mental illness.

- The pilot program increased collaboration among jail staff, with an emphasis on communication, consistent monitoring, and early intervention.

- Some inmates participating in the program did not want to be removed from program activities, and they knew that serious incidents can lead to their removal.

- Inmates displayed improved self-esteem, and held each other accountable for their behaviors.

- Individual inmate successes and achievements in the program were highlighted to judges and other criminal justice practitioners.

Conclusion

None of the FY2019 findings of jail mental health pilot programs are vastly different from the findings of FY2018, improvements continued and challenges remained. In its first full evaluation report submitted in October 2018, DCJS noted that

> The jail mental health pilot project demonstrated that providing targeted, dedicated, and carefully-considered funding for jail mental health services produced measurable improvements in identifying inmates with mental and behavioral health needs, in developing treatment plans and delivering services to these inmates, and in providing post-release services to aid their transition into the community . . . The 18-month pilot project also demonstrated that integrating mental health services in a jail environment can be a complex, lengthy and challenging process.

The pilot program activities in FY2019 showed major gains over program activities in FY2018. Many of the program start-up problems that jails encountered in FY2018 were addressed in FY2019 as the jails continued to integrate mental health services into their daily operations. There were large improvements in basic front-end tasks, for example identifying inmates entering the jails who had serious mental health challenges. In the fourth quarter of FY2018, 84% of admitted inmates were screened; by the fourth quarter of FY2019, this had increased to 91%. In the fourth quarter of FY2018, fewer than 50% of inmates were being screened within eight hours of admission; by the fourth quarter of FY2019, 94% were screened within eight hours.

Over the course of FY2019, most major performance measures showed improvements. The rate of admitted inmates who received mental health screenings and assessments increased, and the rate of inmates assessed with mental health problems who were then admitted to the jail treatment programs increased. The number of hours of in-jail services, across all types of services offered, increased. The number of inmates who resumed or secured healthcare benefits after release increased by 80% from the first to the fourth quarter of FY2019.

Along with major gains, some challenges remained. The most serious continued to be difficulty in recruiting and retaining qualified mental health staff to work in the jails. Despite many improvements in program activities during FY2019, declines in program measures were often due to disruptions caused by staff turnover. Providing safe, affordable housing in the community for released inmates has also remained a barrier to successful re-entry. Collecting performance data on program activities, especially post-release, also continues to be a challenge.

Overall, this assessment demonstrates many benefits associated with providing mental health services to jail inmates. Fully integrating these services into a jail environment, and fully evaluating their effects, will likely require more time than the two years to date. However, it appears to be a promising approach to improving jail operations and making it more likely that inmates released from jail will be able to successfully re-enter society.

Detailed Recommendations

Based on the achievements and challenges identified in this evaluation, the following recommendations are provided. The recommendations focus on both jails that are currently participating, as well as the lessons learned that can be applied, should Virginia implement similar programs in other jails.

Jail Climate

Recommendation 1:
Continue implementing evidence-based, mental health training for all jail staff.
Jail culture has improved since the implementation of the pilot program. One of the primary reasons for this improvement is increased, and improved, mental health training for all jail staff. Mental illness is being destigmatized and staff are more understanding of the complexities of mental illnesses at participating facilities.

Recommendation 2:
Continue implementing evidence-based curricula that teaches participants how to handle issues without violence.
The curricula used in the pilot program has made various positive impacts. Program participants have learned how to manage their mental health symptoms, how to deescalate potentially volatile situations, and how to succeed both inside and outside of the jail.

Staffing

Recommendation 3:
Transition funding from a grant program to a dedicated funding stream in order for jails to be able attract and retain qualified candidates for mental health positions in the jails.

Sites struggle to hire and retain qualified candidates. Many express particular difficulties hiring qualified candidates for a position that is contingent on grant funding from the state. Staff turnover is detrimental for all programs, but especially for smaller programs. In these programs, one person may handle all re-entry planning and if that position remains open, another staff member must find a way to complete their tasks and those that would be handled by the re-entry specialist.

Recommendation 4:
If the program expands to new sites, these sites should hire a re-entry coordinator who focuses primarily upon re-entry services.
Aftercare services are consistently highlighted as one of the most integral elements of a successful treatment plan. Re-entry specialists are vital for building strong community partnerships that help participants throughout the re-entry process, preparing program participants for re-entry, and assuring this plan is implemented successfully.

Recommendation 5:
If the program expands to new sites, these sites should hire qualified mental health specialists.
Current participating sites have hired an array of qualified professionals that are involved throughout the mental health program process. Licensed mental health professionals, mental health clinicians, and psychiatrists are screening and assessing individuals, creating treatment plans, conducting individual and group counseling/therapy, and teaching curricula. New sites should focus on hiring professionals that can successfully implement each of these elements of a mental health program.

