# COMMONWEALTH of VIRGINIA

*Department of Criminal Justice Services*

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January 20, 2021

The Honorable Ralph Northam
Governor of Virginia
Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

The Honorable Janet D. Howell
Chairman, Senate Finance Committee
Pocahontas Building
900 East Main Street
Richmond, VA 23219

The Honorable Brian J. Moran
Secretary of Public Safety and Homeland Security
Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

The Honorable Luke E. Torian
Chairman, House Appropriations Committee
Pocahontas Building
900 East Main Street
Richmond, VA 23219

The Honorable Daniel Carey
Secretary of Health and Human Resources
Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

*Re: Report on the Evaluation of the Jail Mental Health Pilot Programs*

Dear Sirs/Madam:

Pursuant to the 2016 Appropriations Act (2016 Virginia Acts of Assembly, Chapter 780, Item 398 J.1-6), the Department of Criminal Justice Services (DCJS) provided grant funding for the establishment of six jail-based pilot programs to provide services to mentally ill inmates. In consultation with the Department of Behavioral Health and Developmental Services (DBHDS), DCJS evaluated the implementation and effectiveness of the pilot programs. Enclosed please find a report of the evaluation of the pilot programs.

Please contact me with any questions. Staff at the department are available should you wish to discuss this report or the work of the pilot programs.

Sincerely,

Shannon Dion

Shannon Dion

Attachment

c: Alison Land, Commissioner, DBHDS
Dr. Michael Schaefer, Assistant Commissioner of Forensic Services, DBHDS

# Evaluation of the
# Jail Mental Health Pilot Programs

Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, Virginia 23219
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December 2020

# Contents

# Preface

This report evaluates the activities of Virginia's Jail Mental Health Pilot Program during FY2020 (July 1, 2019 through June 30, 2020). It is the fourth in a series of evaluation reports on the pilot program produced by the Virginia Department of Criminal Justice Services (DCJS) since the pilot program began in January 2017.

The pilot program was established by the *2016 Appropriations Act* (2016 Virginia Acts of Assembly, Chapter 780, Item 398 J.1–6). The Act directed DCJS to establish pilot programs to provide services to mentally ill jail inmates, and evaluate the implementation and effectiveness of the pilot programs.

In response to the Appropriations Act, DCJS awarded grants to six jails to develop and implement 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 grants required the participating programs to propose actions to address the following minimum conditions and criteria:

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

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

3.  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;

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

5.  Training for jail staff in working with mentally ill inmates;

6.  Provision of a continuum of services;

7.  Use of evidence-based programs and services;

8.  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, reentry services, and transportation services;

9.  Use the grant funding to supplement, not supplant, existing local spending on these services.

The *2019 Appropriations Act* (Item 395 J.1–3) further continued the Jail Mental Health Pilot Program by appropriating $2,500,000 the first year and $2,500,000 for the second year.  The 2019 Act added several new reporting requirements on program activities, including the following:

> *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.*

This fourth evaluation report on the Jail Mental Health Pilot Project is submitted by DCJS in response to the above 2019 Appropriations Act language.

# 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 problem, 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 inmates in jail and when released 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 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**
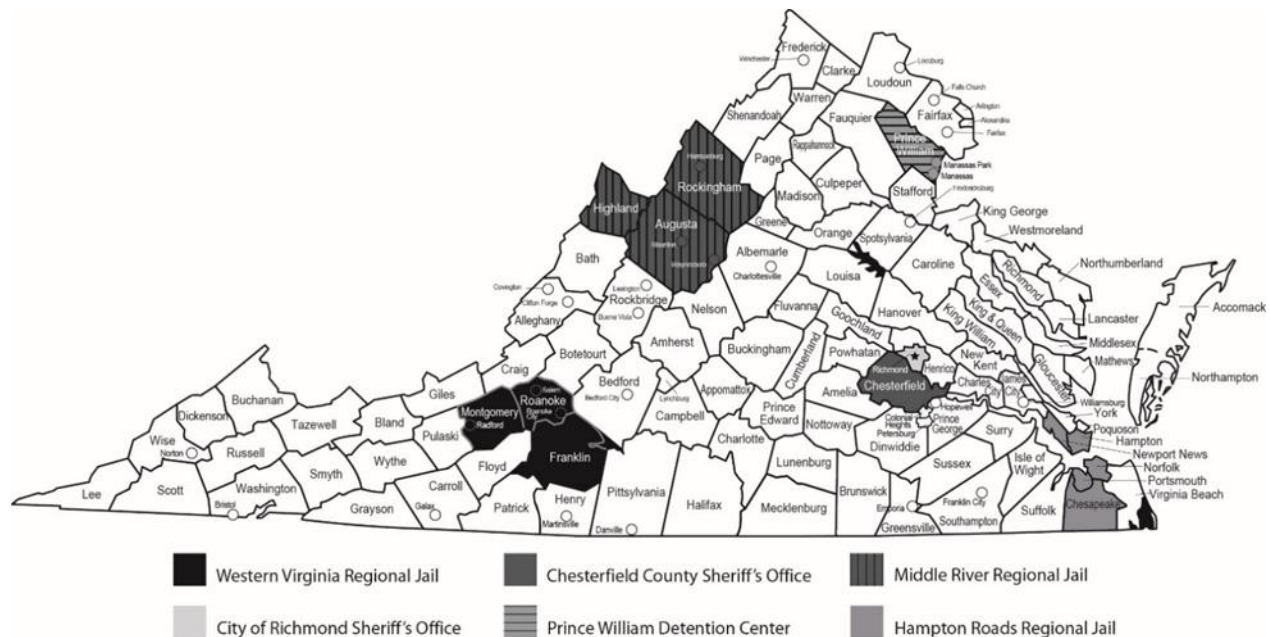


The programs in the six initial jails were renewed by the General Assembly every year, including for FY2020 (see Table 1). This evaluation covers program activities during FY2020 (July 1, 2019–June 30, 2020) and highlights the successes and challenges across participating jails.

**Table 1: Jail Mental Health Pilot Programs and Award Amounts**

| Selected Pilot Site | Funding Awarded FY2020 |
| --- | --- |
| Chesterfield County Sheriff's Office | $324,073 |
| Hampton Roads Regional Jail | $481,381 |
| Middle River Regional Jail | $288,362 |
| Prince William-Manassas Regional Adult Detention Center | $351,909 |
| Richmond City Sheriff's Office | $505,790 |
| Western Virginia Regional Jail | $423,485 |

# Summary of Evaluation Findings

This evaluation report, and each previous one in the three years since the Jail Mental Health Pilot Program began, has documented identified, measurable improvements in the well-being of both jail inmates and jail staff. Despite the complex nature of implementing mental health programs in jails serving varying populations, these sites increased the number of jail inmates who were screened and assessed for mental illnesses, who had treatment plans developed and received treatment services in the jails, and who had reentry plans developed and received services to assist their reentry after leaving the jail. The findings of this fourth-year evaluation report generally show a continuation of these achievements from the first three years of program operation.

These evaluation reports have also documented identified challenges encountered by the jails as they worked to integrate providing mental health services into what is traditionally a custodial, control-oriented environment. Combining these two cultures has been a complex and laborious process. At the same time, the program has enabled jails to find different ways of meeting these challenges. Some challenges were overcome, and some still persist. As in past years, jails continued to experience hiring and retention difficulties inherent with programs funded with one-year grants rather than more established and stable funding sources. This report, as in past years, suggests that jails and program participants would benefit greatly from stable and consistent funding for jail-based mental health services, rather than one-year grants. If the pilot program continues for another year at the current funding level, the number of jails receiving grants should be expanded from six jails to up to twelve jails.

Many of these challenges were exacerbated during the final quarter of FY2020 (April–June 2020) by the Covid-19 pandemic. Participating sites were forced to halt all group treatment programming and services, as well as many individual services, to prevent the potential spread of Covid-19 in the jails. Some program participants were released early during this quarter as well, and mental health staff worked to ensure these individuals still received important reentry services to continue their treatment in the community. Some sites ensured that high levels of screenings and assessments of booked individuals continued, despite their limited ability to conduct these tools in person. Other sites could not maintain pre-pandemic levels because outside experts, volunteers, and interns that help operate various elements of their programs could not enter the jails.

Overall, the four years of the Jail Mental Health Pilot Program's operation have shown the benefits of providing comprehensive mental health services in Virginia jails. While the full integration of these services was challenging and time-consuming, and participating sites continue to face challenges, the program has resulted in more individuals with a mental illness being identified, treated, and provided with services both in jails and post-incarceration.

## Pilot Project Achievements

A number of achievements were identified across the six jails during the fourth year of the pilot project.

**Mental health screenings** continued to be provided to almost all inmates booked into the jails in FY2020. It appears that the percentage of inmates screened has stabilized at about 90%, up from 69% of all booked inmates during the first quarter of FY2018, when the program was implemented. Participating sites continued to use grant funding to improve their ability to screen and identify individuals entering the jails with a mental illness by using either the Brief Jail Mental Health Screen (BJMHS) or the Correctional Mental Health Screen for Women (CMHS-W).

The final quarter of FY2020 saw the highest percentage of booked inmates screened within eight hours of admission since the program began. More than 99% of inmates were screened within eight hours of admission into the jail. The total number of individuals screened increased from 13,383 in FY2019 to 19,708 in FY2020. The advancements and hires made under pilot program grants helped the sites produce this increase in total screenings.

**Mental health assessments** of individuals screened positive for a potential mental illness continued to remain higher than when the pilot program was implemented in FY2018. Since the initial screenings only identify warning signs of a potential mental illness, the full assessment is essential for diagnosing mental illness. The assessment is a vital part of the process, as it is the point where staff members identify the needs of each potential program participant and then design an appropriate treatment plan.

Due to the Covid-19 pandemic and difficulties conducting in-person assessments, the final quarter did see the percentage of positively-screened individuals receiving a full assessment drop to 50%. Some sites struggled because they rely on outside experts to come into the jail to conduct the full assessments, and the sites limited who could enter facilities to prevent the spread of Covid-19. It is important to note that this 50% rate is still much higher than when the pilot programs were first implemented and only 13% of screened individuals received a full assessment. The total number of individuals assessed increased from 2,385 in FY2019 to 2,663 in FY2020.

**Admission to mental health programs** for eligible participants continued to remain high during FY2020. Seventy-five percent of eligible program participants were admitted into the programs during the first quarter of FY2020. However, this decreased to 50% during the final quarter of FY2020, mainly due to inmates being placed on a waitlist to avoid bringing in new participants who could potentially be infected with Covid-19. Waitlisted inmates grew from zero individuals in the first quarter of FY2020 to 13% of eligible inmates in the final quarter of FY2020.

The total number of individuals that became program participants increased significantly between FY2019 and FY2020. During FY2019, 2,613 individuals became program participants; whereas 2,850 individuals became program participants in FY2020. This increase in total individuals served can be attributed to the programs running more effectively after years of implementation and experience, as well as more qualified staff members being hired and trained to design and implement effective treatment plans and services for individuals.

**Treatment services** continued to be provided to program participants at a high level. The percentage of eligible individuals for which a treatment plan was developed increased between the first and final quarters of FY2020. In fact, the percentage of eligible inmates that had a treatment plan developed improved to over 80% during the final quarter. Participating sites also continued to offer a high level of one-on-one therapy hours, medication management, vocational training, education, legal assistance, life skills building, case management, group therapy, peer support, and peer support hours throughout FY2020, even given the restrictions of the Covid-19 pandemic.

The total number of individuals that received a personalized treatment plan to address their mental health needs increased, from 1,954 individuals in FY2019 to 2,136 individuals in FY2020. The program sites provided nearly 16,000 hours of treatment services throughout FY2020. This ability to create a high number of individualized treatment plans and total hours of treatment services is directly attributable to the qualified and trained staff members hired under the pilot program grant.

**Jail climate** continued to be an important measure for assessing the impact of the pilot programs on jail staff and inmate safety. For the four jails that provided data on these measures through December of 2019, the total number of inmate assaults on staff decreased from 165 in CY2018 to 109 in CY2019 and the total number of inmate assaults on other inmates decreased from 396 in CY2018 to 317 in CY2019. The total number of fights involving inmates remained relatively unchanged, with a slight decrease from 316 in CY2018 to 312 in CY2019. This suggests that the pilot programs may be helping to improve the overall safety and climate of the jails. Program staff have attributed this to group and individual therapy and programming that works with participants on how to identify and respond to issues related to their mental illness in ways that embody safe and healthy coping mechanisms.

**Aftercare services** continued to be an essential component of the program and were again provided to individuals at a high rate throughout FY2020. The total number of individuals provided with medication and housing increased between the first and final quarters of FY2020. The total number of individuals provided with medication, appearing at community appointments, and securing employment, disability

benefits, and healthcare benefits all increased from FY2019 to FY2020. The percentage of individuals that received needed medications within 30 days post-release hovered around 70% until the final quarter of FY2020, when 90% of program participants needing medication received it within 30 days of release.

The Aftercare Services portion of this report also provides descriptive accounts of the successful reentry experiences of program participants. The staff that were hired as part of the pilot program, particularly the reentry coordinators, have built and maintained a network of community resources to create an improved and smoother reentry process for program participants. Successful reentry can also be attributed to treatment programs that helped prepare individuals for reentry and that established community connections pre-release.

**Return-to-jail data** from the five of the six jail mental health pilot program sites that provided data for this analysis showed that 18% of the program inmates returned to jail within 90 days after release, and 82% did not return within that time frame.

Although less than one-fifth of the program participants returned to jail, it is important to emphasize that this analysis provides a limited view of the reincarceration rate for individuals who participated in the pilot program. Because this is a preliminary examination of program releases, it does not answer a major question: Are inmates who receive jail mental health pilot program services less likely to return to jail than similar inmates who did not receive these services? Answering this question would require a longer, more comprehensive study.

**The impact of Covid-19** was a challenge for participating sites. However, some program staff were able to make adjustments that were beneficial to their programs. For example, some sites expanded their use of tele-health technology so they could resume individual therapy and case management virtually. Some sites even used this technology to help maintain contact with released program participants to ensure they were able to access important community resources. Some sites found ways to implement group programming and therapy in specialized housing pods with a specific instructor for a limited number of individuals. These innovations display the mental health staff's continued efforts to ensure that program participants received the treatment and services needed to succeed.

**The overall impact of the pilot project** was detailed by several staff members across participating sites. The common theme across the sites was that without the pilot project, individuals would not have access to important, necessary mental health services both while in jail and upon reentry, which would increase continued exposure to the criminal justice system. One site specifically noted that without the program, they fear that incarceration and recidivism rates would both increase. They also fear that individuals would receive poor or no mental health assistance in their community, and ultimately cost the individuals, their families, and communities both emotionally and financially as hospitalizations and continued exposure to the criminal justice system occur. Staff at these sites stated that the pilot project is serving a population that is often overlooked and underserved, and that they are now getting a continuum of care and personalized treatment by qualified mental health professionals.

### Pilot Project Challenges

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

**The Covid-19 pandemic** affected all of the participating sites and created many challenges, especially during the final quarter of FY2020. Specifically, all group programming and therapy was halted to prevent potential exposure to the virus in the jails. Some sites also had to severely limit individual meetings and therapy sessions to mitigate risks related to the pandemic. The screening and assessment process at some sites were also affected, especially sites that rely on outside help that was restricted from entering the facility during the final quarter.

The reentry and aftercare portion of the pilot project was also affected by Covid-19. For example, some sites saw program participants granted early release, which meant an unexpected shift to ensuring these

individuals were able to access important community resources. Program participants that had previously been released also faced hurdles. Some were furloughed, others faced difficulty finding transportation for appointments, and some faced issues continuing to engage in community-based therapy and resources when in-person contacts were limited. The aftercare portion of the pilot project has always been deemed essential for creating a full continuum of care and helping pave pathways for successful reentry, so the sites considered these challenges very important to overcome.

**Reentry resources** as a whole continued to be vital for success, but also difficult to implement. Staff at one site noted that some of their program participants needed multiple attempts at reentry before it was successful. They have learned how to better design the reentry program, but there continues to be a need to tailor in-jail treatment and reentry plans to the needs of each individual and their specific challenges. Each individual that comes through these programs and is able to establish a safe and healthy life in their community is deemed a success, but it can take several attempts to achieve this success.

**Hiring and retaining** qualified mental health staff members continued to be a challenge in FY2020. Each staff member is essential for the operation of the mental health program. Any gaps created when these positions are vacant affect the overall functioning of the program. This challenge, as seen in previous years' evaluations, was exacerbated during the final quarter of FY2020 as qualified mental health staff either left or were unsure about applying for positions working in a jail due to Covid-19.

**Affordable housing** for released inmates continued to be a challenge. Throughout previous years of the project, reentry coordinators and other project staff have faced challenges securing transitional and long-term housing options, especially in localities with high costs of living. Some sites have been able to use project funding to help released participants pay for initial months of rent and security deposits.

**Variety in mental health diagnoses** continued to be a challenge throughout FY2020. Program staff members have expressed concerns that some of the mental health problems diagnosed are beyond their ability to properly manage and address. These sites diagnose mental health conditions ranging from mild issues to a severe mental illness, and addressing that spectrum in a jail setting is difficult. Staff at some sites have also expressed concern that much of their approach feels reactionary and focused on crisis management, as opposed to focusing upon early intervention and teaching individuals about their mental illness and the skills necessary to manage it on their own before it becomes a crisis.

