



COMMONWEALTH of VIRGINIA

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Virginia's Jail Mental Health Pilot Program (JMHP) Report

Attached is Virginia's Jail Mental Health Pilot Program (JMHP) Report. This report evaluates the activities of Virginia's JMHP during FY2022 (July 1, 2021, through June 30, 2022). It is the sixth 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.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackson H. Miller".

Jackson H. Miller
Director



Evaluation of the Jail Mental Health Pilot Programs

Virginia Department of Criminal Justice Services
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January 10, 2023

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Preface

This report evaluates the activities of Virginia’s Jail Mental Health Pilot Program (JMHP) during FY2022 (July 1, 2021 through June 30, 2022). It is the sixth 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* (2020 Virginia Acts of Assembly, Chapter 1289, Item 406 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 Appropriations 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.*

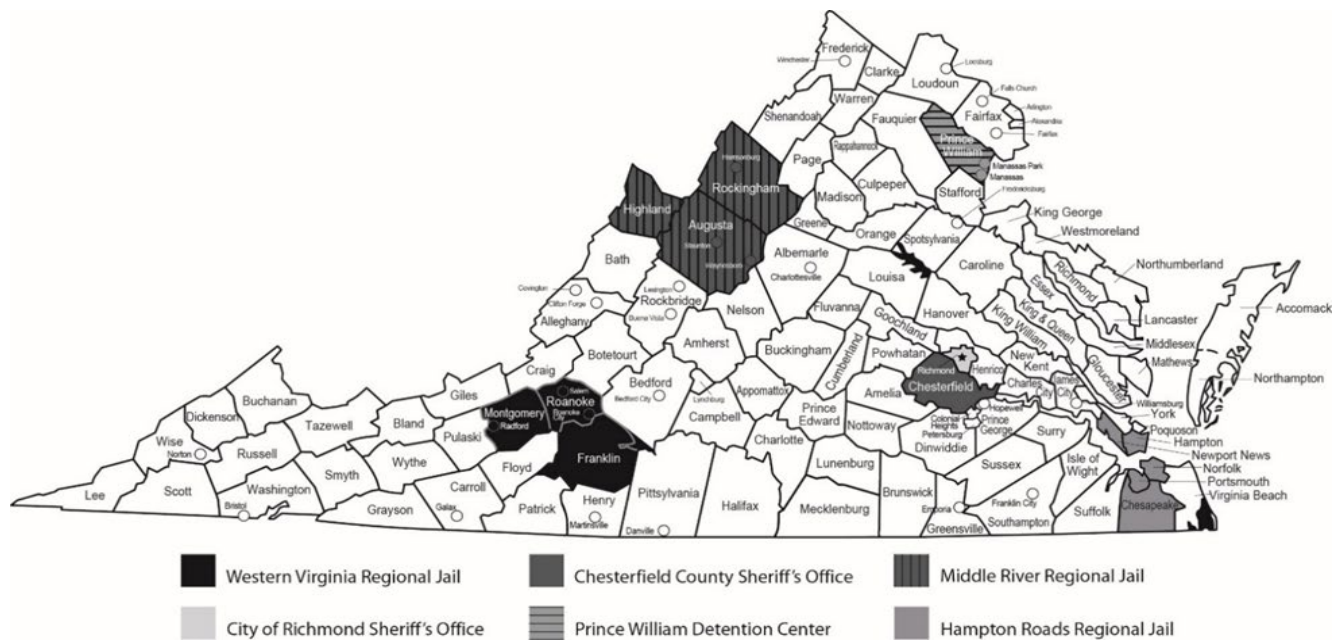
This report on the Jail Mental Health Pilot Project, dated January 10, 2023, is submitted by DCJS in response to the above 2020 Appropriations Act language.

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 (JMHP), 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 program funding was renewed by the General Assembly for FY2022 and DCJS provided awards for the initial six jails (see Table 1). This evaluation covers program activities during FY2022 (July 1, 2021–June 30, 2022) 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 FY2022
Chesterfield County Sheriff's Office	\$324,073
Hampton Roads Regional Jail	\$460,700
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 annual evaluation report (FY2022) generally show a continuation of the findings from previous reports: By providing funding for targeted mental health services to inmates, the JMHP produced measurable improvements in inmate well-being and the services provided to individuals with mental health issues. 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.

In FY2022 the program sites continue to deal with strains related to the COVID-19 pandemic. It is important that this context is understood when interpreting the findings in this report. Any reductions in services provided and/or challenges faced throughout the community reentry process were largely shaped by pandemic-related issues. Many of the sites remained innovative and nimble in how they addressed these issues to continue providing mental health services in Virginia jails.

The JMHP achievements and challenges during FY2022 are summarized below.

Pilot Project Achievements and Challenges in FY2022

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). Prior to the COVID-19 pandemic, the rate of booked inmates that were screened for mental health issues had stabilized at around 90%. That rate of booked inmates being screened dropped during the early stages of the pandemic, but it appears to have stabilized at around 80% or greater. Also, the rate of inmates screened within 72 hours of booking has remained at about 99%, with 88% of inmates being screened within eight hours of booking during the final quarter of FY2022.

Mental health assessments continued to be conducted across the participating sites. These full assessments are essential for diagnosing a mental illness and creating a treatment plan. The rate of individuals that screened positive for a potential mental illness and received a full assessment dropped during the COVID-19 pandemic. The rate of positively screened individuals receiving a full assessment dropped below 50% throughout FY2021; however, that rate increased to 53% during the final quarter of FY2022. Reasons cited for difficulties assessing individuals screened positive were related to reductions in staff and/or gaps in staffing, individuals being released on bond or to pretrial services, and individuals being part of a weekend detention program.

Treatment plans remained an important part of jail mental health programs. While over half of all eligible inmates had a treatment program developed for them in the first and final quarters of FY2019–FY2021, less than half of eligible inmates had a treatment program developed for them in the first and final quarters of FY2022. Specifically, 38% of eligible inmates in the first quarter of FY2022 and 43% of eligible inmates in the final quarter of FY2022 had a treatment plan developed for them. A major challenge for developing treatment plans was crucial gaps in staff that create such plans, as well as individuals being released on bond, to pretrial services, or for time served.

Admissions to mental health programs for eligible participants remained high until the final quarter of FY2022. During the first quarter of FY2022, 58% of individuals screened and assessed positive for a mental illness became program participants. This continued the trend from prior years in which over half of eligible inmates become program participants. However, the admission rate for eligible program participants was only 32% in the final quarter of FY2022. Program staff cited several issues that impacted admission rates, including an ongoing challenge of recruiting and retaining qualified professionals for important positions. They also cited

ongoing challenges linked to the COVID-19 pandemic, including individuals testing positive and housing lockdown restrictions, which can create barriers to admitting eligible program participants and then providing them services in a timely manner.

Treatment services continued to be provided to program participants at a high level throughout FY2022. Pilot program staff provided peer support, case management, one-on-one therapy and/or counseling, group therapy, and life skills most frequently in FY2022. Across all four quarters of FY2022, pilot program sites provided over 4,500 hours of peer support services, 2,300 hours of case management, 1,900 hours of one-on-one therapy and/or counseling, 1,800 hours of group therapy, and 1,100 hours of life skills services. It is important to note that the COVID-19 pandemic shifted many treatment services to telehealth platforms. Despite limitations, the proliferation of telehealth services did allow for treatment services to continue throughout times of periodic housing lockdown. Also, treatment services aimed at individuals with co-occurring disorders remained a priority of program staff but were difficult given the need to address both substance use and mental health disorders.