Programming

Recommendation 6:
Improve communication among various departments within each jail.
Silos within participating jails have created difficulties for pilot project staff. These difficulties have manifested themselves in a number of ways. There were unexpected discharges which occurred before the end of treatment planning, and this created fluctuations in program enrollment. One site in particular addressed this issue by working with their Classifications and Records department to identify potential program participants that will remain at the facility long enough to complete treatment planning.

Recommendation 7:
Continue dedicating funding for mental health treatment planning and services.
Treatment planning and services have been essential for the success of current and past program participants. Jail staff fear that if funding were reduced, or eliminated, they would be unable to provide essential services to the mentally ill population at their facility. These treatment services help individuals with mental illness who often have trauma that prevents them from making therapeutic progress. Without funding dedicated for mental health treatment planning and services, those individuals would not get the assistance they need to manage their symptoms, change their behavior, and reenter society with a chance to succeed.

Staff at participating jails stated that if existing funding ended, they would do all they can to maintain a limited version of their mental health program. They have seen the major impact of mental health funding on their jail culture, the improvement of mentally ill inmates' lives, and indications of a decrease in recidivism. Proper mental health treatment of inmates is now seen as a necessity in these facilities.

Recommendation 8:
Sites should continue exploring innovative, evidence-based curricula for implementation in their treatment programming.
Current participating sites have implemented an array of curricula that are having positive impacts on program participants. Non-traditional curricula that has been implemented at some sites include music, animals, horticulture, neuroscience, and integrative health routines. Given the diversity of curricula that currently exists and the reality that participant population needs vary across sites, staff should stay informed on new techniques and evaluate whether they would benefit their population if implemented.

Recommendation 9:
Sites should use peer support specialists to facilitate treatment groups and teach evidence-based curricula.
Current participating sites that have used this form of treatment planning experienced success. Program participants have benefited from working with someone who has similar lived experiences. These peer instructors have helped program participants realize that changing their environment and friends/family upon release is not realistic. They help participants learn how to make realistic change that can lead to long-term success.

Recommendation 10:
If the program expands to new sites, these sites should carefully plan for and provide evidence-based individual and group counseling.
Current participating sites continually cite the impact individual and group counseling has on program participants. Prior to this counseling, most participants had not been formally diagnosed with a mental illness, and had not received treatment. Individual therapy helps provide psychoeducation, while addressing the underlying issues that impact mental health.

Group counseling provides supportive environments for participants to learn new coping skills and realize that they are not alone in the struggle with mental illness.

Recommendation 11:
If the program expands to new sites, these sites should focus upon implementing effective diagnostic assessment, individualized treatment plans, and case management.
Each of these elements are important for successful continuity of care. Diagnostic assessments assure that individuals with a mental health problem are identified and diagnosed. Individualized treatment plans assure that these individuals diagnosed with a mental illness have a treatment plan tailored to their specific needs. Case managers ensure that treatment plans are executed properly and individuals receive care throughout their time in the program and post-release.

Aftercare Services

Recommendation 12:
Continue dedicating funding for aftercare services that help program participants reenter the community.
Many of the individuals that participate in the mental health program have extensive criminal records and upon release have no home, money, jobs, or transportation. There is no support structure to prevent them from falling into their old habits. The pilot program has helped them gain a new start that removes many of the triggers associated with relapse and recidivism. They are also receiving crucial medication for their mental illness post-release. These aftercare services help decrease recidivism and can potentially save taxpayer dollars.

Recommendation 13:
Improve housing options for program participants released into the community.
Finding safe and affordable housing remains one of the biggest challenges facing many participating sites. Special attention should be paid to how facilities can consistently find housing for program participants upon re-entry. This is a crucial element in assuring successful re-entry and reducing recidivism.

Recommendation 14:
Improve transportation access for program participants released into the community.
Accessible transportation is essential for individuals to attend appointments, access medication, explore job opportunities, and access housing. Transportation is particularly difficult to access for individuals with limited financial resources.

Recommendation 15:
Provide discharge medication to released program participants as soon as possible.
Many released participants have to wait for access to community-based services. Discharge medication helps individuals remain compliant with their treatment plan until these services are implemented. Without discharge medication, there is an increased risk of untreated mental illness, relapse, and recidivism.

Recommendation 16:
Provide clothing to released program participants at time of initial re-entry.
Many released program participants do not possess clothing beyond what they were wearing when they were arrested. The issue of acquiring clothing is compounded when the individual has limited financial resources. Program participants could benefit greatly if multiple outfits, including professional clothing for job interviews, were provided to them upon release.