**Program performance measurement** data collection and reporting continues to be a burden for some sites. These sites express frustration with the difficulty in collecting quantitative data for the performance measures, especially for data on aftercare services that requires continued communication with released program participants in the community. Some staff members also expressed frustrations with antiquated data collection strategies at their location that force them to access multiple databases to report their quarterly data.

While these challenges are important to identify and address, the mental health pilot programs at each site continued to make improvements and help the lives of many individuals. The full findings of the report demonstrate these improvements and challenges in greater detail.

# Recommendations

Based on the successes 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.

**Expand the Mental Health Pilot Program to More Jails.**
The pilot program jails showed consistent improvements in their ability to provide inmates with services and treatment to address their mental illnesses and improve their potential for successful reentry into the community. It appears that the approaches used by these jails, and the lessons learned by their experiences, could be successfully applied in a larger number of jails across Virginia.  The number of eligible recipients should be expanded from six jails to up to twelve jails.

**Provide Stable, Dedicated Funding for Mental Health Treatment Planning and Services**
Beginning with the first year of the pilot project, and continuing through subsequent years, a major challenge faced by all of the jails was the continuing uncertainty of funding contingent on one-year grant cycles. This made it difficult to obtain long-term buy-in by the jails. Uncertain year-to-year funding has made it especially difficult to recruit and attract the qualified mental health staff needed for an effective program. Frequent staff turnover has led to gaps in services which has had adverse impacts on all components of a continuum of care.

The jail mental health programs should be provided with funding that is dedicated, consistent, and adequate to provide for the services and activities in the recommendations that follow.

## Program Implementation

**New jail mental health programs should be provided with guidance for navigating what is likely to be a complex implementation process.**
The pilot program showed that implementing an effective mental health program in a jail is a complex and sometimes lengthy process. DCJS and the six current programs should use their experience with the pilot program to provide jails with guidance on practices that worked, and on where to avoid mistakes. Staff at the pilot sites recommend beginning with simple program goals that can be addressed within a short time frame.

**Ensure that jails implementing the mental health program use evidence-based practices and curricula.**
The evidence-based curricula used in the pilot program produced measurable improvements. Program participants learned how to recognize and manage the symptoms of their mental illness, how to de-escalate potentially volatile situations, and how to succeed both inside and outside of the jail. DCJS should ensure that jails are educated about and use evidence-based practices and curricula. Furthermore, given the diversity of curricula and the varying participant population that different jails may encounter, jail staff should stay abreast of new techniques and evaluate whether they would benefit their populations.

**Provide staffing in the jails that is adequate to support a comprehensive mental health program, from the onset of program development.**
The evaluation showed that there is a general flow to a successful jail mental health program: screening, assessment, treatment planning, treatment delivery, release planning, and delivering post-release services. A breakdown in any of these steps can disrupt the entire continuum of care. Jails with mental health programs should identify all of the duties needed for their program to operate, and then create staffing positions and hire accordingly. Some pilot sites struggled when these gaps forced them to add new duties to existing staff members' workloads, making it difficult to complete both previously assigned duties and new additional duties. The evaluation also showed that staff gaps, especially during early implementation, were particularly disruptive. Programs should provide qualified staff to maintain a complete, comprehensive mental health program. This staffing should include a minimum of: a mental health case

manager, a licensed clinician, a discharge planner, and a reentry coordinator to work with each program participant.

**Provide evidence-based mental health training for all jail staff.**
Jail culture improved following implementation of the mental health pilot program. A primary reason cited for this improvement was training for all jail staff, not just those directly involved in the program, on recognizing and addressing those with mental illness. This helps all jail staff to destigmatize mental illness, and helps them better understand the complexities of working with inmates with mental illnesses.

**Ensure good communication among various units within each jail.**
Separate and siloed programs in some jails created obstacles to efficient, coordinated program operation. For example, unexpected discharges that occurred during treatment planning created fluctuations in program enrollment. Communication across all staff involved in the mental health program is important for all program activities to work well together and achieve program goals.

**Ensure there is facility-wide buy-in and support of the jail mental health program.**
An effective mental health program requires a facility-wide commitment to understanding and addressing the needs of individuals suffering from mental illness. All jail administrators and staff need to recognize the purpose and value of the mental health program and support its operation.

## In-Jail Services

**Employ a mental health case manager to ensure effective diagnostic assessment, individualized treatment plans and treatment delivery.**
Each of these elements are critical for maintaining continuity of care. A case manager can ensure that individuals with a mental illness are identified and diagnosed, that treatment plans are developed and executed properly, and that individuals receive an adequate continuum of care.

**Provide evidence-based individual and group counseling.**
Pilot site jails often cited the improvements that both individual and group counseling made on program participants. Prior to this counseling, most participants did not understand their mental health illness, had never received treatment, and had never been offered potential paths to recovery. Individual therapy helped to provide psychoeducation and address underlying mental health needs. Group counseling provided supportive environments for participants to learn new coping skills and realize that they were not alone in their struggle with mental illness.

**Provide trauma-based and co-occurring disorder treatments that includes inpatient treatment.**
Many program participants had a history of severe trauma, often coupled with self-medication in response to that trauma and a mental illness. Trauma therapy was essential for the pilot sites in helping participants identify and understand the impact of trauma and overcome it. Co-therapy modalities and other coping skill programs helped address the links between trauma, substance abuse, and mental illness.

**Use peer support specialists to facilitate treatment groups and teach evidence-based curricula.**
Pilot sites had success using peer-support specialists. Program participants benefitted by learning from individuals with similar lived experiences. These peer instructors recognize the challenges that program participants are faced with and helped them learn how to make realistic changes that can lead to long-term success.

**Establish a coordinated specialty care team with representatives from each agency involved in the treatment of mental health within jails.**
These specialty care teams are comprised of professionals with an array of expertise and agency connections. These teams ensure the mental health programs fully address all elements of a continuum of care, and avoid gaps in programs and coordination that could disrupt recovery.

**Consider creating a specially designated housing pod for individuals with special needs.**
Some pilot site jails created housing pods reserved for individuals diagnosed with serious mental illness or other mental illness that made it difficult for them to adjust to housing within the general population.

Without these special needs housing pods, restrictive housing could be the only option for these individuals. Pilot program staff noted that a lack of designated housing for these individuals could reduce much of the in-jail programming to little more than crisis management.

**Expand the use of tele-health services.**
When the Covid-19 pandemic reduced the jails' ability to provide in-person services, some jails successfully continued to provide services remotely through tele-health. Jails should consider tele-health as an option for expanding their ability to provide these services.

## Reentry Services

**Provide robust reentry services to released program participants.**
Obtaining housing, employment, transportation, medication, and healthcare services contribute to successful reentry. However, obtaining these can be difficult for released individuals, especially those with few or no support systems in the community. Jail mental health programs should strive to provide these services. Jails should ensure they have a robust reentry plan coordinated with local community services boards, community housing programs, and other service providers.

**Employ a discharge planner and a reentry coordinator to focus on reentry services.**
Discharge planners and reentry specialists build strong community partnerships to help participants throughout the reentry process, from preparing participants for reentry through ensuring the reentry plan is implemented. In addition to providing direct linkage to community resources, these employees often maintain communication with released program participants to ensure they are accessing all needed resources and following through with the reentry plan.

**Employ a licensed clinician from a local community services board.**
This ensures that program participants experience a smooth transition to community resources upon release. It also helps ensure that all mental health and substance use therapy appointments are coordinated prior to release and then given to that individual upon their release.

**Provide a designated community services board case manager for all discharged program participants.**
This ensures that there is a specific case manager that coordinates the released program participant's community resources, which is essential to ensure there is a complete continuum of care.

**Provide a comprehensive array of reentry services.**
Programs should strive to help provide and/or link newly released individuals to the following services:

- *Housing.* Obtaining safe and affordable housing was a major challenge for newly released individuals. Without basic housing, many other tasks such as setting up and attending appointments with community providers and potential employers were particularly challenging. The pilot programs devised various strategies to help participants obtain housing, which was especially difficult in high-cost of living areas and rural areas where housing was limited. Obtaining housing was especially critical for individuals with co-occurring disorders.

- *Transportation.* Access to transportation is essential for individuals to attend community appointments, explore job opportunities, and obtain medication. Obtaining transportation is particularly difficult for individuals with few financial resources. Pilot programs highlighted the importance of transportation when they saw mass transit options shrink in some localities due to Covid-19.

- *Medication.* Provide medication to released individuals upon discharge from jail. Many released participants have to wait to access community-based services. Discharge medication helps individuals comply with their treatment plan until these services are in place. Without discharge medication, they risk suffering from symptoms of their mental illness, relapsing with substance use, and possibly reoffending.

- *Clothing and basic hygiene supplies.* Provide clothing and hygiene supplies to program participants at release. Many released program participants had only the clothing they were wearing when they entered the jail, and at release had no financial means to obtain other clothing. Providing clothing, including clothing suitable for job interviews, would be beneficial.

- *Financial aid.* Provide program participants with some financial resources upon release. Released participants faced many difficulties stemming directly from a lack of financial resources, including the ability to acquire transportation, purchase food and clothing, find housing options, and explore employment opportunities.

- *Access to health care.* Provide help to released individuals for obtaining or restoring health care benefits, including determining Medicaid eligibility.

- *Job training opportunities.* Obtaining and maintaining steady employment contributes to successful reentry. Programs should help participants find job training after release, with a focus on job opportunities in their local community.

- *Cell phone.* Programs should ensure that released individuals have access to a cell phone and a directory of available community resources. A phone is often a necessity for scheduling and keeping appointments, scheduling job interviews, and connecting with other community services. The increase in tele-health services due to Covid-19 also highlighted the importance of a cell phone.

## Program Monitoring and Evaluation

**Create a uniform system for collecting, reporting and assessing the operations and impacts of the jail mental health programs.**
Program performance measures are essential for continuously assessing the effectiveness of the jail mental health programs. These assessments are necessary to identify the aspects of the program most often associated with success, or lack of success. Although each jail developed a performance measures reporting system, some of the systems were difficult to implement and were labor-intensive to operate. A uniform system for collecting and reporting this information would ease the burden on jail staff, improve the quality and consistency of the reporting, and allow Virginia to continuously monitor and improve its jail mental health programs.

# Impact of Covid-19

The Covid-19 pandemic had a major impact on each program site and their mental health programs. While each site dealt with different challenges based on the unique nature of their program and population served, there were several common themes seen in the qualitative data reported by pilot program staff. Nearly every element of their mental health program was affected by the health restrictions imposed to prevent the spread of Covid-19. Relevant to this report on FY2020, these impacts began during mid-March and continued throughout April, May, and June.

The common impacts that emerged across the six pilot sites are summarized below. Additionally, more detailed information regarding these findings is available from DCJS upon request.

**Intake, Screenings, and Assessments** – The number of individuals admitted to jails decreased as the courts began to focus on diversion options to reduce jail populations across Virginia. In addition to a general decline in total intakes, some pilot program sites had challenges continuing with mental health screenings and full assessments for individuals entering the jail. This was typically attributed to staff members responsible for implementing the screening and assessment tools working remotely during the initial stage of the pandemic. Sites then had to adapt and determine ways to continue conducting these screenings and assessments.

**Treatment Planning** – Pilot program staff had to adjust treatment plans as program participants were released early. These adjustments were made to the in-jail treatment services, reentry planning, and reentry resources elements of the treatment plans to ensure that participants continued to receive needed services and the full continuum of care.

**In-Jail Treatment Programming and Services** – Delivery of in-jail treatment programming and services was the most commonly cited part of the pilot programs affected by Covid-19 health restrictions. Staff at each site stated that they had to suspend group sessions and curriculum in mid- to late-March to prevent potential spreading of the virus among program participants. Mental health staff also stated that they had to halt case management services because the volunteers and interns that help facilitate programming and curriculum were no longer allowed into the facility during the final quarter of FY2020.

Each participating site eventually adapted to the new dynamics to continue to deliver treatment services in a safe manner. The primary resource that jails used to adapt was technology to provide tele-health services for individual therapy sessions, case management, and for direct communication between staff and program participants. Most sites are continuing to look for ways to expand the use of tele-health technology to administer more treatment services virtually. To revive group programming, which staff members continue to highlight as essential, some sites shifted the programming into housing pods. One site assigned a single group program facilitator to each housing pod to limit exposure if someone in that pod, or the facilitator, tested positive for Covid-19.

**Early Releases** – As part of the statewide effort to reduce jail populations, many program participants across the six sites were released early. Many individuals that had been deemed eligible for program participation but were not yet part of the program were released early as well. Mental health staff worked with the individuals that were released early to connect them with community support and help them obtain necessary medications.

**Aftercare Services** – Accessing community support services post-release is an essential part of the pilot programs; however, Covid-19 affected these services as well. For example, many of the released program participants that were receiving aftercare services in the community were unable to continue receiving those services, and many of these former program participants that were employed in the community were furloughed. Former program participants were also unable to receive many of the support services

traditionally administered in the community, such as Alcoholics Anonymous and Narcotics Anonymous, which are essential for helping create successful reentry and avoid potential triggers. Program staff at one site provided transportation for released program participants to ensure they could access community resources, but this transportation was halted during the final quarter of FY2020 due to the pandemic.

Mental health staff, and specifically the reentry case managers hired with program grant funding, worked to continue helping individuals access important community resources despite the limitations imposed by the pandemic. For example, program staff worked with individuals released early to help connect them with reentry resources like housing and community mental health services. They also provided released individuals with contact information for program staff and a community case manager to follow-up and provide support within the community. Some sites attempted to conduct reentry appointments remotely and others focused on finding alternative transportation options for released program participants so they could appear in-person at community appointments.

**Staff Turnover** – Staff turnover and hiring qualified staff members remained a challenge throughout FY2020 and some sites reported this issue being exacerbated at the onset of the Covid-19 pandemic. For example, some staff members and potential applicants cited fears about the risk of being exposed to Covid-19 when working in a jail setting.

**Program Performance Measures** – Program staff members described various ways that the performance data collected for the final quarter of FY2020 was affected by restrictions due to Covid-19. Specifically, the total number of treatment service and programming hours offered during the final quarter were limited due to fear of spreading the virus during in-person individual and group sessions. Some sites also noted that their screening and assessment data were affected during the final quarter when individuals were released before staff could conduct the screenings and/or assessments. Some sites struggled to continue tracking program participants that were released early, making some of the aftercare service data difficult to interpret for the final quarter of FY2020.

# Data Collection and Evaluation Methodology

**Data Collection**

To assess how the pilot sites delivered services under this program during FY2020, DCJS required each jail to submit quarterly qualitative data about their accomplishments, challenges, and program updates, as well as quantitative program performance measures, on the following broad 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,
- Jail safety incidents involving inmates and jail staff, and
- Aftercare services provided to assist program participants released from the jail

**Data Analysis**

This report's main findings focus primarily on aspects of the pilot programs that could be analyzed for all six jails combined. Appendices A–F provide a two-page summary of information obtained from each individual jail.

Although data in this report focuses on changes observed from July 1, 2019 through June 30, 2020, the report also references data from the previous 30-month project period (January 1, 2017–June 30, 2019) to help contextualize the fourth year of data. Data are generally reported in three-month quarterly intervals.

Each of the six jail pilot sites was unique in some respects. Some served a single rural or urban locality, while some were regional jails serving multiple localities. Each worked with different inmate populations in terms of number of inmates, average length of stay, and prior experience with mental health services, and staff at each site designed their program to meet the needs of their jail population. As a result, there are some differences in the data reported by each of the jails. However, all of the jails reported the same basic program performance measures data to DCJS.

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.

**Effects of Covid-19 on the Programs and Program Measures**

DCJS's three previous evaluation reports on the jail mental health pilot project showed generally progressive improvements in the pilot sites' ability to provide mental health screenings, assessments, treatment plans, and various in-jail and post-release services. Most of these improvements continued to be evident in the program performance measures data collected in FY2020.

However, the final quarter of FY2020 (April – June 2020) is the period during which Virginia's criminal justice system was responding to the growing Covid-19 pandemic. This response included reducing jail intakes and speeding up jail releases, as well as restrictions on entering jail facilities for various mental health service providers. Many post-release programs also closed or reduced their services in response to the pandemic. All of these factors contributed to noticeable drops in the program performance measures during the fourth quarter of FY2020, as well as some programs' inability to report complete FY2020 performance data. These impacts are described throughout the report, and should be interpreted in light of the major effects of the pandemic.

# Specific Project Findings

## Mental Health Screenings

The first step to a successful mental health program is screening inmates booked into each facility. All six sites used either 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 the jails should use.

A significant achievement of the pilot program during the previous FY2018 and FY 2019 funding years was increasing the number of inmates booked that underwent the initial mental health screening. This high level of screening continued in FY2020. Figure 2 shows the percentage of booked inmates screened and not screened during the first and final quarters of FY2020.