Jail safety continued to be an important measure for assessing the impact of the pilot programs. The total number of individuals experiencing an acute crisis decreased from 105 in the first quarter of FY2022 to 62 in the final quarter of FY2022. On the other hand, the number of individuals placed in restricted housing increased from 123 in the first quarter of FY2022 to 146 in the final quarter of FY2022. There were 18 behavioral-health related injuries during the first quarter of FY2022 and 26 behavioral-health related injuries during the final quarter of FY2022. There were 21 total behavioral-health related infractions and 12 Temporary Detention Orders (TDO) in the first quarter of FY2022 and 28 total behavioral-health related infractions and 30 TDOs in the final quarter of FY2022.

Reentry and aftercare services continued to be one of the most important elements of the jail mental health pilot program. Program staff continued to maintain partnerships in the community to help program participants transition into the community and access vital services such as housing, employment, and transportation. They also worked to increase their community partnerships that could aid in community reentry. During the final quarter of FY2022, an increased number of individuals were provided medication, housing, and appeared at community appointments. Also, a high number of individuals applied for and/or resumed health care benefits upon reentry. About 86% of program participants that were provided medication upon release were able to access that medication within 30 days during the final quarter of FY2022. It is important to note that affordable housing for released participants remained a challenge throughout the pilot program, and keeping reentry coordinator positions filled has been essential, but difficult, for programs. Pilot programs struggled most with reentry services when those reentry coordinator positions remained vacant for extended periods of time.

Hiring and retaining qualified mental health staff professionals was once again a priority of pilot programs. This presented challenges as program sites consistently struggle to fill vital positions when a position is vacated. Since many of these programs operate with small staffs, any gaps in a program staff can negatively affect service delivery. This has been especially challenging for programs that have dealt with vacant reentry coordinator positions for long periods of time. This has resulted in other program staff taking on reentry duties in addition to their existing duties, stretching that individual across multiple positions.

Return-to-Jail Data

Across the six jail mental health pilot program sites, 14% of the program participants returned to jail within 90 days after release, and 86% did not return within that time frame.

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.

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

It is important to note that in Calendar Year (CY) 2020 and CY2021, 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 2021, and therefore the CY2020–2021 release recidivism figures should not be directly compared with recidivism figures for releases in earlier years.

The pilot project continues to provide important, and needed, mental health services in Virginia jails. Programs faced challenges ranging from hiring and retaining program staff to barriers related to the COVID-19 pandemic. Despite these challenges, program staff continued to identify, assess, and treat individuals with mental health issues in Virginia jails. Program staff also continued to prepare individuals for community reentry, and at times provide them with essential resources like housing and transportation. Without this funding, it is likely that many individuals incarcerated in Virginia jails would not be properly diagnosed and treated for mental health issues, further exacerbating mental health and substance use challenges. The following full report details the quantitative and qualitative impacts of the mental health pilot program in Virginia jails.

Recommendations

This evaluation report has identified measurable improvements in the well-being of jail inmates. Since the beginning of the pilot program, there have been increases in the number of jail inmates who were screened and assessed for mental illnesses, had treatment plans developed, received treatment services in the jails, and had reentry plans developed and received services to assist their reentry after leaving the jail.

This evaluation report, as well as previous evaluation reports, 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. 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 JMHP.

The following 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.

1. Expand the Jail Mental Health Program

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

Jails participating in the pilot program show consistent improvements in their ability to provide inmates with services and treatment to address 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, 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 in the pilot project 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. 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.

B. Assess funding necessary to hire, retain qualified professionals.

A consistent challenge found in these evaluations is that participating sites struggle to hire and retain qualified mental health professionals. An assessment should be done to determine what type and level of funding is needed to increase the likelihood that sites can hire and retain qualified staff. This is essential to ensure that there are not gaps in time during which services are not provided, and that other staff members are not forced to cover their own duties as well as the duties of an unfilled position.

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

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 lengthy process. DCJS should use its experience with the pilot program to provide jails with guidance on processes and practices that worked, and where to avoid mistakes. Staff at 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, deescalate potentially volatile situations, and 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 populations 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, along with staff that can help with program development and implementation.

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.

Jails with mental health programs should identify all 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.

D. 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 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. This helps ensure that a complete continuum of care is created.

E. 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.

F. 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.

G. 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.

H. Collaborate with local court dockets.

Diversionary mental health court dockets, typically called behavioral health dockets, are becoming more common across Virginia. In a locality that has such a docket, jail staff should work with the docket to create policies and procedures regarding which cases should involve diversion as compared to cases that should involve pilot programming.

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 ensure that individuals with a mental illness are identified and diagnosed, that treatment plans are developed and executed properly, and that individuals receive an adequate continuum of care.

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 benefited 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 professionals with an array of expertise and agency connections. These teams ensure the mental health programs fully address all elements of a continuum of care and avoid gaps in programs and coordination that could disrupt recovery.

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. The mental illness 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. Provide programming in various languages.

Most Virginia jails house individuals with mental health issues that have limited English proficiency. If sites can offer programs and services in languages such as Spanish, they will be better able to address the mental health needs of these individuals.

5. Provide An Array of 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 ensure 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 reentry services.

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

C. Contract with the local community services board.

Collaborating closely with the community services board ensures that program participants experience a smooth transition to community resources upon release. It also helps ensure that all mental health and substance use therapy appointments are coordinated prior to release and then given to that individual upon release.

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

This ensures that there is a specific case manager that coordinates the released program 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 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.

- *Medication.* Provide medication to individuals at release. Many released participants must 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 program participants with 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 individuals for obtaining or restoring health care benefits, including determining Medicaid eligibility, prior to release.
- *Job training opportunities.* Obtaining and maintaining steady employment contributes to successful reentry. Programs should help participants find job training after release, with a focus on job opportunities in their local community.
- *Cell phone.* Programs should ensure that released individuals have access to a cell phone and a directory of available community services. A phone is often a necessity for scheduling and keeping appointments, scheduling job interviews, and connecting with other community services.

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. Programs should also collaborate with local Veteran Affairs offices to ensure the veteran population is linked to the many services they have to offer upon release.

G. Continue to work on community partnerships

Community-based organizations providing reentry services can change over time. It is essential that jail staff continually work to build and maintain partnerships with community-based reentry organizations to ensure a smooth transition back to the community. This will also ensure that released individuals are fully aware of what services are currently offered in the community and avoid referring an individual to an organization that no longer exists or now provides different services.

7. Larger Criminal Justice 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 with mental health issues that commit nonviolent offenses would be incarcerated. 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 FY2022, 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 FY2022 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 summary of information obtained from each individual jail.

Although data in this report focuses on changes observed from July 1, 2021 through June 30, 2022, the report also references data from the previous project period (January 1, 2017–June 30, 2021) to help contextualize the sixth 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.

Effects of COVID-19 on the Programs and Program Measures

The first set of 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 until the final quarter of FY2020. In this quarter, the mental health pilot programs were impacted by various changes in response to the COVID-19 pandemic. Many of these challenges persisted well into FY2022 and the impact of these challenges are noted throughout the report.

Specific Project Findings

Mental Health Screenings

The first step to a successful mental health program is screening inmates booked into each facility. All six sites used 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 appropriate screening tool.

