



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
Director

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October 1, 2024

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Re: Report on Jail Mental Health Pilot Programs

This report provides information on the activities of Virginia's Jail Mental Health Pilot Program (JMHP) during Calendar Year (CY) 2023 (January 1, 2023, through December 31, 2023). It is the eighth in a series of annual 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. In CY2022, DCJS changed this report to provide information based on calendar year for ease of comparison to previous years and to make the data reporting consistent throughout the report.

Please contact me with any questions.

Sincerely,

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

Jackson H. Miller
Director

Attachment

Report on Jail Mental Health Pilot Programs

CY2023



Virginia Department of Criminal Justice Services

www.dcjs.virginia.gov

October 2024

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Preface

This report provides information on the activities of Virginia’s Jail Mental Health Pilot Program (JMHP) during Calendar Year (CY) 2023 (January 1, 2023 through December 31, 2023). It is the eighth in a series of annual 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. In CY2022, DCJS changed this report to 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 Appropriation Act (2016 Virginia Acts of Assembly, Chapter 780, Item 398 J.1-6) which directed DCJS to establish pilot programs to provide services to mentally ill 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 2023 Appropriation Act (Item 408 J.1–3) further continued the JMHP by appropriating \$2,500,000 the first year and \$2,500,000 for the second year. The 2023 Appropriation Act included reporting requirements on program activities as follows:

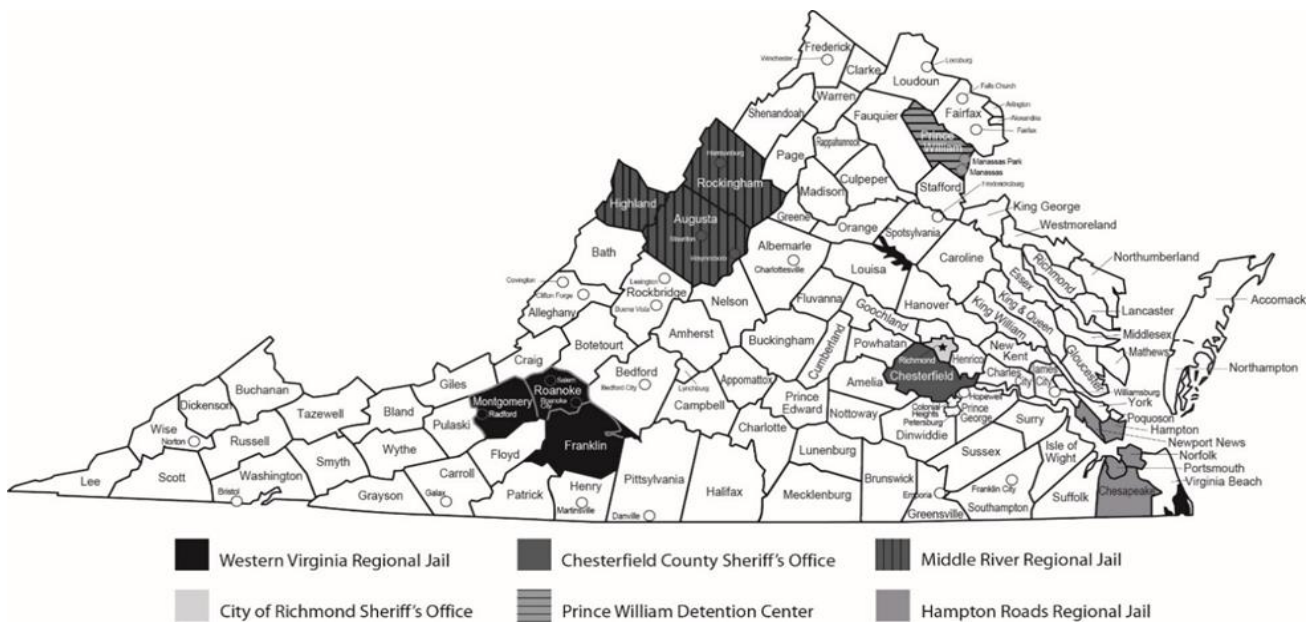
3. *The Department shall collect on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates 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.*

Introduction

As noted in previous 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). Starting with the 2019 Appropriation Act, it explicitly stated that the number of pilot programs could not be expanded beyond those sites participating in the first year of the pilot program.

Figure 1: Jail Mental Health Pilot Sites



The program funding was renewed by the General Assembly for FY2024 and DCJS provided awards for the initial six jails (see Table 1). This report covers program activities during CY2023 (January 1, 2023–December 31, 2023) and highlights the successes and challenges across participating jails. With the exception of the recidivism data, all other information included in this report is provided by the six pilot site jails.