Recommendation 17:

Provide released program participants with financial resources upon re-entry.

Released program participants face a number of difficulties that stem directly from a lack of financial resources. This impedes their ability to acquire transportation, purchase groceries and clothing, find housing options, and explore employment opportunities. Access to financial assistance could help in their re-entry process.

Recommendation 18:

Provide increased support for securing or restoring health care benefits.

Sites are currently using grant resources to help released program participants secure or restore health care benefits. However, few released participants have benefitted from this element of the aftercare services. More focus and resources should be used for helping individuals acquire these benefits.

Recommendation 19:

Provide released program participants with increased job training opportunities.

Obtaining and maintaining steady employment can help increase re-entry success and decrease the likelihood of recidivism. Funding should be put toward helping program participants access job training during and post-incarceration that is tailored to job opportunities in their local community.

Recommendation 20:

If the program expands to new sites, provide guidance on the essential aftercare elements for successful re-entry of program participants.

Aftercare services are a critical, but difficult implement, element of a successful mental health treatment program. New sites would benefit from guidance regarding which aspects of aftercare are most essential, and how to best implement those elements.

Recommendation 21:

If the program expands to new sites, these sites should build robust community networks to support aftercare and re-entry services.

Providing adequate aftercare services for released participants is complex and difficult. Mental health staff employed at the jail cannot cover all of the demands that exist outside of the facility. Building networks of strong community support ensure that there are handoffs from the jail to the community. It also ensures that participants are cared for and supported as they rebuild their life post-release.

Performance Measurement

Recommendation 22:

Create a uniform database for collecting, reporting, and assessing the impacts of the jail mental health program activities.

Performance measure data is essential for evaluating the efficacy of a mental health pilot program. Collecting data can be a difficult and arduous task for jail staff, who are already overworked with a number of other duties. One of the reasons for these data challenges is that there is not a uniform database for staff to log and report quarterly data. A database of this nature could improve the quality of data collected and alleviate the burden faced by many staff members.

Appendices

Appendix A: Chesterfield County Jail Profile

Total of $291,035 awarded in FY 2019

Site Goals Listed by Chesterfield County Sheriff's Office

- Begin Medication-Assisted Treatment in the jail with Naltrexone.

- Begin signing up patients for Medicaid.

Eligibility Criteria for Mental Health Pilot Program Participation

All individuals incarcerated at Chesterfield County Jail may participate in program curricula.

- Individuals screened and positively assessed for mental health issues receive a treatment plan designed by program staff.

Overall Achievements

Chesterfield's pilot program reported a number of successes in FY2019. Mental health staff used grant resources to incorporate screening tools into their booking process and properly train booking staff on how to conduct screenings. As a result, all individuals booked into the jail in FY2019 were screened, which is crucial for identifying individuals that potentially need treatment planning and services.

The mental health pilot program has also improved the climate of the jail. Increased trainings helped change jail culture. Jail staff are better educated on how to recognize mental health needs, and how to be more empathetic to the plight faced by individuals suffering from a mental illness. Staff are also better versed on how to de-escalate potentially volatile situations with individuals that have a mental illness, and are being equipped to identify who should be referred for mental health and/or substance abuse services.

The mental health pilot project has also helped jail staff deliver more, and improved, in-jail treatment services. Performance measure data indicates that staff created more treatment plans and delivered more hours of treatment services in each successive quarter during FY2019. A specific success highlighted by grant staff was that the psychiatrist and mental health clinician hired with grant funding saw an average of 73 and 36 patients, respectively, for individual consultations in FY2019.

Chesterfield continued to have both successes and challenges in the aftercare portion of their program. The facility hired a re-entry coordinator to coordinate re-entry plans and services while also building a strong network of community support for released program participants. This position illustrates how someone dedicated to re-entry can help create successful and sustainable change in the lives of previously incarcerated individuals. Specifically, the coordinator developed a network of groups and individuals that helped released individuals access housing, clothing, jobs, mental health treatment, medications, health care benefits, and group and individual therapy.

Chesterfield staff indicated that throughout FY2019 they were on track to meet all of their program goals. They stated that if mental health funding were eliminated, it would affect their recidivism rate because most individuals that have received grant funded assistance have not returned to jail, despite an often-lengthy criminal history prior to program participation. Staff also cited worries about how the climate of their facility would worsen, as security issues would increase to pre-program levels.