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. During previous funding years, the rate of booked inmates screened had stabilized at around 90%. This high rate of screenings continued until the final quarter of FY2021, when the COVID-19 pandemic responses began. And the rate of screenings conducted dropped to about 79%. Figure 2 illustrates how the level of FY2022 screenings compares to the three previous years of the pilot project.

**Figure 2: Percentage of Inmates Entering Jails Screened for Mental Health Issues
FY2019 vs. FY2021 vs. FY2022**

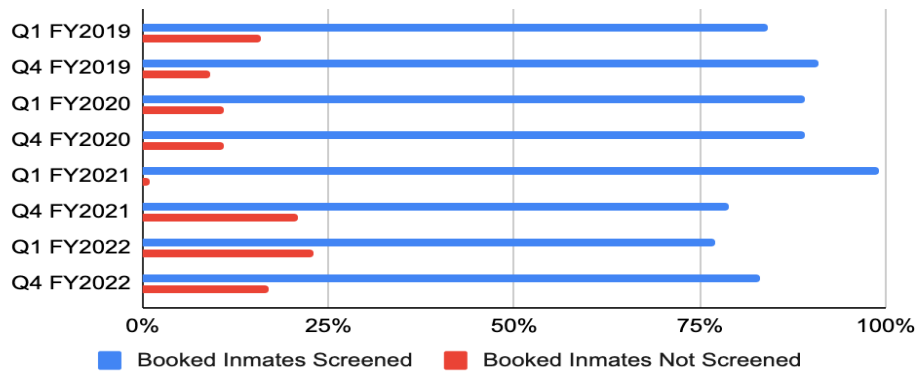
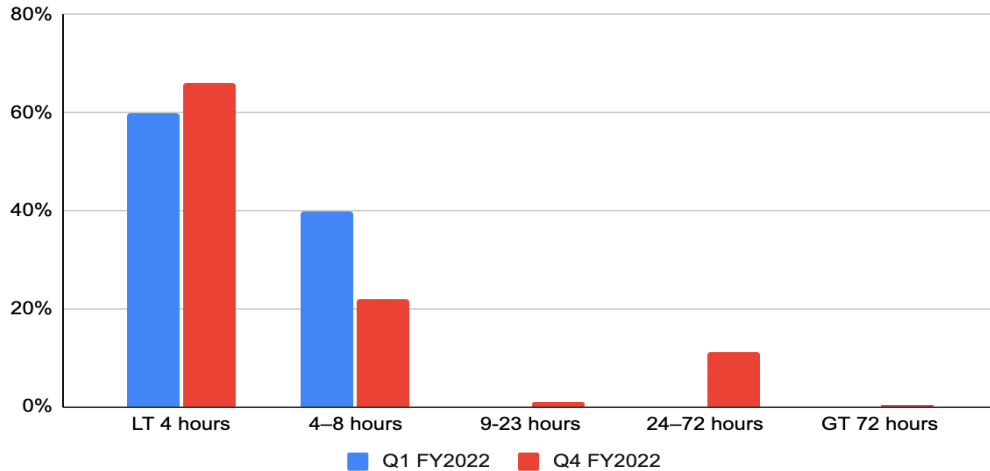


Figure 2 displays that the rate of screenings increased back to about 83% during the final quarter of FY2022. This is a major increase above the 69% of booked inmates that were screened during the first quarter of FY2018, when the pilot program was in the early stages of implementation.

Another achievement of the pilot program during its initial years was the jails' ability to screen booked inmates in a shorter amount of time after admission. For example, during the first and final quarters of FY2021, over 99% of all screenings were conducted within eight hours of booking, compared to the fewer than 50% of screenings within eight hours of admission in the final quarter of FY2018.

Figure 3 displays the rate 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 FY2022.

Figure 3: Time from Jail Admission to Screening FY2022

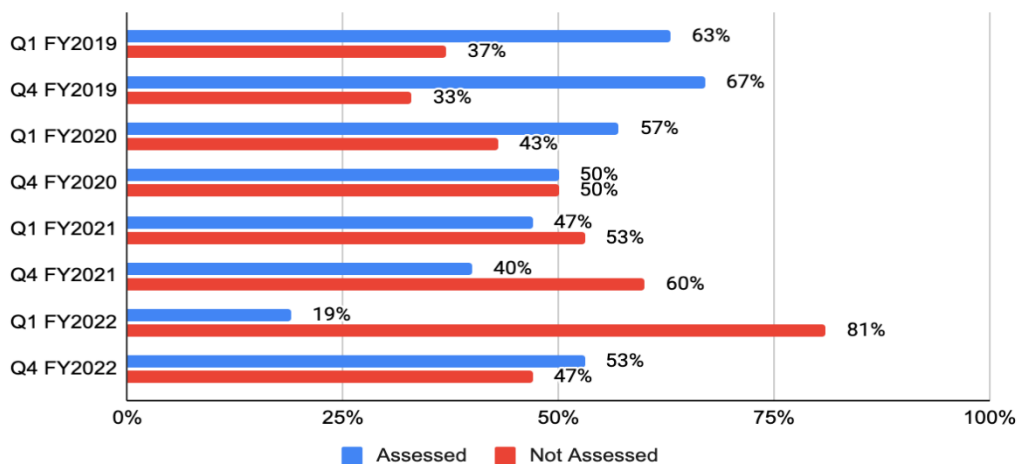


During FY2022 the jails continued to consistently conduct most mental health screenings within eight hours of initial booking. In the first quarter of FY2022, all screenings took place within eight hours of booking and in the final quarter of FY2022, about 88% of screenings took place within eight hours of booking and over 99% of screenings took place within 72 hours of booking. The sooner the screening is done, the sooner jail staff can 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, determine its severity, and help develop a treatment plan to address the inmate’s needs. The pilot program has previously helped improve the rate 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 since FY2019.

Figure 4: Percentage of Positively Screened Inmates Receiving Full Mental Health Assessment FY2019 vs. FY2020 vs. FY2021 vs. FY2022



Prior to the pandemic, most inmates screened positive were consistently receiving a full assessment; however, those rates dropped in recent years. Issues related to the pandemic, such as having to switch to virtual platforms in place of in-person assessments and staffing issues, persisted throughout the first quarter of

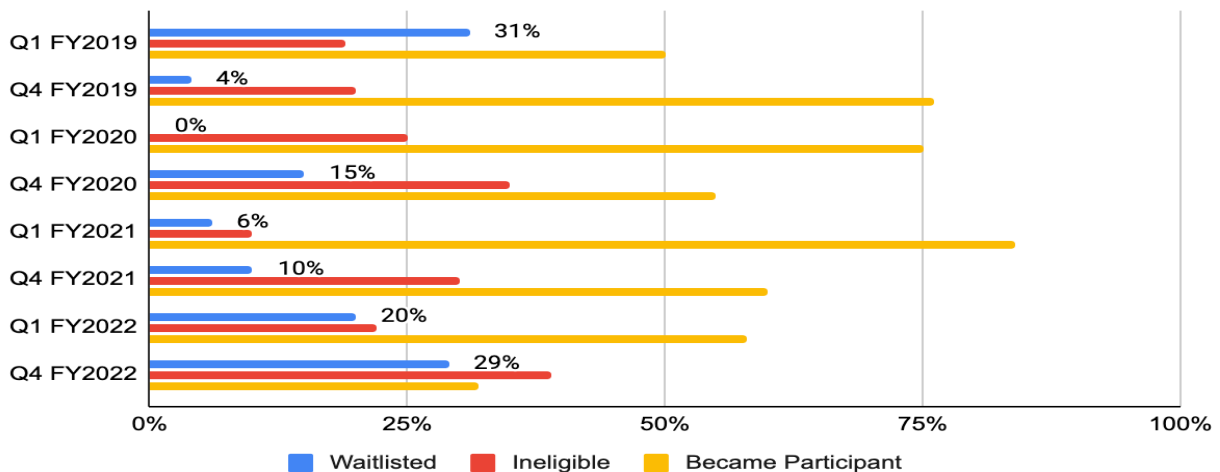
FY2022. However, the final quarter of FY2022 saw a rebound as 53% of inmates screening positive underwent a full mental health assessment. All of these rates are a significant increase from the 13% of positively screened inmates in the first quarter of FY2018 who received a full mental health assessment.

