COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
Director

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February 14, 2024

The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee
General Assembly Building
201 North 9th Street
Richmond, Virginia 23219

The Honorable Luke E. Torian
Chairman, House Appropriations Committee
General Assembly Building
201 North 9th Street
Richmond, Virginia 23219

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

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. DCJS evaluated the implementation and effectiveness of the pilot programs. Enclosed please find a report of the evaluation of the pilot programs.

Please let me know if you have any questions.

Sincerely,

Jackson H. Miller
Director

Attachment

Evaluation of the Jail Mental Health Pilot Programs

Virginia Department of Criminal Justice Services
1100 Bank Street, Richmond, Virginia 23219
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October 15, 2023

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Preface

This report evaluates the activities of Virginia's Jail Mental Health Pilot Program (JMHPP) during Calendar Year (CY)2022 (January 1, 2022, through December 31, 2022). It is the seventh in a series of annual evaluation reports produced by the Virginia Department of Criminal Justice Services (DCJS) since the pilot program began in January 2017. Past reports have reported data by fiscal year, with the exception of recidivism data, which has been reported by calendar year. This report will provide information based on calendar year for ease of comparison to previous years and to make the data reporting consistent throughout the report.

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 Virginia 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 *2022 Appropriations Act* (Item 408 J.1–3) further continued the JMHPP by appropriating $2,500,000 the first year and $2,500,000 for the second year. The 2022 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.*

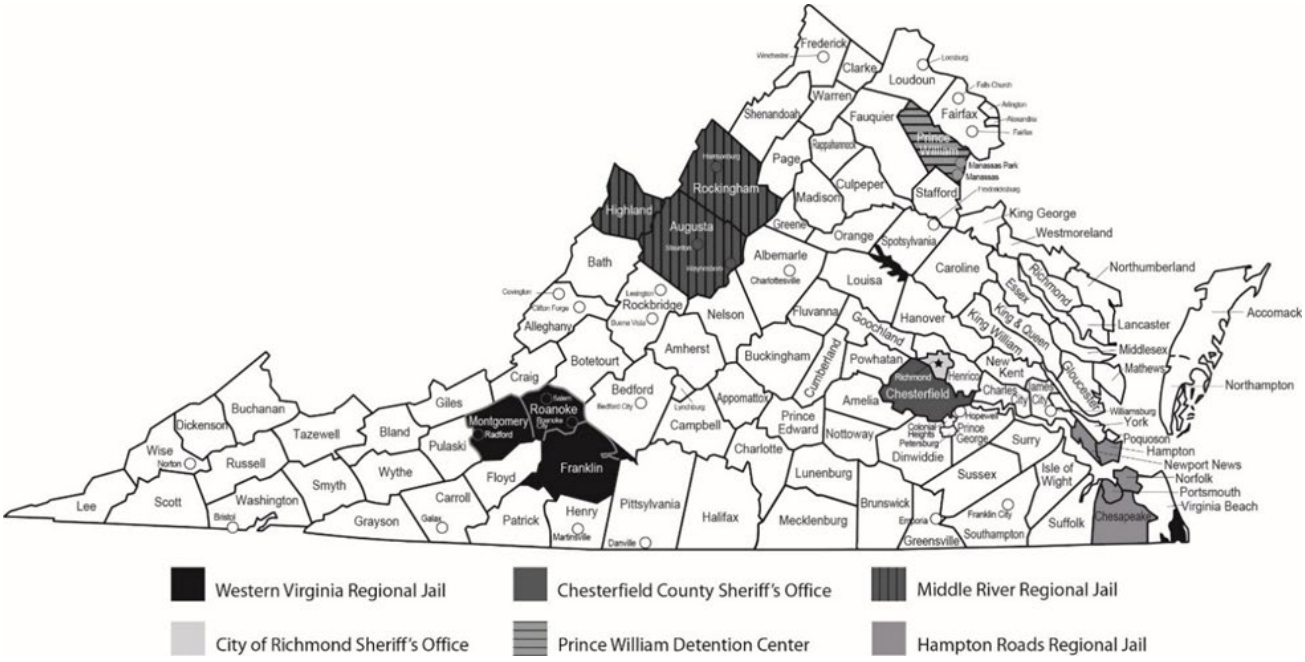
This report on the Jail Mental Health Pilot Project, dated October 15, 2023, is submitted by DCJS in response to the above 2022 Appropriations Act language.

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 (JMHPP), 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 FY2023 and DCJS provided awards for the initial six jails (see Table 1). This evaluation covers program activities during CY2022 (January 1, 2022–December 31, 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 FY2023
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 annual evaluation report (CY2022*)* generally show a continuation of the findings from previous reports: By providing funding for targeted mental health services to inmates, the JMHPP 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.

Consistent with previous reports, qualitative data reported by jail staff described continued challenges related to the COVID-19 pandemic, as well as staffing, hiring, and turnover issues. This is important context when examining the CY2022 report findings. Reductions in services provided and/or challenges faced throughout the community reentry process were largely shaped by hiring and staffing issues and difficulties finding safe and affordable housing options for program participants.

The JMHPP achievements and challenges during CY2022 are summarized below.

Pilot Project Achievements and Challenges in CY2022

Mental health screenings for inmates booked into the jails continued at a high rate. The sites screened and identified 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). In CY2022, approximately 87% of booked inmates were screened for mental health issues. This is compared to the 75% of booked inmates that were screened in CY2018. Also, during CY2022 approximately 66% of screenings took place within four hours of booking and over 99% of screenings took place within 72 hours of booking.

Mental health assessments continued to be conducted across participating sites. These full assessments are essential for diagnosing a mental illness and creating a treatment plan. The rate of individuals that were screened positive for a potential mental illness and received a full assessment dropped to a low of 33% in CY2021. However, the rate of positively screened individuals that received a full assessment increased to 51% in CY2022. Across all six participating jails, the most cited reason for individuals not receiving an assessment during CY2022 was that the individual was released on bond.