Figure 2: Percentage of Inmates Entering Jails Screened for Mental Health Illness Quarter 1 vs. Quarter 4 of FY2020
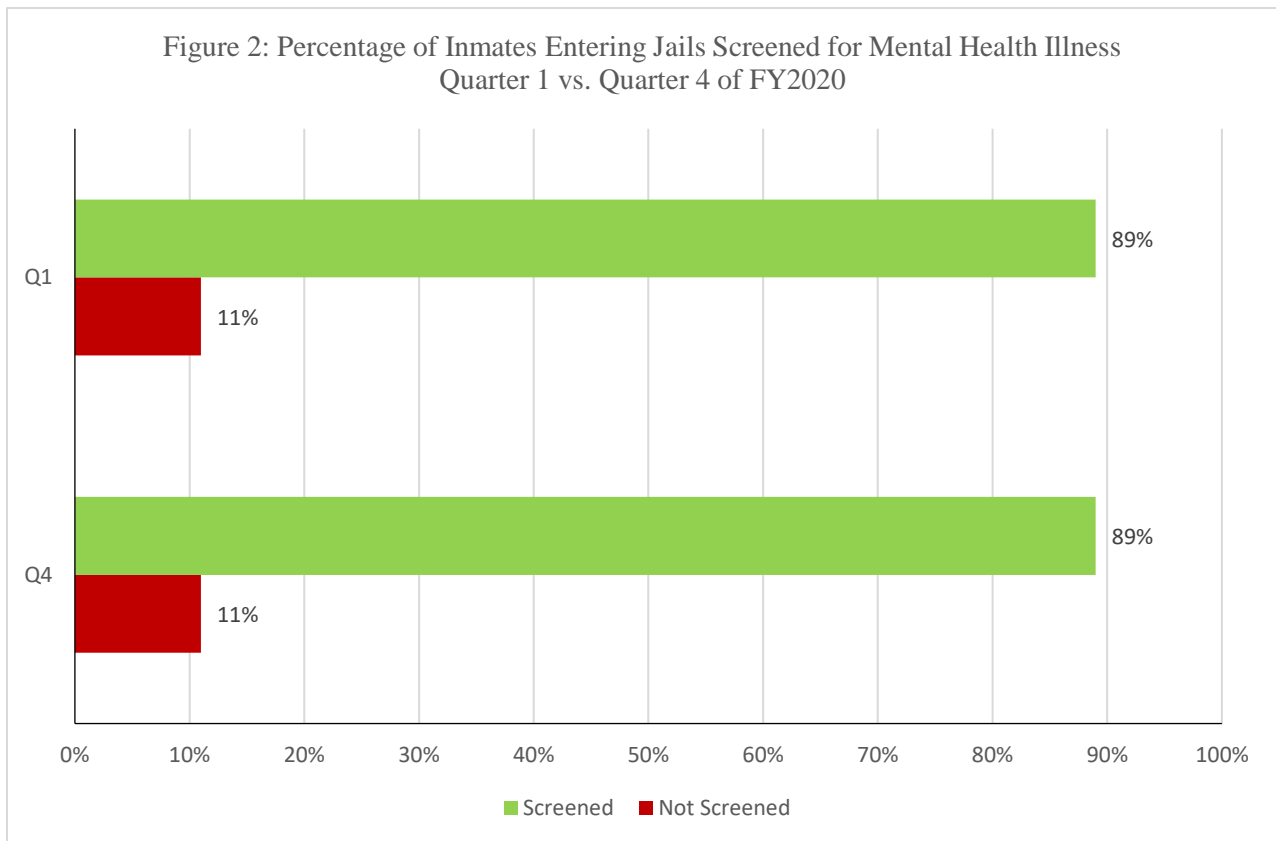


As can be seen, in both the first and fourth quarters of FY2020, 89% of the inmates booked into the jails received a mental health screening.  The jails cited several reasons why 11% of the booked inmates did not receive a screening. The most common reasons cited were that inmates were released to pretrial programs or bonded out of jail before a screening could occur, inmates were transferred to another facility before a screening occurred, or some inmates were too intoxicated to answer the screening questions.

For a broader context, Figure 3 illustrates how the level of FY2020 screenings compares to the two previous years of the pilot project—FY2018 and FY2019. (Note: in Figures 3–7, the final "quarter" of FY2018 is labeled as "Q5" rather than "Q4." This was done because program funding in the first year of the program began in January rather than July of 2017; in effect, the FY2018 data contains 16 months of data, rather than just 12 months).
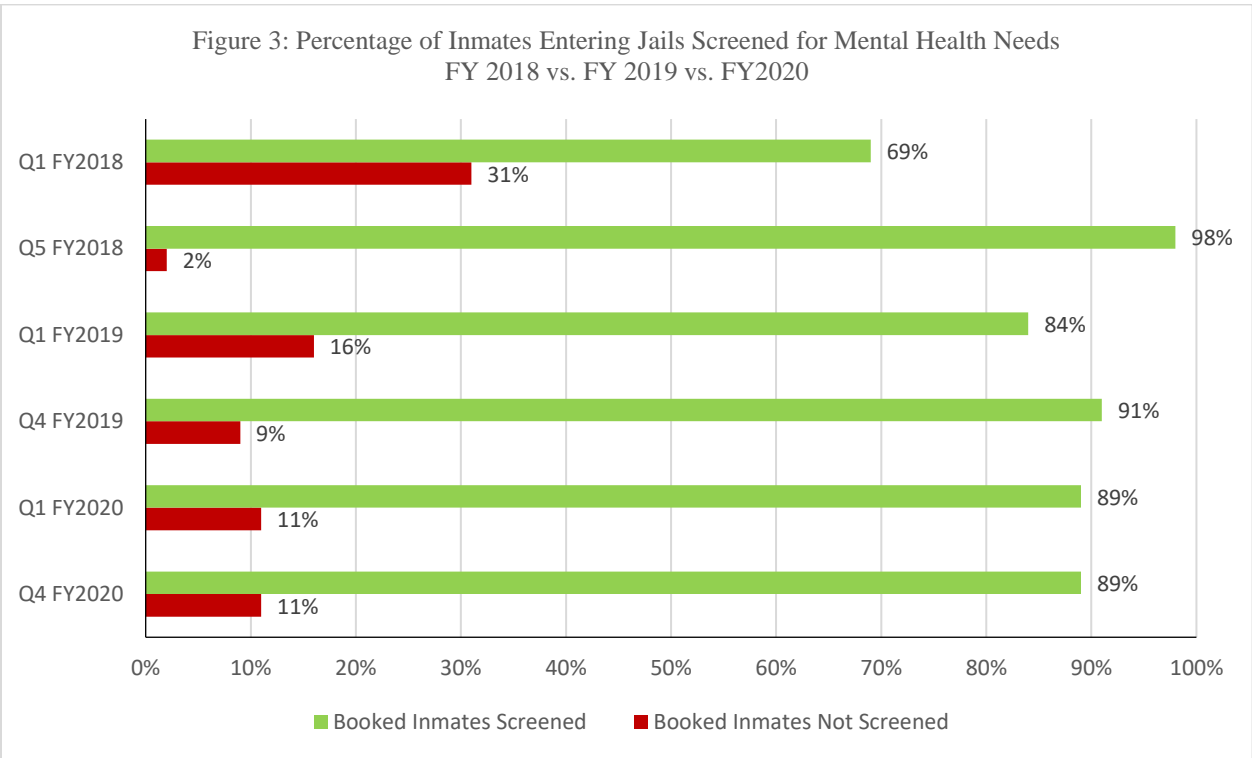
**Figure 3: Percentage of Inmates Entering Jails Screened for Mental Health Needs FY 2018 vs. FY 2019 vs. FY2020**

| Quarter | Booked Inmates Screened | Booked Inmates Not Screened |
|---------|------------------------|----------------------------|
| Q1 FY2018 | 69% | 31% |
| Q5 FY2018 | 98% | 2% |
| Q1 FY2019 | 84% | 16% |
| Q4 FY2019 | 91% | 9% |
| Q1 FY2020 | 89% | 11% |
| Q4 FY2020 | 89% | 11% |

Figure 3 shows how the percentage of inmates booked into the jails that were screened for mental illness quickly increased after the program was fully implemented. While only 69% of booked inmates were screened during the first quarter of FY2018, the percentage of inmates screened during the remainder of the program has hovered around 90%. Importantly, this increase in percentage of inmates screened occurred at the same time that the total number of inmates being screened increased, from 13,383 in FY2019 to 19,708 in FY2020.

Another achievement of the pilot program during the initial funding years was the jails' ability to screen booked inmates in a shorter amount of time after admission. This is important because the sooner the screening is done, the sooner jail staff can then conduct a full assessment to determine if the inmate has a mental illness that should be addressed with a personalized treatment plan and program services. Figure 4 shows the percentage of screenings that occurred in less than four hours, within 4–8 hours, within 9–23 hours, within 24–72 hours, and over 72 hours after booking in the first and final quarters of FY2020.

Figure 4: Time from Jail Admission to Mental Health Screening
Quarter 1 vs. Quarter 4 FY2020
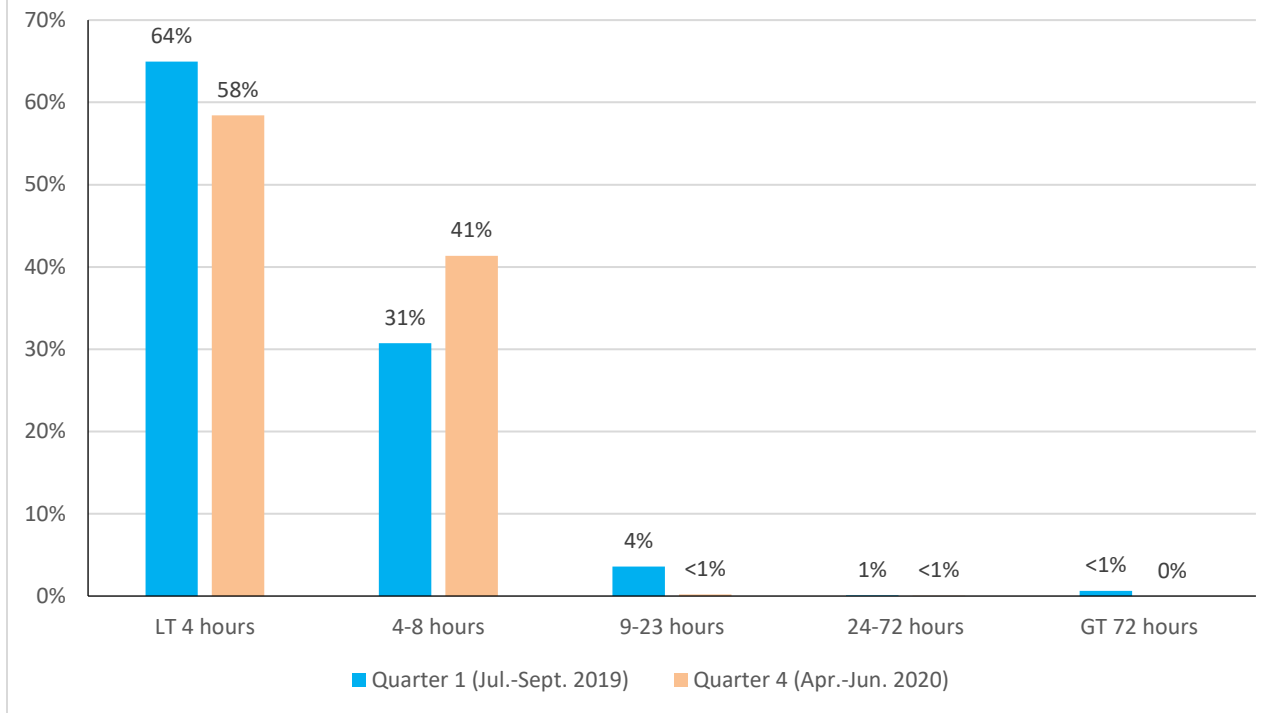
As can be seen, during FY2020, the jails consistently conducted most mental health screenings within eight hours of initial booking. In the final quarter of FY2020, 58% of the screenings occurred within four hours, and another 41% occurred within eight hours. Thus, 99% of all screenings occurred within eight hours of booking during this final quarter. The percentage of inmates screened in less than four hours from admission did drop from the first (58%) to the fourth quarter (41%). This was due to the effects of Covid-19; in particular, some sites had fewer staff to do the screenings, and others reduced screening interactions that required face-to-face contact.

For a broader context, Figure 5 illustrates how the time to screening in FY2020 compares to the time to screening during two previous years of the pilot project, using the same metrics as above.

Figure 5: Time From Jail Admission to Mental Health Screening FY2018 vs. FY2019 vs. FY2020
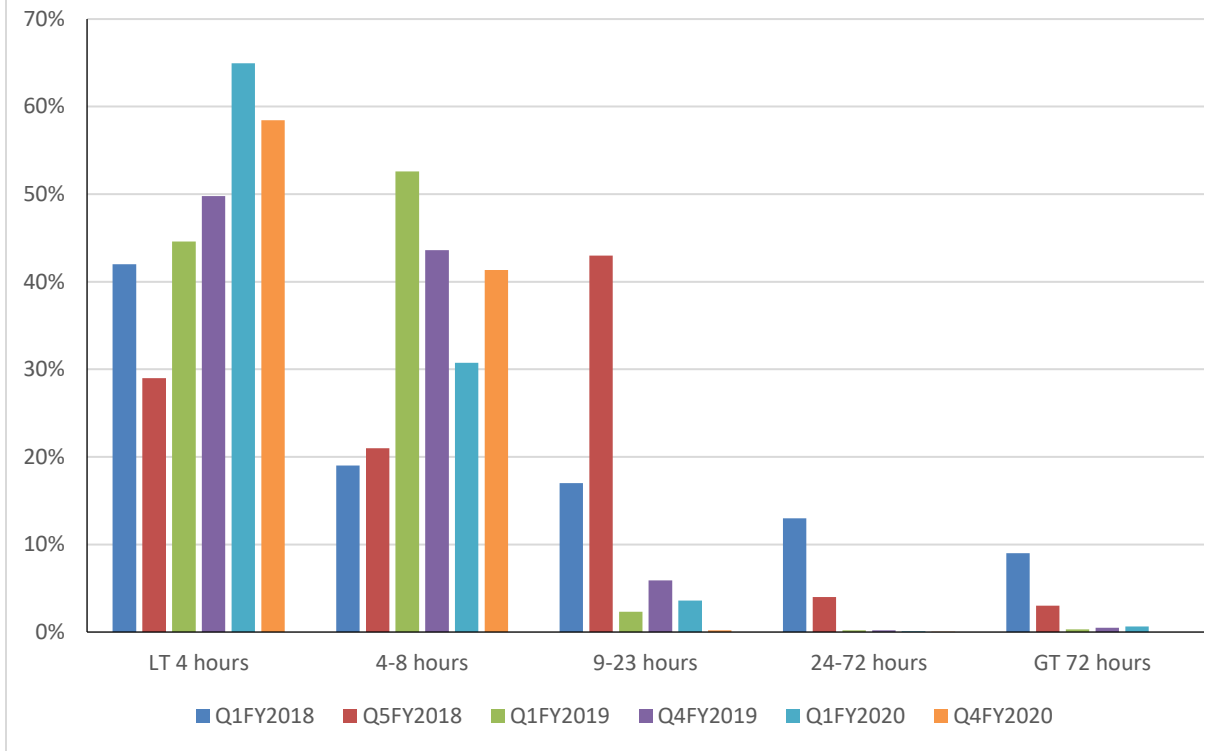
As can be seen, once the pilot program was implemented, screenings have been overwhelmingly conducted within eight hours of booking. Fewer than 50% of the inmates screened in the final quarter of FY2018 occurred within eight hours of admission; however, since then, over 90% of inmate screenings occurred within eight hours of admission.

## Mental Health Assessments

Inmates who screen positive for a potential mental illness are given a full assessment to determine if a mental illness is present, identify the type of illness, determine its severity, and help develop a treatment plan to address the inmate's needs. Assessments are an essential part of the program, because they help jail staff identify program participants, design their treatment plans, and prescribe treatment services.

The pilot program has consistently helped improve the percentage 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 6 shows the percentage of individuals that screened positive and underwent a full assessment in the first and final quarters of FY2020.