In FY2022, among those inmates who were screened positive but who did not receive a full assessment, the most common reasons for not being assessed were: released on bond (32%), inmate was part of a weekend detention program (18%), and released to pretrial services (13%). 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

An array of performance measures illustrates how participating jails have used grant funding to provide in-jail treatment services. Figure 5 displays the rate of positively screened and assessed inmates that became program participants during the first and final quarters of FY2019, FY2020, FY2021, and FY2022. This data first was collected during FY2019.

**Figure 5: Percentage of Positively Assessed Inmates Becoming Program Participants
FY2019 vs. FY2020 vs. FY2021 vs. FY2022**

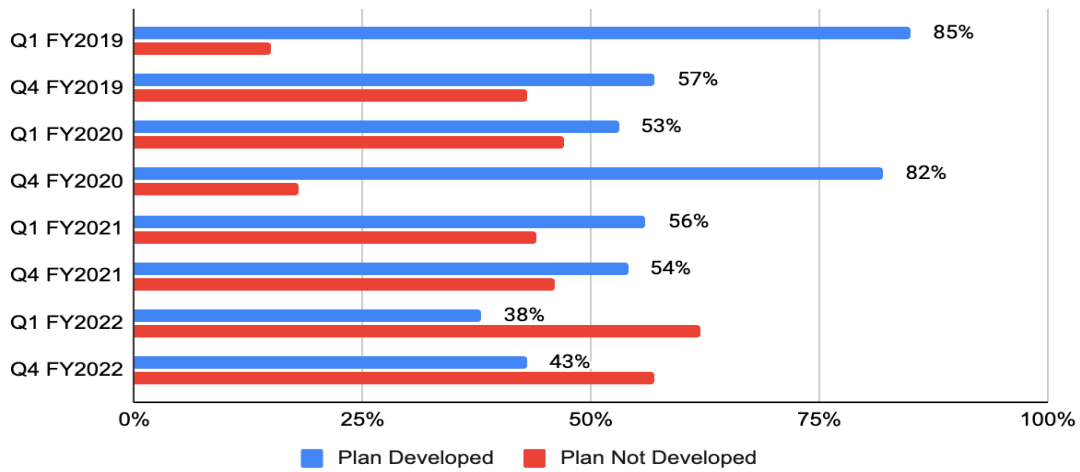


As displayed in Figure 5, about 58% of individuals assessed positive for a mental illness became program participants during the first quarter of FY2022, and about 32% of all individuals assessed positive for a mental illness became program participants during the final quarter of FY2022. Until the final quarter of FY2022, over 50% of individuals assessed positive for a mental illness became program participants consistently across quarters. It will be important to analyze data during FY2023 to determine if this is a new trend or an aberration.

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 length of stay for the individual did not meet the program participation criteria, or the individual refused to participate. It is important to note that staff at each jail site establish their own criteria for program eligibility.

An important element of a jail mental health program is the creation of a treatment plan. Treatment plans are designed to meet the specific needs of the individual screened and assessed positive for mental health problems. A treatment plan identifies the medication that the individual needs, the types of curriculum and treatment services that would benefit them, and the elements necessary for successful reentry into the community. Figure 6 displays the rate of eligible inmates for whom a treatment plan was developed in the first and final quarters of each funding year since FY2019.

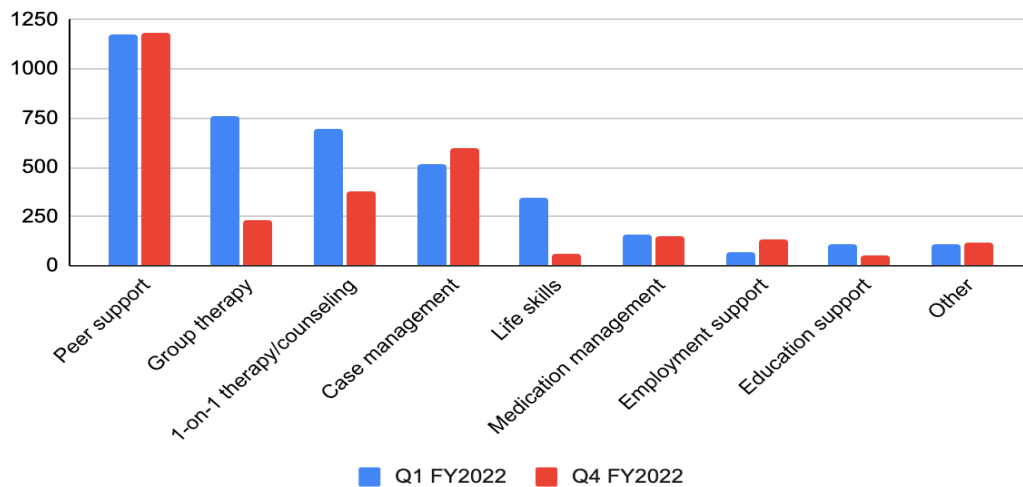
**Figure 6: Percentage of Eligible Inmates That Had Treatment Plan Developed
FY2019 vs. FY2020 vs. FY2021 vs. FY2022**



The rate of eligible inmates that had a treatment plan developed for them began to decrease in FY2021 and this continued in FY2022. In the final quarter of FY2022, about 43% of eligible inmates received a treatment plan, down from a high of 85% in FY2019. When looking at the data across each funding year, it appears that the rate of eligible inmates for whom a treatment plan was developed stabilized at around 50%. The most frequently cited reasons for treatment plans not being developed were that the individual was released on bond, the individual was released to pretrial services, or the individual was released for time served.

Once treatment plans have been created, the focus shifts to implementing evidence-based treatment services such as individual and group therapy. Figure 7 displays the total number of one-on-one therapy hours, group therapy hours, and other types of service hours provided during the first and final quarters of FY2022.