A mental health staff member elaborated on the recidivism concerns associated with a loss of funding:

> "Upon release from jail they typically have no home, money, job, or transportation. They have nothing stopping them from going back to their old ways and people, places and things that would act as a trigger to using drugs and committing crimes to support their substance use. The program allows them to have a new start and removes many of the triggers associated with relapse and recidivism. The continuation of their mental health

medications after release along with the continuation of mental health services will also help prevent them from becoming mentally unstable. In addition, the cost savings of not having to house repeat offenders could potentially yield additional monies to create a self-funding program from those savings."

Overall Challenges

The primary challenges faced by staff in FY2019 involved re-entry housing and program performance data entry. In FY2018, staff indicated that finding affordable housing was a primary challenge they faced, and this persisted in FY2019. Jail staff struggled to find affordable re-entry housing in a local housing market that continued to become more expensive. This was such a significant challenge that staff worried they would not meet their fiscal goals for the FY2019. There were a higher number of participants than anticipated, especially individuals with co-occurring disorders, who required housing. Staff had to restrict the length of time that individuals with transitional housing would continue to get support to help other participants in need.

Capturing data for reporting on the project performance measures remained a difficult task for jail staff. The jail had no uniform database to input data for all of the quarterly performance reports. Chesterfield added a data entry/management assistant to their program and reported that data collection improved significantly when this position was filled. This improvement was also evident in the quarterly reports, as fewer performance measures went unreported in the final quarters of FY2019. In the final quarterly report, staff still expressed frustrations with data collection because of the multiple databases that must be used. A uniform database for all jail mental health performance measures, as well as other program data, would help address this challenge.

Appendix B: Prince William-Manassas Regional Adult Detention Center Profile

Total of $311,406 awarded in FY 2019

Site Goals Listed by Prince William-Manassas Regional Adult Detention Center

- Expand services for women with mental illness incarcerated in the Adult Detention Center.
- Continue to provide assistance to women with mental illness in transitioning back into the community.
- Decrease the rate of recidivism within one to three years after release.

Eligibility Criteria for Mental Health Pilot Program Participation

- Female inmates.
- Current mental health diagnosis as evidenced by an assessment, active psychotropic medication, or self-report consistent with current behaviors and symptoms.

Overall Achievements

Prince William-Manassas Regional Adult Detention Center's mental health pilot program reported a number of successes in FY2019. The jail climate improved, as the number of incidents involving harm, assaults against inmates or staff, fights involving inmates, and suicide attempts have decreased since 2016, the year prior to implementation of the pilot project. Staff credit much of the reduction in incidents with jail staff to their ability to offer more one-on-one counseling. Participants that have attended these counseling sessions have exhibited significant behavioral changes.

The positive shift in jail culture has affected Prince William's facility as a whole, not just individuals participating in the program. The increase in therapeutic activities has allowed inmates, both with and without mental health problems, to attend activities that have positively affected their lives. The addition of a female psychiatric clinic helped ensure more rapid psychiatric assessment and medication among program participants, while also freeing up time in the general clinic for male inmates.

Many of Prince William's other achievements also occurred with treatment services. For example, most program participants have experienced trauma in their life. Program stuff therefore added new classes that address trauma. They also hired instructors to facilitate weekly yoga and art therapy classes that addressed trauma for program participants. Prince William staff continued to offer dialectical behavior therapy (DBT) group sessions as well. These groups consistently filled to capacity and had a wait list for participation. Staff members also launched classes that taught positive parenting skills and worked with participants on cognitive thinking.

Prince William staff also improved their ability to use community agencies to deliver important services to program participants, both pre- and post-release. They brought a community group into their facility weekly to provide trauma therapy, classes on stress reduction and self-esteem, pre-release mentoring, case management and life skill classes. They also began a women's wellness group that focused on reproductive health, domestic violence prevention, and medication. The pre-release mentoring helped them fill a gap caused by a vacant re-entry specialist position.

Prince William was also able to use grant funding to send staff members to trainings and conferences to learn how to provide services in the facility. For example, two staff members attended Mental Health First Aid instructors' classes to help meet their goal of training all staff in mental health first aid or crisis intervention training (CIT). Other staff member attended trainings that helped them work with participants to address past trauma and anxiety, as well as deliver DBT.

Staff members also attended conferences to learn how to better provide services to their mentally ill population. One staff member attended the American Jail Association conference for trainings on re-

entry services, which helped address a gap left by their inability to hire a re-entry specialist. Another staff member attended the National Commission on Correctional Health Care conference to attend panels on bi-polar disorder, PTSD, borderline personality disorder and anti-social behavioral disorder.

Overall Challenges

The main challenge faced by Prince William staff during FY2019 was staff shortages. These shortages made it difficult to devote time to grant programming and to complete assessments in a timely manner. Specifically, Prince William could not fill a part-time re-entry therapist position. They spent a lot of time, unsuccessfully, trying to find a qualified person that would accept a part-time position. They changed the re-entry position to a full-time position, hoping this would improve their ability to fill it, but by the end of FY2019 the position had remained vacant for over 18 months. The jail therapist has assumed the duties of this position, which has prevented the therapist from completing all of the therapeutic responsibilities of that position.