Admissions to mental health programs for eligible participants decreased in CY2022 when compared to previous full years of the pilot project. In CY2022, approximately 35% of positively assessed inmates became program participants, far short of the high of the 74% of positively assessed inmates that became program participants in CY2019. The rate of positively assessed inmates that were put on a waitlist for program participation was 24% in CY2022, compared to 5% in CY2019. Also, 41% of positively assessed inmates were deemed ineligible for program participation in CY2022, compared to a low of 17% in CY2018. Reasons that jail staff deemed individuals were ineligible for program participation were primarily based upon the severity of the charge, projected length of stay, and lack of voluntary participation. Reasons cited for the increased rate of inmates put on a waitlist were staffing turnover and prolonged vacancies.

Treatment plans remained an important part of jail mental health programs. Over half of all eligible inmates across the six participating jails had a treatment plan developed for them in CY2022. The only full year in which less than half of all eligible inmates had a treatment plan developed was in CY2021, when approximately 45% of these inmates had a treatment plan developed. The most cited reasons for a treatment plan 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.

Treatment services continued to be provided to program participants at a high level throughout CY2022. Pilot program staff provided peer support, case management, group therapy, one-on-one therapy and/or counseling, and medication management most frequently in CY2022. In CY2022, pilot program sites provided over 4,600

hours of peer support services, 2,800 hours of case management, 1,600 hours of group therapy, and 1,300 hours of one-on-one therapy.

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 310 in CY2021 to 282 in CY2022. The total number of behavioral-health related injuries to staff, others, and self-increased from 72 in CY2021 to 100 in CY2022. The total number of individuals placed in restricted housing increased from 409 in CY2021 to 575 in CY2022. Also, the total number of individuals experiencing behavioral-health related infractions and temporary detention orders increased from 82 and 59 in CY2021 to 95 and 82 in CY2022, respectively. These slight increases between years should be monitored going forward in order to determine if this is a trend or unique results for one year.

Reentry and aftercare services continued to be one of the most important elements of the jail mental health pilot program. Program staff maintained partnerships in the community to help participants transition into the community and access vital reentry resources. However, it is important to note that the rate of participants that accessed medication within 30 days of release decreased from a high of 88% and 83% in CY2020 and CY2021, respectively, to 52% in CY2022. While over half of these participants were accessing the medication within 30 days of release, this decrease is significant because any lapse in medication could put participants at risk of relapse and recidivism. The most common reason for this decrease in medication access within 30 days was attributed to prolonged vacancies in reentry coordinator positions. These individuals are essential in ensuring each program participant has a full reentry plan that meets their unique needs and that it is executed upon release.

Hiring and retaining qualified mental health staff professionals was once again a priority, but a challenge faced by participating jails. Many jails operate with a relatively small mental health staff, so frequent turnover resulted in essential positions remaining unfilled for prolonged periods of time. During these time periods, other mental health staff members must attempt to fill the duties of the vacant position and continue to perform their own duties as well. This can result in sites having to increase waitlists for program participation and/or struggle to provide services to individuals in need throughout the reentry process.

Housing upon reentry remained a consistent challenge across participating sites. Jail staff described continued issues in finding both emergency, and long-term, housing that was safe and affordable for program participants. This remained one of the biggest obstacles in the reentry process for program participants as they try to navigate managing their mental health symptoms in the community while also addressing their basic needs.

Return-to-jail data is required per the Appropriations Act. 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. DCJS received 1,661 records matching the necessary criteria from the six jail program sites, with each record representing one participant with one date of release from jail. Of the 1,661 participants, 22 had a release date in CY2017, 165 had a release date in CY2018, 254 had a release date in CY2019, 501 had a release date in CY2020, 582 had a release date in CY2021, and 137 had a release date in CY2022. CY2018 had the highest recidivism rate with 22%, compared to CY2022, which had a recidivism rate of 12%.

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 directly related to finding safe and affordable housing in the community upon participant release. 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. 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 in 2017, the number of jail inmates who were screened and assessed for mental illnesses, who 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 has increased.

This evaluation report, as well as previous assessments, have identified challenges encountered by the jails as they worked to integrate 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 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 JMHPP.

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 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 and 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 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 in which services are not provided and that other staff members are not forced to cover the duties of vacant positions.

[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, de-escalate 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 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 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 tasks and additional program responsibilities.

D. Hire 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. This helps ensure 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. The standards adopted by the Board of Local and Regional Jails (but not yet promulgated in regulations) include this requirement.

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 within a jail.

4. Provide In-Jail Services

A. Build an infrastructure to accommodate growing numbers of potential program participants.

In CY2022, the rate of inmates screened and assessed positive for mental health issues but placed on a waitlist grew from previous years. Current and future sites should ensure that they have the capacity to accommodate a growing need for mental health services. This can reduce the number of individuals that need services but must wait due to staffing and infrastructure limitations.

B. Access program eligibility standards.

The rate of individuals that were screened and assessed positive for mental health issues but deemed ineligible for program participation grew in CY2022 when compared to previous years. Participating sites should continue to review their program participation eligibility standards to ensure they are identifying the correct participants for the programming.

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

Each of these elements are critical for maintaining continuity of care. A case manager can ensure that individuals with a mental illness are identified and diagnosed, that treatment plans are developed and executed properly, and that individuals receive an adequate continuum of care.

D. 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.

E. 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.

F. 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.

G. 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.

H. 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. Sites found this to be effective as individuals with a mental illness often had difficulty adjusting to housing within the general population, which caused them to be placed in restrictive housing where they could not receive program services. Therefore, separate housing pods allowed programs to provide more treatment and services for individuals with mental illness.