Figure 7: Hours of In-Jail Services Provided in FY2022



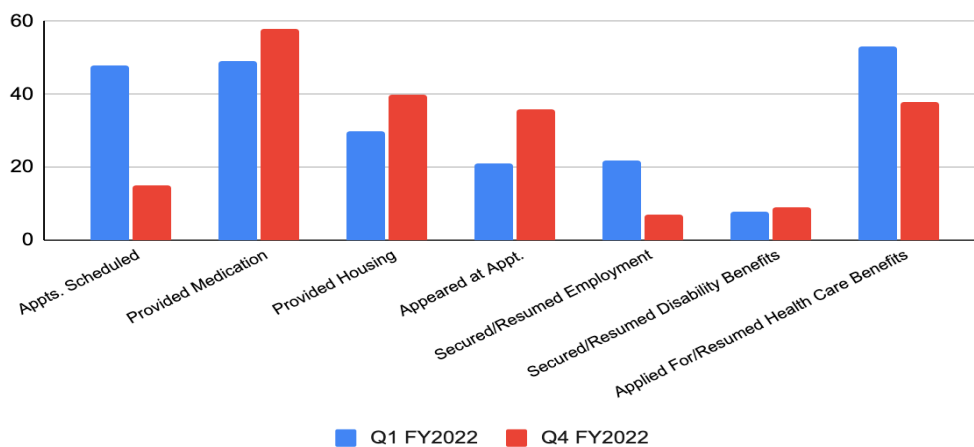
As seen in Figure 7, the types of services provided most frequently across participating sites were peer support, group therapy, one-on-one therapy/counseling, and case management. Across all four quarters of FY2022, pilot program sites provided over 4,500 hours of peer support services, 2,300 hours of case management, 1,900 hours of one-on-one therapy and/or counseling, 1,800 hours of group therapy, and 1,100 hours of life skills services. Program funding has helped these jails build an infrastructure to offer more treatment services to inmates with mental illness.

Aftercare Services

Aftercare services are a critical element of the pilot program to provide a continuum 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. 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. In recent funding years, participating staff members emphasized the importance of focusing on the 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 have always been the most difficult part of the 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 after their release. Figure 8 displays the total number of program participants released who had appointments scheduled, were provided medication and housing, appeared at appointments, and secured and/or resumed employment, disability benefits, and health care benefits for the first and final quarters of FY2022.

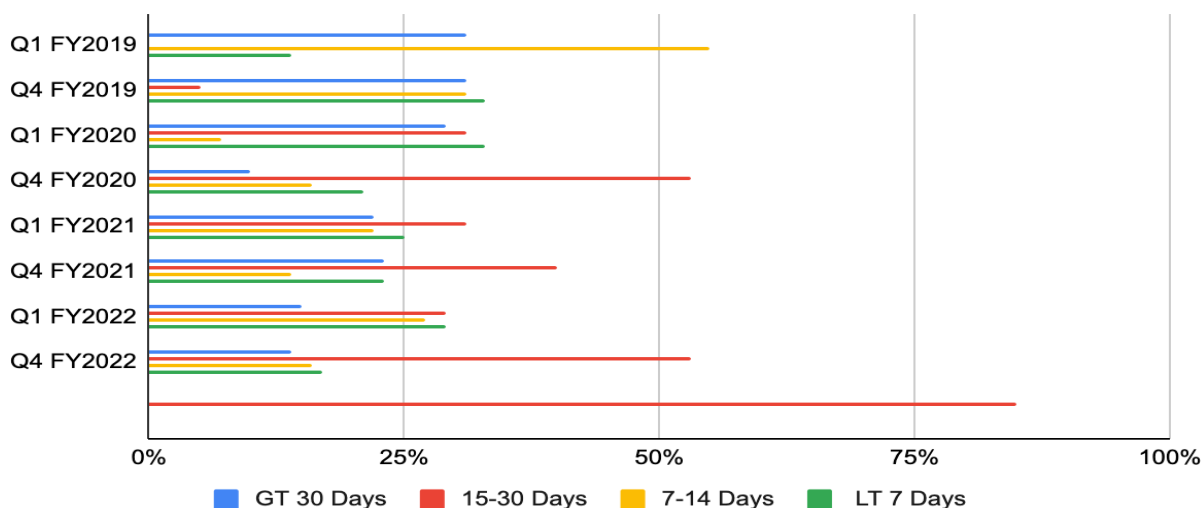
Figure 8: Number of Inmates Receiving Aftercare Services in FY2022



Pilot sites continued to provide a high number of released participants with aftercare services. Across the first and final quarters of FY2022, the aftercare services that released program participants received at the highest rate were medication assistance, help applying for and/or resuming health care benefits, assistance providing housing, and helping schedule appointments in the community.

Medication management is an essential element of effective treatment plans. To ensure essential medication is accessed by released program participants, they must be able to acquire the medication at release or as quickly as possible upon release. Any gap in accessing essential medication could result in relapses, difficulties with mental health symptoms, and increased risk of recidivism. Figure 9 displays 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 during FY2018.

**Figure 9: Time in Which Inmates Received Medication After Release
FY2019 vs. FY2020 vs. FY2021 vs. FY2022**



Nearly all FY2022 program participants needing medication upon release received that medication within 30 days of community reentry. About 85% of program participants released in the first quarter of FY2022, and 86% of program participants released in the final quarter of FY2022, needing medication received it within 30 days. This is a slight increase from the approximately 77% of program participants released in the final quarter of FY2021 needing medication that received it within 30 days. Although this is an important improvement for successful reentry plans and programs, the jails should strive to ensure that inmates needing medications are provided with these medications at the time they are released.

In addition to the quantitative measures shown in the preceding pages, staff from the pilot programs provided some examples to illustrate the impact of aftercare services provided by the pilot programs. Several program participants from one site were able to successfully transfer from hotel-based housing to an apartment of their own. The pilot program helped provide funds for essential elements of the transition such as security deposits and the first month’s rent. Pilot program staff also helped these individuals obtain furniture for their new apartment. Another success story came from a site where an individual reentering the community was able to successfully regain employment as an auto-mechanic, and others gained employment in manufacturing and landscaping due to assistance from pilot program staff. One site described success with a program participant that was able to maintain sobriety throughout their time in transitional recovering housing. The transitional housing costs were covered by the program.

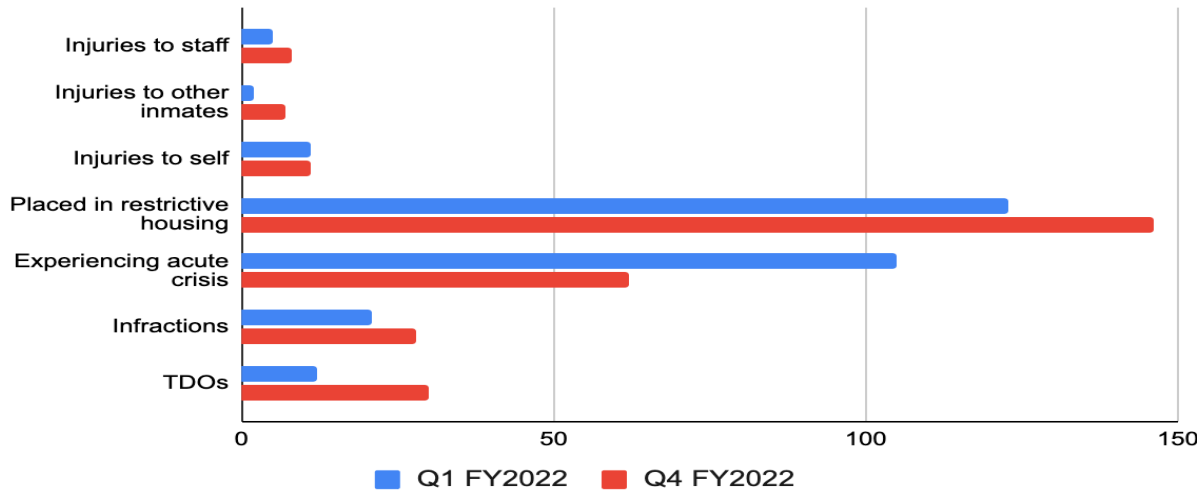
Prior to the pilot program, these sites did not have individuals dedicated to reentry planning to provide the types of services described above.

