



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Shannon Dion
Director

Megan Peterson
Chief Deputy Director

Washington Building
1100 Bank Street
Richmond, Virginia 23219
(804) 786-4000
www.dcjs.virginia.gov

January 13, 2022

The Honorable Ralph Northam
Governor of Virginia
Patrick Henry Building
1111 East Broad 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 Vanessa Walker
Secretary of Health and Human Resources
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 Barry D. Knight
Chairman, House Appropriations Committee
Pocahontas Building
900 East Main 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,

A handwritten signature in blue ink that reads "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
www.dcjs.virginia.gov

December 20, 2021

Contents

Preface	1
Introduction.....	2
Summary of Evaluation Findings	3
Pilot Project Achievements and Challenges in FY2021.....	3
Recommendations.....	6
Data Collection and Evaluation Methodology	12
Data Collection.....	12
Data Analysis.....	12
Effects of Covid-19 on the Programs and Program Measures	12
Specific Project Findings	13
Impact of Covid-19.....	13
Mental Health Screenings.....	13
Mental Health Assessments.....	15
Treatment Services	16
Aftercare Services.....	18
Jail Climate.....	21
Recidivism among Pilot Program Participants	23
Data Collection.....	23
Data Analysis	23
Recidivism Findings.....	24
Summary of Recidivism Findings.....	25
Conclusion	26
Appendices.....	27
Appendix A: Chesterfield County Jail Profile.....	28
Appendix B: Prince William-Manassas Regional Adult Detention Center Profile.....	30
Appendix C: Hampton Roads Regional Jail Profile	32
Appendix D: Western Virginia Regional Jail Profile.....	34
Appendix E: Middle River Regional Jail Profile.....	36
Appendix F: Richmond City Sheriff’s Office Profile	38

Preface

This report evaluates the activities of Virginia’s Jail Mental Health Pilot Program (JMHP) during FY2021 (July 1, 2020 through June 30, 2021). It is the fifth in a series of annual 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 pilot programs’ implementation and effectiveness.

In 2016, 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 dealing 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, re-entry services, and transportation services; and
9. Use of grant funding to supplement, not supplant, existing local spending on these services.

The 2020 Appropriations Act (Item 395 J.1–3) further continued the JMHP by appropriating \$2,500,000 the first year and \$2,500,000 for the second year. The 2020 Act included reporting requirements on program activities as follows:

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.

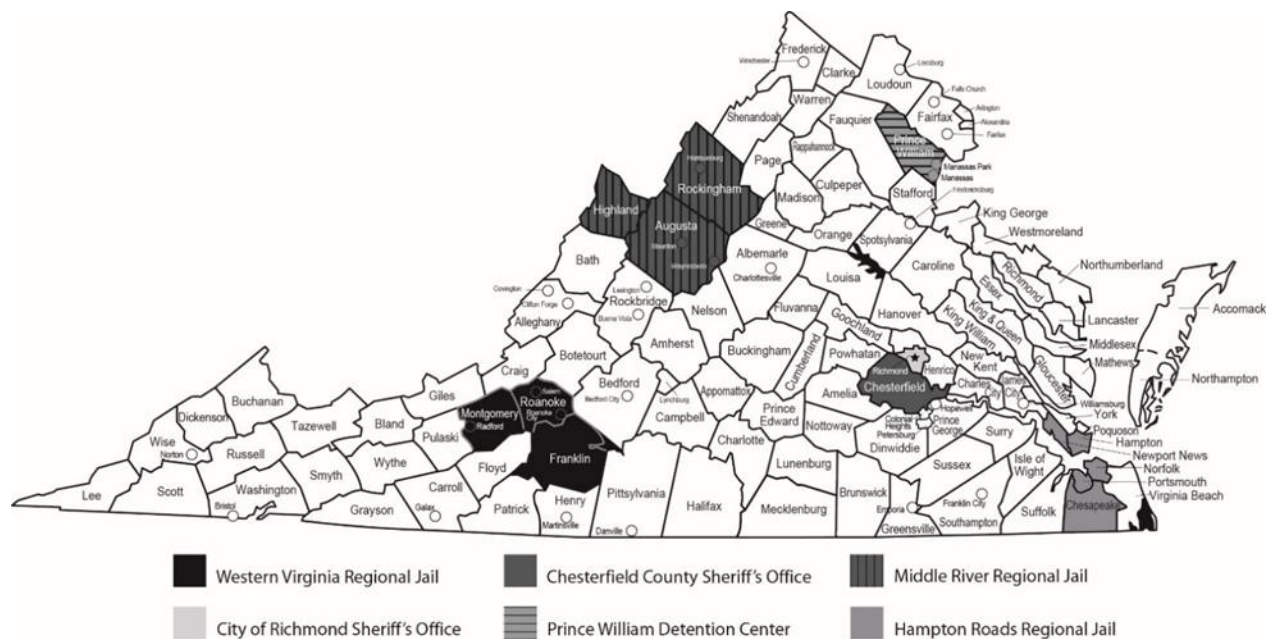
This report on the Jail Mental Health Pilot Project, dated December 20, 2021, is submitted by DCJS in response to the above 2020 Appropriations Act language.

Introduction

As noted in previous evaluation reports published by DCJS, 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 while incarcerated in local or regional jails 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 for FY2021 (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. Recommendations are made for the current participating jails, and for jails that may implement similar mental health programs in the future.

Table 1: Jail Mental Health Pilot Programs and Award Amounts

Selected Pilot Site	Funding Awarded FY2021
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

The findings of this fifth-year (FY2021) evaluation report generally show a continuation of the findings from last year's report: By providing funding for targeted mental health services to inmates, the JMHP produced measurable improvements in inmate well-being and the jail climate compared to measures of these factors at the start of the program. These programs helped the jails identify individuals with mental health needs, produce treatment plans tailored to their needs, and provide services in accordance with tailored treatment plans both during incarceration and after release from jail. Performance measures for most of these activities have trended mainly upward over the course of the program.

In FY2021 the program sites also confronted unprecedented strains due to the Covid-19 pandemic. Like jails and other institutions across Virginia, the pilot sites had to impose reductions in staffing and services to reduce the spread of Covid-19. For this reason, many of the upward trends in program and service measures seen over the last several years of this evaluation were slowed or reversed in FY2021. *It is important to view these changes in the context of the pandemic. These reductions should not be seen as flaws in the program; they are instead the result of necessary responses to an extraordinary unanticipated event.* As described in this report, many of the program sites found innovative ways (such as remote telehealth) to maintain mental health services despite the Covid-19 restrictions.

The JMHP achievements and challenges during FY2021 are summarized below.

Pilot Project Achievements and Challenges in FY2021

Mental health screenings for inmates booked into the jails continued at a high rate. The sites continued to screen and identify individuals entering the jails with a mental illness by using the Brief Jail Mental Health Screen (BJMHS) or the Correctional Mental Health Screen for Women (CMHS-W). About 99% of inmates booked into the jails in the first quarter of FY2021 received a mental health screening. This number dropped to 79% in the fourth quarter of FY2021, but overall this was comparable to the pre-Covid-19 rate of about 90% of booked inmates screened during FY2019 and FY2020. During the first and final quarters of FY2021, over 99% of all screenings were conducted within eight hours of booking.

Mental health assessments continued to be conducted. During the first and last quarters of FY2021, 47% and 40%, respectively, of inmates screened positive for a potential mental illness received a full mental health assessment. Although this is a drop from the 50% to 70% assessment rates during FY2019 and FY2020, it is still a significant increase over the 13% assessment rate seen at the start of the JMHP. Covid-19-related reductions in staff to conduct assessments were a major driver of the reduction in FY2021 assessment rates. Over 75% of the assessments were conducted within one week of screening.

Treatment plans continued to be developed for program participants. During the first and final quarters of FY2021, 56% and 54%, respectively, of all inmates eligible for treatment had a plan developed. This was a decrease from previous FY2019 and FY2020 treatment plan development rates, but this also was exacerbated by the Covid-19-related decreases in staff available to develop the plans.

Admissions to mental health programs for eligible participants continued to remain high during FY2021. During the first and final quarters of FY2021, about 84% and 60%, respectively, of eligible program participants were admitted into the programs. Both of these rates are an increase from the FY2020 admission rates of 75% and 55% in the first and final quarters of FY2020, respectively.

Treatment services continued to be provided to program participants at a high level. Despite pandemic-induced limitations, the sites provided more hours of treatment services in the final quarter of FY2021 than they did in the first quarter of the year (in the final quarter, 607 total one-on-one therapy hours, 542 group therapy hours, and 3,097 hours of other programming and services were provided). The majority of these other hours were for peer support services and case management. Other programming and services included life skills building, vocational training, education, legal assistance, and medication management. All of the sites maintained services by using telehealth technology to deliver various services virtually, and some were able to resume in-person programming as vaccination rates improved. Some sites used jail

mail systems to allow participants to submit material in group and individual programming to class leaders, so that these activities could continue. Program funding also helped sites establish separate housing pods for individuals with mental health concerns, provide more tailored services to inmates, and identify potential risks needing intervention.

Although telehealth service delivery allowed sites to maintain mental health services, some sites did note challenges with telehealth. Some sites expressed concerns that remote programs were not as effective as in-person programs, and that the lack of in-person options could have deterred some individuals from participating in programs. Some jail staff also struggled with technical issues when switching to remote telehealth service delivery. Treatments service for inmates diagnosed with co-occurring disorders (such as mental illness and substance use disorder) continued to be a challenge, as treatment programming must address both of the disorders, not just the mental health diagnosis.

Reentry and aftercare services in FY2021 generally continued at rates comparable to those in FY2019 and FY2020. The sites continued to establish and maintain, and in some cases expand, community partnerships to help released individuals obtain housing and discharge medication, make community appointments, find transportation, and conduct sessions to reduce post-release anxiety to help improve reentry. Some sites saw major increases in these services in some of these areas during the first and final quarters of FY2021. During the final quarter of FY2021, the number of individuals that appeared at their community appointments, secured and/or resumed employment, and secured and/or resumed health care benefits were at their highest since the program began.

Affordable housing for released inmates continued to be a challenge. Since the project began, 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 specifically highlighted the need to focus on recovery housing for individuals reentering with a co-occurring disorder.

Jail climate continued to be an important measure for assessing the impact of the pilot programs on jail staff and inmate safety. Four of the six jails provided usable FY2021 data on the overall climate and safety of the jail, and these jails showed a decline in behavioral health-related incidents to self, inmates placed in restrictive housing, inmates experiencing an acute crisis, and behavioral health-related infractions, from the first to the last quarter of FY2021.

The total number of inmates placed in restrictive housing decreased from 110 in the first quarter of FY2021 to 57 in the final quarter, and there were only 48 total behavioral health-related infractions between the first and final quarters of FY2021, as well as 35 total Temporary Detention Orders (TDOs) across these two respective quarters.

Hiring and retaining qualified mental health staff members continued to be a challenge in FY2021, as was the case even before the Covid-19 pandemic restrictions. Any gaps in staffing due to vacant positions can affect the overall functioning of the program. Sites continued to cite difficulties attracting and retaining qualified mental health staff when funding for the positions was tied to unpredictable one-year grant cycles. Staff at some sites also tested positive for Covid-19 and had to be isolated, which reduced the availability of important programming and services.

Return-to-jail data indicated that the rate of program participants returning to jail within 90 days of release declined from FY2020 to FY2021. Twenty-two percent of program participants returned to jail within 90 days of release during FY2020, but only 12% of participants returned to jail within 90 days of release during FY2021. However, this drop must be interpreted cautiously, and should not definitively be attributed to participation in the mental health programs. Due to the Covid-19 pandemic, during CY2020, state and local officials took various steps to reduce the number of individuals placed in jails, and these steps likely reduced the recidivism numbers for FY2021.