I. Provide programming in various languages.

Most Virginia jails will 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 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 reentry coordinator to focus on reentry services.

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

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.

Programs should ensure 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. Access to 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, participants 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 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. Provide job training or link individuals to job training in the community. Obtaining and maintaining steady employment contributes to successful reentry. Programs should help participants find job training, 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. Focus upon medication access delays.

The rate of program participants that were unable to access medication within 30 days of release grew in CY2022 when compared to previous years. Participating sites should focus on how to reduce these delays so that program participants do not suffer upon release largely due to difficulties accessing essential medication.

G. Develop and maintain 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. 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 CY2022, 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 FY2023 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 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.

Although data in this report focuses on changes observed from January 1, 2022, through December 31, 2022, the report also references data from the previous project periods (January 1, 2017–December 31, 2021) to help contextualize the seventh year of data. Data is generally reported by the jails 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. 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 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.

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 in previous years was increasing the number of inmates booked who underwent the initial mental health screening. Figure 2 illustrates the rate of inmates screened and not screened upon booking since the beginning of the pilot project in CY2017. It is important to note that the figure, and all subsequent figures that display multi-year results, is organized by calendar years. Thus, Figure 2 displays the rate of booked inmates screened and not screened each year from CY2017 to CY2022.

Figure 2: Percentage of Inmates Entering Jails Screened for Mental Health Issues

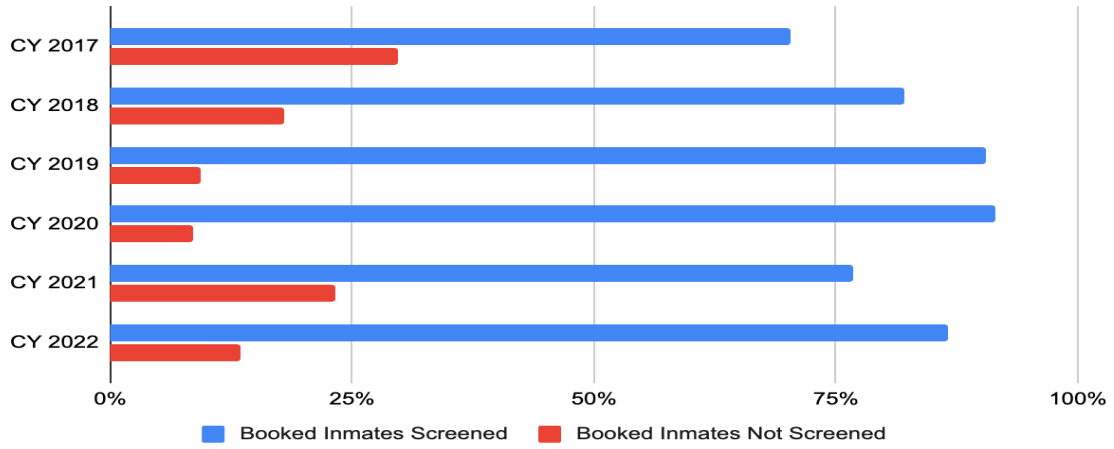
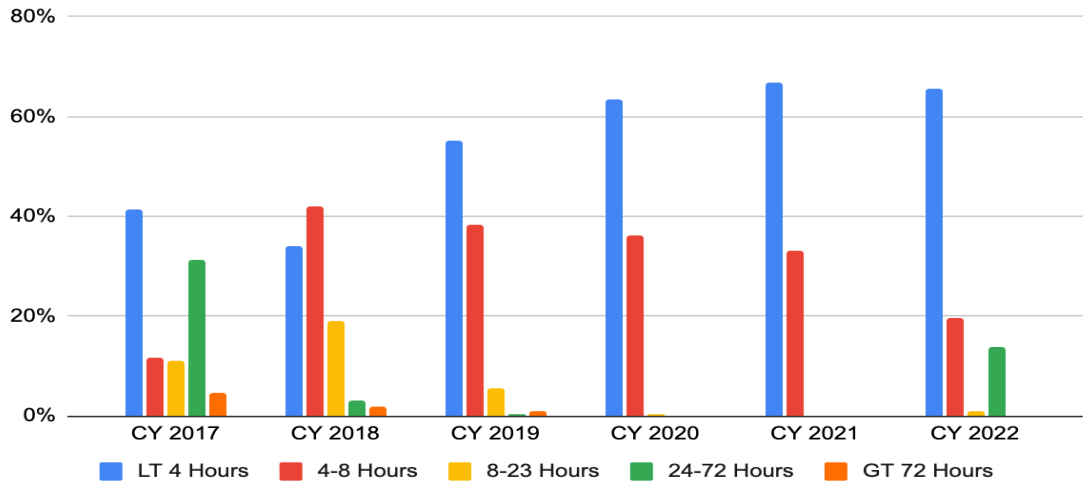


Figure 2 displays that the rate of booked inmates that were screened increased from approximately 70% in CY2017 to a high of 91% in CY2020. Despite the rate of screenings dropping to 77% in CY2021, that rate increased back to 87% in CY2022. The future CY2023 report will be able to provide data indicating whether that CY2022 rate remained at the consistently high rate experienced in previous years, which was typically above 80%, or if it declined below that threshold.

The time span between jail admission and screening is an important measure of program success. 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. Prior evaluation reports noted an increase in the rate of screenings that took place within 24 hours of admission. Figure 3 displays the rate of screenings that occurred less than four hours, within 4–8 hours, within 9–23 hours, within 24–72 hours, and more than 72 hours after booking during each calendar year in which the pilot program has existed.

Time between admission and screening continued to be an indicator of pilot program success. In CY2022, approximately 66% of screenings took place within four hours of booking, and approximately 85% of screenings took place within eight hours of booking. Beginning in CY2020, program sites have consistently conducted over 60% of screenings within four hours of booking. This is compared to lows of approximately 42% and 34% of screenings that took place within four hours of booking in CY2017 and CY2018, respectively. It is important to note that over 99% of all screenings in CY2022 took place within 72 hours of booking.