Other staff shortages hindered Prince William's ability to deliver pilot project services. Two staff members in the mental health department unexpectedly left, which then forced other staff members to cover the responsibilities of these positions while also continuing to complete their own tasks.

Prince William staff also faced screening challenges in FY2019. Staff members stated that the screening tools used did not fully identify all individuals with mental health needs. This resulted in assessments being completed later, and in some cases causing individuals to miss assessments.

The last major challenge faced by Prince William in FY2019 was due to local policy issues. Although FY2019 funding was available from DCJS, local county policies did not allow the jail to request or spend these funds until approved by the County Board of Supervisors, which did not occur until October, 2018. This delayed the jail's ability to use pilot program grant funding when it became for hiring, training, treatment services, and re-entry services. DCJS's previous FY2018 evaluation report also noted that this problem occurred in Prince William and other pilot program localities.

Appendix C: Hampton Roads Regional Jail Profile

Total of $600,008 awarded in FY 2019

Site Goals Listed by Hampton Roads Regional Jail

- Reduce recidivism in individuals with serious mental illness and create a better continuity of care in the community.

Eligibility Criteria for Mental Health Pilot Program Participation

- Diagnosed as Seriously Mentally Ill (SMI).

- No violent charges (murder, 2nd degree murder, manslaughter, etc.).

- No sexual charges.

- No sentences longer than 3 years.

Overall Achievements

Hampton Roads Regional Jail's (HRRJ) mental health pilot program reported a number of successes throughout FY2019. A major success has been the improvement in jail culture since implementation of the program. The number of major violations in the facility has decreased in each successive year between CY2016 (pre-implementation) and 2018 (the most recent full calendar year with the program implemented).

The jail continued to use grant funding to fill essential positions. For example, they now have a Certified Peer Recovery Specialist (CPRS) on-site 40 hours per week to provide peer support services to individuals with a severe mental illness and/or substance use disorder. This specialist uses his lived experiences, and skills learned in formal trainings, to provide non-clinical support that promotes recovery and aims to reduce recidivism among participants. This position is considered one of the most valuable assets of the program by staff members. Hampton Roads staff were also able to use pilot project funding to hire a second part-time jail officer. This officer improved the safety of program staff by escorting case managers and other grant staff throughout the jail to access program participants, and was essential in providing staff safety, easy access, security and confidentiality to mental health inmates in the program.

Hampton Roads staff continued to see successes in delivering discharge services to program participants. They increased their ability to help released participants access medication, transitional housing, and health care benefits post-release. For example, due to collaboration by the jail mental health director and the Portsmouth forensic discharge planner, they were able to help a previously homeless program participant that suffered from stage-4 tongue cancer transition to an adult nursing facility. In another example, pilot project staff contracted with a medical and mental health provider to ensure they received appropriate referrals for program participation. A licensed clinical social worker from this provider worked closely with the jail staff to identify a more accurate referral process. They revamped their program so that individuals that screened positive were assessed and referred by this individual or by a HRRJ psychiatrist. This enhanced their identification process to ensure that they were getting accurate referrals for program participation.

Pilot project funding was used to send staff members to trainings to help them better deliver mental health services. Two staff members completed trainings to become mental health first aid instructors and help achieve the goal of training every officer in mental health first aid. In the final quarter of FY2019, over 120 officers had received mental health first aid training, and are now better equipped to recognize signs of a mental health crisis and better evaluate and deescalate situations.

HRRJ staff stated that pilot project funding has helped them implement a mental health treatment program that may reduce program participant recidivism. Program participants are being properly diagnosed for their mental illness, receiving needed treatment, and being released with a support structure in place and newly learned skills to help them succeed. Staff members have identified 324 inmates diagnosed with a SMI since program implementation. They expressed worry that if program funding did not exist, it would be devastating for these seriously mentally ill individuals. They would be released into the community with no housing, food, and medication necessary to treat their symptoms, and feel that this would lead to increased recidivism.

Overall Challenges

Despite the many achievements experienced in FY2019, HRRJ staff also faced a number of challenges. The major challenges are difficulties hiring and retaining qualified staff members. Pilot project staff struggled to hire qualified staff for two clinical therapist positions to expand group and one-on-one counseling, case management, and discharge planning. They were forced to contract these services to a private vendor, but later had to cancel them due to high costs of the contract. They hope to implement these programs again once they are able to fill the therapist positions.