The overall impact of the pilot project continues to be that it is providing comprehensive mental health services in Virginia jails. While consistent challenges were faced, and exacerbated by the Covid-19

pandemic, the pilot program has helped individuals with a mental illness be identified, treated, and provided services both during and after incarceration. Site program staff stated that the mental health pilot program continued to provide individuals access to important, necessary mental health services both while in jail and upon reentry. Staff at the sites also continued to express concerns about the consequences of losing the program funding needed to provide these services. They specifically noted that individuals with mental illness would not be identified and not receive treatment, that the improved jail climates they have achieved would deteriorate, and that recidivism rates would increase. Jail program staff have stated that they would do all they possibly could to continue providing these services without pilot program funding, but that it would be very difficult to do so.

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

Recommendations

This evaluation report, and those done for the previous years since the jail mental health pilot program began, has identified measurable improvements in the well-being of both jail inmates and jail staff. The program 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 smooth their reentry after leaving the jail.

These evaluation reports have also identified challenges encountered by the jails as they worked to integrate providing mental health services into what is traditionally a custodial, control-oriented jail environment. Combining these two cultures has been a complex and lengthy process. At the same time, the program enabled jails to find different ways of meeting these challenges. Some challenges were overcome, and some still persist. But overall, the jails participating in the pilot program have demonstrated that they can successfully develop and provide these services using the funding provided by the jail mental health pilot program.

Based on the successes and challenges identified in later sections of this evaluation report, the following recommendations are provided. These recommendations, if funded and implemented, would support the ability of local and regional jails to meet the minimum standards for behavioral health services adopted by the Board of Local and Regional Jails in November 2020 and discussed at length in a report published by DCJS in July 2021.¹ Similarly, specific options for many of these recommendations, and estimates of the likely costs and staffing needs associated with those options, are provided in the July 2021 DCJS report. The Governor's introduced budget for the 2023–2024 biennium includes approximately \$18 million in FY2023 and \$19.7 million in FY2024 to support the 249 behavioral health case managers and additional 253 medical and treatment positions recommended to provide a baseline level of capacity for behavioral health services in all jails in the Commonwealth (SB 30 (Introduced), Item 72 P.).

1. Expand the Jail Mental Health Program

A. Expand the mental health pilot program to more jails.

Jails participating in the pilot program showed consistent improvements in their ability to provide inmates with services and treatment to address their mental health needs 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.

2. Provide Stable Funding for the Jail Mental Health Program

A. 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 made it especially difficult to recruit and attract the qualified mental health staff needed for an effective program. Frequent staff turnover led to gaps in services which had adverse impacts on all components of a continuum of care.

¹ [RD292](#) - Estimated Costs of Meeting Minimum Standards for Mental and Behavioral Health Services in Virginia Jails – July 2021

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

3. Strengthen Program Implementation

A. DCJS should provide new jail mental health programs 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 should use its 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 timeframe.

B. 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 their mental illness symptoms, how to deescalate potentially volatile situations, and how to succeed both inside and outside of the jail. DCJS should ensure that jails are provided with—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.

C. Provide staffing in the jails that is adequate to support a comprehensive mental health program.

The evaluation showed that there is a “flow” to a successful jail mental health program: screening, assessment, treatment planning, treatment delivery, release planning, and delivery of post-release services. A breakdown in any of these steps can disrupt the entire continuum of care. 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 re-entry coordinator to work with each program participant. As noted above, estimates for the costs associated with minimum staffing levels to ensure adequate behavioral health services in jails are available in the July 2021 DCJS report.

D. Provide adequate staffing from the onset of program development.

Jails with mental health programs should identify all of the duties needed for their program to operate, then create staffing positions and hire accordingly. The evaluation showed that staffing gaps, particularly during early implementation, were particularly disruptive. 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 additional program duties.

E. Consider hiring individuals who are familiar with and have connections to the local community.

Individuals that work with community-based programs have important lived experience doing their work. They also have experience working in their given community. Hiring individuals from organizations and agencies in the local community could help to ensure the mental health program is staffed with individuals qualified to do that type of work, while also having needed community connections and experience to expand community partnerships and assure that a complete continuum of care is created.

F. Provide evidence-based mental health training for all jail staff.

Jail culture generally improved following implementation of the mental health pilot program. A primary reason cited for this improvement was training for all jail staff on recognizing and dealing with mental illness. This helps all jail staff not only to destigmatize mental illness but also to better understand the complexities of dealing with inmates with mental illnesses. Jails should work with all staff so that they understand that mental health needs vary across individuals and thus each individual must be understood through the unique challenges that they face. The standards adopted by the Board of Local and Regional Jails (but not yet promulgated in regulations) include this requirement.

G. Ensure good communication among various units within each jail.

“Silos” 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.

H. 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.

4. Provide In-Jail Services

A. Employ a mental health case manager to assure effective diagnostic assessment, individualized treatment plans, and treatment delivery.

Each of these elements are critical for maintaining continuity of care. A case manager can assure 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.

B. Provide evidence-based individual and group counseling.

Pilot sites often cited the improvements that individual and group counseling made for program participants. Jails should strive to provide both types of services to address inmates’ mental health needs. Prior to this counseling, most participants did not understand their mental health issues, had never received treatment, and had never been offered potential paths to recovery. Individual therapy helped to provide psychoeducation and address underlying mental health issues. Group counseling provided supportive environments for participants to learn new coping skills and realize that they were not alone in the struggle with mental illness.

C. Provide trauma-based and co-occurring disorder treatments that include 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, understand the impact of, and overcome their trauma. Co-therapy modalities and other coping skill programs helped address the links between trauma, substance abuse, and mental illness.

D. Use peer support specialists to facilitate treatment groups and teach evidence-based curricula.

Pilot sites had success using peer-support specialists. Program participants benefitted from learning from individuals with similar lived experiences. Peer instructors helped participants both

realize that changing their environment and their friends/family upon release may not be realistic, and learn how to make realistic changes that can lead to long-term success.

E. 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 assure the mental health programs fully address all elements of a continuum of care, and avoid gaps in programs and coordination that could disrupt recovery.

F. Consider creating a specially designated housing pod for individuals with special needs.

Some pilot sites created housing pods reserved for individuals diagnosed with serious mental illness or other mental illnesses 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 lack of designated housing for these individuals could reduce much of the in-jail programming to little more than crisis management.

G. Expand the use of tele-health services.

When the Covid-19 pandemic reduced 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. The July 2021 DCJS report describes basic infrastructure necessary for behavioral health services to be delivered by tele-health; that report also discusses the option to adopt the approach taken by the Department of Corrections of securing a contract for tele-health services, including behavioral health services, to be delivered as needed at negotiated rates.

5. Provide Reentry Services

A. Provide robust reentry services to released program participants.

Obtaining housing, employment, transportation, medication, and healthcare services contributes to successful reentry. However, doing so 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 assure they have a robust reentry plan coordinated with local community services boards, community housing programs, and other service providers.

B. Employ a discharge planner and a re-entry coordinator to focus on re-entry services.

Discharge planners and reentry specialists build strong community partnerships to help participants throughout the re-entry process, from preparing participants for re-entry through assuring the re-entry plan is implemented. In addition to providing direct linkage to community resources, these employees often maintain communication with released program participants to assure they are accessing all needed resources and following through with the reentry plan.

C. 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 assure that all mental health and substance use therapy appointments are coordinated prior to release and then given to that individual upon their release.

D. Provide a designated community services board case manager for all discharged program participants.

This assures that there is a specific case manager that coordinates the released program participants' community services, which is essential for a complete continuum of care.

E. 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 essential needs such as setting up appointments with community providers and potential employers could not be met. The pilot programs devised various strategies to help participants obtain housing, which was especially difficult in areas with high costs of living and rural areas where housing was limited. Obtaining housing was (and is) 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 noted the importance of transportation when they saw mass transit options shrink in some localities due to Covid-19.
- *Medication.* Provide discharge medication to released individuals as soon as possible. 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 mental illness symptoms, 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 released program participants with some financial resources when released. 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 assure that released individuals have access to a cell phone and a directory of available community services. 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.

F. Develop community partnerships.

Developing and maintaining community partnerships is essential for providing a continuum of care to program participants. These partnerships help ensure a smooth transition from pilot program participation within the jail to accessing essential resources within the community.

6. Program Monitoring and Evaluation

A. Create a uniform system for collecting, reporting, and assessing the operations and impacts of the jail mental health programs; support implementation and evaluation of behavioral health standards adopted by the Board of Local and Regional Jails.

Program performance measures are essential for continuously assessing the effectiveness of the jail mental health programs. These assessments are necessary to identify what aspects of the program are most often associated with success, or lack of success. Although each jail developed a performance 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. Developing effective infrastructure and processes for program performance measurement will support the ability of local and regional jails to implement the standards for behavioral health care adopted by the Board of Local and Regional Jails in November 2020.

7. Long-Term Reform Efforts

A. Increase the number of mental health emergency beds.

If the number of emergency psychiatric beds and community mental health centers were increased across Virginia, there would likely be fewer individuals incarcerated with mental health issues. This would help jails and prisons provide tailored services to a smaller population of incarcerated individuals with mental health issues.

B. Implement diversion programs within communities.

If more diversionary courts and programs were established in communities, fewer individuals would be incarcerated with mental health issues. These diversionary programs would help individuals with mental health needs get those needs addressed in the community rather than in jails.

Data Collection and Evaluation Methodology

Data Collection

To assess how the pilot sites delivered services under this program during FY2021, 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 inmates released from the jail.

Additionally, the FY2021 Appropriations Act directed DCJS to report on the number of program participants who were released from jail, but then returned to jail within 90 days of their release. To do this, DCJS obtained lists of inmates who participated in the pilot program and were then subsequently released from jail. These lists were compared to data on all inmates who were committed to any Virginia jail, to identify any pilot program participants who returned to jail within the 90-day window following release. Details of this analysis are provided in the *Recidivism among Pilot Program Participants* section of the report.

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, 2020 through June 30, 2021, the report also references data from the previous project period (January 1, 2017–June 30, 2020) to help contextualize the fifth year of data. Data is 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 measure 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

The first three 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 seen in the program performance measure data collected in FY2020 and FY2021.

However, the final quarter of FY2020 (April – June 2020) and throughout FY2021 is when Virginia's criminal justice system was responding to the 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. These impacts are described throughout the report.

Specific Project Findings

Impact of Covid-19

The Covid-19 pandemic had a major impact on each program site and their mental health programs throughout FY2021. 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. The common themes that emerged across the six pilot sites are summarized below. More detailed information regarding these findings are available from DCJS upon request.

Intake, Screenings, and Assessments – The number of individuals admitted to jails continued to remain lower than pre-pandemic levels as courts focused on diversion options to reduce jail populations across Virginia. Some pilot program sites also had challenges continuing with mental health screenings and full assessments for individuals entering the jail. This was typically a result of staff members responsible for implementing the screening and assessment tools working remotely during the pandemic, or due to gaps in employment that were not immediately filled.

Treatment Programming – Pilot program staff had to adjust treatment programming to shift away from in-person sessions to primarily remote sessions. Staff members used telehealth technology to continue administering important elements such as one-on-one therapy, group programming, and reentry case management. Some sites also had to reduce programming because volunteers, community partners, and others could not come into the facility due to Covid-19 restrictions. Participating jails tried to maintain virtual programming when possible. Sites also dealt with the technological challenges that accompany telehealth modalities, which impacted the quality of services provided. Staff turnover also continued to be an issue throughout FY2021 as individuals would leave their positions and those positions sometimes remained open for extended periods of time. This created issues, especially when positions such as reentry case managers remained unfilled and program participants did not get reentry help, or when one position had to do reentry work while also completing their other duties.