Figure 6: Percentage of Positively Screened Inmates Receiving Full Mental Health Assessment Quarter 1 vs. Quarter 4 FY2020
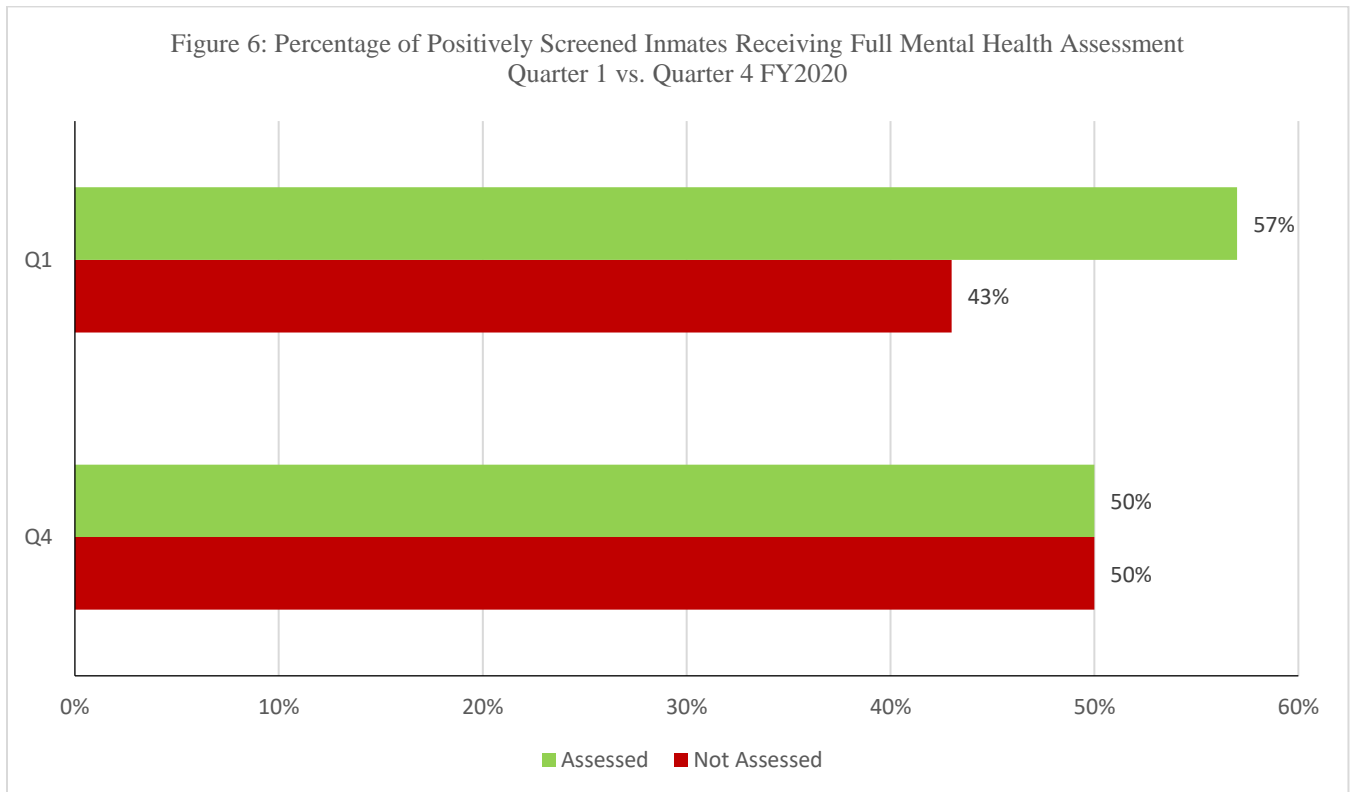


As can be seen, 57% of all positively screened inmates in the first quarter, and 50% of all positively screened inmates in the final quarter, underwent a full mental health assessment in FY2020. The drop in the percentage receiving assessments during the fourth quarter is because some assessments were either halted or delayed in some sites because they were working to reduce face-to-face contact and to adjust to conducting assessments using a video technology platform. Other sites reported having trouble filling staff positions due to Covid-19, which slowed assessments.

For a broader context, Figure 7 shows how the percentage of individuals that screened positive and underwent a full assessment in FY2020 compares to the percentages during the previous two years of the pilot project.

Figure 7: Percentage of Positive Screened Inmates Receiving Full Mental Health Assessment FY2018 vs. FY2019 vs. FY2020
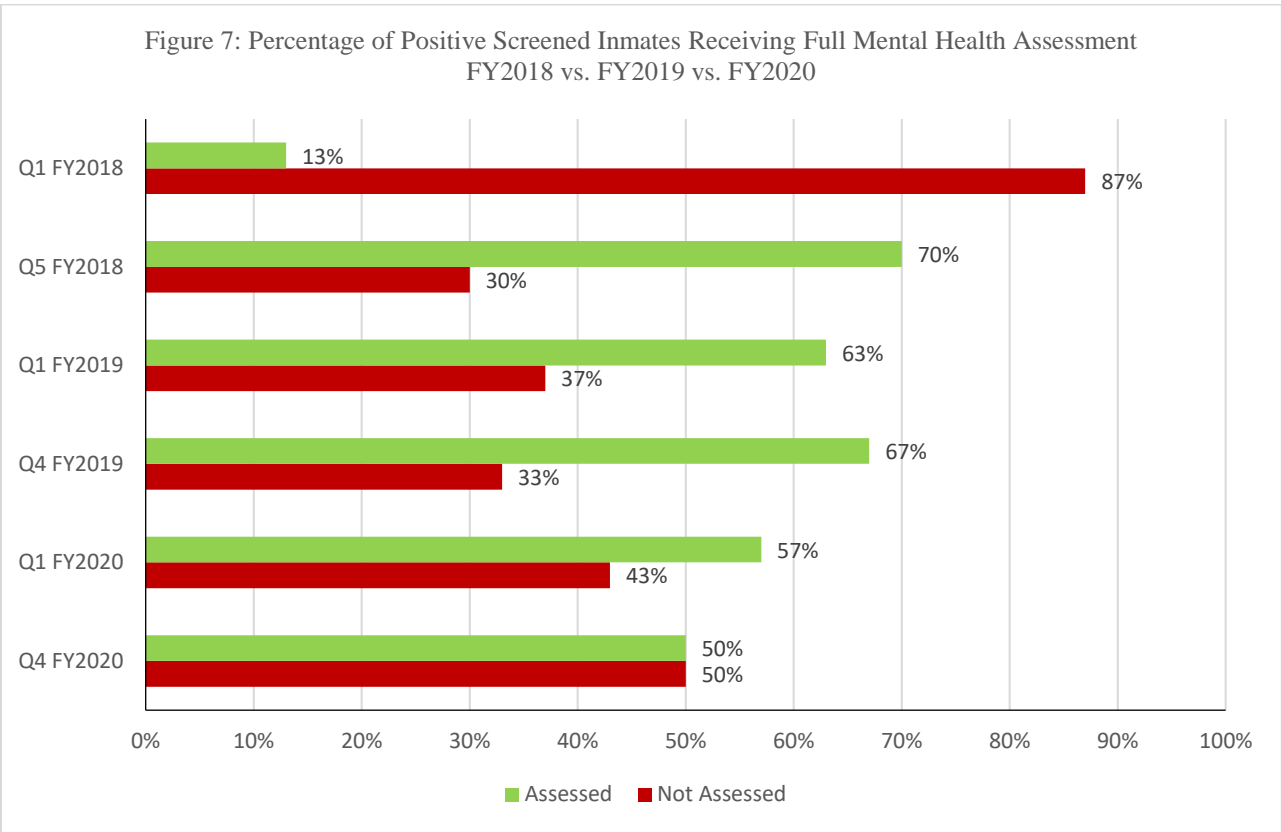
Figure 7 shows that while only 13% of inmates screened positive in the first quarter of FY2018 received a full mental health assessment, this increased to 50% or more of inmates during all subsequent quarters of the program. As previously stated, the drop in the percentage assessed from the first to the fourth quarter of FY2020 (down from 57% to 50%) was due to the effects of Covid-19. It is also important to highlight that the total number of individuals assessed increased from 2,385 in FY2019 to 2,663 in FY2020 despite the decrease in the rate of assessments conducted.

There continues to be a clear set of reasons why some inmates that screen positive do not undergo the full assessment. The most common reasons are that the individuals are released to pretrial programs, bonded out of jail, released due to time served, transferred to another facility, or they refused to undergo the assessment.

## Treatment Services

Various program performance measures illustrate how the participating sites have used grant funding to provide in-jail treatment services. Figure 8 shows the percentage of positively assessed inmates that 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 FY2020.

Figure 8: Percentage of Positively Assessed Inmates Becoming Program Participants
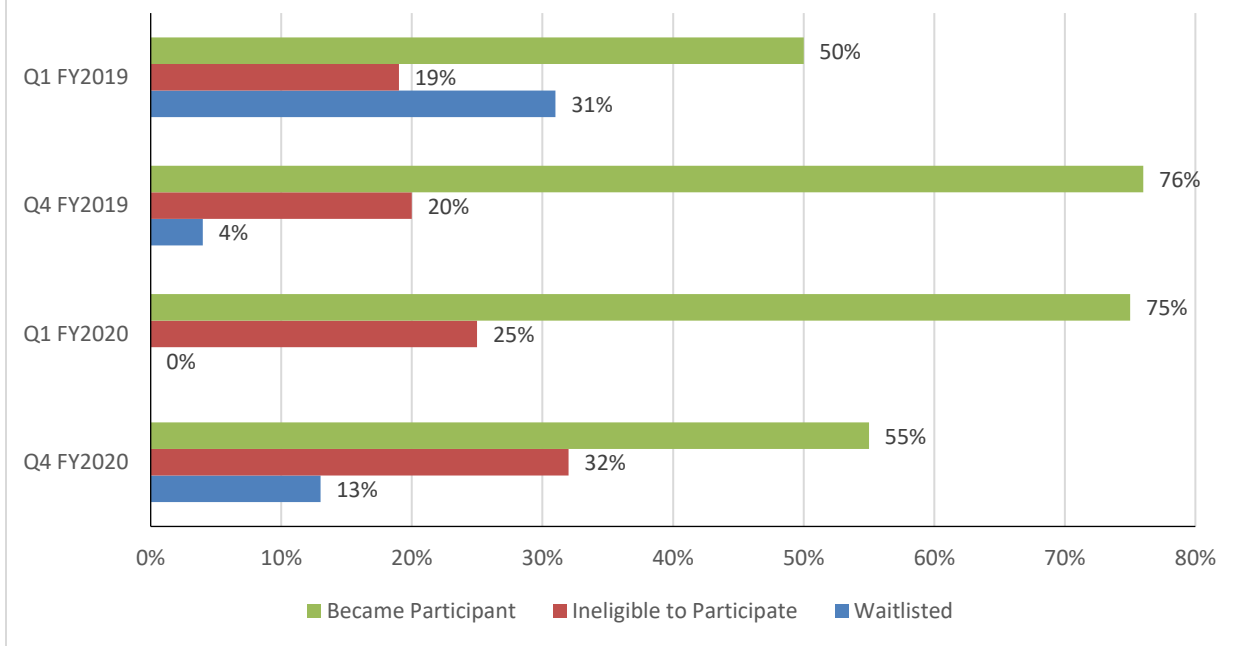Quarter 1 vs. Quarter 4 FY2020
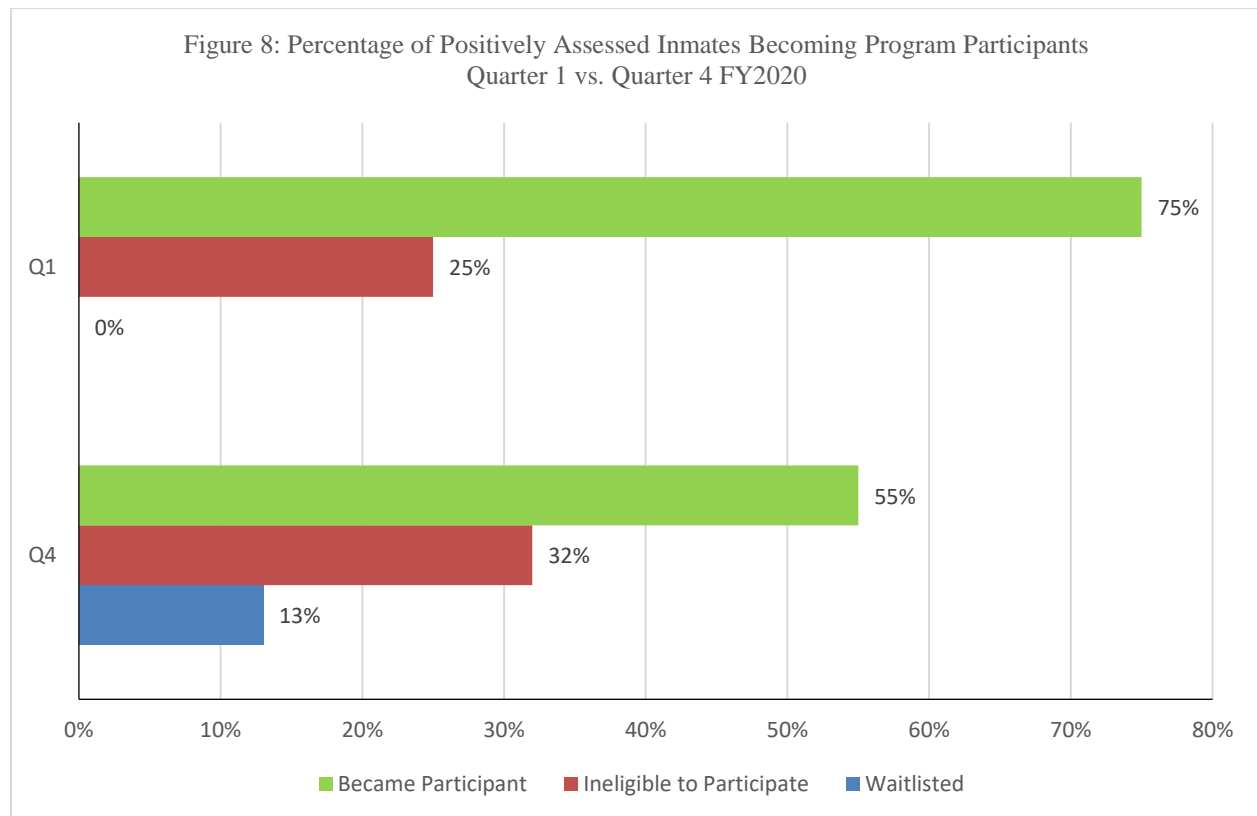
As can be seen, in the first quarter of FY2020, 75% of individuals assessed positive for mental illness became program participants. However, in the fourth quarter only 55% of those assessed positive became program participants. This decrease from 75% to 55% is largely attributable to an increase in the percentage of individuals placed on waitlists (0% in the first quarter vs.13% in the final quarter). The increase in waitlisted individuals in the fourth quarter was due to factors connected with Covid-19. Some programs had to halt new program admissions because they cut all treatment programming until they were switched to video platforms.

In the first quarter, 25% of inmates assessed positive for mental health problems were deemed ineligible for program participation, and this increased to 32% in the fourth quarter. The most common reasons cited for these inmates being deemed ineligible were that the mental health diagnosis did not meet the jail's criteria for program participation, the individual refused to participate, had a charge deemed too severe for program participation, or the length of stay for the individual did not meet the program participation criteria. Staff at each jail site established their own criteria for program eligibility, as described in Appendices A–F.

For a broader context, Figure 9 shows the percentage of individuals that screened positive for mental health problems and then became program participants during the first and last quarters of FY2019 and FY2020. FY2018 is not shown because data was not collected for this measure during that year.

**Figure 9: Percentage of Positively Assessed Inmates Becoming Program Participants FY2019 vs. FY 2020**

| Quarter | Became Participant | Ineligible to Participate | Waitlisted |
|---|---|---|---|
| Q1 FY2019 | 50% | 19% | 31% |
| Q4 FY2019 | 76% | 20% | 4% |
| Q1 FY2020 | 75% | 25% | 0% |
| Q4 FY2020 | 55% | 32% | 13% |

Legend: Became Participant, Ineligible to Participate, Waitlisted

As can be seen, in the first quarter of FY2019, 50% of individuals assessed positive became program participants. By the fourth quarter of FY2019, more than 75% of these individuals became program participants. This high level of participation continued in the first quarter of FY2020 (75%), but then dropped to 55% in the fourth quarter of FY2020, primarily due to factors related to Covid-19, as stated above. It is important to note that the total number of individuals that became program participants also increased over this period, rising from 2,613 individuals in FY2019 to 2,850 individuals in FY2020.

A key element of a successful mental health program is a treatment plan. Each treatment plan is created to meet the specific needs of the individual that was screened and assessed positive for mental health needs. 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 reentry into the community. Figure 10 shows the percentage of eligible inmates that had a treatment plan developed in the first and final quarters of FY2020.

Figure 10: Percent of Eligible Inmates That Had Treatment Plan Developed
Quarter 1 vs. Quarter 4 FY2020
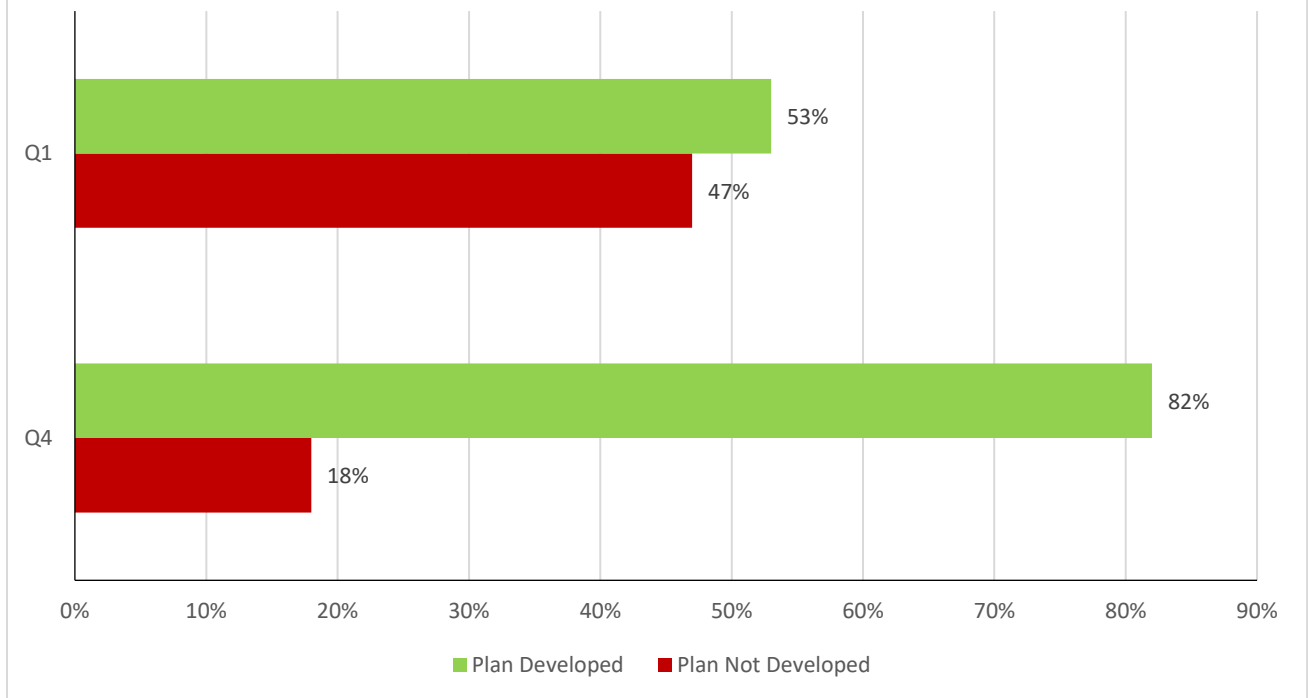


As can be seen, the percentage of eligible inmates that had a treatment plan developed increased from 53% to 82% from the first to the final quarter of FY2020. Common reasons cited for treatment plans not being developed were that the individual was released to a pretrial program or bonded out of jail before a treatment plan could be created.