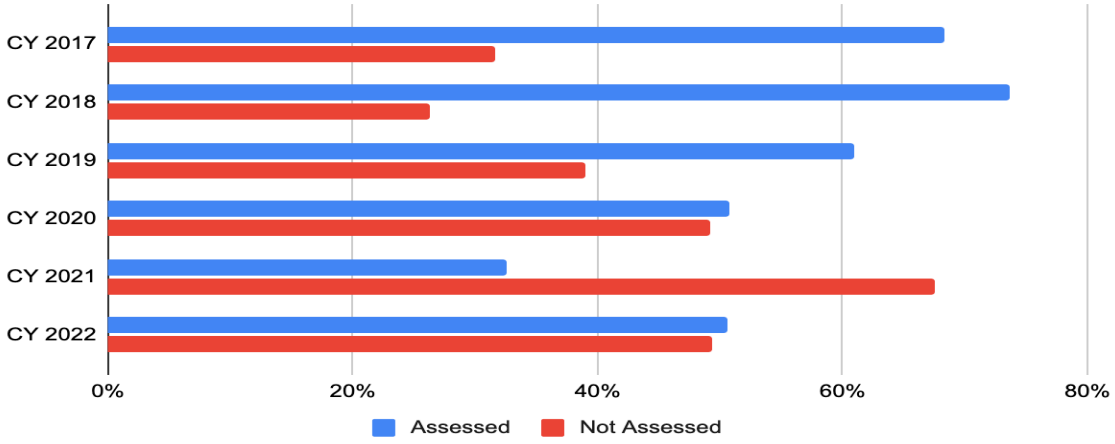
Figure 3: Time from Jail Admission to Screening



Mental Health Assessments

A majority of the inmates who screen positive for potential mental health issues 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 full mental health assessments. Figure 4 displays the percentage of individuals who screened positive and underwent a full assessment each full year of the pilot project since CY2017.

Figure 4: Percentage of Positively Screened Inmates Receiving Full Mental Health Assessment



The rate of positively screened inmates that received a full assessment was consistently over 60% prior to CY2020. However, disruptions directly related to the COVID-19 pandemic and continued staffing challenges drove the rate of positively screened inmates receiving a full assessment to a low of 33% in CY2021. In CY2022, that rate increased to approximately 51%, which remains short of the high of 74% in CY2018. The future CY2023 report will be able to provide data indicating if that rate continues to increase or if it remains below the 60% threshold that was commonly reached before the COVID-19 pandemic.

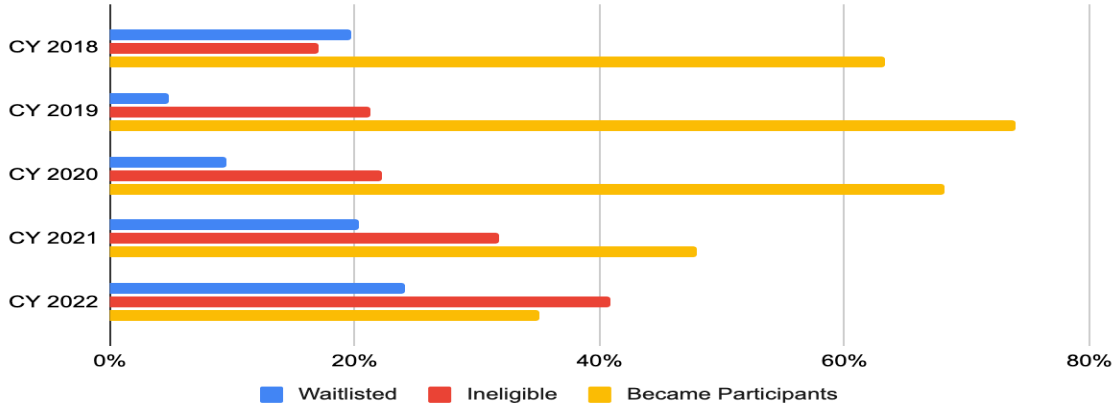
In CY2022, among those inmates who were screened positive but did not receive a full assessment, the most common reason for not being assessed was that the inmate was released on bond (53%). Inmates who screened

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 each year from CY2018 to CY2022. It is important to note that CY2017 data was not included in Figure 5 because data for this measure was not collected until the second funding year of the pilot project.

Figure 5: Percentage of Positively Assessed Inmates Becoming Program Participants CY2018–CY2022