Aftercare Services – Accessing community support services post-release was an essential part of the pilot programs; however, Covid-19 affected these services as well. Many of the released program participants reentered a community with fewer resources available to help them navigate reentry than would have been the case prior to the pandemic. Some also reentered communities with increasing rates of drug overdoses, which can present additional mental health challenges, especially for those individuals dealing with co-occurring disorders. Pilot program staff worked to maintain partnerships with community organizations essential in the reentry process, but the challenges still remained.

Mental Health Screenings

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

A significant achievement of the pilot program during the previous funding years was increasing the number of inmates booked who underwent the initial mental health screening. It appeared that during previous funding years the rate of booked inmates screened had stabilized around 90%. This high rate of screenings continued during the first quarter of FY2021. However, the final quarter of FY2021 saw a dip in the rate of screenings conducted.

Figure 2 illustrates how the level of FY2021 screenings compares to the three previous years of the pilot project. (Note: 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.)

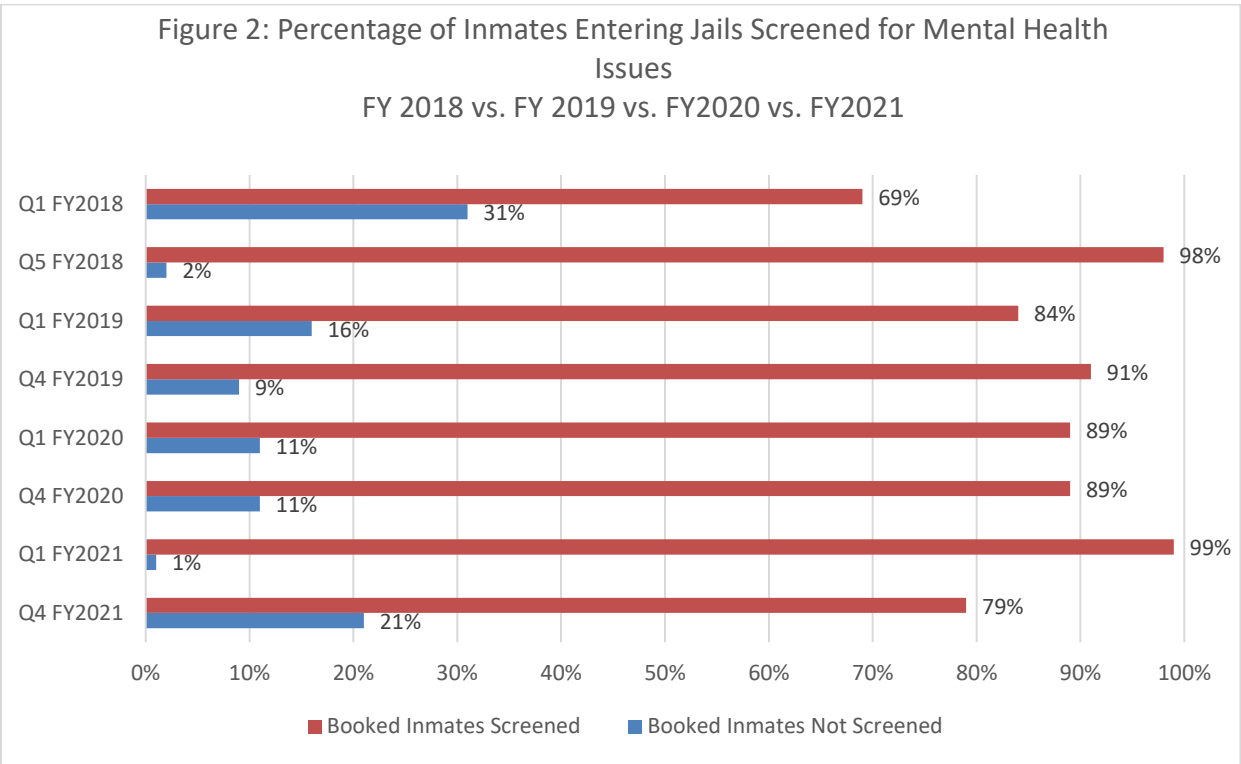
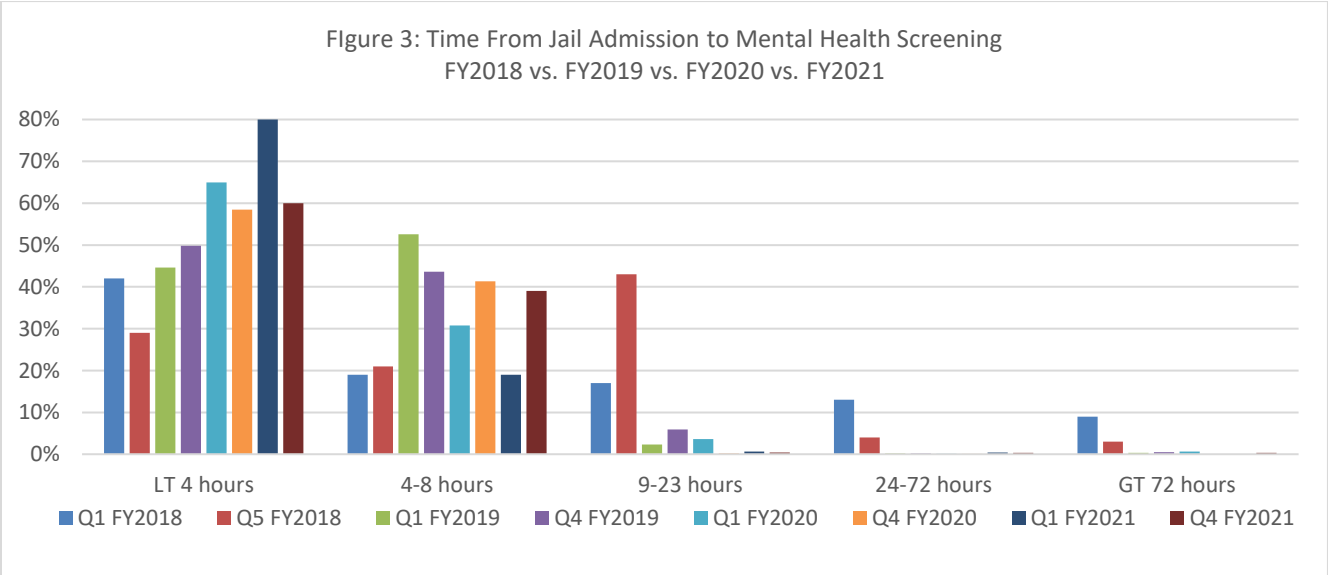


Figure 2 shows how the percentage of inmates booked into the jails that was screened for mental illness quickly increased after the program was fully implemented. While only 69% of booked inmates were screened during the first quarter of FY2018, the percentage of inmates screened then began to hover around 90%. This rate increased to 99% during the first quarter of FY2021, but then decreased to 79% during the final quarter of FY2021.

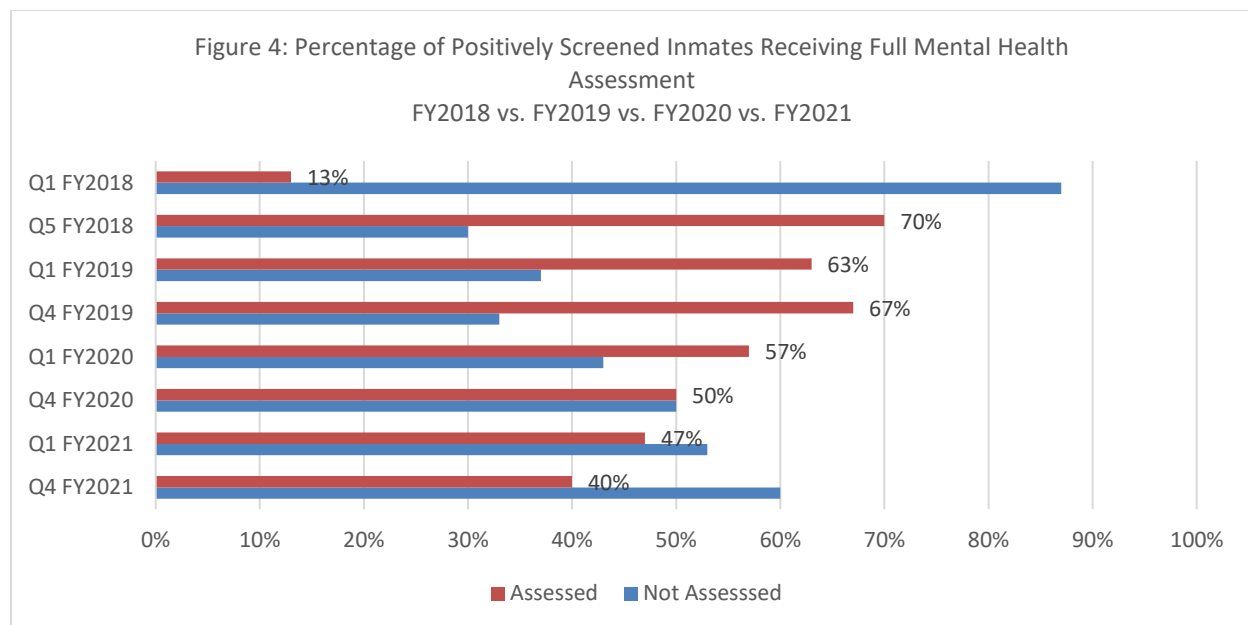
Another achievement of the pilot program during the initial funding years was the jails’ ability to screen booked inmates in a shorter amount of time after admission. Figure 3 shows the percentage of screenings that occurred within less than four hours, within 4–8 hours, within 9–23 hours, within 24–72 hours, and more than 72 hours after booking in the first and final quarters of each funding year.



During FY2021 the jails continued to consistently conduct most mental health screenings within eight hours of initial booking. Specifically, during the first and final quarters of FY2021, over 99% of all screenings were conducted within eight hours of booking. This compares with the fewer than 50% of inmates screened within eight hours of admission in the final quarter of FY2018. 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.