HRRJ staff also faced challenges with re-entry services. They stated a need for collaborative efforts from other agencies to help program participants obtain identification cards and birth certificates. For example, a Division of Motor Vehicles representative would visit the jail once every four months to collect identification applications from individuals, but this still left some individuals without identification needed to obtain housing after release.

Finding affordable housing for program participants also remained a major challenge. Staff have relied primarily on hotels for transitional housing, which is expensive. Pilot project staff also cited a need for more wellness checks in the community to ensure that released participants are showing up to their community appointments, help them acquire food and supplies, and collect better performance data on the re-entry portion of the program.

Appendix D: Western Virginia Regional Jail Profile

Total of $400,005 awarded in FY 2019

Site Goals Listed by the Western Virginia Regional Jail

- Inmates address their mental health needs while incarcerated and show improvement.

- Inmates make a plan to maintain the mental wellness techniques learned in *Healthy Minds*.

- Inmates who complete *Healthy Minds* maintain their mental wellness, successfully reintegrate into their communities, and do not recidivate after release.

Eligibility Criteria for Mental Health Pilot Program Participation

- All individuals incarcerated are eligible for most mental health programming.

- Correctional Medical Health Screening for Men/Women (CMHS-M/CMHS-W) used to identify individuals that need programming.

- Special programming for individuals diagnosed with a serious mental illness (SMI) according to the assessment. These individuals live in restrictive housing.

- Must have trauma and substance abuse issues to participate in Seeking Safety.

Overall Achievements

Western Virginia Regional Jail (WVRJ) experienced a number of achievements throughout FY2019. In each quarterly report, pilot project staff noted that they were exceeding participation in programming by nearly three-to-one when compared to FY2018. They had to offer more sessions to keep up with the number of inmates that wanted to participate.

The jail climate has improved since implementation of the pilot program. Prior to implementation, staff noted that the site typically experienced 15–20 serious incidents per quarter. Since implementation, serious incidents dropped to only about zero to two per quarter for program participants.

This improvement in jail climate was primarily attributed to the mental health curricula being offered. Participants built skills and learned how to manage their mental health symptoms. They also valued the classes to the extent that they walked away or de-escalated situations to avoid being removed from classes. Participants also gained a sense of accomplishment and improved self-esteem when completing the courses. Many used course completions to highlight their progress when in front of judges and other criminal justice practitioners. Staff also established collaborative community partners in Roanoke and the New River Valley, where program participants can continue the curricula upon release.

Program participants found the curricula so effective that they wanted to continue with the themes taught and group sessions after the courses had ended. The staff had to build a "plus" version of the curricula that allowed participants to build upon what they previously learned and become more proficient in appropriate thinking, behaviors, and actions that will benefit them during re-entry.

WVRJ also experienced successes with peer support specialists to facilitate group programs and teach evidence-based curricula. These specialists used their lived experiences to teach participants how to redirect their criminogenic thinking and behavior. They did this while being honest about the reality that "changing their peoples, places, and things" is not realistic, so they must work on their behavior and decision-making skills.

WVRJ staff also took the unique approach of hosting a vendor fair for their jail population. At the fair, individuals could meet with agencies to fill out essential documentation, establish housing, acquire job training and other essential elements they would need to re-enter the community.

Pilot project staff remarked that the grant funding dedicated to mental health services has made many positive impacts on their facility and the lives of individuals that have come through it. They have been able to provide a vulnerable population, many of which have co-occurring substance abuse challenges, the treatment, resources, and continuity of care that has given them the chance to succeed and may reduce their likelihood of recidivating. Staff continuously hear from former program participants about how the curricula changed their lives, taught them new skills and information, and they have now become productive and valued employees in the community. Without this funding, they would be using primarily only crisis management, and few preventive interventions, with a population suffering from high rates of mental health problems.

Overall Challenges

Despite the achievements made in FY2019, WVRJ also faced challenges. The biggest challenge was finding affordable housing for program participants upon release. In fact, some localities provided no options for transitional housing. Few property owners were willing to work with formerly incarcerated individuals, and those that did wanted individuals to sign a twelve-month contract. This was especially difficult for individuals still trying to find employment, obtain transportation, and deal with many other challenges they faced.

Challenges also occurred when the release date of participants was unknown. When release dates are known, staff can assure that transportation, clothing, medications, and housing are all pre-arranged for the participant. Staff are challenged to cover all of the individual's basic needs upon release when they do not have advance knowledge of the release date.

Project staff members also expressed frustrations with the limitations of quantitative data to highlight the impact their program has made. They have gathered a number of anecdotal success stories that shed light on the impact the program has made on individuals' lives. However, they are searching for more quantitative measures to indicate successes across the program.