Table 1: Jail Mental Health Pilot Programs and Award Amounts

Selected Pilot Site	Funding Awarded FY2024
Chesterfield County Sheriff's Office	\$382,073
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

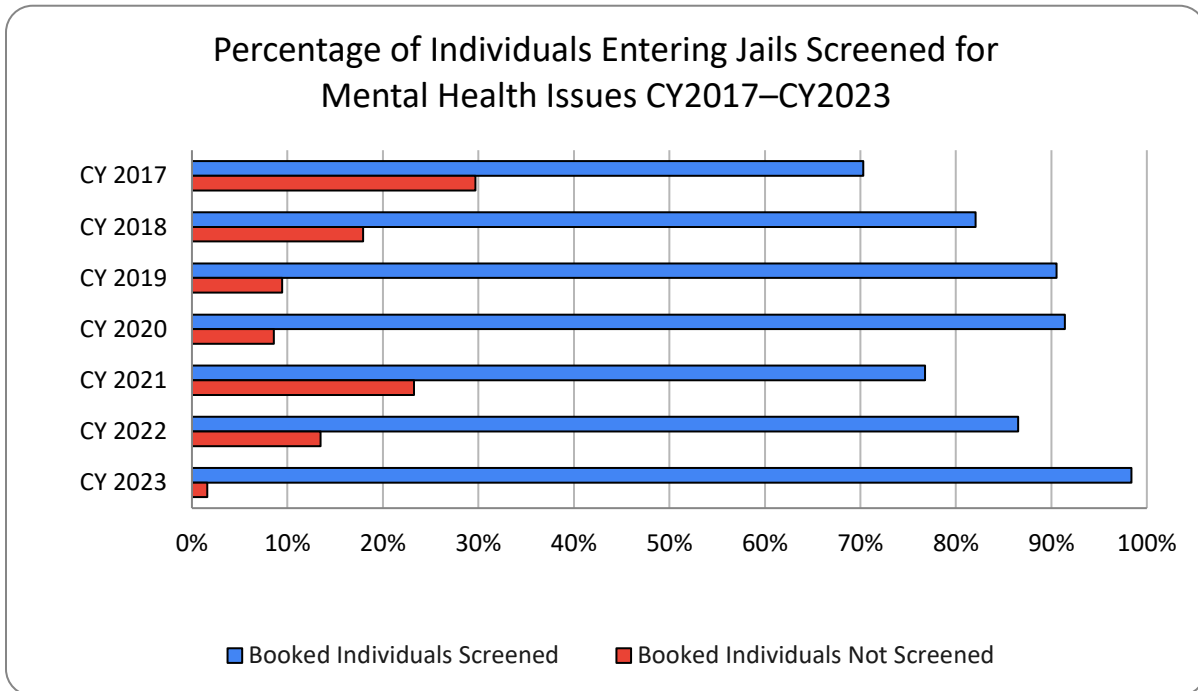
JMHPP Data Summary

Mental Health Screening and Assessment

The jails that participate in the JMHP have worked to increase the number of individuals entering jails that are screened for mental health issues. In CY2017, 70% of individuals were screened. The subsequent years experienced a steady increase in screening for CY2018–CY2020. There was a decrease in screenings in CY2021 and CY2022 largely due to challenges posed by the COVID-19 pandemic. CY2023 shows a significant increase from pre-pandemic levels with 98% of individuals entering pilot site jails being screened for mental health issues.

Chart 1 illustrates the percentage of individuals screened and not screened for mental health issues CY2017–CY2023.