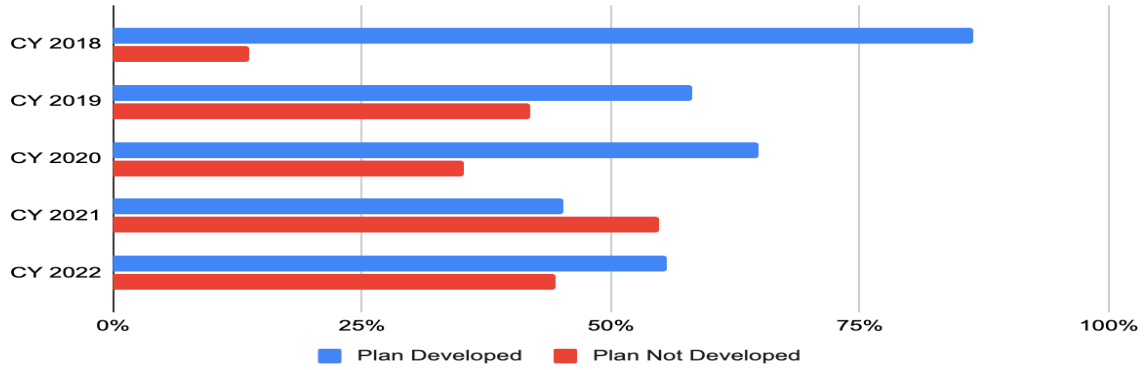


As displayed in Figure 5, the rate of inmates screened and assessed positive for a mental illness that became full program participants increased between CY2018 and CY2019. However, the rate of inmates screened and assessed positive for a mental illness that became full program participants has steadily declined since CY2019. In CY2019, approximately 74% of these inmates became program participants, but only 35% of those inmates became program participants in CY2022. During that same time frame, the rate of inmates screened and assessed positive that were waitlisted or deemed ineligible for program participation increased. Approximately 24% of these inmates were waitlisted in CY2022, compared to a low of 5% in 2019, and 41% were deemed ineligible for program participation in CY2022, compared to a low of 17% in CY2018.

Qualitative data helped provide context for both results. Many sites had to put an increased rate of individuals on waitlists for program participation because of staffing turnovers and prolonged vacancies that reduced their capacity to serve the number of eligible individuals. At the same time, individuals were deemed ineligible due to the severity of their charge, their projected length of stay, and lack of interest in voluntary participation. It is important to note, each individual site establishes their criteria for program exclusion and inclusion. COVID-19 also impacted these results as jail staff noted that they were still experiencing challenges with it spreading in their facility. This resulted in some sites having to stop programming for given periods of time to mitigate the spread of COVID-19. This made it harder to continue accepting more program participants when other participants were delayed in completing the programming.

Treatment plans are essential elements of a jail mental health program. They 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 each full year of the pilot project beginning in CY2018. Figure 6 also does not include data from CY2017 because data for this measure was not collected until the second funding year of the pilot project.

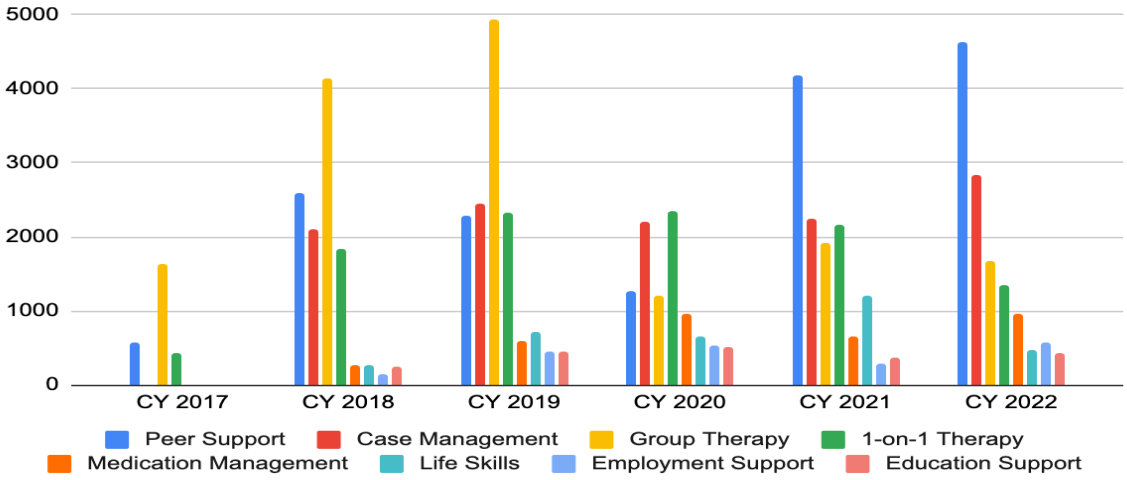
Figure 6: Percentage of Eligible Inmates that had Treatment Plans Developed CY2018–CY2022



The rate of eligible inmates that had a treatment plan developed for them was highest in CY2018. It appears that the rate of eligible inmates for which a treatment plan was developed has stabilized. Apart from CY2018, which saw a high of 86%, and CY2021 which saw a low of 45%, the rate of eligible inmates for whom a treatment plan was developed has been between 55–65%. 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. Figure 7 displays the total number of various types of service hours provided during each calendar year of the pilot program.

Figure 7: Hours of In-Jail Services Provided



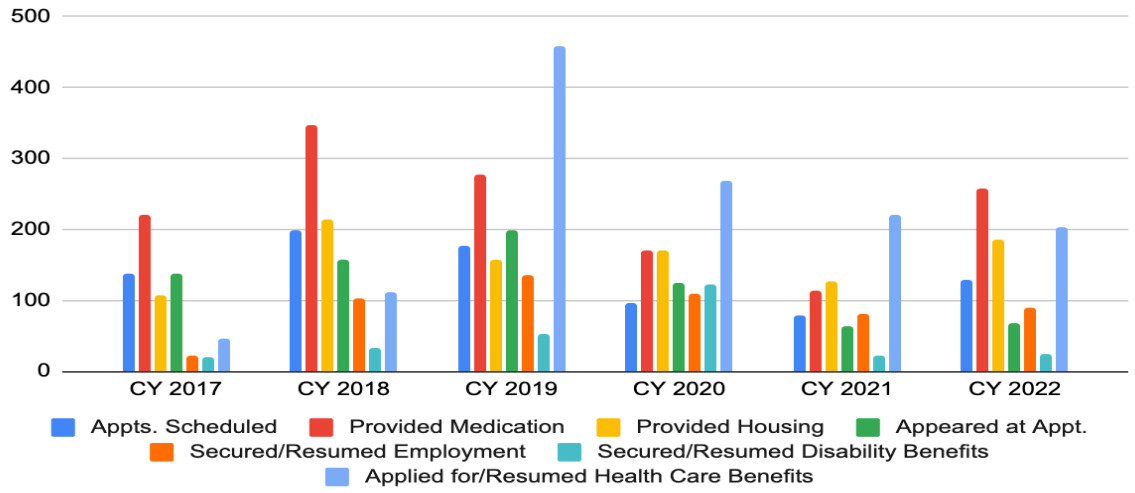
As displayed in Figure 7, the types of services provided most frequently across participating sites consistently across calendar years were peer support, case management, group therapy, and one-on-one therapy/counseling. In CY2022, pilot program sites provided over 4,000 hours of peer support services, 2,800 hours of case management, 1,600 hours of group therapy, and 1,300 hours of one-on-one therapy. Program funding has helped these jails build an infrastructure to offer more treatment services to program participants.