Mental Health Assessments

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



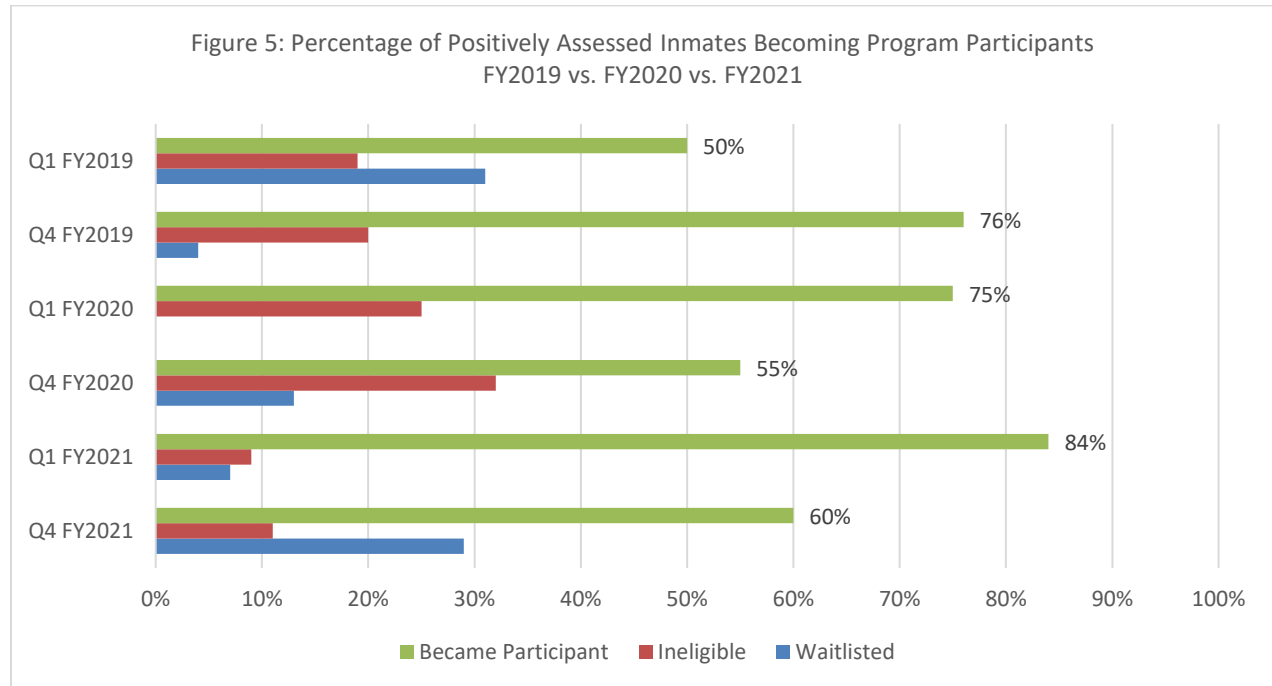
Forty-seven percent of all positively screened inmates in the first quarter and 40% of all positively screened inmates in the final quarter of FY2021 underwent a full mental health assessment. This was a decrease from the 57% of all positively screened inmates in the first quarter, and 50% of all positively screened inmates in the final quarter, that underwent a full mental health assessment in FY2020.

The drop in the rate of positively screened individuals receiving assessments is largely attributed to issues caused by the pandemic, including having to switch to largely virtual platforms in place of in-person assessments. It can also be attributed to staffing issues that existed prior to the pandemic and persisted throughout FY2021. It is important to note that these rates of completed assessments still represent a significant increase from the 13% of positively screened inmates in the first quarter of FY2018 who received a full mental health assessment.

In FY2021, among those inmates who were screened positive but who did not receive a full assessment, the most common reasons for not being assessed were: release to a pretrial program (31%), refused assessment (24%), bonded out of jail (18%), or other reason (15%, usually due to transfer to another facility). Inmates who screened positive but refused to take the assessment usually remained in the jail to serve their time, but they were no longer considered participants in the program.

Treatment Services

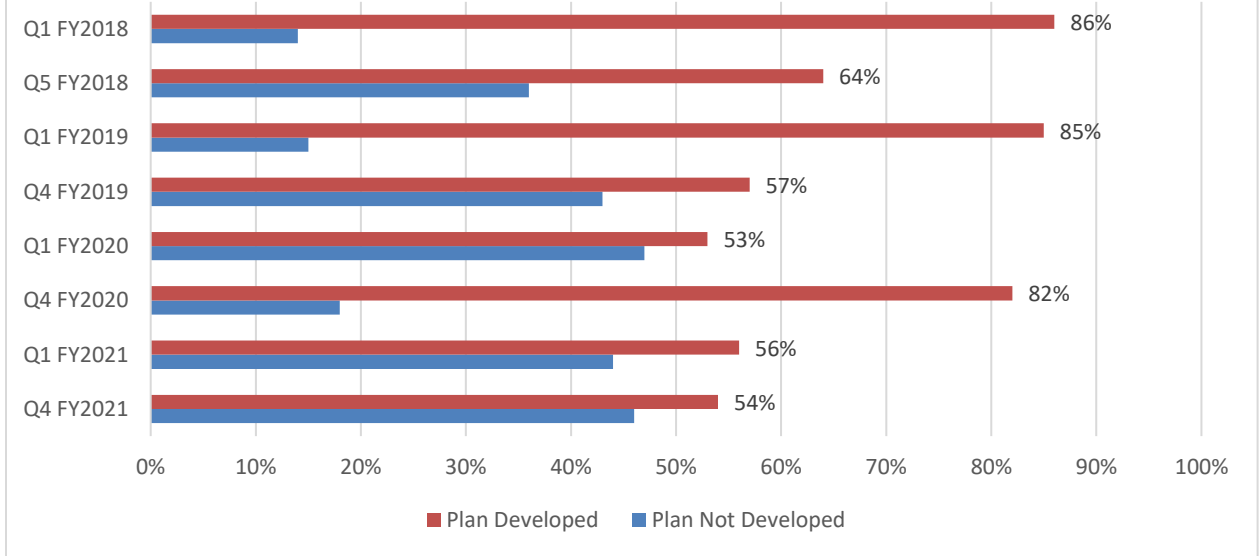
Various program performance measures illustrate how the participating sites have used grant funding to provide in-jail treatment services. Figure 5 shows the percentage of positively assessed inmates that became program participants during the first and final quarters of FY2019, FY2020, and FY2021. FY2018 is not shown because data was not collected for this measure during that year.



As can be seen, 84% of individuals assessed positive for a mental illness became program participants during the first quarter of FY2021 and 60% of all individuals assessed positive for a mental illness became program participants during the final quarter of FY2021. These rates are an increase from the 50% of individuals assessed positive that became program participants during the first quarter of FY2019, and the 84% of individuals assessed positive that became program participants is the highest rate measured to in the program to date. The most common reasons cited for inmates being deemed ineligible for program participation were that the mental health diagnosis did not meet the jail's criteria for program participation, the individual refused to participate, the individual 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 establish their own criteria for program eligibility, as described in Appendices A-F.)

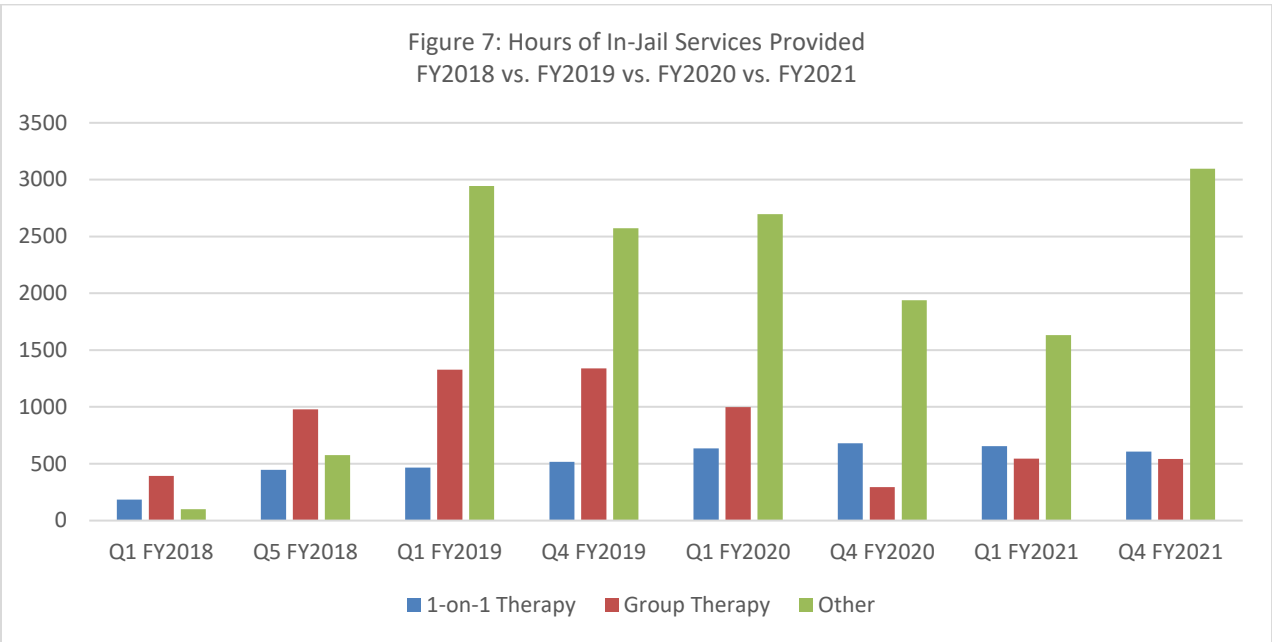
A crucial piece of a successful mental health program is the creation of a treatment plan. Each treatment plan is designed to meet the specific needs of the individual who was screened and assessed positive for mental health problems. A treatment plan identifies the medication that the individual needs during and post-incarceration, the types of curriculum and treatment services that would benefit them, and the elements necessary for successful reentry into the community. Figure 6 shows the percentage of eligible inmates for whom a treatment plan was developed in the first and final quarters of each funding year.

Figure 6: Percentage of Eligible Inmates That Had Treatment Plan Developed
FY2018 vs. FY2019 vs. FY2020 vs. FY2021



As can be seen, the percentage of eligible inmates that had a treatment plan developed decreased from 82% in the final quarter of FY2020 to 56% and 54%, respectively, in the first and final quarters of FY2021. When looking at the data across each funding year it appears that the rate of inmates eligible for a treatment plan and had one developed has stabilized between 50%-60%. Participating sites have consistently created treatment plans for over 50% of eligible individuals, which is important considering that treatment plans are designed specifically to address the mental health needs of individuals screened and assessed positive.

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. Figure 7 shows the total number of one-on-one therapy hours, group therapy hours, and other service hours provided during the first and final quarters of each funding year. 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, FY2020, and FY2021.



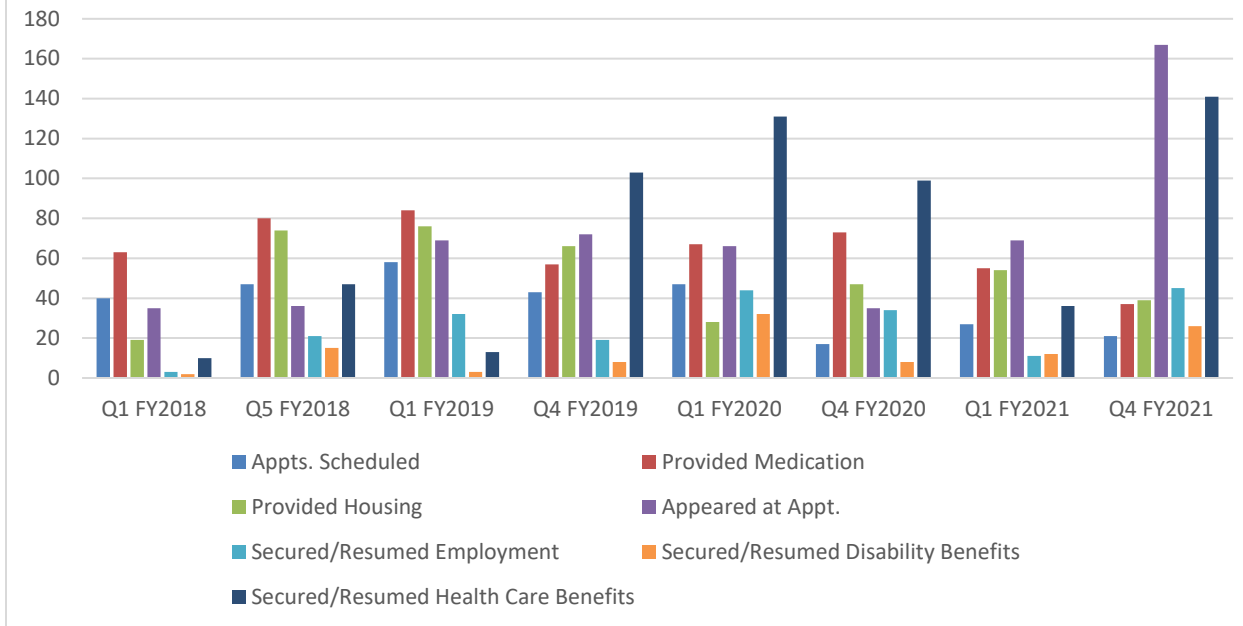
Significantly more hours of services were provided to program participants in FY2019, FY2020, and FY2021 than in FY2018. This shows that project funding has helped to provide progressively more hours of individual therapy, group therapy, and other mental health services to program participants. While there was a decrease in the amount of services provided during the final quarter of FY2020 and first quarter of FY2021, it is evident that the participating sites adapted to pandemic-related restrictions and again provided a high rate of services during the final quarter of FY2021. For example, during the final quarter of FY2021, participating sites offered 607 total individual therapy hours, 542 group therapy hours, and 3,097 hours of other programming and services. The biggest part of these other hours was dedicated to peer support services and case management. It is evident that the sites have adapted to using telehealth modalities to continue offering a high rate of services and programming.