Jail Safety

Mental health pilot programs can potentially improve the safety and climate of jail facilities. 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.

Data was collected on safety incidents involving program participants throughout FY2022. Figure 10 displays the total number of program participants involved in behavioral health-related incidents and infractions, the total number of participants placed in restrictive housing, the total number of acute crises that occurred among participants, and the total number of temporary detention orders during the first and final quarters of FY2022.

Figure 10: Total Number of Jail Facility Safety Incidents in FY2022



Across the participating sites, the total number of behavioral-health related injuries remained relatively low throughout FY2022. Specifically, there were a total of 18 behavioral-health related injuries during the first quarter of FY2022 and 26 behavioral-health related injuries during the final quarter of FY2022. The number of individuals placed in restrictive housing for behavioral-health issues increased from 123 in the first quarter of FY2022 to 146 in the final quarter of FY2022, while the total number of individuals experiencing an acute crisis decreased from 105 in the first quarter of FY2022 to 62 in the final quarter of FY2022. Lastly, the total number of behavioral-health related infractions increased from 21 in the first quarter of FY2022 to 28 in the final quarter of FY2022, and the total number of TDOs increased from 12 in the first quarter of FY2022 to 30 in the final quarter of FY2022.

Recidivism Among Pilot Program Participants

The Appropriations Act directed DCJS, as part of the 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 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. If a participant that received services was released and returned to jail more than once during the study period, only the first return to jail is counted.

Data Collection

To identify individuals with the potential to recidivate, DCJS required 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 Virginia Department of Corrections (DOC) to individuals entering jail or prison. Each jail pilot site also provided the date of release from the jail for each participant who entered the jail on or after June 2017, and who was released prior to January 1, 2022. This cut-off date was selected 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 collected this information from all six jails: Chesterfield County, Hampton Roads Regional Jail, Middle River Regional Jail², Prince William/Manassas Regional Adult Detention Center, Richmond City Jail, and Western Virginia Regional Jail.

Data Analysis

DCJS compared the 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 2021, and therefore the CY2020–2021 release recidivism figures should not be directly compared with recidivism figures for releases in earlier years.*

- DCJS received 1,107 records matching the necessary criteria from the six jail 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.
- 1,712 records were excluded due to “releases” that were actually transfers to another jail or some other facility (including the Virginia Department of Corrections).

² As of November 22, 2022, DCJS had received incomplete data on 2021 releases from Middle River Regional Jail.

- 704 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.
- 1,201 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.
- 178 records were excluded because their release date was in CY2022. There has been insufficient time to track returns to jail for individuals released during the current calendar year.
- 159 records were excluded because they did not include a release date.
- 47 records were excluded because they did not have a valid CORIS ID number.

Of the 1,107 participants included in the analysis, 21 had a release date in CY2017, 148 had a release date in CY2018, 225 had a release date in CY2019, 360 had a release date in CY2020, and 353 had a release date in CY2021.

Recidivism Findings

Among these 1,107 participants who participated in the jail mental health pilot program and were then released from jail:

- 157 individuals returned to jail within 90 days, for a 90-day return rate of 14%. 950 individuals did not return to jail within 90 days of release.
- 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 151 returned within 90 days, for a rate of 22%
 - CY2019 cases – 37 of 225 returned within 90 days, for a rate of 16%
 - CY2020 cases – 34 of 360 returned within 90 days, for a rate of 9%.
 - CY2021 cases – 50 of 353 returned within 90 days, for a rate of 14%.
 - CY2020 and CY2021 releases cannot be compared directly to prior years, due to the impact that COVID-19 had on jail commitments. The lower rate for these years could be due to practices that reduced the number of individuals placed in jail in order to reduce the chance of COVID-19 transmission. Similarly, CY2020 and 2021 cannot be compared with each other, as the impact of COVID-19 on commitments to jail declined over time.
 - Although the language of the Appropriations Act asked only for 90-day recidivism rates, enough data are 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.
 - 27% returned to jail within 180 days.
 - 41% returned to jail within 360 days.
- 90-Day return-to-jail rates varied by the type of release from jail:³
 - 108 of 868 Sentenced Participants, Confinement Complete: 12%
 - 49 of 239 Other: 20%

³ “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
 - 63 of 482 Chesterfield participants: 13%
 - 18 of 101 Hampton Roads participants: 18%
 - 9 of 46 Middle River participants: 20%
 - 6 of 55 Prince William/Manassas participants: 11%
 - 26 of 146 Richmond participants: 18%
 - 35 of 277 Western Virginia participants: 13%

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 because there are major differences in the jail programs. These include the following: the differences in sizes of the participant groups (46 from Middle River, 55 from Prince William/Manassas, 482 from Chesterfield, and 277 from Western Virginia); differences in the types of individuals eligible for participation in groups (Prince William included only incarcerated females, Chesterfield allowed all incarcerated individuals, and some jails excluded individuals with a history of violent offenses); each jail's program provided different types and levels of services, both within the jail and after release.

Summary of Recidivism Findings

Across the six jail mental health pilot program sites, 14% of the program participants returned to jail within 90 days after release, and 86% did not return within that time frame.

Although only one-seventh 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* (March 2022) 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 (for FY2017 releases) 34.2% of these individuals were re-incarcerated within 36 months of release from jail, compared to only 23.6 % of individuals who were not diagnosed with a mental health impairment. These rates are not comparable to the pilot project recidivism rate of 14%, primarily because of the much longer DOC follow-up (36-months vs. 3 months) and there is no information on whether or not any of the mentally impaired 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.”

Conclusions

The findings of the evaluation of activities of the Jail Mental Health Pilot Program for FY2022 are largely similar to the findings of previous evaluations. The results indicate that participating sites continued to provide a high level of mental health services while dealing with consistent challenges. Participating sites screened a high rate of booked individuals for potential mental health issues, nearly all of which were completed within 72 hours of booking. Participating sites also increased the rate of individuals screened positive who underwent a full assessment during the final quarter of FY2022 and provided a high rate of treatment services in areas such as peer support, case management, and one-on-one and group therapy.

Participating sites continued to provide essential aftercare services to program participants released into the community. These aftercare services included helping participants access medication, housing, transportation, and community appointments. Program staff continued to create and maintain relationships with community partners to help with the reentry process for program participants. Staff at select participating sites described anecdotal successes within the community reentry portion of the pilot program where they helped participants access employment opportunities and both transitional and long-term housing. These aftercare services continued to be essential for supporting the long-term success of program participants.

Despite the continued successes experienced, participating sites faced challenges as well. In the quantitative measures, the rate of eligible participants that were admitted into the mental health programs dropped during the final quarter of FY2022. Additionally, the rate of booked inmates being screened and the rate of positively screened and assessed inmates who had a treatment plan developed for them has not yet rebounded to pre-pandemic levels. Pilot program staff continued to face challenges in hiring and retaining qualified mental health professions. Any time periods in which pilot program positions remained unfilled presented immediate challenges because each position is crucial for maintaining a continuum of care for individuals with mental health issues.

Many of the challenges faced by participating sites continued to be directly related to the COVID-19 pandemic. Sites worked to shift programming back to in-person but still had to rely on virtual offerings in some circumstances, such as when a community partner could not come into their facility. Program staff continued to work on growing reentry services despite the array of limitations they have faced over the last two years related to the pandemic. Program staff cited continuing challenges with participants testing positive for COVID-19, forcing them to miss essential programming, as well as housing lockdown restrictions resulting from COVID-19 spreading and subsequent quarantine procedures.