For a broader context, Figure 11 shows the percentage of eligible individuals that had treatment plans developed in the first and final quarters of FY2018, FY2019 and FY2020.

Figure 11: Percent of Eligible Inmates That Had Treatment Plan Developed FY2018 vs. FY2019 vs. FY2020
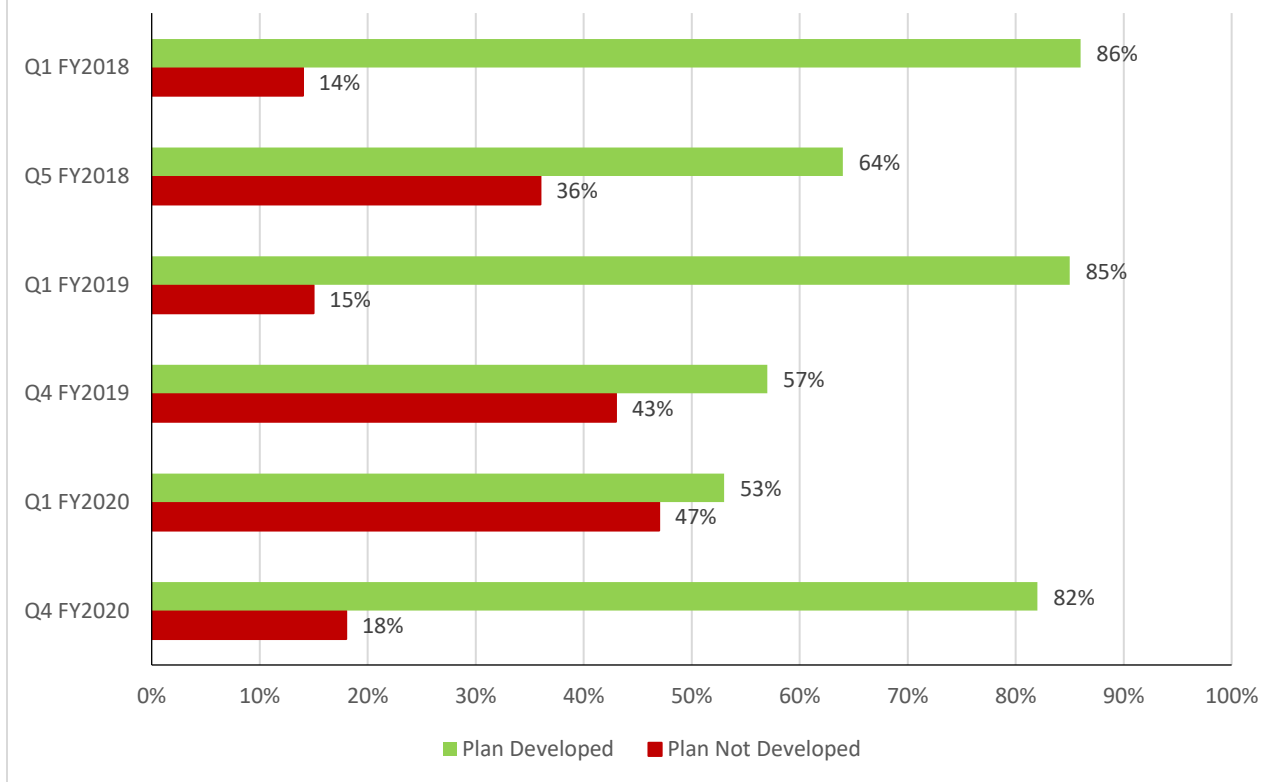
As can be seen, since the implementation of the pilot program, jail staff have consistently developed treatment plans for a high percentage of inmates eligible for program participation as identified by the mental health assessment. In every quarter, more than half of eligible inmates had a plan developed. The percentage of eligible participants with a treatment plan developed peaked in the first quarter of FY2018 at 86%, but still remained high in the final quarter of FY2020 at 82%. It is also important to note that the total number of individuals that received a treatment plan increased from 1,954 individuals in FY2019 to 2,136 individuals in FY2020.

Once treatment plans have been created, pilot program funding has improved the ability of jails to offer an array of evidence-based treatment services such as individual and group therapy. Throughout the program, jail staff have reported that participants are eager to attend these programs and classes, with many asking to repeat the classes because they feel the benefit of engaging in them.

The final program performance measure used to gauge the impact of grant funding on in-jail services provided was the number of hours of specific treatment services offered. Figure 12 shows the total amount of hours of one-on-one therapy, medication management, vocation, education, legal assistance, life skills, case management, group therapy, peer support, and other support provided in the first and final quarters of FY2020.

Figure 12: Hours of In-Jail Services Provided
Quarter 1 vs. Quarter 4 FY2020
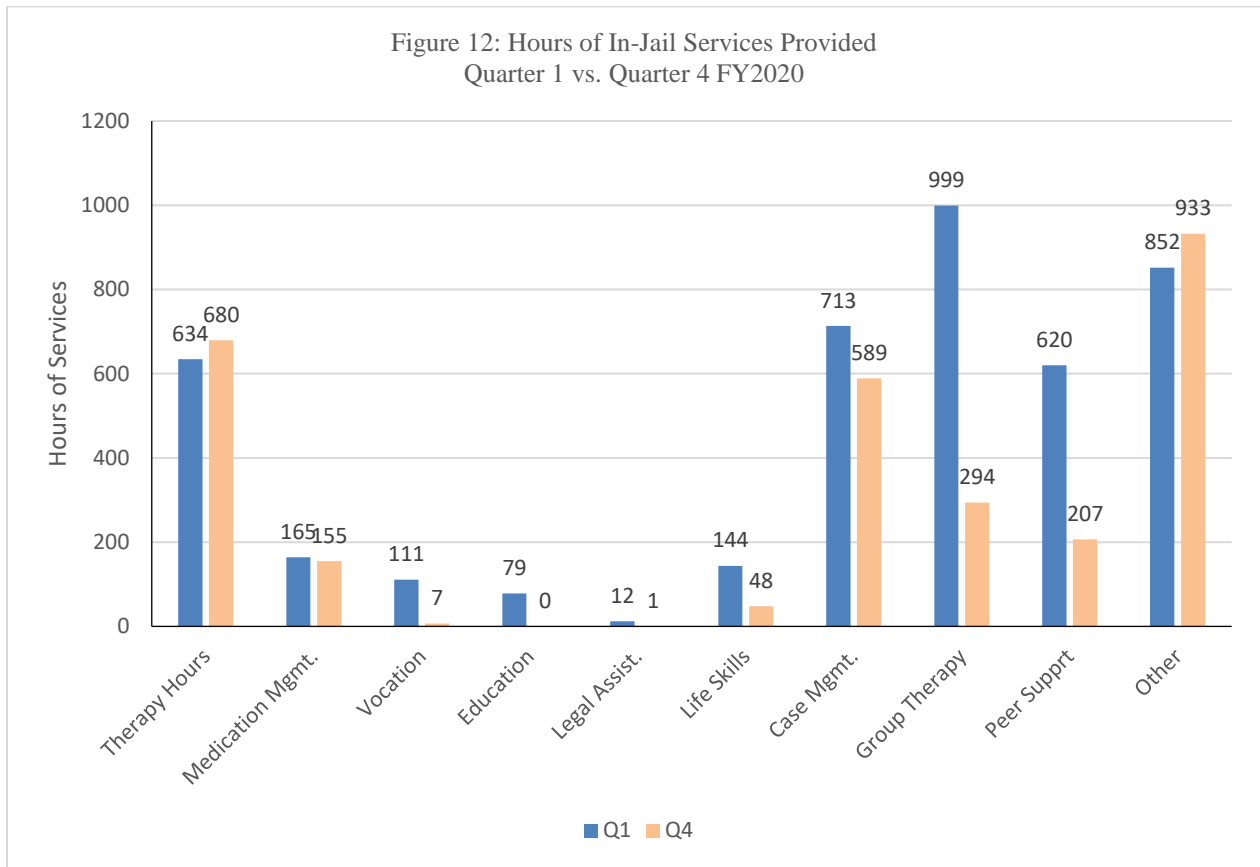
As can be seen, the jails provided a high number of hours of services across the first and final quarters of FY2020. Altogether, the sites provided nearly 16,000 hours of treatment services throughout FY2020. The ability to provide this level of programming can be attributed to the increase in mental health staff hired using program funding and the ability to use grant resources to bring in qualified individuals to provide various forms of treatment.

To see the amount of service hours provided to program participants throughout the pilot project, Figure 13 shows the total amount of one-on-one therapy hours, group therapy hours, and other service hours provided. It is important to note that the "other" category was separated into various categories in FY2019 based upon jail staff feedback; however, the comprehensive "other" category was used in this figure to accurately compare FY2018, FY2019, and FY2020.

Figure 13: Hours of In-Jail Services Provided
FY2018 vs. FY2019 vs. FY2020
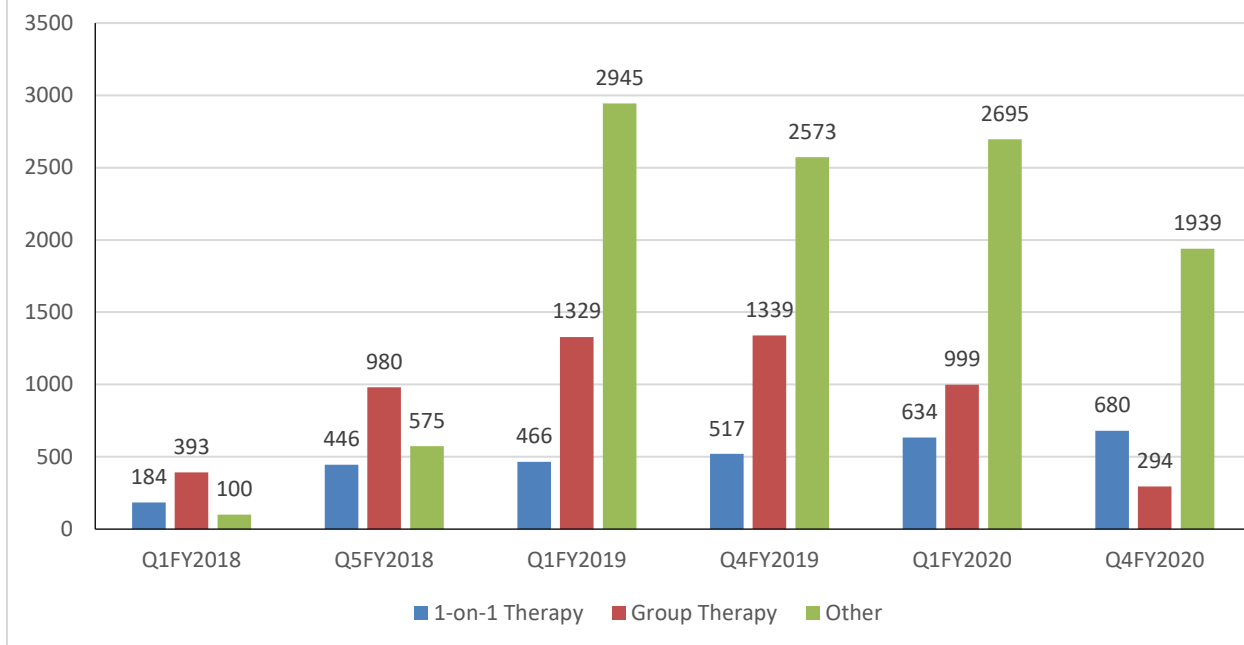
As can be seen in Figure 13, significantly more hours of services were provided to program participants in FY2019 and FY2020 than in FY2018. This shows that project funding has helped to provide progressively more hours of one-on-one therapy, group therapy, and other services to program participants. As previously mentioned, decreases in services that occurred in the fourth quarter of FY2020 were due to Covid-19. This is arguably where Covid-19 had the biggest impact on the programs. Most sites shut down all individual and group programming at the beginning of the pandemic. Some programs have switched to video remote programming, while others are still figuring out how to best provide the services in a safe manner.

In addition to the quantitative data indicating gains from providing treatment services, the jails also provided descriptive examples of how they used program funding to improve services and the overall environment for program participants. Some of these anecdotal descriptions are detailed below:

o   One site described how, prior to the pilot program grant funding, they had to use long-term restrictive housing for safety purposes for individuals with a significant mental illness history. The site used program funding to establish special needs housing pods so these individuals could live in less restrictive housing while accessing important in-jail treatment services.

o   Another site described how they were able to partner with a community peer-based recovery program and use pilot program funds to send released program participants to the recovery program. The program is a short-term residential program that provides on-site assistance for overcoming substance abuse, therapeutic services, transportation to work, psychiatric appointments, and other community-based services.

## Aftercare Services

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

Program funding to hire reentry specialists has been critical across the sites. Reentry 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 reentry specialists are a crucial piece of an effective mental health program.

Aftercare services also continued to be the most difficult part of the pilot program 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 for weeks after their release. Figure 14 shows the total number of program participants released that had appointments scheduled, were provided medication and housing, appeared at appointments, and secured employment, disability benefits, and health care benefits for the first and final quarters of FY2020.



Figure 14: Number of Inmates Receiving Aftercare Services
Quarter 1 vs. Quarter 4 FY2020
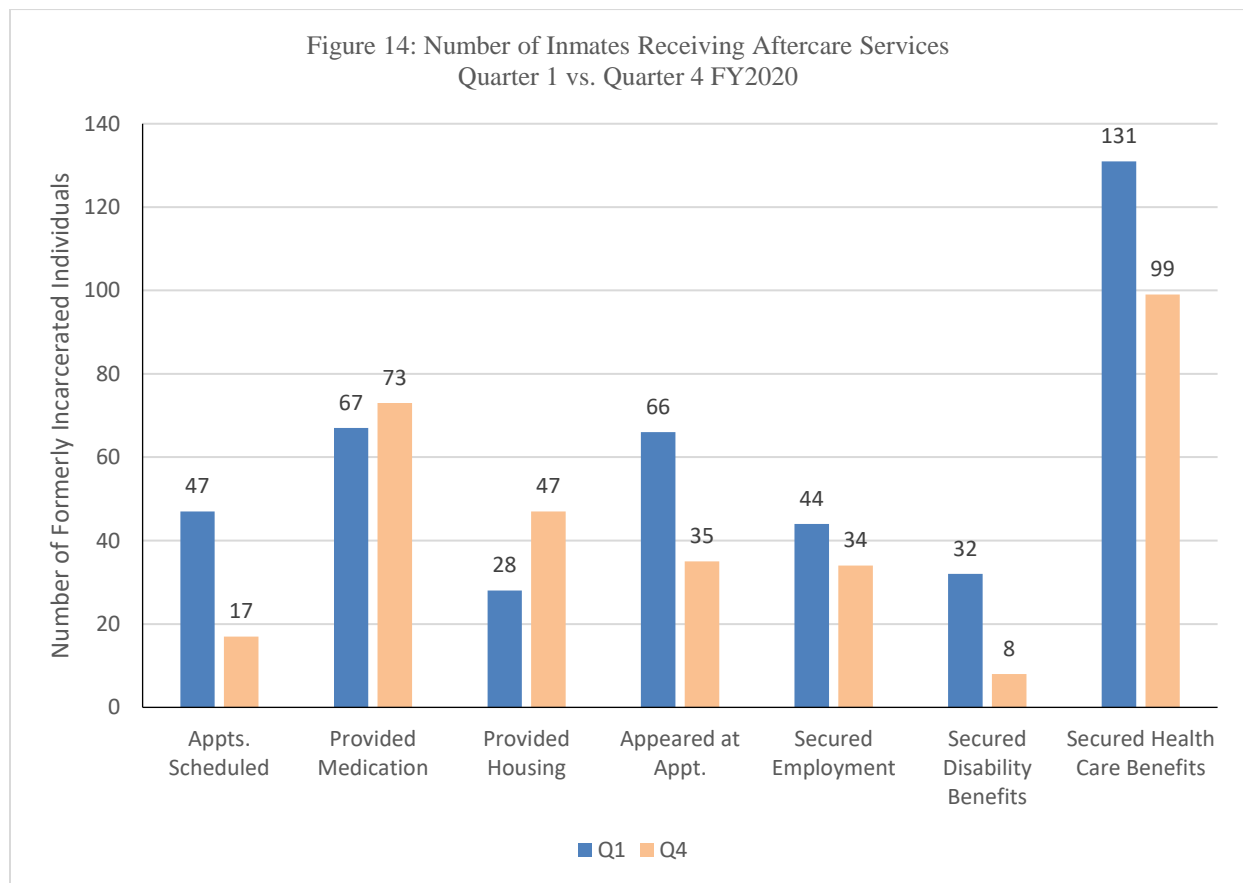
Pilot program sites continued to provide a high level of released participants with crucial aftercare services. Between the first and final quarters of FY2020, nearly all participants released were provided housing if they needed it. The number of participants released that secured/resumed healthcare benefits remained high, and the number of released individuals provided medication upon release increased between the first and final quarters. Where decreases in some services occurred in the fourth quarter (appointments scheduled and made, securing employment or disability/health benefits), some sites stated that the pandemic made it more difficult to connect to aftercare services. Some services were switched to remote video, and in other cases it was more difficult to secure transportation to services.