Aftercare Services

Aftercare services are a critical element of the pilot program that ensure a continuum of care is being provided to program participants upon release from jail. Funding at each site was dedicated to helping program participants 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 can 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 for weeks 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 during each calendar year of the pilot program.

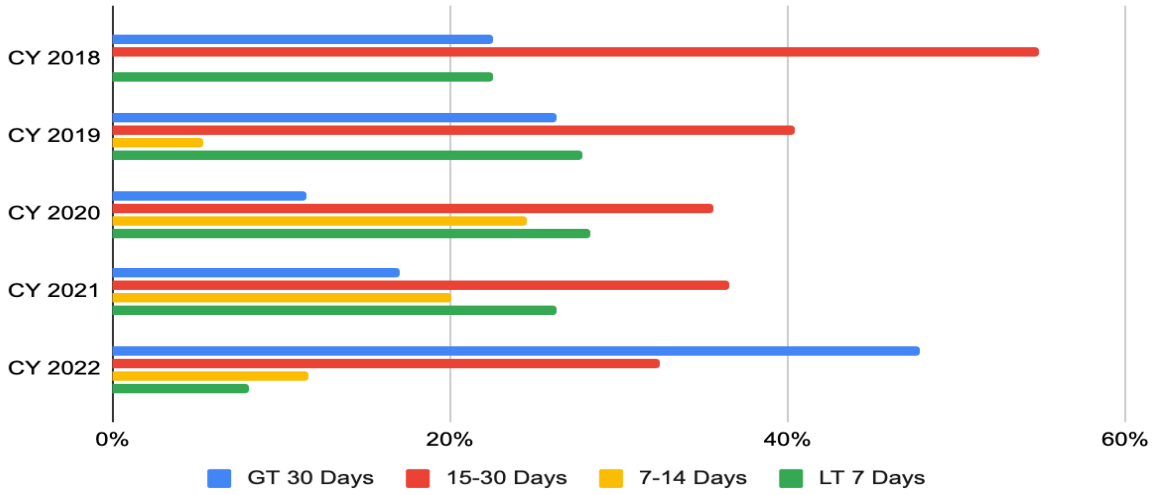
Figure 8: Number of Inmates Receiving Aftercare Services



Pilot sites continued to provide a high number of released participants with aftercare services. For CY2022, the aftercare services that released program participants received at the highest rate were medication assistance, help applying for and/or resuming health care benefits, housing, and scheduled appointments in the community.

Medication management is an essential element of effective treatment plans. To ensure essential medication is accessed by program participants, they must be able to acquire the medication 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 essential medication for each full year of the pilot project since CY2018. Like previous figures, Figure 9 does not include CY2017 data because data for this measure was not collected and reported until the second full funding year of the pilot project.

Figure 9: Time in Which Inmates Received Medication After Release CY2018–CY2022



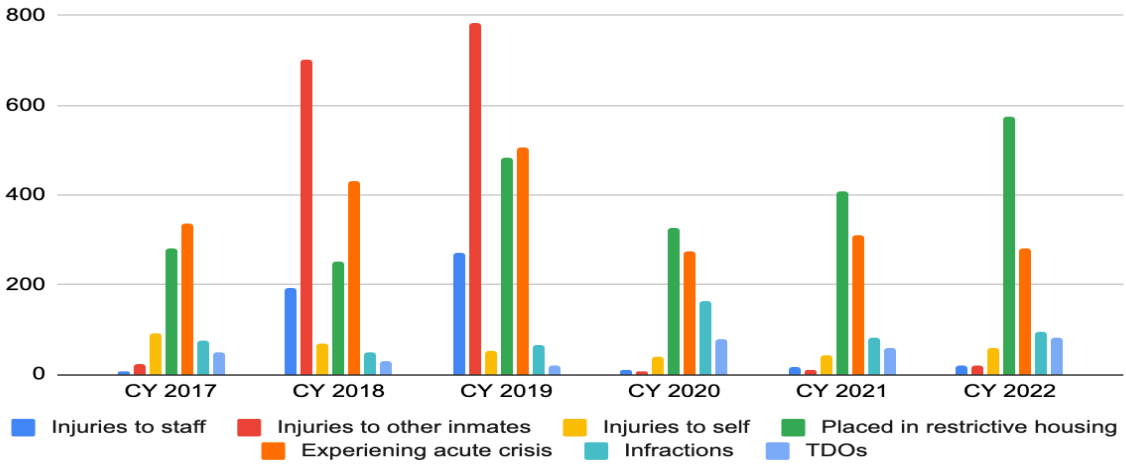
As displayed in Figure 9, the rate of program participants that received medication within 30 days of release decreased in CY2022. While approximately 88% and 83% of participants in CY2020 and CY2021 respectively received their medication within 30 days of release, only 52% of participants in CY2022 received their medication within 30 days of release. Over half of participants were still accessing medication within 30 days of release; however, it is important to determine what could be leading to this reduced rate. The qualitative data provided context for this result. Staff members at various sites noted that they had prolonged periods of time in which their reentry coordinator position remained vacant. This made it difficult to ensure each participant's reentry plan was completed and executed properly. Data to be collected for the future CY2023 report will be important for determining if this is a multi-year trend or simply a one-year issue.