Appendix E: Middle River Regional Jail Profile

Total of $304,766 awarded in FY 2019

Site Goals Listed by the Middle River Regional Jail

- Help recently released inmates successfully re-enter the community.

- Assist individuals with serious mental illness to successfully re-enter the community following release from MRRJ.

- Ensure the continuity of care for individuals with serious mental illness during re-entry.

- Increase access to psychiatric services using tele-psych equipment.

- Enhance the provision of mental health services to the MRRJ population:

  o Assess and refer all inmates referred from intake in need of mental health services within two weeks of incarceration; reduce this time frame as referral process improves and electronic medical records are implemented.

  o Improve the accuracy of referrals from Jail Intake Brief Mental Health Screening (BMHS) forms.

  o Increase the number of evidence-based mental health-related programs offered to the jail population.

Eligibility Criteria for Mental Health Pilot Program Participation

- Documented history of severe mental illness (SMI).

- Must demonstrate inability to function well in general population.

- Upon program admittance, must demonstrate compliance with requirements of the housing pod.

- Willing to receive case management services when needed, especially as release dates approach.

Overall Achievements

Middle River Regional Jail experienced a number of successes in their mental health pilot project during FY2019. Many of the achievements resulted directly from grant-funded case managers that established rapport with the program participants. This relationship helps the case managers develop re-entry plans prior to release, which is essential for program participants who need to be placed in an assisted living facility.

Middle River has also benefitted from the special needs pod created with grant funding. This has taken individuals that would previously have been housed in segregation units and housed them in a more suitable, supportive area. The additional staff and group interactions help ensure that fewer behavioral incidents occur.

Other major achievements were implementation of electronic systems to streamline the many tasks involved in the program. Middle River implemented the Brief Mental Health Screenings (BMHS) tool into the system so that screening took place with the rest of the intake process. Middle River also implemented an electronic medical record system to assist clinicians and case managers in gathering inmate information more quickly. These electronic advancements helped them access screening data quicker, respond more efficiently to program referrals, and better monitor inmates' medication intake.

Middle River's facility population increased during FY2019, which created a number of challenges and spurred improvements. Middle River had to move females housed in the special needs pod to a sub-unit within the segregation unit to create more housing space. Staff were concerned that the females would be resistant to moving to a smaller area, but the transition went smoothly. In the quarter following this

transition, inmates housed in the special needs pod were considered part of the Valley Community Services (Outpatient Services). This meant that while they were at the Middle River facility, they went through the same processes that individuals going through the re-entry process went through. They also received comprehensive treatment plans, quarterly reviews of those plans, and were evaluated using the Daily Living Activities Functional Assessment-20 tool. This helped ensure continuity of care upon release. They were immediately transitioned into community service board outpatient services with no interruption in the services they were receiving at the facility.

Middle River staff also took unique approaches with treatment services. For example, graduate-level occupational therapy students at Mary Baldwin University provided services to individuals housed in the special needs pod. This ensured that program participants received expert care.

Overall Challenges

Despite the many achievements during FY2019, Middle River Regional Jail also faced challenges with its mental health program. One primary challenge was their difficulty finding housing resources in the community for released program participants. In many instances, when housing was found for a participant, that slot was filled before the case managers could finalize the details about how that housing would be funded and the participant's release date.

Another major challenge was the lengthy and time-consuming process of intake and treatment planning for jail outpatient services. It was challenging for mental health staff to designate the time necessary for intake and treatment development. Doing these outpatient intakes also took clinicians away from their other duties, such as court-ordered mental health assessments, assessment of inmates referred from the Brief Mental Health Screening, and inmates referred from the initial screening.

Although implementation of an electronic system was a major achievement, it presented some challenges, especially during the early stages of implementation. There were delays in responding to program referrals, but the problem was resolved.

The aforementioned population increase at the facility created challenges as well. This caused an increase in mental health program referrals, which affected staff's ability to respond to program referrals in a timely manner. The population increase also forced staff members to relocate the special needs housing pod to a smaller area previously used as a segregation unit, which reduced the number of individuals that could be relocated to the special needs housing pod. The environment within this new unit was perceived as more restrictive than the previous special needs housing pod, despite the individuals losing no privileges in this move. Staff members attempted to remedy this issue by proposing incentives and special perks for individuals relocated to this new housing pod.

Middle River also faced challenges with staffing. For example, it was stressful for grant-funded employees who did not know if funding would be renewed each year. Middle River also lost key staff members during FY2019, which limited their ability to provide re-entry case management services. This issue persisted across all six of the mental health pilot sites: when a mental health staff member leaves, it is difficult to fill that position. Until that position is filled, staff members are unable to provide a full continuum of care to program participants.