For a broader context, Figure 15 shows the number of individuals receiving different types of aftercare services during the first and last quarters of FY2018, FY2019 and FY2020.

Figure 15: Number of Inmates Receiving Aftercare Services
FY2018 vs. FY2019 vs. FY2020
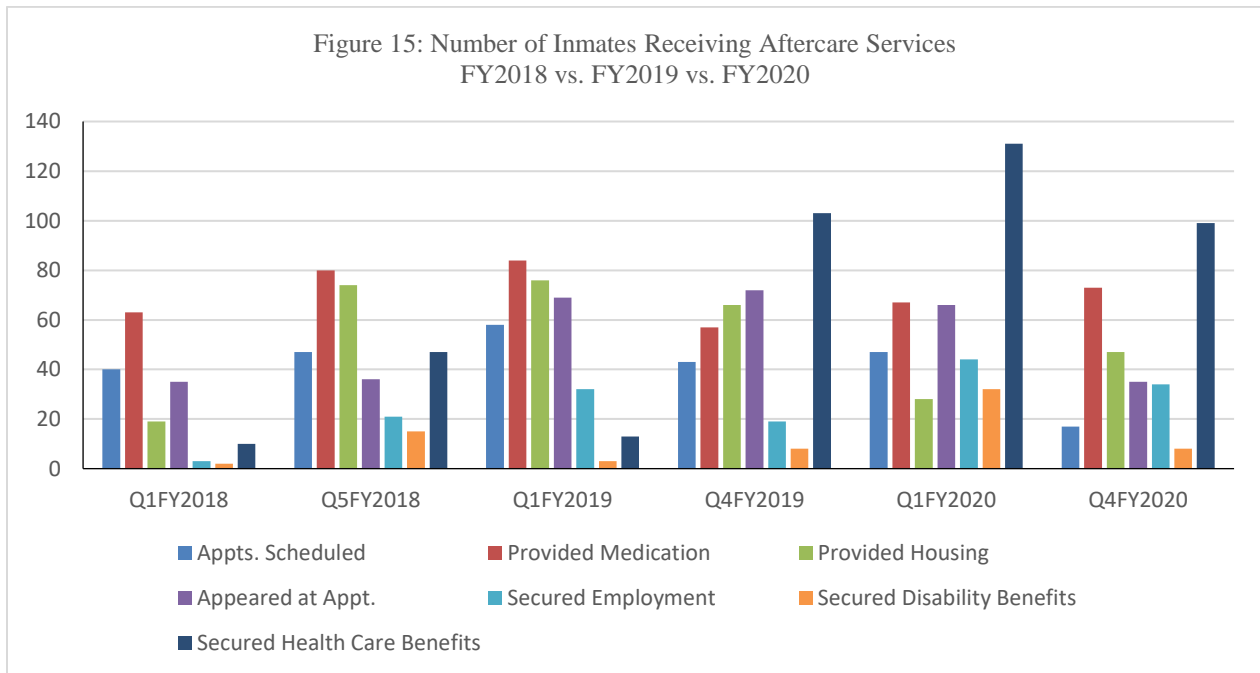


As can be seen, the number of individuals receiving the array of aftercare services increased significantly after the first quarter of FY2018. The number of individuals receiving aftercare services remained high and relatively steady in the subsequent quarters. The number of individuals that secured healthcare benefits increased dramatically during the final quarter of FY2019, and has remained high since that point. Also, the total number of individuals that were provided medication, appeared at community appointments, secured employment, secured disability benefits, and secured healthcare benefits all increased from FY2019 to FY2020.

Medication management is an important part of pre- and post-release treatment plans. The timing in which released program participants acquire medication is crucial, as a gap in medications could result in relapses, difficulties with mental health symptoms, and risk recidivism during the early days of reentry. Figure 16 shows the time span between release and the first date program participants were provided with essential medication during the first and final quarters of FY2020.

Figure 16: Time in Which Inmates Received Medication After Release
Quarter 1 vs. Quarter 4 FY2020
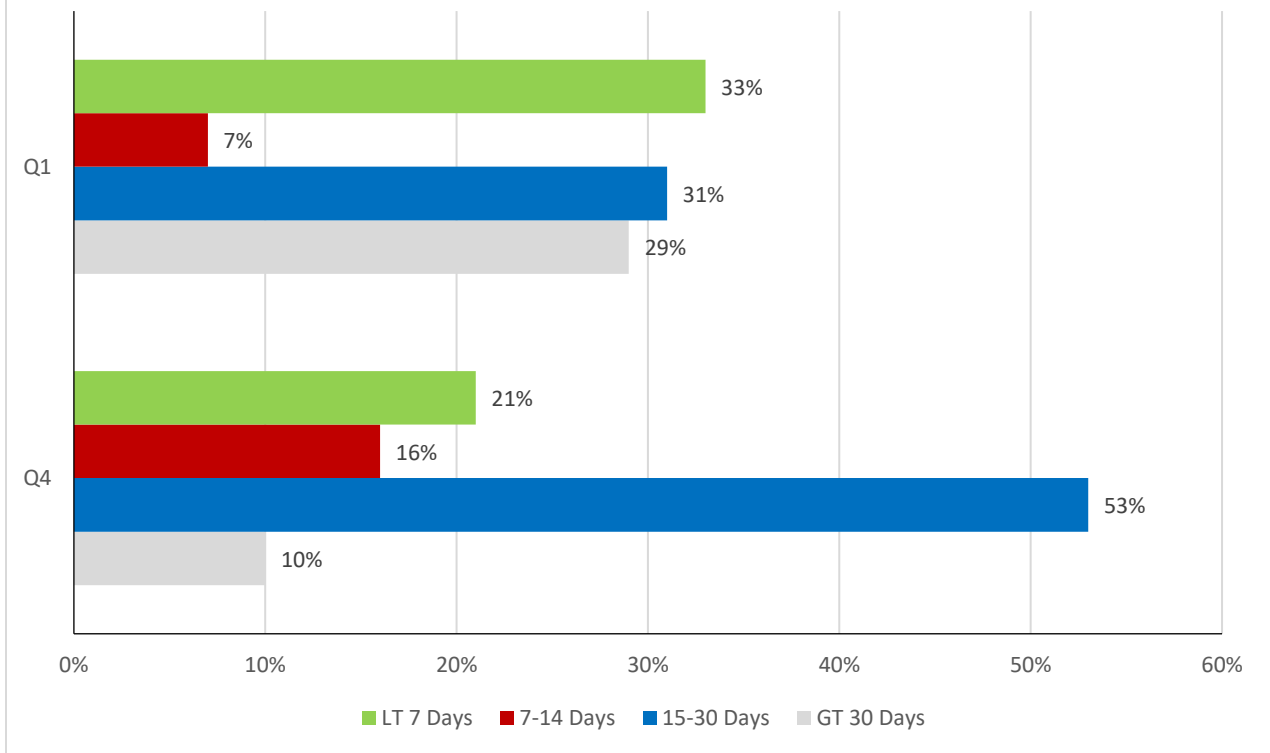
In both the first and last quarters of FY2020, most individuals that received medication did so within 30 days after release. Importantly, the percentage of inmates that had to wait more than 30 days after release to receive medication decreased from 29% in the first quarter to 10% in the final quarter of FY2020. This is an important improvement, as faster access to needed medications can be essential for a successful reentry process.

Jail staff members emphasized that pilot program funding has been critical in helping ensure that participants receive medication. For context, Figure 17 shows amount of time between when individuals were released and when they secured medication for both FY2019 and FY2020. Data on time to receive medication was not collected during FY2018.

Figure 17: Time in Which Inmates Received Medication After Release
FY2019 vs. FY2020
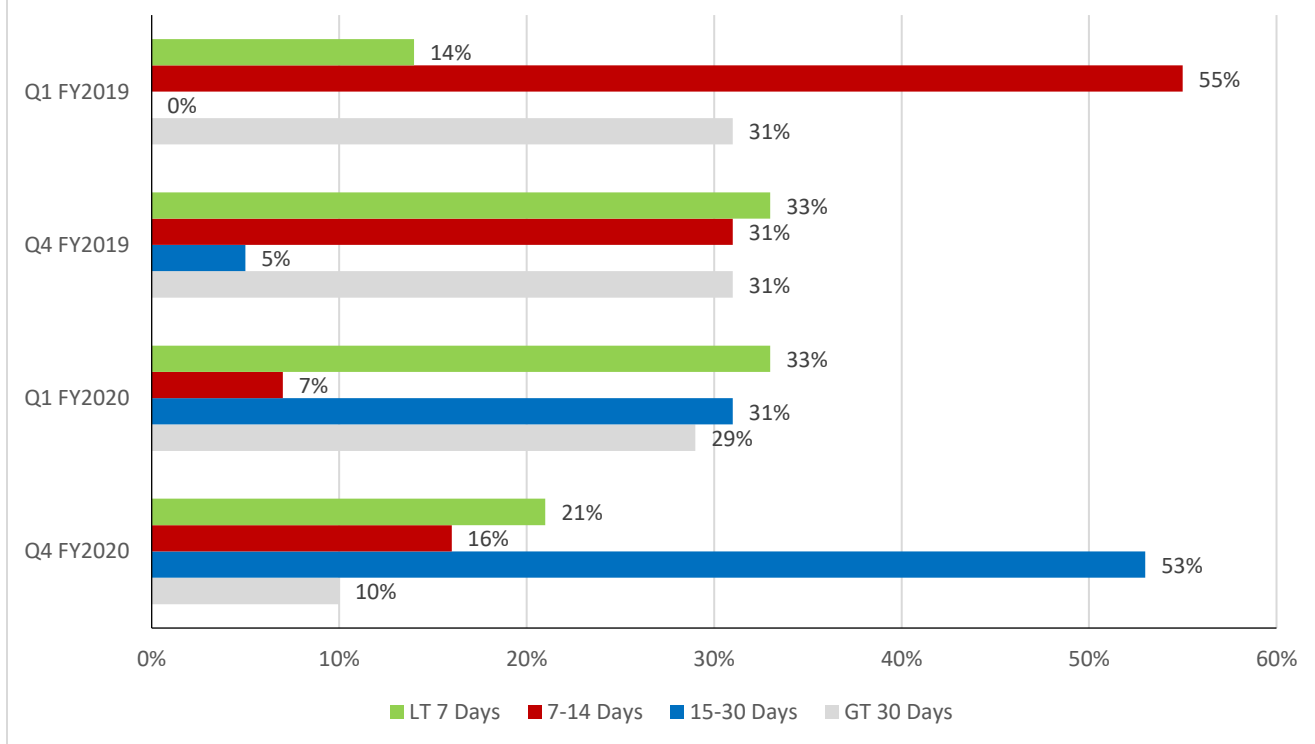
As can be seen, the percentage of released individuals receiving medication within 30 days of release increased during the final quarter of FY2020 when compared to previous quarters. The percentage of individuals receiving medication more than 30 days post-release remained around 30% through the first quarter of FY2020, but then decreased to 10% in the fourth quarter of FY2020.

There are a number of descriptive success stories that illustrate the impact of aftercare services provided by the pilot programs. A frequently cited theme across sites was that in-jail reentry planning and case management helped program participants access important community resources after release. Anecdotally, program staff have stated that released program participants that received reentry resources are less likely to recidivate. Prior to the program, these sites did not have individuals dedicated to reentry planning for those with mental health needs, and they struggled to connect these individuals with community resources that are important for successful reentry. To help contextualize the impact of the programs on individuals' lives, the following examples illustrate how the program has helped create pathways for successful reentry:

o   Participant A came to the pilot program with very few positive connections within the state and was set to be released a few weeks earlier than expected.  The participant contacted the case manager for assistance and expressed a desire to get treatment for their co-occurring disorders on the west coast, where they had family, including a daughter. The case manager worked with the participant to locate a treatment facility near their family and coordinated their admission to the facility upon release.  The case manager used grant funding to provide transportation assistance to the individual and purchased an airline ticket to transport them across the country so they could pursue their aftercare treatment near family members.

o   Participant B came to the program with many years of experience in the restaurant industry. They wanted to address their mental health and substance use issues during their multiple year sentence so that this would be their final time incarcerated. They actively participated in every group and individual session that was offered by the program in the jail. Program staff worked to ensure this individual would have employment opportunities upon release. This individual was released and

initially placed in a hotel room funded by the pilot program for transitional housing. In just two months, the participant had obtained full- and part-time jobs at a hotel and a restaurant and was able to secure their own one-bedroom apartment. The program was able to help with their security deposit and first month's rent and the individual still lives in this apartment at the conclusion of FY2020. Sadly, this individual did lose their job due to the pandemic but has remained self-sufficient and continues to seek employment. At the time the FY2020 data collection ended, the individual was interviewing for a potential position as a head chef and remained active with their mental health provider.

o   Participant C was an active participant throughout their time in the mental health program. They were particularly active in the group programming and individual therapy in the jail. They used the in-jail and reentry services provided by the program to help resume employment immediately upon release and find temporary housing in a hotel room funded by the program. At the time of data collection ending, this individual continued to maintain employment and had transitioned to an apartment for housing. They also continued to address their mental illness through the connections to community-based services they had made as part of the pilot program.

o   Participant D was an active participant in group and individual programming and therapy throughout their time in the in-jail program. This time in jail was pre-trial; the case was eventually overturned, and the individual was released. Upon release, they were able to resume employment and continued to be engaged in community-based mental health services established by the pilot program. They also remained in contact with their case manager while in the community.

o   Participant E was actively engaged in treatment programming and services while in-jail. This individual continued to remain engaged with community-based resources upon release. This individual has now become a trained peer support specialist to help other individuals going through mental health treatment while in-jail and then eventually through the transitioning process back into the community.

o   Participant F was one of the first individuals housed in a special needs housing pod at a participating site. This individual has now been released and has not returned to the jail, which has been encouraging for staff members that helped guide them through this special needs housing pod.

o   Participant G was released in July 2019 and was able to gain meaningful employment, and access Medicaid and other benefits, while continuing to work on obtaining a driver's license.

o   Participant H was able to obtain housing upon release as part of the pilot program's aftercare services. They were also able to access Medicaid and other benefits, engage in community-based therapy, and access needed medications.

o   Participant I was an active participant in the pilot program while in jail and worked very hard to become sober. Upon release, this individual was able to maintain sobriety, obtain needed medication, engage in community-based mental health/substance abuse services, and gain employment.

o   Participant J was able to quickly connect with the local community services board upon release and establish important community connections. This individual has continued mental health therapy and medication management in the community, gained housing through the aftercare services, and was approved for Social Security income to help with financial stability.

o   Participant K was selected to participate in the local Behavioral Health Docket and was able to then resume mental health services at a VA Medical Center. This individual was able to maintain proper medication management, connect with community-based services, access and maintain housing, and gain financial stability by resuming disability benefits.

## Jail Climate

The mental health pilot programs have the potential to improve the overall safety and climate of the entire jail facility. The primary way this occurs is through individual and group programming and therapy offered as part of the program, where participants learn about their mental illness, its symptoms, how to recognize its symptoms, and how to respond in safe and healthy manners. This includes minimizing violence against staff and other inmates that is related to underlying mental illness issues.

Four of the six pilot sites (Chesterfield County, Hampton Roads Regional Jail, Prince William-Manassas Regional Adult Detention Center, and Richmond City) provided data that could be compared on the overall safety of their facilities. Figure 18 displays the total number of assaults on staff, assaults on other inmates, and fights involving inmates for these four sites in FY2017, FY2018, and FY2019. Data for FY2020 was not included because this data would only encompass incidents that occurred on or before July 31, 2019. It is important to note that this data represents the entire facility, and not just inmates that participated in the pilot program in the jails.