Aftercare Services

Aftercare services are a critical element of the pilot program to provide 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. Specifically, funding was used to hire reentry specialists to assist in post-release treatment planning, build community partnerships to help create a smooth handoff upon release, and help program participants access vital resources like housing, transportation, health care, and employment opportunities. During FY2021, mental health staff specifically emphasized focusing on reentry needs for individuals with co-occurring disorders to ensure they are able to access recovery-focused housing services. The bridge from incarceration to community is regarded as a critical element to help reduce recidivism.

Aftercare services continued to be the most difficult part of the pilot program 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 8 shows the total number of program participants released who 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 each funding year.

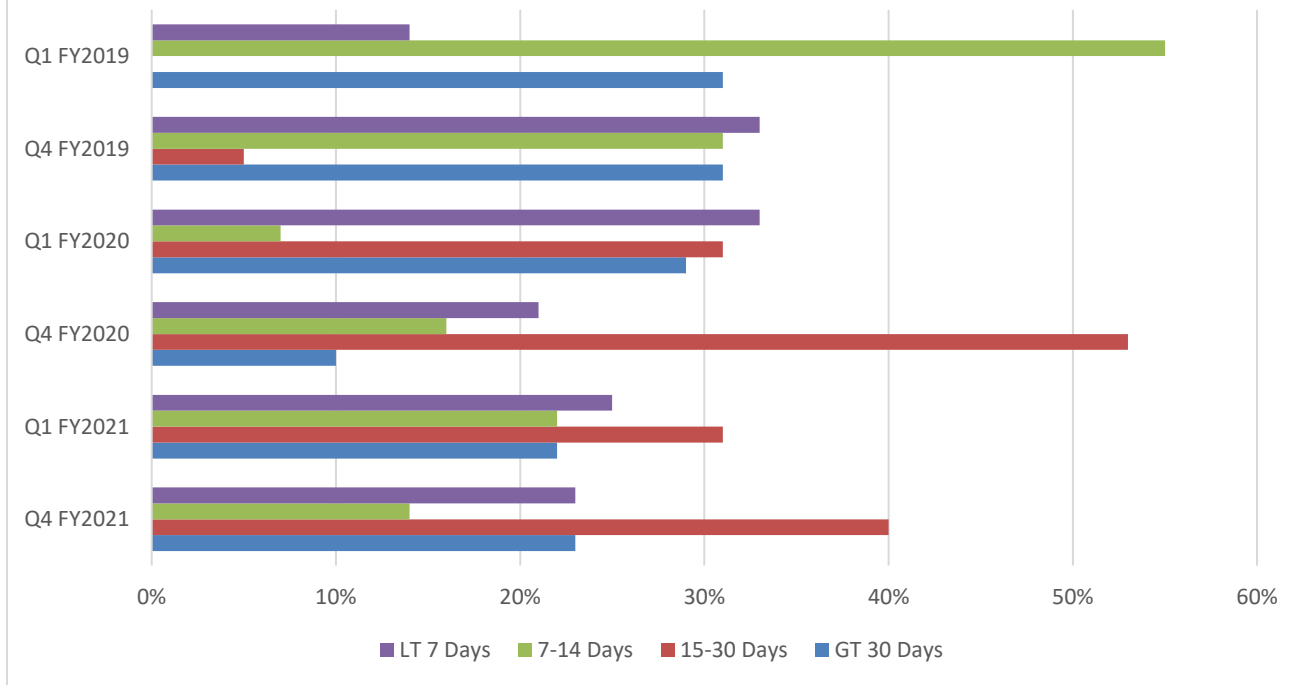
Figure 8: Number of Inmates Receiving Aftercare Services
FY2018 vs. FY2019 vs. FY2020 vs. FY2021



Pilot program sites continued to provide a high percentage of released participants with crucial aftercare services. As can be seen in Figure 8 above, 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, and the first and final quarters of FY2021 saw significant increases in some areas. Specifically, the numbers of individuals who appeared at their community appointments, secured and/or resumed employment, and secured and/or resumed health care benefits were at their highest during the final quarter of FY2021.

Medication management is an essential element of effective 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 the risk of recidivism during the early days of reentry into the community. Figure 9 shows the time span between release and the first date at which program participants were provided with essential medication during the first and final quarters of each funding year. (Data on time to receive medication was not collected for during FY2018.)

Figure 9: Time in Which Inmates Received Medication After Release
FY2019 vs. FY2020 vs. FY2021



Seventy-eight percent of participants were able to access medication within 30 days of release during the first quarter of FY2021, and 77% were able to do so during the final quarter. This is a slight decrease from the roughly 90% of participants who were able to do so within 30 days of release in the final quarter of FY2020. However, all of these rates are an increase from the 69% of participants who were able to access medication within 30 days of release in the first quarter of FY2019. This is an important improvement across the funding years, as faster access to needed medications can be essential for a successful reentry.

There are a number of descriptive success stories that illustrate the impact of aftercare services provided by the pilot programs. Anecdotally, program staff have stated that released participants who received reentry resources have been less likely to recidivate. Prior to the program, these sites did not have individuals dedicated to reentry planning for those with mental health concerns, 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:

- Participant A came to the pilot program with few positive connections within the state and was enrolled in the pilot program from May 2019 through May 2021. They graduated from the program and obtained several certificates; they also became a mentor and did some peer recovery work. The pilot program helped them learn about recovery and how to establish a starting point to build their foundation and network. Upon release, they were awarded a scholarship from a local recovery organization that operates recovery housing. At the time of data collection, they were still sober, working and being productive. They also have a driver's license and consistently attend local Narcotics Anonymous (NA) meetings.
- Participant B was in jail for 17 months. This was their first time being in jail and they were nervous. However, they described the positive benefits of working with a reentry case manager who took the time to sit down with them and talk about going to a recovery house. After they had been in the recovery house for 30 days, the reentry case manager worked with them and helped them find an employment opportunity.

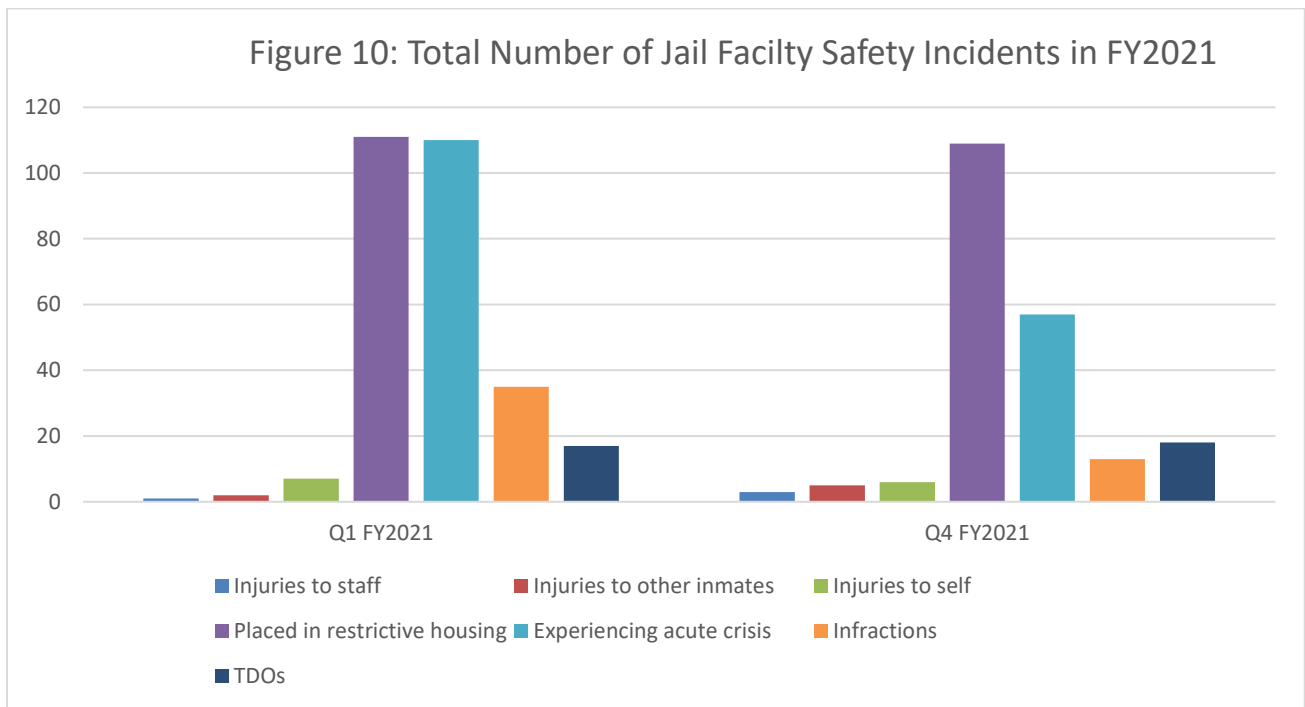
- Participant C participated in the program because they were tired of going to jail and using drugs and alcohol. They were in the program for five months and they felt like they were given a second chance. This individual transitioned from jail to a recovery house, got their license back, and was still sober at the time of data collection.
- Participant D had worked with one of the program clinicians in a community setting and was booked into the jail. The previous therapeutic relationship continued during their incarceration. They frequently told other individuals that “if the clinician tells you your behavior is going to land you in jail, believe her”. Upon release, the individual continued to maintain monthly telephone contact with the clinician “to show I am still doing well”. At the time of data collection, they were working, and their boss was helping them manage money and providing them with a place to live.
- Participant E has done exceptionally well with the JMHP. During their time in the program they were active in each group and with their therapist. They were released in the middle of the pandemic to a recovery house to maintain sobriety. They lived there for about six months, stayed sober, and moved in with a family member after leaving the recovery program. In addition to staying sober, Participant E obtained a high school diploma through an education program in Richmond, with tuition and a laptop paid for by the JMHP. They also completed a computer skills and keyboarding course. Participant E has since gained a full-time job with a shipping company, bought a car, and is now saving money to move into their own apartment. They are still active in recovery and maintaining contact with their OAR case manager.

Jail Climate

Mental health pilot programs can 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, in which 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. Also, correctional staff trained in mental health are equipped to identify mental health issues and respond appropriately.

Four of the six pilot sites (Chesterfield County, Hampton Roads Regional Jail, Middle River Regional Jail and Western Virginia Regional Jail) provided comparable data on the safety of their facilities. Figure 10 displays the total number of behavioral health-related incidents involving staff, other inmates, and self. It also displays the total number of individuals placed in restrictive housing for behavioral health-related issues, the total number of individuals who experienced an acute crisis, the total number of behavioral health-related infractions, and the total number of temporary detention orders (TDOs) during the first and final quarters of FY2021.