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 CY2022. Figure 10 displays the total number of program participants involved in behavioral health related incidents and other safety issues during each calendar year of the pilot program.

Figure 10: Total Number of Jail Safety Incidents



Across the participating sites, the total number of behavioral health related injuries remained relatively low throughout CY2022. Specifically, there were 100 behavioral health related injuries, 282 individuals that experienced at least one acute crisis, 95 behavioral health related infractions, and 82 temporary detention orders in CY2022. These total safety incidents were largely consistent with the total amount of safety incidents in previous years. However, it is important to note that the number of inmates placed in restrictive housing for behavioral health related issues increased from 409 in CY2021 to 574 in CY2022.

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 was 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 Virginia Department of Corrections (VADOC) 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 prior to January 1, 2023. 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 of the six jails: Chesterfield County, Hampton Roads Regional Jail [2], 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 2021, and therefore the CY2020–2021 release recidivism figures should not be directly compared with recidivism figures for releases in earlier years.*

DCJS received 1,661 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, usually due to complications with the release date submitted by the jail.

In many cases, the release date provided by the jail was not a true "release," but was a transfer to another facility. For these individuals, analysts identified the most recent actual release (that is, a release from incarceration) that followed the date of transfer. In cases in which the actual release was no more than 60 days after the transfer date, the actual release date was used instead. This allowed the inclusion of approximately 400 records that would otherwise have been excluded.

Despite using this technique to expand the number of records that could be used for analysis, the majority of records submitted by the jails had to be excluded. Reasons for exclusion included:

- "Release" date provided was actually transfers to another jail or some other facility (including Department of Corrections), and no other release within 60 days of that transfer could be identified (1,700+ records).
- The release date provided 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 (600+ records).
- 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 (1,200+ records).
- The submitted records were missing the CORIS ID number and/or a release date (200+).
- The release date occurred after January 1, 2023. There has been insufficient time to track returns to jail for individuals released during the current calendar year (300+ records).

Of the 1,661 participants, 22 had a release date in CY2017, 165 had a release date in CY2018, 254 had a release date in CY2019, 501 had a release date in CY2020, 582 had a release date in CY2021, and 137 had a release date in CY2022.

[2] As of September 15, 2023, DCJS had not received updated 2022 releases from Hampton Roads Regional Jail.

Recidivism Findings

Among these 1,661 participants who participated in the jail mental health pilot program and were then released from jail:

- 226 individuals returned to jail within 90 days, for a 90-day return rate of 14%. 1,435 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–CY2022. There were too few participants in CY2017 to calculate a reliable rate. CY2020 and CY2021 releases cannot be compared directly to other 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 transmission.

CY	Releases	90-Day Return	Rate
2018	165	36	22%
2019	254	43	17%
2020	501	52	10%
2021	582	75	13%
2022	137	17	12%

  - 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 CY2017–2021, 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.
    - 25% returned to jail within 180 days.
    - 39% returned to jail within 360 days.
- 90-Day return-to-jail rates varied by the type of release from jail:[3]
  - 144 of 1,172 Sentenced Participants, Confinement Complete: 12%
  - 62 of 330 Other (charges dismissed, found not guilty, or release by court order): 19%
- 90-Day return-to-jail rates varied among the different pilot program sites.

Program Site	Releases	90-Day Return	Rate
Chesterfield	875	117	13%
Hampton Roads	118	21	18%
Middle River	57	9	16%
Prince William/Manassas	83	11	13%
Richmond	195	27	14%
Western Virginia	333	41	12%

It should be noted that although recidivism rates are shown for each of the six programs, 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 programs. First, the differences in sizes of the participant groups (55 from Middle River and 76 from Prince William/Manassas, vs. 509 from Chesterfield and 303 from Western Virginia). Second, differences in the types of individual eligible for participation in groups (Prince William included only incarcerated females while Chesterfield allowed all incarcerated individuals, and some jails excluded individuals

[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."

with a history of violent offenses). Third, each jail's program provided different types and levels of services, both within the jail and after release.

Summary of Recidivism Findings

Across the six 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 14% 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 VADOC 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 VADOC 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 VADOC follow-up (36-months vs. 3 months). Additionally, there is no information on whether or not any of the mentally impaired individuals received any services while in jail.

The VADOC 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."

Qualitative Responses

While the quantitative data collected and reported by each site provide important findings, qualitative data helped provide important context. Each site detailed quarterly successes and challenges in their reports. At the conclusion of CY2022, they reported on their reflections from the year, focusing upon their most prominent successes and challenges. The consistent successes that emerged across sites were:

- **Increased collaboration** – Jail staff described how the pilot program has helped facilitate new partnerships and increased collaboration with community partners. For example, sites were able to work with the local public defender's offices, probation and parole offices, behavioral health court dockets, drug and court dockets, community housing agencies, behavioral health agencies, and others to help improve their programs and provide essential resources to individuals in need. Program staff also described how the partnerships helped facilitate training and certification programs for program participants that were tailored to increase employment opportunities upon release.
- **Continued programming through lockdowns** – Despite most community COVID-19 protections being lifted, jail staff described continued challenges regarding the presence of COVID-19. Despite lockdowns and health related challenges, the jails continued to offer their programming and maintain the fidelity of the program. Some sites noted how electronic mechanisms helped them continue to offer programming even during times of lockdown.
- **Increasing access of resources and innovative programming** – Sites consistently noted that the pilot project helped them provide more resources and innovative services they did not previously offer. For example, one site described how their certified peer recovery specialist was able to conduct peer recovery community gatherings in the jail. Others described how they have been able to provide art therapy and music-focused therapy because of the pilot project. They have also worked to directly link participants with community resources. One site noted that individuals wanted and needed those community resources but did not previously know how to access them.
- **More tailored programming –** Jail staff described how the pilot project helped them provide programming that was more tailored to the unique needs and challenges faced by their participants. One site described how a decreased number of overall inmates in their jail gave them the ability to spend more one-on-one time with individuals and provide the unique assistance they needed while incarcerated and throughout the reentry process. This helped ensure that more participants completed the program. Some sites also saw growing interest in program participation after seeing the success of other individuals.
- **Improved climate –** Jail staff described how the climate and safety of their facility had improved because of the pilot program. For example, a staff member described how their site had experienced a continual decrease in behavioral health incidents that resulted in injury. Sites also increased essential mental health trainings for all jail staff members as a result of the program, which helped improve the way in which staff handled behavioral health issues.
- **Other successes** – Jail staff described other unique successes of note. One was that a site was able to purchase curriculum and materials in Spanish so that non-English speaking individuals could participate in the program. This will help them continue to offer programming to future participants that speak Spanish, thus eliminating a language barrier.