Appendix F: Richmond City Sheriff's Office Profile

Total of $466,673 awarded in FY 2019

Site Goals Listed by the Richmond City Sherriff's Office

- Improved mental health stability and quality of life of residents leading to decreased recidivism of RCJS resident population.

- Improve identification and treatment of resident behavioral health needs.

- Implementation of services and successful linkage of resident to community-based services.

- Decreased time between initial assessment and full assessment by clinicians, from 7 days to 3 days.

Eligibility Criteria for Mental Health Pilot Program Participation

- At least 90 days and less than one year remaining at Richmond City Sheriff's Office.

- No Department of Corrections (DOC) transfers.

- Diagnosis of mental illness according to the screening and assessment.

- No institutional or facility infractions.

- Current/history of violent charges and sex offenses reviewed on case-by-case basis.

- Motivated for change and recovery, agree to attend all scheduled programming.

- Special consideration given for female population given the smaller size, and exceptions are made on a case-by-case basis.

- Enrollment is voluntary.

Overall Achievements

The pilot project at Richmond City Sheriff's Office experienced a number of successes in FY2019. The climate of the jail has improved due to the pilot project services. The program has reduced mental health stigmas within the jail, while also providing a safe and supportive environment for individuals to openly express emotions and concerns and learn positive coping mechanisms. Disciplinary incidents also decreased over the course of the program. The program has prioritized collaboration with security staff to ensure open communication regarding resident behavior, consistent monitoring, and early intervention.

Richmond staff used pilot project funding to implement innovative treatment services. For example, they conducted yoga classes for program participants and trauma-specific treatment groups. They also launched a women's program. By the end of the final quarter of FY2019, they were offering 15 groups a week to both the women's and men's populations. Richmond staff also collaborated with nearby Chesterfield project staff to gain new ideas for treatment programming.

The grant resources also helped staff members continue to improve their relationships with community stakeholders. Pilot project staff participated in local and re-entry council meetings. They continued to explore transitional housing options for participants and help participants complete Medicaid applications prior to release. They also were able to discharge and successfully link 23 program participants with community services. Informally, staff report there are early indications that the program is helping to decrease recidivism for participants.

Pilot project funding was also used to increase staffing and improve trainings for staff members. During FY2019, they were able to hire a licensed clinician, which put them at full staffing. Being fully staffed assured consistent productivity related to programming, documentation, screenings, assessments and

discharge planning. Regarding training, the mental health clinician attended crisis intervention training (CIT) and DBT training. Pilot project staff also attended mental health first aid training and training with their community partner, Offender Aid and Restoration (OAR) of Richmond. The community case manager attended a regional conference on best practices to end homelessness and the re-entry coordinator, program coordinator, and community case manager attended a national conference on bridging the gap between criminal justice and behavioral health. Other trainings and meetings attended include Richmond Re-entry Council meetings, webinars, on-site and off-site trainings, case management training and mindfulness training.

Funding for the pilot program was essential to provide licensed treatment to the mentally ill population at this facility. The program has been successful in connecting participants directly with resources in the community. Staff members expressed worry that without funding there would be a lack of mental health treatment services within the facility, with the exception of crisis stabilization, assessment, and psychiatric services contracted out by a third-party vendor. Individuals would not receive the same continuity of care for mental health services and re-entry support that are currently offered, which could potentially increase recidivism.

Overall Challenges

Despite the achievements made in FY2019, Richmond staff also dealt with a number of challenges. A primary challenge stemmed from their detailed program eligibility criteria, which meant that a number of inmates initially referred to mental health staff were not eligible for the program. This issue wasted staff resources and created barriers to treatment.

While the mental health program remained fully staffed throughout most of the funding year, it did face staffing challenges. They lost a clinician in the final quarter of FY2019, which created a strain on other mental health staff to cover this individual's responsibilities. Mental health staff also expressed frustration that deputy staffing frequently interfered with program productivity and resident accessibility.

Another challenge was unexpected discharges to the Department of Corrections. Unexpected discharges created fluctuations in participant enrollment totals, as well as unexpected barriers to discharge planning. Staff members worked with their Classification and Records department to ensure that potential program participants would be at the facility long enough to go through treatment and discharge planning.

Another major challenge faced was finding affordable transitional housing options for released program participants. This issue is exacerbated by the fact that most released participants lack monetary resources and transportation options to access housing outside city limits. Mental health staff members are working with OAR of Richmond to address this challenge. Tracking data for the program performance measures was also a challenge for staff. Staff were tracking the data manually because of a lack of a database for their program. Staff members are working with OAR of Richmond to address both the transitional housing and database issues.