Despite facing these challenges, pilot program staff found ways to overcome them. For example, program staff conducted home visits with released program participants to ensure they were accessing the resources they needed. They also continued to increase the range of programs and services offered within the jail. Program staff also engaged in an array of training to increase their expertise and skill set in providing essential services to participants. One site described increasing their offerings in Spanish to better serve individuals whose primary spoken language is not English.

Overall, the jail mental health pilot program continues to yield positive benefits. Individuals incarcerated in Virginia jails that have mental health challenges are better able to be diagnosed, treated, and provided reentry services because of this program. While participating sites face persistent challenges in the implementation of the program, it appears that individuals needing mental health help that come into these facilities are more likely to receive the services they need.

Appendices

Appendix A: Chesterfield County Jail Profile

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

Appendix C: Hampton Roads Regional Jail Profile

Appendix D: Western Virginia Regional Jail Profile

Appendix E: Middle River Regional Jail Profile

Appendix F: Richmond City Sheriff's Office Profile

Appendix A: Chesterfield County Jail Profile

Total of \$324,073 awarded in FY2022

Overall Achievements

Chesterfield's pilot program reported a number of anecdotal successes in FY2022. Grant funding was used to increase jail staff members' access to classes on medications used to treat opioid addiction, and on training regarding overdoses and using Narcan. Staff members throughout the jail were then able to treat individuals with these medications throughout the funding year. The site was able to staff three mental health clinicians, which increased the number of individuals that could participate in individual therapy. They were able to sign up some program participants for Medicaid to increase their continuum of care beyond the jail facility. Jail staff worked to implement trauma-based programming.

There were a number of achievements seen in the quantitative performance measures. Specifically, all individuals booked into the facility and screened for mental health concerns were screened within four hours of admission. When individuals were screened and assessed for a mental illness, no individuals were placed on a waiting list for program participation until the final quarter, when 153 individuals were placed on a waiting list. For individuals that received programming within the facility, a high rate of programs and services were provided. Over 1,600 peer support service hours, 700 group therapy hours, and 500 one-on-one therapy hours were provided throughout FY2022. In terms of safety, there were no safety incidents against staff members and only one individual experienced more than one acute crisis throughout FY2022. In terms of temporary detention orders (TDOs), only three were requested and granted throughout FY2022. There were also no behavioral-related safety infractions throughout FY2022. For individuals released in FY2022, 58 were provided housing assistance and all individuals that received medication did so within 30 days of release.

Overall Challenges

The most consistent challenge faced by pilot program staff during FY2022 were related to the COVID-19 pandemic and thus have been continuous challenges faced over the past several years. For example, they continued to experience outbreaks of COVID-19, which forced them to slow down their programming for several weeks at a time. Chesterfield also struggled to find a facilitator that could teach trauma-based classes in the facility. Also, a consistent challenge Chesterfield has faced throughout the duration of the pilot program has been the short average length of stay for program participants. Program staff noted that the average length of stay was reduced to 11.6 days, which is lower than the average length of stay of 17 days and 17.9 days during FY2019 and FY2020, respectively. This short length of stay inhibits program staff's ability to provide meaningful interventions for program participants.

There were also various challenges in FY2022 seen in the quantitative measures. A high rate of individuals admitted into the facility were not screened, and a high rate of individuals that were screened positive for potential mental health issues did not receive a full assessment. Also, a high rate of individuals that were screened and assessed positive did not receive a full treatment plan for their mental illness. Lastly, only a small number of individuals that were released received medication once back into the community.

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

Total of \$351,909 awarded in FY2022

Overall Achievements

Prince William-Manassas Regional Adult Detention Center's mental health pilot program experienced a number of successes in FY2022. Staff members noted that they were able to use pilot program funding to provide transitional housing, general housing assistance, and transportation assistance for program participants upon release. Pilot program funding was also used to provide released program participants with discharge medication. They were able to implement an anger management program for females, and they maximized the number of individuals that could participate in group programming. Additionally, Prince William-Manassas used pilot program funding to provide training for jail staff. The entire mental health staff participated in neurofeedback presentations, and many completed ongoing neurofeedback training and mentoring. Mental health staff also participated in Family Group Conference training, which will help the facility launch a new reentry planning program. Other important training that staff participated in were training to support the transitional support team and Cognitive Behavioral Therapy. Lastly, in the third quarter of FY2022, the jail was able to fill a critical therapist position within the pilot program.

A number of achievements were also seen in the quantitative performance measures. The vast majority of individuals screened for potential mental health issues received that screening within four hours of booking, and very few individuals booked into the facility were not screened. No individuals were placed on a waiting list for program participation, and only two individuals were deemed ineligible for program participation after being screened and assessed positive. A majority of individuals eligible for treatment programming received a full treatment plan. Program staff at this facility provided a high level of treatment programming. They provided over 260 hours of one-on-one therapy hours, 170 hours of case management, and 130 hours of medication management. In terms of safety, there were no safety incidents against staff members, and few safety incidents overall related to behavioral-health issues.

Overall Challenges

Prince William-Manassas Regional Adult Detention Center also faced various challenges during FY2022. Program staff described individuals being committed to their facility that were not flagged by screening tools immediately, and there was an eventual delay between the full assessment and program admission. They also noted that, since the beginning of the pandemic, fewer females have been admitted to their facility, which has lowered the overall number of individuals receiving mental health programming. Also, due to COVID-19 spreading throughout the facility, the jail had to reinstate strict COVID-19 restrictions during the second quarter of FY2022, which meant that all mental health programming was suspended. Lastly, the primary therapist position went unfilled for a period of time during FY2022, which forced the reentry director to provide both therapeutic and reentry services.

There were several challenges faced that were seen in the quantitative performance measures. Some full assessments for individuals screened positive took place over two weeks after the screening was completed. Also, many individuals screened positive did not receive a full assessment for mental health issues. Lastly, few individuals released were noted to have secured and/or resumed employment, disability benefits, and/or health insurance.

Appendix C: Hampton Roads Regional Jail Profile

Total of \$460,700 awarded in FY2022

Overall Achievements

Hampton Roads Regional Jail reported various successes within their mental health pilot program during FY2022. Program staff noted that they were able to increase program offerings due to work with subcontracted agencies that was funded by the grant. These programs included Thinking for Change, Seeking Safety, and Anger Management. They were able to offer programs, such as Seeking Safety, due to the work of their peer recovery specialist and clinical therapist, who were paid with pilot program funding. They also received a high rate of referrals to their pilot program from work with a medical contractor. Pilot program staff made a concerted effort to increase partnerships and collaborations with community partners that provide mental health services, which helped them improve reentry services to released program participants. As a result, they were better able to provide released participants with housing assistance, monetary assistance, food resources, and medication.

There were a number of achievements seen in the quantitative performance measures as well. For example, all individuals booked into the facility that received a mental health screening did so within eight hours of booking, and nearly all of these screenings took place within four hours of admission. Only six individuals were not screened at this facility. All individuals that were screened positive for potential mental health issues received a full assessment. No individuals that were screened and assessed positive were placed on a waiting list for program participation. In terms of safety, there were no behavioral-health related incidents to staff, and no individuals experienced more than one acute crisis. In terms of reentry services, all but one individual that received medication upon release did so within 30 days of release.