Figure 10: Total Number of Jail Facility Safety Incidents in FY2021



Among the four jails reporting comparable data, the total number of inmates placed in restrictive housing, experiencing an acute crisis, and receiving behavioral health-related infractions decreased by 30% between the first and final quarters of FY2021. This data is important for understanding the full impact of mental health programming. The pilot program has helped the jails by helping individuals with mental health needs, while also improving the overall climate of specific jail sites.

Recidivism among Pilot Program Participants

The 2020 Appropriations Act directed DCJS, as part of the FY2021 evaluation of the jail mental health program, to continue 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 participant 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, and costlier, 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 a participant who 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 to provide a list of the CORIS ID numbers for participants in its mental health pilot program who were subsequently released from the jail. The CORIS ID is a unique number assigned by the Department of Corrections (DOC) to individuals 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 prior to January 1, 2021. January 1, 2021 was chosen as the cut-off date to allow time for released participants to spend an adequate follow-up period in the community following release, and for participant releases and any subsequent reincarceration records to be entered in CORIS.

DCJS received this information from all six jails: Chesterfield County, Hampton Roads Regional Jail, Middle River Regional Jail, Prince William/Manassas Regional Adult Detention Center, Richmond City Jail, and Western Virginia Regional Jail.

Data Analysis

After DCJS received the list of CORIS ID numbers and jail release dates for pilot program participants, 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. *It is important to note that in CY2020 and 2021, state and local officials took various steps to reduce the spread of COVID-19, including reducing the number of individuals placed in jails. This is likely to reduce the recidivism numbers for program participants released in 2020, and therefore the CY2020 release recidivism figures should not be directly compared with recidivism figures for releases in earlier years.*

- DCJS received 750 records matching the necessary criteria from the six program sites, with each record representing one participant with one date of release from jail. Additional records submitted were excluded because they did not meet the necessary criteria, usually due to complications with the release date submitted by the jail. 1,108 records were excluded due to “releases” that were actually transfers to another jail or some other facility (including to Department of Corrections custody).
- 796 records were excluded due to a release date that did not match any CORIS records for those individuals. In most cases, the dates submitted were not actually the date of release from jail, but

instead were the date the individual began or completed the mental health program. Of these, corrected release dates were found for 163 individuals, and these are included in the analysis.

- 475 records were excluded because the participant was released pretrial, either to bond or to pretrial services. For these participants a return to jail could be to serve sentences upon conviction of the offense that had them in pretrial incarceration, rather than for an offense occurring after program participation.
- 338 records were excluded because their release date was in CY2021. There has been insufficient time to track returns to jail for individuals released during the current calendar year.
- 140 records were excluded because they did not include a release date.
- 53 records were excluded because they did not have a valid CORIS ID number.

Of the 750 participants, 21 had a release date in CY2017, 147 had a release date in CY2018, 225 had a release date in CY2019, and 357 had a release date in CY2020.

Recidivism Findings

Among these 750 inmates who participated in the jail mental health pilot program and were then released from jail:

- 92 individuals returned to jail within 90 days, for a 90-day return rate of 12%. This represents an improvement over the FY2020 report, which showed 18% of participants returning within 90 days. Note, however, that individuals released in CY2020 were less likely to be returned to jail due to practices intended to reduce jail admissions to reduce the spread of COVID-19.
- Return-to-jail rates were highest for CY2018 releases, compared with those released in CY2019 or CY2020. 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 – 37 of 225 returned with 90 days, for a rate of 16%.
 - CY2020 cases – 19 of 357 returned within 90 days, for a rate of 5%.
 - CY2020 releases cannot be compared directly to prior years, due to the impact that COVID-19 had on jail commitments. The lower rate for CY2020 could be due to the statewide introduction of practices to reduce the number of individuals placed in jail to reduce the chance of transmission.
 - Although the language of the Appropriations Act asked only for 90-day recidivism rates, enough data is available for this report to look at longer-term return rates for participants released in CY2017- 2019, combined. As one would expect, as the length of time post-release increases, so does the rate of return to jail.
 - 19% returned to jail within 90 days.
 - 33% returned to jail within 180 days.
 - 47% returned to jail within 360 days.
- Return-to-jail rates varied by the type of release from jail:²
 - 63 of 595 Sentenced Participants, Confinement Complete: 11%
 - 29 of 155 Other: 19%

² “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.”

- 90-Day return-to-jail rates varied among the different pilot program jail sites:
 - 33 of 281 Chesterfield participants: 12%.
 - 10 of 59 Hampton Roads participants: 17%.
 - 5 of 31 Middle River participants: 16%.
 - 2 of 34 Prince William/Manassas participants: 6%.
 - 13 of 89 Richmond participants: 15%.
 - 29 of 256 Western Virginia participants: 11%.

It should be noted that although recidivism rates are shown for each of the six jails, these rates cannot be appropriately compared across the different jails. No “apples-to-apples” comparisons can be made because there are major differences in the jails. For example:

- Differences in sizes of the participant groups (e.g., 31 from Middle River and 34 from Prince William/Manassas, vs. 281 from Chesterfield and 256 from Western Virginia)
- Differences in the types of individuals eligible for participation in the programs (e.g., Prince William included only incarcerated females while Chesterfield allowed all incarcerated individuals, and some jails excluded individuals with a history of violent offenses)
- Differences in service types and levels, both within the jail and after release

Summary of Recidivism Findings

Across the six jail mental health pilot program sites, 12% of the program participants returned to jail within 90 days after release, and 88% did not return within that time. Although this represents a drop from the 18% of participants who returned within 90 days cited in last year’s evaluation report, this drop was likely inflated due to efforts in CY2020 to reduce jail admissions to avoid the spread of Covid-19.

Although less than one-eighth of the program participants returned to jail within 90 days, it is important to emphasize that this analysis provides only a brief look at how often pilot program participants returned to jail following their release. Also, because this is a preliminary examination of program releases, it does not answer a major question: Are individuals who receive jail mental health pilot program services less likely to return to jail than similar individuals who did not receive these services?

To answer this question would require a longer, more complex study which includes a control group of individuals in jail 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 individuals in jail 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 participants, 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 incarcerated individuals 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 individuals were re-incarcerated within 36 months of release from jail, compared to only 24.3 % of individuals who were not diagnosed with a mental health impairment. These rates are not comparable to the pilot project recidivism rate of 12%, primarily because of the much longer DOC follow-up (36-months vs. 3 months) and because there is no information on whether or not any of the mentally impaired individuals 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.”

Conclusion

The findings of the evaluation of this fifth year (FY2021) of activities of the Jail Mental Health Pilot Program look similar to many of the major findings in the previous evaluation reports. The findings show continued progress, as well as consistent challenges, across participating sites. The results of the FY2021 evaluation demonstrate that the pilot program has helped participating jails conduct nearly all mental health screenings within eight hours of admission, admit a high rate of eligible individuals into the pilot program, and provide a high rate of evidence-based programming and services. These programs and services continued despite the challenges created by the Covid-19 pandemic and the subsequent restrictions related to needing to conduct meetings virtually and the inability to bring in volunteers and organizations to conduct sessions.

Each participating site also continued to provide aftercare services to program participants upon release, including helping them access housing, transportation, community appointments, medication, employment opportunities, and healthcare benefits. Program staff made a concerted effort during the pandemic to continue, or increase, community partnerships to help with the reentry process. There are also indications that mental health programming can benefit the climate of the entire jail facility, and not just benefit the inmates participating in the programs. Twenty-two percent of program participants returned to jail within 90-days of release during FY2020, but only 12% of participants returned to jail within 90-days of release during FY2021. As previously noted, however, some portion of this drop is likely due to statewide efforts to limit jail intakes as a way of reducing Covid-19 spread in jails.

The jail programs also dealt with various challenges over the past year, most of which were driven by the Covid-19 pandemic. Pilot program staff had to switch nearly all programming and services to a virtual environment. They also had to find ways to continue offering programming even when volunteers and community organizations could not come into the facilities. Many program staff also had to help participants navigate a reentry world with fewer resources due to the strains of the pandemic. Also, sites continued to deal with staffing turnover and shortages that can make mental health programs difficult to run. This is especially true considering the small operations at some locations and the need for each position to be filled for participants to receive the full continuum of care. Another challenge faced by one regional jail pilot site occurred when a Covid-19 outbreak caused one local jail's entire population to be moved into the regional jail. This population increase placed strains on the entire facility.

While these challenges were evident, pilot program staff were able to overcome many of them and continue offering vital services. As noted previously, staff were able to switch much of their programming to a virtual environment, and some facilities were able to begin offering in-person programming again when vaccination rates increased. Further, sites worked hard to create reentry pathways for individuals diagnosed with a co-occurring disorder, which included providing access to recovery-based housing in their local community. Anecdotal stories cited in this report and its appendices help illustrate how these adaptations enabled the continuous provision of essential services.

Overall, this assessment continues to demonstrate the benefits of providing mental health services in-jail and throughout the reentry process. The continued implementation and operation of these mental health programs will create challenges. However, the benefits to individual lives is apparent. It appears that the continued improvement and delivery of these services will help individuals be identified for mental illness, get the treatment they need, and be given a plan and pathways for long-term success in the community.

Appendices

Appendix A: Chesterfield County Jail Profile

Total of \$324,073 awarded in FY2021

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 FY2021. Mental health staff were able to use grant funding to help individuals with co-occurring disorders obtain recovery housing upon reentry, and to connect them with mental health appointments and medication in their community. They were also able to provide 30 days of mental health medications to all program participants upon release into the community. These successes were important because program participants that were able to get mental health treatment, participate in group sessions, and access medication while incarcerated and to continue to get vital mental health services and access recovery housing upon reentry.

There were also a number of achievements highlighted by the quantitative performance measures. All mental health screenings conducted throughout FY2021 took place within four hours of admission to the jail. The number of admissions into the program increased from 134 in the first quarter to a high of 286 in the third quarter and 197 in the final quarter. This is especially impressive when considering that no individuals were put on a waiting list for program participation during FY2021. Chesterfield staff were also able to navigate pandemic related restrictions and offer 1,176 total hours of peer support services, 475 total hours of one-on-one therapy, 356 total hours of group therapy, 183 total hours of education support, and 134 total hours of vocation support to program participants.

Regarding jail safety, there were only three behavioral health related incidents causing injuries to staff and self, and only one TDO throughout FY2021. Also, there were zero behavioral health related incidents causing injuries to other inmates or behavioral health related infractions throughout FY2021. These low levels of safety incidents related to behavioral health have been attributed to all staff members being better educated on how to recognize and address mental health needs, to properly implement de-escalation techniques, and knowing how to assure 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 issues and addressing them in a safe and healthy manner.

In terms of aftercare services, 50 program participants were provided housing assistance upon reentry and all but two individuals were provided medication within 30 days of release into the community. Much of the aftercare successes, and overall success of the program, have been anecdotally attributed to the reentry coordinator hired under the pilot program. This individual has worked to develop and maintain relationships with community partners that are essential for reentry, while helping individuals plan for their reentry.

Chesterfield staff stated that if mental health funding were eliminated, the impact would be devastating. Many program participants have prior arrests and convictions and have incurred high criminal justice related fees that they struggle to pay off. The pilot program assures that these individuals can still access medication and treatment, and the elimination of mental health funding would mean these individuals would be unlikely to be able to access essential medication and treatment. Program staff also worry that if funding were eliminated, many of the released program participants would not have access to housing. Program staff stated that if program funding were reduced or eliminated, they would attempt to still continue connecting individuals with recovery housing and 30 days of post-release medication. However, they expressed concern regarding the financial burden this would place on the Sheriff's office.