Figure 18: Number of Safety Incidents in Entire Jail Facility FY2017 vs. FY2018 vs. FY2019
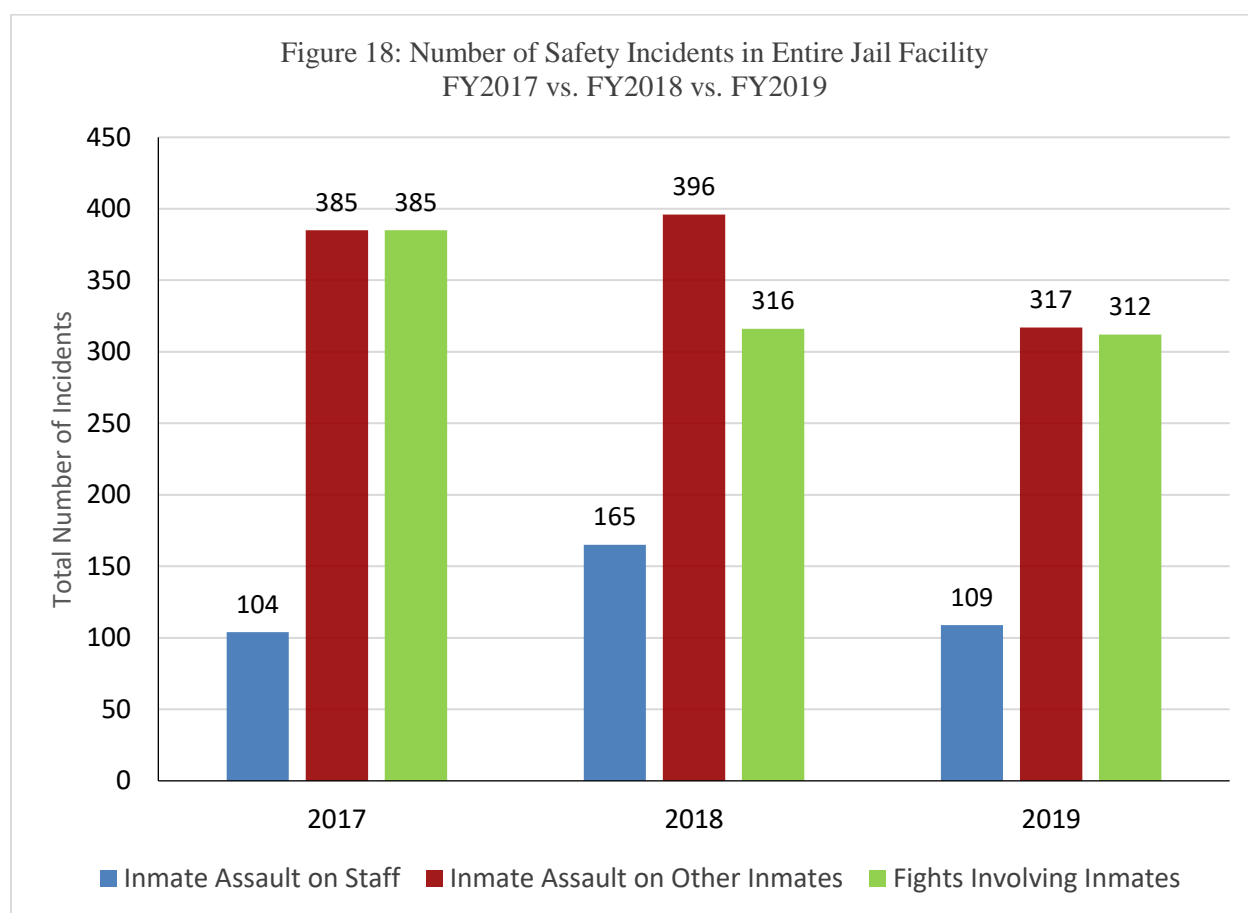
As can be seen, the total number of assaults against staff, assaults against other inmates, and fights involving inmates declined between FY2018 and FY2019. It is important to note that the total number of assaults against staff and other inmates both increased between FY2017 and FY2018 before declining in FY2019. The total number of fights involving inmates has been steadily declining since FY2017.

# Recidivism Among Pilot Program Participants

The 2019 Appropriations Act directed DCJS, as part of the FY2020 evaluation of the jail mental health program, to include information on *"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."*

To conduct this analysis, DCJS used re-incarceration within 90 days of release from jail as the recidivism measure, with re-incarceration defined as a return to jail. Return to jail included a return to any jail in Virginia; it was not limited to a return to the specific jail in which the inmate received mental health services prior to release. Re-incarceration was considered a more viable measure of return than re-arrest because: a) data on re-incarceration was more readily available than data on re-arrest, and b) re-incarceration represents a more serious return to the criminal justice system than re-arrest.

The start date for the 90-day re-incarceration measurement window was the first date of release from jail after receiving mental health services (i.e., if an inmate that received services was released and returned to jail more than once during the study period, only the first return to jail is counted).

## Data Collection

To identify individuals with the potential to recidivate, DCJS asked each pilot site jail to provide a list of the CORIS ID numbers for inmates who participated in its mental health pilot program, and who were subsequently released from the jail. The CORIS ID is a unique number assigned by the Department of Corrections (DOC) to inmates entering jail or prison. DCJS also asked each jail to provide the date of release from the jail for each participant who entered the jail on or after June 2017, and who was released from jail before April 1, 2020.

DCJS received this information from five of the six jails: Chesterfield County, Middle River Regional Jail, Prince William/Manassas Regional Adult Detention Center, Richmond City Jail, and Western Virginia Regional Jail. The Hampton Roads Regional Jail was unable to provide the release data requested, so it is excluded from the return-to-jail analysis.

## Data Analysis

After DCJS received the list of CORIS ID numbers and jail release dates for inmates participating in the pilot programs, DCJS compared these CORIS IDs to jail admission and release data provided by the State Compensation Board, to identify which participants had a new jail admission occurring after the release date provided by the participating jails. Participants with a new jail admission that occurred within 90 days of the provided release date were counted as "recidivists" for this analysis.

In total, DCJS received 1,049 records on inmates released from the five jail program sites (one record = one inmate). However, examination of these records revealed that 677 (64%) of the records had to be excluded from the analysis for the following reasons (some records met multiple exclusion criteria):
- 39 records did not include a release date
- 8 records did not have a valid CORIS ID number
- 76 records had a release date that did not match any CORIS records for those individuals
- 27 records had duplicative CORIS ID numbers
- 224 records were of individuals released in 2020. Due to the impact of the COVID-19 pandemic, individuals released in 2020 would be less likely to return to jail than for individuals released in prior years. These records would not be comparable with prior years, and were therefore excluded.
- 346 records involved "releases" that were actually transfers to another jail or some other facility.

- 103 records involved individuals released pretrial, either to bond or to pretrial services. Because returns to jail for this group could involve sentences upon conviction or non-criminal technical violations, they were excluded from the analysis.

After these deletions, DCJS was left with 372 unique, matched inmate records that were considered useful for analysis. Of these, 21 records had a release date in CY2017, 147 had a release date in CY2018, and 204 had a release date in CY2019.

**Recidivism Findings**

Among these 372 inmates who participated in the jail mental health pilot program and were then released from jail:

- 67 individuals returned to jail within 90 days, for a 90-day return rate of 18%. Conversely, 305 (82%) of the inmates released did not return to jail within 90 days after release.

- Return-to-jail rates were higher for CY2018 releases, compared with those released in CY2019. There were too few participants in CY2017 to calculate a reliable rate.
  - CY2018 cases – 33 of 147 returned within 90 days, for a rate of 22%
  - CY2019 cases – 31 of 204 returned with 90 days, for a rate of 15%

- Return-to-jail rates varied by the type of release from jail:[1]
  - 46 of 289 Sentenced Inmates, Confinement Complete: 16%
  - 21 of 83 Other: 25%

- Return-to-jail rates varied among the different pilot program jail sites
  - 5 of 23 Middle River participants: 22%
  - 2 of 27 Prince William/Manassas participants: 7%
  - 24 of 96 Chesterfield participants: 25%
  - 25 of 170 Western Virginia participants: 15%
  - 11 of 56 Richmond participants: 20%

Unfortunately, the limits of this analysis prohibit any meaningful comparisons of recidivism rates for the five different jail sites for several reasons. First, the differences in sizes of the inmate groups (23 from Middle River, 27 from Prince William/Manassas, vs. 96 from Chesterfield and 170 from Western Virginia). Second, differences in the types of inmates eligible for participation in groups (Prince William included only female inmates while Chesterfield allowed all incarcerated individuals, and some jails excluded inmates with a history of violent offenses). Third, each jail's program provided different types and levels of services, both within the jail and after release.

**Summary of Recidivism Findings**

Across the five jail mental health pilot program sites, 18% of the program inmates returned to jail within 90 days after release, and 82% did not return within that time frame.

Although less than one-fifth of the program inmates returned to jail, it is important to emphasize that this analysis provides only a limited, first look at how often inmates who participated in the pilot program

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[1] "Sentenced Inmates, Confinement Complete" includes the following release reasons reported in CORIS: "sentence served," "time served," "sentence-remainder suspended," "to probation," and "fine and cost paid."
"Other" includes the following release reasons reported in CORIS: "not guilty/innocent," "released by court order," and "charges dismissed."

returned to jail following their release. Also, because this is a preliminary examination of program releases, it does not answer a major question: Are inmates who receive jail mental health pilot program services less likely to return to jail than similar inmates who did not receive these services?

To answer this question would require a longer, more complex study which includes a "control group" of jail inmates who are assessed as having mental illnesses similar to those in the pilot program, but who do not receive any comparable services prior to release from jail. It is unlikely that such a comparison can be made, for it is difficult to imagine a situation in which jail inmates could ethically be screened and assessed for mental illness, but then not be provided with any type of services for the illnesses identified by the assessment. As such, DCJS could not impose this condition upon the pilot program inmates, nor could it locate any other jail recidivism studies meeting this condition.

The DOC report *Trends in Recidivism and Technical Violations* (August 2020) provides some information on recidivism among state-responsible inmates diagnosed with a mental health impairment and who served their entire sentence in a local or regional jail. The DOC analysis found that 46.2% of these inmates were re-incarcerated within 36 months of release from jail, compared to only 24.3 % of inmates who were not diagnosed with a mental health impairment. These rates are not comparable to the pilot project recidivism rate of 18%, primarily because of the much longer DOC follow-up (36-months vs. 3 months) and there is no information on whether or not any of the mentally impaired inmates received any services while in jail.

The DOC report did identify the importance of providing mental health services for reducing recidivism, stating that "recognizing the increased risk of recidivism among those with a mental health impairment, in FY2015, VADOC requested and was approved for additional mental health positions in the community to help transition offenders with mental health impairment as there is a continuity of care between incarceration and their return to the community."

# Appendix A: Chesterfield County Jail Profile

Total of $324,073 awarded in FY2020

Eligibility Criteria for Mental Health Pilot Program Participation

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

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

## Overall Achievements

Chesterfield's pilot program reported a number of successes in FY2020. Mental health staff improved their relationship with the local community services board and strengthened their relationship with other community agencies. This helped keep reentry efforts strong, even during the pandemic, for program participants released into the community. They were also able to shift all sessions with psychiatrists and clinicians to virtual sessions. This helped ensure that program participants received needed assistance despite restrictions imposed by the Covid-19 pandemic, and it decreased the wait time for appointments.

A major achievement noted by program staff was that they improved 'buy-in' from everyone in the jail regarding the importance of a mental health treatment program. This improved buy-in ranged from jail staff to the individuals incarcerated. It helped ensure that program participants got the treatment they needed, but also gained the tools and resources necessary to create a pathway toward successful reentry. One program participant stated:

> "Because of true recovery I got bond and because of HARP and the Mental Health Grant I was able to be helped with my bed fees for a few weeks, mental health appointments, substance abuse counseling and that's all I needed . . . I got a job a few weeks out started working full time paying my own bed fees and living in true recovery I was able to focus on all the thing I just recently thought I had lost."

Another program participant stated:

> "I was able to get a grant so I didn't have to worry about how I would pay. That has allowed me for the first time not to have to run out and get a waitressing job—right back to my old triggers. I have been so blessed. To not have to stress over money has been a huge relief. I also have been able to have counseling through River City each week and a psychiatrist."

There were also a number of achievements highlighted by the quantitative performance measures. Pilot project staff consistently completed mental health screenings for over 95% of individuals booked into the facility during the first three quarters. Nearly all of those screenings were conducted within four hours of booking throughout FY2020. Through the first three quarters of FY2020, every individual that was screened and assessed positive received program treatment, and the number of individualized treatment plans created by program staff increased each quarter. Program staff also consistently provided a high number of treatment hours in various manners over the first three quarters.

The aftercare portion of the pilot project continued to make achievements throughout FY2020. The number of individuals that had appointments scheduled in the community increased after the first quarter, and a steady number of individuals appeared at community appointments. Also, the number of individuals provided medication increased after the first quarter and all individuals provided medication received it within 30 days of release. It is also important to note that a steady number of individuals accessed transitional housing upon release. Chesterfield's aftercare success can largely be attributed to the reentry coordinator hired as part of the mental health pilot program. By having an individual dedicated to reentry, they have been able to build a strong network of community relationships that helps released program participants' access to essential items and services that make a successful reentry more likely.

The pilot program also continued to improve the overall climate of the jail. Throughout FY2020, there were only two behavioral health-related incidents toward staff, four toward self, and none directed toward other inmates. Only the second quarter of FY2020 saw any behavioral health-related infractions and temporary detention orders (TDOs). These low levels of safety incidents related to behavioral health have been attributed to all staff members being better educated on ways to recognize and address mental health needs, to proper de-escalation techniques, and knowing how to ensure individuals have their needs addressed before a crisis occurs. Individuals with mental health concerns are also now more capable of recognizing symptoms of their mental health needs and addressing them in a safe and healthy manner. These facility-wide improvements can be attributed to improved and increased trainings for all staff due to the pilot program, and to the previously mentioned increased buy-in among all staff members. Although a major finding of the FY2018 evaluation was the difficulties encountered in merging mental health approaches into a jail setting, this facility seems to have found a way to overcome that challenge.

Chesterfield staff stated that if mental health funding were eliminated, there would be no housing options for individuals with co-occurring disorders. This would be problematic because many of their mental health program participants have underlying substance use issues. They would also anticipate increased costs for the discharge medication needed for the released program participants. Program staff stated that they would do everything possible to keep the program going due to the success experienced through the program, but that it would be difficult to maintain without program funding. Similar funding would be difficult to obtain because it may not be available, or would take years to garner, through the local budget request process.

## Overall Challenges

The primary challenges faced by staff in FY2020 were directly related to the difficulties posed by the Covid-19 pandemic. During the final quarter of FY2020, one-on-one meetings and group therapy were halted to prevent the potential exposure to, and spreading of, the virus. Many of these services were eventually transitioned to a virtual environment. Chesterfield staff also dealt with challenges regarding hiring clinical staff to address individual and group counseling needs, and in filling a staff position after an individual resigned at the beginning of the Covid-19 pandemic.

This time of uncertainty, limited programming, and staffing turnover had significant impacts during the final quarter of FY2020, as can be seen in the program performance measures. For example, the percentage of individuals screened and assessed decreased during the final quarter. Also, the number of individuals that became program participants, number of treatment plans developed, and hours of treatment provided decreased during the final quarter. In terms of safety, the number of acute crises and individuals placed in restrictive housing due to behavioral health issues increased after the first quarter.

It is also important to note that, despite the Covid-19 impacts, Chesterfield staff continued to try to create a dorm for individuals suffering from co-occurring disorders. This is especially important at this site because many program participants have underlying substance abuse issues. Chesterfield had established a plan to deal with challenges related to Covid-19, staffing, and housing for individuals with co-occurring disorders during the final quarter of FY2020. For example, the quick transition to virtual therapy and programming should help address many of these challenges going forward.

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

Total of $351,909 awarded in FY2020

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 showed a number of achievements in FY2020. Program staff highlighted that they worked with various program participants with a history of cyclical detainment that were able to participate in intensive residential and transitional programming through the pilot program. These individuals have not recidivated, and program staff credit this success to the fact that these individuals were not able to engage in long-term co-occurring disorder treatment until they became part of the pilot program.

The climate of the entire jail has improved due to the pilot program. The number of incidents involving harm, assaults against inmates and staff, fights, and suicide attempts all decreased from pre-program levels. Staff members credited this reduction to the array of trauma-focused treatment modalities offered as part of the program, including innovative strategies within jails such as yoga and art therapy. Program participants have been learning how to identify and use positive coping skills that they learned during program participation. Many of the program participants had historically self-medicated and engaged in negative coping activities to alleviate their mental health symptoms and/or experiences with trauma. They now have learned how to identify symptoms of their mental health and how to cope with it in healthy, safe ways. Although behavioral conflicts have not been entirely eliminated, jail staff noted that when conflicts occur, individuals are now largely being held accountable for their actions and attempts are being made to correct those actions in a positive manner.

The performance measures illustrate an array of achievements during FY2020. Over 97% of all inmates booked were screened each quarter, and nearly all screenings occurred within four hours of admission to the jail. Mental health staff were able to provide a high rate of treatment hours throughout the first three quarters, and did not have to drastically reduce the treatment hours offered during the final quarter when Covid-19 restrictions were implemented. In providing aftercare services, the number of program participants released into the community that were provided medication and housing increased between the first and third quarters. Also, all individuals provided medication in the community were able to receive that medication within seven days of release. These aftercare services are essential for creating pathways to long-term success, and program staff have built strong community networks to create a smooth transition into the community.

Pilot project funding was also used to continue providing training to staff members throughout the jail. This training is essential for mental health staff, but for all other employees in the jail as well. This helps ensure that jail staff know how to properly identify and address mental health-related issues. It also helps increase recognition that mental health symptoms must be handled differently through a mental health approach, rather than simply though than traditional criminal justice approaches. This type of collective buy-in helps to improve program effectiveness.

Program staff expressed worry about the ramifications it would have on the entire facility if pilot program funding were no longer available. They noted that without the program, mental health challenges would likely be mishandled within the jail. Trauma treatment modalities that are embedded in the program would likely no longer be available. This would prevent individuals from learning how to identify mental health symptoms and how to address them through safe, healthy coping mechanisms. Also, individuals would be released into the community without essential medications. Gaps in the time between release

and when individuals can access a mental health provider in the community can lead to destabilization and decompensation in the community. Staff also worry that individuals with co-occurring disorders will no longer be able to access needed treatments within the facility and in the community, as well as transitional housing and transportation that improves accessibility of community services. Lastly, program staff worry that without the pilot program there would be a return to negative coping mechanisms, lack of accountability, lack of education on mental health, and the perpetuation of misguided notions around mental health that would strain staff and the entire facility. Prior to implementation of the program, there was limited or no access to robust mental health programming and training, and no ability to provide a higher level of mental health services.