Overall Challenges

Hampton Roads Regional Jail also experienced various challenges throughout FY2022. Program staff noted that restrictions related to the COVID-19 pandemic consistently posed challenges to their program. For example, face-to-face programming remained limited, and a lack of in-person staff also posed safety risks at the facility. As a result of these restrictions, program staff noted that they shifted their emphasis to community partnerships to ensure that released program participants received a continuum of care after release. They also focused on technological changes to facilitate programming for program participants. It is important to note that as a result of a change in policies related to the COVID-19 pandemic, the majority of inmates were held at local city jails as opposed to being transferred to the regional jail.

There were also a number of challenges at this site seen in the quantitative performance measures. For example, some individuals that received a full assessment upon being screened positive for mental health issues did not receive that assessment until after more than two weeks of the initial screening. In terms of programs and services, staff at this facility provided a high rate of one-on-one therapy, group therapy, and peer support services, but did not report providing other types of services.

Appendix D: Western Virginia Regional Jail Profile

Total of \$423,485 awarded in FY2022

Overall Achievements

Western Virginia Regional Jail (WVRJ) experienced a number of successes during FY2022. Program staff described being able to provide clothing and other essential resources to hundreds of individuals released into the community. They were also able to provide improved reentry services for released program participants after their local community service board restored services that had previously been suspended due to the COVID-19 pandemic. They were able to hire a peer recover specialist that was essential for delivering programs and services to program participants. They continued to provide services both in-person and electronically to continue services even during times of increased COVID-19 restrictions. Program staff were able to complete full discharge planning for program participants to ensure participants received essential aftercare services, such as housing, for 90 days post-release.

A number of achievements were seen in the quantitative performance measures. All individuals that were screened positive for potential mental health issues received a full assessment within one week of the initial screening. The majority of eligible individuals had a treatment plan designed for them. In terms of programs and services, program staff reported providing 200–300 hours of life skills, 130–200 case management hours, 120–320 group therapy hours, and 200–320 peer support hours in each quarter of FY2022. In terms of safety within the facility, program staff at this site reported one behavioral-health related safety incident involving self-harm threats, no individuals that had more than one acute crisis, and there were no TDOs requested for behavioral-health related issues. In terms of aftercare services, all but one released program participant that received medication did so within 30 days of release.

Overall Challenges

Western Virginia Regional Jail faced various challenges throughout FY2022. Many of these challenges were still directly related to the COVID-19 pandemic. For example, they had to continually make adjustments to ensure that programming could be offered both in-person and electronically, with the goal of eventually shifting to fully in-person offerings. They also continued to deal with restrictions when individuals tested positive for COVID-19 and in-person services had to be limited. One way they overcame this challenge was by providing an increased rate of one-on-one services, which ensured they could provide resources tailored to the specific needs of each individual. Program staff also faced challenges with limitations for reentry housing options, as well as barriers in data collection during the final quarter of FY2022. This was due to an unusually high number of individuals transferred to their facility.

A number of challenges were seen in the quantitative performance measures. For example, in the last two quarters of FY2022, screenings did not take place within 72 hours of booking, whereas all screenings took place within eight hours of booking during the first two quarters. Also, the majority of eligible program participants were placed on a waiting list after being screened and assessed positive. Lastly, while a majority of eligible individuals received a treatment plan, many did not.

Appendix E: Middle River Regional Jail Profile

Total of \$288,362 awarded in FY2022

Overall Achievements

Middle River Regional Jail reported various successes during FY2022. They were able to continue offering their full array of programs and services despite continued COVID-19 pandemic related restrictions and staffing limitations. They were able to continue implementation of *The REAL Life* programming, which allows for programming for both men and women in the same setting. They were also able to offer an array of mental health and addiction related programs to program participants facing various challenges. For example, they provided programs and services to individuals diagnosed with anxiety, depression, PTSD, and bipolar disorder. In the final quarter of FY2022, they saw program participants complete newly designed programming and be transitioned into the community for reentry services.

Many achievements were also seen in the quantitative performance measures. All screenings took place within four hours of booking, and no eligible individuals were placed on a waiting list for program participation. In terms of programs and services provided, about 100–300 hours of one-on-one therapy, 120 hours of medication management, and 100–480 hours of case management services were provided in each quarter throughout FY2022. In terms of safety, there were few behavioral-health related incidents toward staff reported throughout the year.

Overall Challenges

Middle River Regional Jail also faced various challenges during FY2022. Staffing issues remained a major challenge in the facility. During FY2022, the site lost their outpatient clinician and case manager, which greatly impacted their ability to provide essential programs and services to participants. This forced staff members to take on the roles and responsibilities of multiple positions and ultimately impacted the quality of services. They also had to spend essential time training new employees to ensure they understood and could provide their expected duties. An outbreak of COVID-19 occurred during the final quarter of FY2022 that forced the jail into a lockdown, causing program staff to offer programming through workbooks until in-person classes could resume.

A number of challenges were also seen in the quantitative performance measures. While the majority of assessments took place within one week of being screened positive, many individuals did not receive their full assessment until more than one week after the screening. Also, the majority of individuals screened positive did not receive the full assessment for mental health issues, and few treatment plans were created after the first quarter of FY2022. In terms of safety, during FY2022 this site saw an increase in the number of individuals with behavioral-health related incidents that resulted in individuals being placed in restrictive housing. Lastly, a high rate of individuals that received medication upon release did not receive that medication until more than 30 days after release.

Appendix F: Richmond City Sheriff's Office Profile

Total of \$505,790 awarded in FY2022

Overall Achievements

Richmond City Sheriff's Office reported a number of successes throughout FY2022. They were able to transition program participants into transitional housing in local hotels, use grant funding to provide reentered participants with security deposits and the first month's rent, and helped them furnish their new living space. They experienced a number of reentry successes, such as released program participants gaining employment upon release and finding living opportunities in a recovery living facility. They were also able to implement prerelease virtual group programs such as Anger Management and Moral Recognition Therapy. They were able to fill essential staff vacancies, such as the reentry coordinator position. The facility was also able to provide essential trainings to staff members, and they were able to hire a former program participant as a peer recovery specialist.

A number of achievements were also seen in the quantitative performance measures. All mental health screenings took place within eight hours of admission, and a majority of assessments took place within one week of the positive screening. A slight majority of eligible individuals had a treatment plan developed for them by program staff. Program staff provided over 360 hours of case management service hours throughout FY2022. In terms of safety, there were no behavioral-health related safety incidents at this facility during FY2022. There were no TDOs requested, and six or less incidents, infractions, acute crises, and individuals placed in restrictive housing for behavioral-health related issues.

Overall Challenges

Richmond City Sheriff's Office reported various successes in FY2022, but also faced a number of challenges. For example, they experienced a period of time in which a clinician position and administrator coordinator position were vacant. They also faced movement restrictions for program participants as a result of COVID-19 lockdown restrictions. Lastly, they experienced a change in program enrollment numbers due to individuals being transferred and/or released as part of a pre-release program.

A number of challenges were also seen in the quantitative performance measures. Specifically, a high number of eligible individuals (368) were placed on the waiting list for program participation. Also, while a majority of eligible participants had treatment plans developed for them, a high number (276) did not have treatment plans developed. In terms of aftercare services, only two individuals were provided medication, and only a few individuals secured and/or resumed employment, disability benefits, and/or health insurance benefits.