While there were many successes of note, program staff also detailed challenges they faced throughout the year. The most consistent challenges faced by all participating sites were:

- **Housing** – Jail staff described continued challenges in finding enough affordable and accessible housing for released participants. Many participants are unhoused upon release because of this reality. A staff member noted that in the past the grant had allowed them to provide emergency housing; however, increased costs for personnel resulted in a shortage of funding for emergency housing. Some staff described how behavior issues with individuals that were previously in the emergency housing resulted in those places denying future participants from using that location. Program staff described how they continue to work with their discharge planners to try to find emergency and long-term housing for participants. Some staff members also noted that they provided backpacks filled with essential clothing and hygiene items to released participants to help them navigate their reentry while they look for housing.
- **Staffing issues** – A continuous challenge that carried over from previous years involved frequent staff turnover. Many of these programs operate with a relatively small number of staff members, and any time in which a position is unfilled, essential services cannot be consistently provided to participants. For example, one site described how their reentry coordinator position remained vacant for a period, which increased the waitlist of participants that needed assistance to prepare them for community reentry. Another site described how their jail therapist position remained vacant throughout an entire quarter, which limited their ability to conduct assessments and provide counseling services. In this example, as is often the case, another staff member had to step up to fill those duties, which limited the ability to continue offering all the program services. One site staff member also described how general staffing shortages across the jail increased safety risks and thus limited the ability to offer full mental health programming. Staff members also described how these essential positions can often remain vacant for extended periods of time because of a lack of qualified applicants, especially for positions that require higher levels of education. Sites often struggle to recruit highly qualified applicants for positions that are grant funded and not guaranteed to last beyond the year.
- **Continued challenges from COVID-19** – Program staff noted that there were continued challenges faced connected to the COVID-19 pandemic. One site noted that increases in positive COVID-19 tests resulted in quarantines. This created challenges in offering continual programming during these times.
- **Community issues** – Site staff noted how the jail programs do not exist in isolation from community and family issues that exist outside of the jail. One site stated that the fentanyl crisis had created increased grief and panic within the jail. This resulted in more inmates reaching out for help. Site staff also noted that a shortage in community resources impacted their in-jail programming, especially in terms of reentry planning.
- **Length of stay and engagement** – Some site staff noted that they have dealt with individuals in the behavioral health housing pods not wanting to engage in group work. A staff member also described how varying lengths of stay for participants creates challenges for creating treatment plans.

Conclusion

The findings of the evaluation of activities of the Virginia's Jail Mental Health Pilot Program (JMHPP) for CY2022 are largely like the findings of previous evaluations. This report provides new information regarding results across full calendar years, as opposed to only specific quarters within funding years. 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. They also increased the rate of positively screened inmates that received a full assessment in CY2022 when compared to CY2021 and continued to design treatment plans for over half of all eligible inmates in CY2022. Participating sites also provided a high rate of treatment services in areas such as peer support, case management, group and one-on-one therapy to program participants.

Participating sites continued to provide essential aftercare services to program participants released into the community as well. These aftercare services included helping participants access medication, housing, transportation, and community appointments. Program staff continued to create and maintain existing relationships with community partners to help facilitate the reentry process for program participants. These partnerships were essential for providing pathways to success for released program participants.

Despite the continued successes experienced, participating sites faced challenges as well. A higher rate of inmates positively screened and assessed for mental health issues were placed on waiting lists or deemed ineligible for program participation in CY2022 when compared to previous years. Also, a higher rate of program participants had to wait longer than 30 days to access their medication upon release in CY2022. Increased wait times to access essential medication is concerning when considering the difficulties faced in community reentry for program participants. Despite many anecdotal success stories of successful reentry, pilot project staff continued to describe challenges in finding safe and affordable housing for released program participants.

Many of the challenges faced by participating sites continued to be directly related to staffing issues and continued challenges related to the COVID-19 pandemic. Pilot project staff described how staff turnover remained consistent throughout CY2022. Many of these positions also remained unfilled for prolonged periods of time because of a lack of qualified applicants and/or issues convincing qualified candidates to accept positions that they are uncertain will continue to be funded in future years. Sites also described how they continued to deal with spikes in COVID-19 cases, which would result in unexpected lockdowns and/or quarantines that made delivering programming difficult.

Despite facing these challenges, program staff found ways to overcome them. When faced with staffing issues, others stepped up to cover the duties of the vacant position the best they could until that position was filled. Sites continued offering electronic options when lockdowns and/or quarantines would result from cases of COVID-19. Many also made essential mental health trainings and education more accessible for all jail staff so that mental illness could be better identified and handled across their respective jail.

Overall, the Virginia's Jail Mental Health Pilot Program continues to yield positive benefits. Individuals with mental health challenges incarcerated in Virginia jails 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 in need of mental health help that encounter the criminal justice system are more likely to get it due to the program.