## Overall Challenges

Despite these achievements, Prince William faced various challenges throughout FY2020, many of which were connected to staffing shortages and turnover, and to the Covid-19 pandemic. Regarding staffing issues, Prince William was unable to fill their reentry specialist position. This position is essential for a successful mental health program, especially in relatively small programs. When unfilled, other mental health staff must take on the complex roles of reentry in addition to their other duties, straining all individuals involved and preventing a more tailored and individualized focus on the individuals navigating reentry. Various sites have described their difficulty hiring and retaining qualified mental health staff in past evaluation reports. They often cite the lack of funding for these positions beyond one year grant cycles, and the difficulties of working in a jail environment, as obstacles to recruiting and retaining mental health staff.

The Covid-19 pandemic affected various elements of Prince William's pilot program during the final quarter of FY2020. Group programming was suspended, and volunteers and interns that helped implement program curriculum could no longer enter the facility. Therefore, only individual therapy sessions continued, using video conference technology. The jail therapist provided all services under the grant during this quarter. However, one staff member could not convert group programming into individual service models and at the same time deliver programming to the same number of inmates that were being served through group processes. Program staff worked to implement technology to provide programming in non-contact, video formats. For example, many reentry services for released program participants were conducted remotely.

Due to the statewide efforts to reduce jail populations during the fourth quarter of FY2020, some individuals deemed eligible for program participation were released early. At this facility, 24 individuals eligible for the program were released early, and one individual already in the program was released early. This individual was connected with community support and provided necessary medications. The impact of the pandemic could also be seen in the performance measure data. The percentage of individuals that screened positive and were not assessed increased during this final quarter. In fact, no new participants were admitted into the program during this quarter due to the pandemic. Program staff instead focused on delivering services to existing program participants in a safe and effective manner.

# Appendix C: Hampton Roads Regional Jail Profile

Total of $481,381 awarded in FY2020

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 showed a number of successes throughout FY2020. Program staff highlighted that they were able to fill crucial positions to help the mental health program operate. For example, they were able to hire a clinical therapist during the second quarter to provide group programming, one-on-one counseling, and help administer the mental health screening when individuals are booked into the facility. They also were able to work with a community counseling organization to provide expanded group programming.

The jail continued to provide essential mental health training to staff members throughout the facility. Correctional officers and medical staff were both trained in Mental Health First Aid. HRRJ has set the goal of every officer receiving this training if they interact with inmates. These mental health trainings help establish the importance of mental health treatment among all staff members. It also teaches everyone in the facility how to identify mental health symptoms, and the proper way to address those symptoms to improve the safety of everyone involved.

The quantitative performance measures data identified various achievements throughout FY2020. Across all four quarters, more than 99% of inmates booked received a mental health screening, and nearly all screenings occurred within four hours of initial booking. Every individual that was screened positive during FY2020 received a full mental health assessment. All individuals assessed positive for a mental illness and deemed eligible for the mental health program were admitted during the first three quarters (some were put on a waiting list during the final quarter due to the Covid-19 pandemic), and a treatment plan was developed for each participant.

In terms of aftercare services, most released program participants had community appointments scheduled and appeared at those appointments, were provided housing if they needed it, and were provided medication. Most of the individuals that received medication were able to do so within 14 days of release. During the third quarter of FY2020, the number of individuals that accessed employment, disability, and/or healthcare benefits significantly increased.

The mental health pilot program also helped improve the climate of the jail. There were very few behavioral health-related incidents toward staff and other inmates. The number of behavioral health-related incidents toward self peaked at 18 in the first quarter of FY2020, but decreased to one, nine and eventually zero such incidents in subsequent quarters. There were also few acute crises in the latter quarters of FY2020, and the number of behavioral infractions and TDOs related to behavioral health-related incidents decreased during the final quarter.

The Hampton Roads Regional Jail was unable to provide DCJS with the data needed to assess return to jail rates for its pilot program.

Jail staff stated that if the pilot program funding was removed or reduced, services for participants with serious mental illness would be limited during both their time incarcerated and throughout their reentry into the community. They fear that recidivism rates would increase among their mental health population. Staff members described a track record of successful reentry experiences for participants that received

services during incarceration and reentry, and they fear these experiences would be difficult to replicate without the pilot program funding.

## Overall Challenges

Hampton Roads Regional Jail also experienced challenges within their mental health pilot program throughout FY2020. Most of these challenges were related to the Covid-19 pandemic. When the pandemic first arose, all treatment programming had to be immediately suspended and it became difficult to provide routine services to SMI individuals. Mental health staff worked throughout the final quarter to implement video technology to allow for treatment services in a non-contact manner. They decided that to resume treatment programming, group classes would be limited to 8-10 individuals, face masks must be worn in the classes, there would be periodic testing, and individuals must be free of symptoms to participate. Regular disinfecting procedures were also made a mandatory part of the treatment programming.

Due to restrictions imposed by the pandemic, HRRJ also suspended the mental health first aid training for all correctional officers and medical staff. Staff members expressed frustrations with this because they were prepared to provide services to an increased number of individuals diagnosed as SMI. They were able to increase the mental health clinical staff available to help identify and diagnose individuals with SMI, but the pandemic restrictions prevented the expansion that they were prepared to offer.

Some of these challenges experienced are evident in the performance measure data. There were no individuals put on a waiting list for program participation during the first three quarters of FY2020; but potential participants were put on a waiting list due to pandemic restrictions during the fourth quarter. The total number of hours of treatment programming decreased significantly during the final quarter, as all group therapy and many peer support hours were halted. The first quarter saw a high number of acute crises, especially individuals experiencing multiple acute crises; however, these decreased significantly in the subsequent quarters.

# Appendix D: Western Virginia Regional Jail Profile

Total of $423,485 awarded in FY2020

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) had a number of accomplishments throughout FY2020. They continued the same underlying curriculum plan and delivery, which remained strong throughout the year. Program staff continued to hear from both current and former program participants, with the consistent theme being they are largely doing well and are happy to share the successes experienced due to program participation. In fact, staff members noted that prior to the implementation of their pilot program, the acuity of their mentally ill population had increased significantly, and staff were only able to attempt to manage extreme cases. Now, they are able to work with individuals with a wide spectrum of mental health concerns, provide them support, educate them on their mental health needs and how to manage them, and connect them with important community resources.

A major way that the program has improved the facility's approach to mental health needs is to improve widespread access to evidence-based training programs. Staff members have received training in Seeking Safety, Wellness Recovery Action Plan (WRAP) facilitator training, peer support, Mental Health First Aid, pharmacology and the Healthy Brain. These trainings help create a facility staffed with individuals trained to properly identify and address mental health needs in a safe and healthy manner.

A number of the achievements throughout FY2020 are evident in the program performance measure data. Every individual booked into the jail received a mental health screening, and all were conducted within 4-8 hours of admission to the jail. The percentage of individuals screened positive that received a full mental health assessment increased in each quarter, beginning with 63% in the first quarter and rising to 84% in the fourth quarter. The percentage of eligible individuals for which a treatment plan was developed increased from 82% in the first quarter to 90% and 89% in the third and fourth quarters respectively. Upon reentry to the community, nearly all released program participants appeared at their community appointments and a high percentage secured employment and healthcare benefits. For those individuals that received medication upon reentry, all except one individual in the first quarter acquired the medication within 30 days of release. A staff member noted that these reentry resources are essential, because they translate into a sense of security for the individuals having to adjust to difficulties confronting them in the community.

The pilot program also continued to improve the overall climate of the jail. This can be seen in the safety data collected for FY2020. There were no behavioral-related incidents directed toward staff, other inmates, and self, and no infractions related to behavioral health issues and TDOs during FY2020.

Program staff highlighted the importance of the pilot program by describing the impacts if the program funding was not available. Without the program, there would be no mental health curriculum delivered in group settings, there would be no peer support specialists, and there would be a large gap in services during both incarceration and upon community reentry. Staff members noted that the evidence-based curriculum provided is essential, but it would be difficult to do without the program due to the reductions in staff and resources that would follow. They noted it would be especially difficult to continue providing any reentry resources to help individuals transition back into the community.

## Overall Challenges

Western Virginia Regional Jail also dealt with various challenges throughout FY2020. Many of these challenges were related to the Covid-19 pandemic. For example, staff members were unable to bring program participants out of their housing units and facilitate in-person class sessions during the final quarter of FY2020. Class sessions had to be adjusted to find a way to deliver needed treatment services without increasing contamination risks. This made group programming especially difficult to continue. Staff also had to adjust treatment plans when participants were released early. These treatment plan adjustments affected the in-jail treatment services, reentry planning, and reentry resources.

To address these particular issues, staff began shifting programming into housing units and administering that programming with entire cohorts. This way, if a group facilitator or someone in the cohort tested positive for Covid-19, the possible exposure would be limited within the facility. In practice, this meant that one staff member would teach the curriculum to an entire cohort from start to finish, rather than having multiple staff members sharing the curriculum facilitation.

The pandemic also created challenges with the reentry portion of the program. Many of the released program participants that were receiving aftercare services in the community were unable to continue receiving those services, and many of them that were employed in the community were furloughed. Former program participants were also unable to access many of the community services that are essential for helping to create successful reentry and avoid potential triggers. The last major challenge faced with the aftercare services portion of the program was difficulty finding safe and affordable housing for program participants. This was a major difficulty in FY2019, and continued to challenge staff throughout FY2020.

# Appendix E: Middle River Regional Jail Profile

Total of $288,362 awarded in FY2020

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 had various accomplishments during FY2020. Many of their achievements are connected to the full-time mental health staff members hired using pilot program grant funding. In particular, the reentry case manager has helped build a robust network of community resources to improve reentry success possibilities for released participants. When program participants are released, they are transported by the case manager to local social services, set up for intake at the local Community Services Board, and fast-tracked into the services offered. This reentry preparation begins prior to release, because the reentry case manager is employed in the jail.

Successes in the mental health pilot program at Middle River are also largely connected to the special needs housing pod. This housing pod was created as part of the program to provide an alternative housing pod for individuals with serious mental illness that are unable to function in the general inmate population. This specialized, smaller housing unit allows for mental health staff to provide direct and tailored programming and services. It also helps facilitate the reentry planning sessions that help create a smooth transition into the community. It is also important to note that all employees completed an annual mental health training, and some mental health staff members were certified to facilitate Moral Reconation Therapy (MRT), which is a cognitive behavioral group curriculum.

A number of the achievements for FY2020 were evident in the program performance measures. For example, the percentage of booked individuals that received a mental health screening increased from 62% in the first quarter to 100% in both the third and fourth quarters. All of these screenings were conducted within 24 hours of booking; all screenings conducted in the fourth quarter took place within four hours of admission into the jail.  Also, the rate of individuals deemed eligible for program participation but put on a waiting list decreased each subsequent quarter and treatment plans were developed for each program participant. Upon reentry into the community, former program participants consistently appeared at community appointments. There was also an anecdotal success highlighted by staff members, as they noted that a former program participant became a certified peer support specialist that can help others going through the program.

The overall climate of the jail was also improved by the pilot program. There were no behavioral health-related incidents directed toward staff or other inmates, and no infractions related to behavioral health, during FY2020. The number of individuals placed in restrictive housing was cut in half between the first and final quarters, and there were relatively few TDOs throughout the year.

Mental health staff also expressed the importance of the pilot program by describing the impact on the jail if the program were not available. Without program funding, there would be few options to live in special needs housing pods for individuals diagnosed as SMI and unable to live in the general population. They stated that mental health needs would only be addressed when a crisis emerges, and that much of the in-jail treatment planning and reentry planning and increased resources would no longer be available. They stressed that psychiatrist hours would be reduced to the point where there would be large gaps in time before individuals could meet with a psychiatrist and receive needed medications. The current wait time is days, but this would likely stretch to weeks or months without the pilot program. Staff also noted that when the local judge orders a rapid mental health assessment, this requires clinician assistance to

complete. If the program funding were unavailable, the clinical staff able to fulfill these requests would be reduced and it would not be possible to complete these rapid assessments.

Mental health staff also noted that program participants have a significant history of mental health illness and frequently have a long history of incarceration and/or hospital commitments. When incarcerated, these individuals were often placed in long-term restrictive housing. The special needs housing pod created as part of the pilot program meant that these individuals could live in less restrictive housing. These individuals also tend to have a history of 'burned bridges' in the community. The reentry case manager was able to help these individuals overcome this history of failures and improve their potential for successful reentry.

## Overall Challenges

While Middle River Regional Jail experienced a number of achievements, they also faced challenges throughout FY2020. Most of these challenges were related to the Covid-19 pandemic and staffing turnover. At the onset of the pandemic, all group programming was suspended. Jail staff adapted to the new pandemic environment and developed strategies to implement programming within the special needs housing pods. Mental health staff were able to continue one-on-one meetings with individuals and case management services remained in place. The impact of Covid-19 can be seen in the program performance measures. The percentage of individuals screened positive that received a full mental health assessment decreased from 73% in the first quarter to 46% in the final quarter of FY2020.

Despite challenges presented by the Covid-19 pandemic, reentry services continued to be provided by the program's reentry case manager. Mental health staff could no longer transport program participants to community resources, but alternative transportation options were found, and mental health staff met the individuals are their appointment sites. It is also important to note that jail staff worked with local court and criminal justice officials to reduce their admissions, while also increasing the number of individuals released early.

Staffing turnover continued to be a challenge, and this challenge was heightened during the pandemic. For example, staff members and potential applicants worried about the added risk of being exposed to Covid-19 when working in a jail setting. The site attempted to address this concern with a heightened focus on following health recommendations for mitigating the spread of Covid-19.

# Appendix F: Richmond City Sheriff's Office Profile

Total of $505,790 awarded in FY2020

Eligibility Criteria for Mental Health Pilot Program Participation

- At least 30 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 to the above criteria are made on a case-by-case basis.

- Enrollment is voluntary.

## Overall Achievements

The mental health pilot program at Richmond City Sheriff's Office showed a number of achievements throughout FY2020. They were able to increase the number of individuals enrolled in their program by changing the requirement of having to be in the jail at least 60 days to now requiring only 30 days. Also, eight program participants were released early from the jail to reduce the jail population at the onset of the Covid-19 pandemic. Mental health staff were still able to work with these individuals to ensure they were linked with mental health services in the community, and a community case manager continued to work on supporting them in the community. These successes with aftercare services could largely be attributed to the strong relationships with community agencies that were created by the jail reentry program staff.

The program continued to help staff members receive important mental health trainings. For example, the staff attended trainings on mental health approaches to intellectual and/or development disabilities, suicide intervention and prevention training, and motivational interviewing techniques for program participants, among others. These trainings, combined with the qualified mental health staff members hired and employed as part of the program, helped the Richmond City Sheriff's Office deliver innovative, meaningful treatment programming.

The achievements of the pilot program can also be seen in the program performance measures. More than 95% of individuals booked into the facility received a full mental health screening in each quarter. All individuals that became part of the program had an individualized treatment plan developed, and there was a consistently high rate of various treatment programming offered within the jail. After the first quarter of FY2020, the number of individuals that received aftercare services increased for nearly all of the performance measures, and all released program participants that received medication in the community were able to do so within seven days of release.

The pilot program appeared to make a positive impact on the overall climate of the jail as well. This is evident in the data collected for safety measures among all members of the jail. The number of incidents involving harm and assaults on staff and other inmates decreased between CY2018 and CY2019.

Mental health staff noted the importance of the program at the facility. They highlighted that qualified staff are necessary to continue providing essential clinical and non-clinical services within the facility. Jail staff stated that if pilot program funding was removed or reduced, there would be few community resources, including mental health services, accessible to released individuals. This could result in increased recidivism, incarceration and hospitalization rates connected to mental health illnesses. Staff members also worried that there would be a significant increase in costs faced by the jail. Even just a reduction in funding was seen as detrimental, because their successful reentry experiences have been

attributed to a full continuum of care by licensed mental health professionals. The impact of pilot program funding being eliminated or reduced would be felt both within the jail and within the local community.

## Overall Challenges

While a number of accomplishments were made in FY2020, Richmond's mental health program also dealt with various challenges. As with other program sites, many of these challenges are connected to the Covid-19 pandemic and staffing issues. In response to the pandemic, mental health assessments were put on hold from mid-March until late May, because staff responsible for conducting the assessments worked remotely during the initial portion of the pandemic. Case management services were severely limited during the final quarter of FY2020, until they were able to resume these services via tele-health technology.

One of the biggest areas of the program affected by the pandemic was treatment services. Group programming was suspended and continued to remain suspended throughout FY2020 to prevent the spread of Covid-19. This can be seen in the program performance data. The number of treatment and programming hours decreased due to limitations imposed by Covid-19, especially during the final quarter of FY2020. Staff members made technological changes to provide tele-health services for therapy sessions. Tele-health was also used for case management needs with individuals, and for direct communication between staff and program participants. Jail staff are searching for more ways to use tele-health services for case management and reentry services. A pressing concern among staff members was how to revitalize group programming, given the ongoing nature of the pandemic. They are hoping that expanded implementation of video technology can help revitalize individual and group programming in a safe, non-contact manner.

Pilot program staff members feel confident in the growth that occurred over FY2020. They want to continue growing their program to serve more individuals. They worry that more staff is needed to adequately serve a growing number of program participants, and to maintain the coordination within the jail and the community that is essential for a full continuum of care. They feel that with more mental health staff they could grow the program and meet new goals while maintaining a high level of quality treatment programming in FY2021.