Overall Challenges

One of the primary challenges faced by staff in FY2021 continued to be difficulties posed by the Covid-19 pandemic. Specifically, mental health staff had to reduce the number of classes offered to those incarcerated because outside volunteers and instructors could not come into the facility. Also, no FY2021 funding was used to train jail staff on mental health items. All positive byproducts of staff training mentioned in the report in relation to Chesterfield are referring to trainings implemented in prior funding years. The group trainings that had been consistently offered in previous years were curtailed to mitigate risks of Covid-19 spreading among jail staff. They hope to reestablish mental health training for all jail staff in the coming year. Also, program participants that tested positive for Covid-19 were quarantined in an isolation area for a minimum of ten days, which reduced the ability of staff to provide the same level of mental health care. However, staff members used webcams and other technology to continue providing mental health services to these individuals in the safest means possible. Mental health staff struggled to find a suitable candidate to teach their trauma-informed classes as part of the program.

Challenges faced during FY2021 were also seen in the quantitative performance data. For example, about 41% of individuals booked in the final quarter of FY2021 were not screened for potential mental health issues, and nearly all full mental health assessments were conducted one week or later after individuals had been screened positive for mental health issues. There was also a high rate of individuals not assessed, which was largely attributed to individuals being transferred, bonded, released to pre-trial services, released for time served, or individuals serving weekend detentions. The data also indicates that while program participation rates were high, the rate of official treatment plans created was low. Despite these challenges, Chesterfield staff continued to express the positive impact of the pilot program on the facility as a whole and the lives of individuals going through it.

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

Total of \$351,909 awarded in FY2021

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 FY2021. Mental health staff remarked that most program participants that had a history of multiple incarcerations had not previously engaged in long-term intensive co-occurring treatment. These participants were able to engage in this type of treatment due to the pilot program funding. Staff members also noted that the program, and the various forms of trauma therapy covered within it, helped reduce the number of behavioral incidents. When those incidents did occur, there was both accountability and a focus on how to use positive coping skills instead. Staff members also noted that program participants with a history of self-medication and frequent negative coping were able to engage in positive coping skills and use legitimate medication due to program participation. Also, pilot program funding was used to engage staff members in training throughout the year.

Pilot program staff also described how they were able to improve aftercare service offerings during FY2021. Specifically, they developed a partnership with a peer-based recovery program that provides short-term residential programming for individuals with substance abuse issues. It also provides therapeutic services on-site, transportation to employment locations, psychiatric appointments and other community services. Pilot program funding was used to connect program participants diagnosed with co-occurring disorders with these services even if they could not afford them on their own. This was crucial for the long-term success of program participants upon reentry.

The performance measures illustrate various achievements during FY2021. Over 81% of mental health screenings conducted during FY2021 occurred within four hours of booking. This rate of screenings within four hours ranged from a low of 82% to a high of 93% across the four quarters. In total, 97%-98% of all individuals booked into the jail were screened for mental health concerns across the four quarters. Only two individuals eligible for a treatment plan did not have a treatment plan designed for them, and no eligible participants were put on a wait list for the program throughout FY2021. Mental health staff were able to provide 175 total hours of one-on-one therapy, 161 hours of case management, and 160 hours of medication management to program participants throughout FY2021. Regarding aftercare services, all program participants that received medication upon reentry were able to access that medication within seven days of release.

Program staff expressed concerns about the effects on the entire facility if pilot program funding were no longer available. Staff members noted that most the participants served in the program have not previously been diagnosed with mental health issues and received treatment. The pilot program was the first time in which they have been diagnosed and engaged in treatment. Participation in the program has helped these individuals better understand the factors that led to their incarceration and how to address those root causes. Without the pilot program, staff worry that these individuals would not have access to the therapy and programming needed to understand how their mental health issues manifest themselves and overcome those issues going forward. They also worry that these individuals would not be able to access medication essential for their long-term health, and that individuals would resort to negative coping mechanisms common pre-diagnosis and a lack of accountability for their actions. They noted that they would do all they can to maintain the program; but that it would be difficult to do without pilot program funding. In particular, reentry planning would be imperative to continue to assure that individuals are able to access community resources that will help reduce recidivism risks.

Overall Challenges

Despite these achievements, Prince William faced various challenges throughout FY2021. Many of these challenges were connected to staffing shortages and turnover, and to the Covid-19 pandemic. Prince William staff struggled to fill their reentry specialist position, which severely impacted their ability to provide vital reentry case management and services for a period of time. The individual working as the jail therapist had to help cover this vacant position, which resulted in this individual being stretched between two positions. In terms of challenges created by the pandemic, mental health staff had to suspend all group programming to mitigate the spread of Covid-19. They also had to prohibit volunteers and interns from entering the facility, despite these individuals being essential for delivering programming and services. They were able to shift much of this programming and reentry planning to virtual video conferencing to address this challenge.

Other challenges that occurred during FY2021 were seen in the performance data collected. All but four full mental health assessments of individuals screened positive occurred one week or later after booking. This was largely attributed to individuals refusing to take the assessment and/or participate in the program or being released or bonded. Also, the total number of one-on-one therapy hours provided under the pilot program peaked during the first quarter of the program and declined thereafter. Some of the aftercare data also indicated that a low total number of individuals received some of the reentry resources. Despite these challenges, staff members expressed the essential nature of the pilot program in helping individuals facing an array of mental health and substance abuse issues in their facility.

Appendix C: Hampton Roads Regional Jail Profile

Total of \$481,381 awarded in FY2021

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.
- Post-disposition has to be less than 5 years.

Overall Achievements

Hampton Roads Regional Jail's (HRRJ) mental health pilot program showed a number of successes throughout FY2021. Program staff highlighted that despite limitations created by the pandemic, their Certified Peer Recovery Specialist (CPRS) was able to continue providing services and assistance to individuals diagnosed with serious mental illness (SMI) using online platforms. This allowed for the continuation of a therapeutic environment for program participants virtually, which helped them acquire the skills and training that to help them with long-term recovery and overcoming adversities. Staff members remarked that their CPRSs are one of the most valuable assets in the program.

Beyond the CRPRs, mental health staff noted other achievements during FY2021. They stated that the pilot program funding helped them validate that SMI inmates need structured programs, like the pilot program, to decrease recidivism risks. It is widely accepted across staff and leadership positions within the facility that the pilot program has positive impacts and is an important asset for the facility. Staff members saw the program help reduce inmate anxiety levels when participants knew someone was dedicated to helping them both during and post-incarceration. Also, providing services within reentry, such as emergency housing and access to food and medication, helped program participants experience a smoother transition back into their community.

The quantitative performance measures data also identified various achievements throughout FY2021. All mental health screenings conducted during FY2021 took place within four hours of booking. Also, 98%-99% of all individuals booked into the facility underwent a mental health screening. For the individuals screened positive, over 68% of all full mental health assessments conducted during the first quarter, and over 55% of all full mental health assessments conducted during the final quarter, took place within 72 hours of booking. All individuals screened positive for potential mental health issues underwent a full assessment and all individuals that were assessed positive for a mental illness had a treatment plan developed for them. In terms of treatment, over 1,537 hours of peer support hours were provided throughout FY2021.

In terms of aftercare services throughout FY2021, 36 individuals were provided housing assistance, 52 individuals appeared to at least one community meeting and 54 individuals secured health insurance benefits. Also, over 92% of all program participants that were provided medication upon release were able to access it within 14 days of release, and over 98% of all program participants were able to get their medication within 30 days of release. The mental health pilot program also appeared to help improve the climate of the jail in certain areas. Throughout FY2021, there were only eight behavioral related incidents causing injuries to staff and seven behavioral related incidents causing injuries to other inmates. There were only six acute crises throughout FY2021.

Mental health staff expressed concerns about what would occur if pilot program were reduced or eliminated. They stated that without pilot program funding there would be little service and program offerings within the jail for individuals with a SMI. This could lead to decompensation because the current program allows them to provide individuals with SMI a therapeutic environment where individuals acquire life skills and coping mechanisms. They also noted that without pilot program funding, reentry would be far more difficult for individuals with mental health issues. Few would be able to access emergency medication, emergency transitional housing, and connections to community-based

substance abuse treatment services. They stated that they would do their best to keep as many parts of the program operating as possible, but that the lack of funding would make that very difficult to continue.

Overall Challenges

Hampton Roads Regional Jail also experienced challenges with their mental health pilot program throughout FY2021. Most of these challenges were related to the Covid-19 pandemic. For example, one of the staff members tested positive for Covid-19, resulting in reduced staffing for a period of time. A clinical therapist and mental health program manager position also remained vacant for a period of time, which stretched the program thin and made it difficult to provide the full spectrum of services for program participants. Other challenges were created due to the need to maintain social distance throughout the year. Due to these restrictions, mental health first aid training could not be conducted with all correctional staff, and programming had to switch to virtual environments. Also, external groups that typically come into the facility to provide programming were unable to come into the facility to reduce the risk of Covid-19 spreading throughout the facility. They were able to resume the programming via virtual platforms. Mental health staff members were also able to use virtual platforms to maintain appointments and check-ins that focused upon reentry planning.

Some of these challenges experienced are seen in the performance measure data. Specifically, throughout FY2021 all individuals eligible to participate in the pilot program had to be put on a wait list for a period of time until they were able to safely offer treatment programming and services during the pandemic. Also, staff members were unable to offer many treatment and programming hours beyond those offered in peer support because of restrictions during the pandemic and the gaps in staff in crucial positions. The last major challenge evident in the performance data was that there were 96 total behavioral infractions related to mental health issues, 54 individuals placed in restrictive housing, 47 TDOs, and 22 behavioral health related injuries to self throughout FY2021. However, there were zero behavioral health related infractions in the fourth quarter of FY2021.

It is also important to note that staff described their facility as having been in the midst of an overall reset process. The overall population of the facility was reduced as they attempted to engage in this reset. Once this has concluded, mental health staff hope to increase their offerings of therapeutic services to individuals incarcerated and diagnosed with a mental illness.

Appendix D: Western Virginia Regional Jail Profile

Total of \$423,485 awarded in FY2021

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 FY2021. Pilot program staff noted that despite the limitations imposed by Covid-19, they were able to continue providing programming virtually throughout FY2021. They were also able to creatively use the ‘smart jail mail system’ to allow participants to submit hard copies of materials to class leaders. These activities would typically be conducted during in-person individual and group programming. Staff members also noted that as vaccination rates increased during the third and fourth quarters of FY2021, they were able to begin offering in-person services again. Staff members noted that while maintaining full staffing remained a challenge, they were able to fill crucial roles within their mental health staff. This is essential for maintaining a consistent offering of pilot program programs and services throughout the year. Regarding reentry, program staff were able to establish and maintain contracts with local organizations that helped provide transportation and reentry services to participants during the pandemic. Pilot program staff indicated that, despite the limitations created by the pandemic, they continued to see progress among their program participants in virtual settings and participants that have reentered continue to communicate with staff about how important it was to help them successfully reenter their community.

A number of the achievements throughout FY2021 are seen in the program performance measure data. All individuals booked into the facility underwent a mental health screening and all screenings took place within eight hours of booking. All individuals that underwent a full mental health assessment after a positive mental health screening did so within one week of being booked into the facility. The number of individuals screened positive but who did not receive a full assessment decreased from 103 individuals in the first quarter to 71 individuals in the fourth quarter of FY2021. Zero individuals screened and assessed positive for a mental illness were put on a waiting list for program participation. Also, mental health staff were able to increase the total number of hours in group therapy from 240 to 400, in peer support services from 120 to 300, life skills from zero to 200, and case management from zero to 200 between the first and final quarters respectively of FY2021. Regarding aftercare services, the total number of individuals provided housing assistance increased from 13 to 16, secured employment increased from seven to 15, and secured health insurance benefits increased from zero to 10 individuals between the first and final quarters, respectively, in FY2021. The data also indicates that the pilot program has helped improve the overall climate of the facility. For example, there were zero total behavioral related incidents causing injuries to staff and self and TDOs during the first and final quarters of FY2021. There were also only five total acute crises experienced during the first and final quarters of FY2021.

Overall Challenges

Western Virginia Regional Jail also dealt with various challenges throughout FY2021, many related to the Covid-19 pandemic. For example, while pilot program staff were able to shift to the virtual environment, they recognized that this is not the ideal way to implement programming, services, and trainings. They witnessed additional stress faced by program participants that was related to the virtual only service delivery methods. Pilot program staff also stated that some of their program participants reported being discouraged upon release because they found a reduction in resources available during the reentry process.

due to the Covid-19 pandemic. Staff members also stated that they have witnessed an alarming increase in overdoses in their local community. They worried the negative impacts this could have on program participants that are often dealing with co-occurring disorders. They also worry about the added stress facing program participants upon reentry since much of the resources that are available are using primarily virtual platforms. They are also concerned that the overall shift to virtual platforms may discourage program participation as a whole. Program staff highlighted the unique challenges faced because they are a regional jail, as opposed to a local jail. Since they are a regional jail, they often had to take individuals from local jails for a variety of reasons. This facility also experienced a Covid-19 outbreak that created additional strains throughout the entire facility, and the pilot program specifically.

Challenges were also seen in the FY2021 performance data. Specifically, 35% and 49% of individuals screened positive did not receive a full mental health assessment during the first and final quarters of FY2021, respectively. Also, 45% and 62% of individuals screened and assessed positive for a mental illness did not have a treatment plan developed for them during the first and final quarters of FY2021, respectively. In the first quarter, 50 individuals eligible for program participation were put on a wait list. In terms of jail safety and climate, the total number of behavioral infractions related to mental health issues increased from zero individuals in the first quarter to 13 individuals in the final quarter of FY2021. Regarding aftercare services, only three individuals were provided medication post-release, and only one individual had community appointments scheduled for them before release between the first and final quarters of FY2021. Despite these challenges, pilot program staff continued to express the importance of the program in helping individuals get the help they need and improve the likelihood of success upon community reentry.

Appendix E: Middle River Regional Jail Profile

Total of \$288,362 awarded in FY2021

Eligibility Criteria for Mental Health Pilot Program Participation

- Documented history of severe mental illness (SMI).
- Must demonstrate inability to function well in general population.
- Upon program admittance, must demonstrate compliance with requirements of the housing pod.
- Willing to receive case management services when needed, especially as release dates approach.

Overall Achievements

Middle River Regional Jail experienced various accomplishments during FY2021. Although the Covid-19 pandemic limited in-person options, pilot program staff were able to use technological platforms for their psychiatrists to continue providing services with little interruption. Program staff were also able to take program services into housing units even during times when inmate movement was restricted and continue providing participants with self-help materials. Mental health staff continued to express the value of a special needs housing pod dedicated to individuals with mental health needs. These housing pods help them address mental health concerns in a more efficient manner. It also helps remove inmates with mental health related issues from the jail's general population, which has reduced the need for restrictive housing for suicide prevention and other mental health needs. It also helps them provide tailored reentry preparation services throughout the period of incarceration. The funding from the pilot program helped them establish this separate housing unit. Middle River mental health staff also explained that they are developing a better discharge planning infrastructure in partnership with a local community services board. This will help improve their ability to provide aftercare services and especially increase housing options for reentry.

A number of the achievements for FY2021 were seen in the program performance measures. All mental health screenings conducted in FY2021 occurred within four hours of booking. Over 99% of all individuals admitted to the jail were screened during each quarter of FY2021. Over 71% of all full mental health assessments conducted with individuals that were screened positive for mental health concerns occurred within the first week of being booked. There were no individuals eligible for a treatment that did not get a treatment plan developed for them, and no individuals were put on a waiting list for program participation. During each quarter of FY2021, mental health staff provided 480 hours of case management services, 300 total hours of one-on-one therapy, and 120 hours of medication management. In terms of jail climate and safety, there were zero behavioral health related infractions or behavioral health related incidents causing injuries to staff or other inmates. The aftercare service measures showed that 34 individuals had community appointments set for them before they were released and that they appeared at the meetings.

Mental health staff also cited the importance of the pilot program by describing the impact on the jail if the program were not available. They first expressed concern that the loss of pilot program funding would devastate the provision of mental health services to their inmate population. They said they would attempt to retain their mental health staff, but that they would struggle to find the funding to assure that their mental health staff salaries would be covered in their annual budget. They said that they would struggle to hire and retain qualified staff with the little funding they may have for mental health needs. They worry that the competition that would occur for local funding to keep some mental health provisions would be inadequate for a mental health program that has been established under the pilot program.

Overall Challenges

While Middle River Regional Jail experienced a number of achievements, they also faced challenges throughout FY2021. Most of these challenges were related to the Covid-19 pandemic. Restrictions imposed by the pandemic prevented Middle River staff from bringing in graduate students and other outside volunteers and experts to provide services and programming. Previously, these individuals had

come into the facility to facilitate mental health programming. At the time of data collection, they were planning for bringing back individuals to provide services in-person. They addressed this challenge by offering virtual programming and eventually reinstating some in-person services toward the end of FY2021.

Middle River also continued to struggle during periods of time in which important staffing positions remained vacant while they attempted to hire and retain staff. This challenge was tied to what staff described as stagnant grant funding that created an array of challenges. Other challenges noted by staff members were tied to aftercare and reentry services. They noted that it can be difficult to maintain communication with some individuals that have reentered their community. They also indicated that they have run into issues with some individuals damaging rooms and engaging in other behavior upon reentry that has negatively impacted relationships with community partners. They have worked hard to rebuild and/or create partnerships in order to continue providing reentry services.

Other challenges faced by Middle River during FY2021 were seen in the quantitative performance data. For example, in the third and fourth quarters of FY2021, over 50% of individuals that were screened positive for mental health concerns did not receive a full assessment. The top reasons given for individuals not being assessed were that individuals were released or bonded, or they refused to take the assessments. Also, the total number of individuals that were screened and assessed as positive for mental illness but deemed ineligible for program participation increased from 31 individuals in the first quarter to 131 individuals in the fourth quarter of FY2021. In terms of jail safety and climate, the total number of individuals placed in restrictive housing increased from 29 individuals in the first quarter to 48 individuals in the final quarter of FY2021. For the aftercare measures, all but two individuals receiving medication upon reentry did not receive that medication within 30 days of release. Despite these challenges, Middle River staff members continued to emphasize the importance of the pilot program and the array of benefits produced by it.

Appendix F: Richmond City Sheriff's Office Profile

Total of \$505,790 awarded in FY2021

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 are made on a case-by-case basis.
- Enrollment is voluntary.
- Clinical interview and safety and wellness check completed by licensed clinicians.

Overall Achievements

The mental health pilot program at Richmond City Sheriff's Office had a number of achievements during FY2021. For example, mental health staff were able to work together to provide cohesive services for participants throughout the year, despite staffing turnover. Staff members were able to shift programs and services to virtual modalities to overcome challenges presented by the Covid-19 pandemic. They were also able to use program funding to train staff members on how to provide moral reconnection therapy (MRT) to groups and purchase workbooks for group therapy participants. Funding was also used to purchase exercise equipment, which staff members found had a positive impact on the mental health and overall quality of life of program participants. They also improved the reentry portion of their programming by conducting diagnostic assessments prior to program participants being released. This helped ensure that, prior to release, participants were linked to community resources and appointments for ongoing behavioral health treatment. Staff members also noted that they were able to use program funding to help participants access housing, food, hygiene, clothing, identification documents, and education to help with the reentry process. When asked about individual achievements, staff members noted one particular example:

“SD has also been a great client of the JMHP. SD was working with the program for over a year before his release and was active in both group and individual programming, attending each group and participating regularly. Upon his release, SD did not have a stable place to stay, and was worried about maintaining his sobriety. The JMHP arranged for him to stay at a local hotel that was close to work opportunities as well as locations he was required to go to as conditions of his release (such as ASAP courses). SD partook in professional development opportunities through the JMHP such as a forklift training certification course. SD was able to find a job rather quickly, and moved into an apartment in a desirable neighborhood. The JMHP assisted with the security deposit and first month's rent at this apartment, as well as with a referral to a local furniture bank that furnished the whole unit. SD has been enjoying his job and his new apartment.”

Other program achievements were seen in the quantitative performance data. All mental health screenings that took place occurred within eight hours of booking into the jail. Over 95% of all individuals booked into the jail during the first and fourth quarters of FY2021 underwent a mental health screening, and all individuals identified as needing a treatment plan had a plan developed for them during the first and final quarters. Also, the overall climate of the facility appears to have improved throughout the pilot program.

Since 2017, the total number of inmates assaulting other inmates has decreased each year, ranging from 151 incidents in 2017 to 33 incidents in 2021. The total number of inmate fights and assaults by inmates on staff have also decreased each year within the facility. The number of inmate fights has decreased from 86 in 2018 to 18 in 2021. Data was not available on this measure in 2017. The total number of assaults by inmates on staff decreased from a high of 46 in 2018 to a low of two incidents in 2021. It is important to note that the total number of inmate assaults on staff was 29 total incidents in 2017.

Mental health staff members emphasized the importance of the pilot program on their facility. They stated that without the program, individuals would not have access to needed mental health services while incarcerated and not be linked to services in their community upon release. They expressed concerns that losing funding would increase recidivism rates and have detrimental effects on the ability of these individuals to access resources in their community. This could increase the costs to all Richmond citizens due to increased numbers of hospitalizations and incarcerations. Mental health staff members stated that the pilot program should be expanded to provide these services to as many individuals as possible.

Overall Challenges

While a number of accomplishments were made in FY2021, Richmond's mental health program also dealt with various challenges. Many of these challenges were directly related to the Covid-19 pandemic. They were not able to offer group programming for most of the year to maintain social distance. To address this challenge, they worked to maintain the same level of services using technology. They also struggled to attract candidates for various staff positions. Since the pilot program funding is administered on a year-to-year basis, they struggled to hire individuals without assurance that the position would exist long-term. Also, their program struggled when individuals left their position, and that position remained vacant for a period of time. This is especially true for vital positions that serve integral roles in the program. Maintaining adequate staffing levels was their biggest concern expressed at the time of data collection.

Some challenges that Richmond staff faced was also seen in the performance data. A majority of individuals screened positive for a potential mental illness did not undergo a full assessment during the first or final quarters of FY2021. The main reasons cited for this were that individuals were either released to pre-trial services, or they refused to undergo the assessment. Also, the number of individuals placed on the waiting list for program participation increased from four individuals in the first quarter to 56 individuals in the fourth quarter. The number of individual screened and assessed positive for a mental illness but deemed ineligible for program participation also increased, from zero individuals in the first quarter to 22 individuals in the final quarter. It is important to note that the number of individuals that became program participants increased from two individuals in the first quarter to 17 individuals in the final quarter. Lastly, the total number of total one-on-one therapy and case management hours decreased between the first and final quarters of FY2021. Despite these challenges, Richmond staff continued to emphasize the importance of the pilot program in improving the lives of participants and the overall well-being of the community at large.