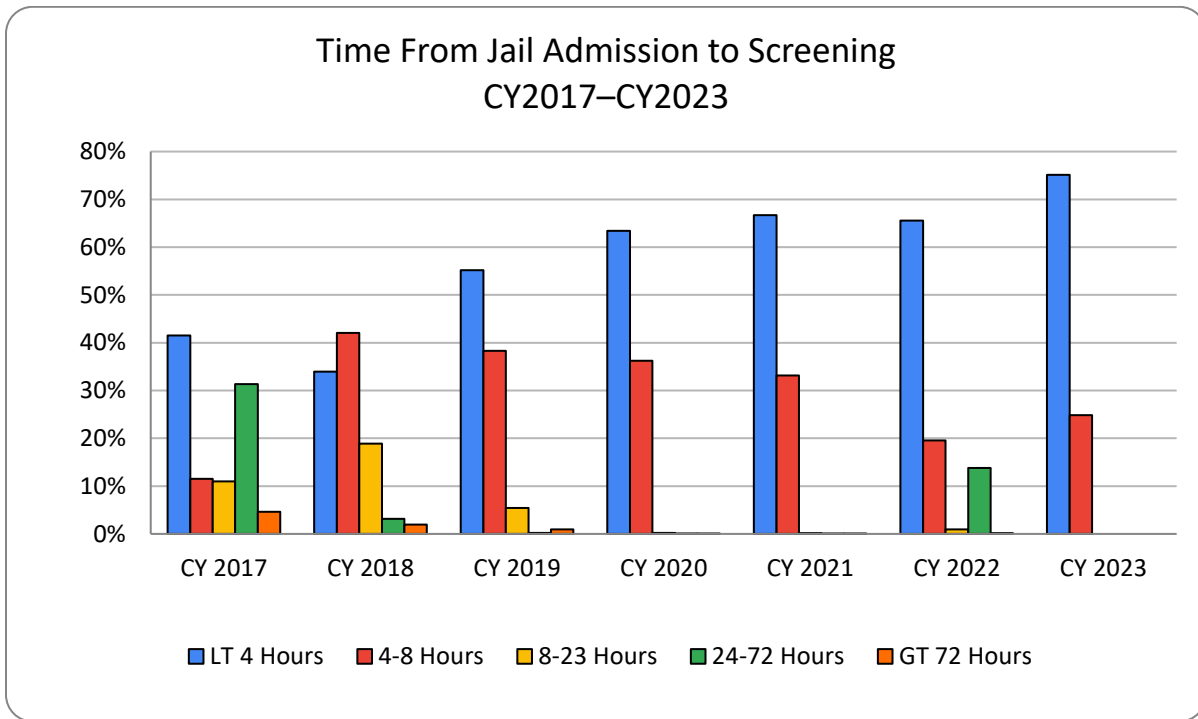
Chart 1



In addition to increasing the number of individuals screened, in CY2023, the jails have been able to significantly decrease the amount of time between admission to the jail and the mental health screening. In CY2017, just 42% were screened in less than four hours. As of CY2023, this increased to 75% being screened within four hours and the remainder of the screenings taking place within 23 hours of admission.

Chart 2 illustrates the time from jail admission to screening for CY2017–CY2023.

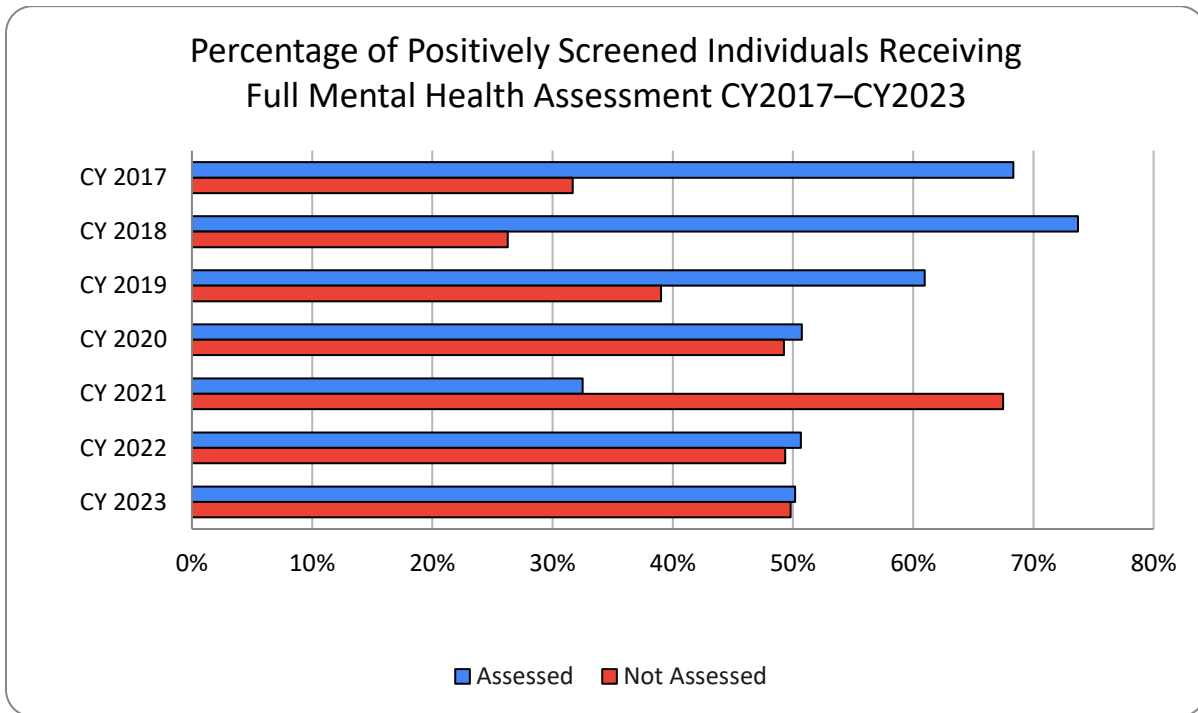
Chart 2



Unfortunately, the same gains do not continue through to assessments for mental health issues. Assessments have not returned to pre-pandemic levels, with CY2023 having only 50% of those that screened positive for mental health issues receiving a full assessment. This is similar to the percentage of individuals receiving a full assessment in CY2022 and CY2020, but a significant improvement over the 32% assessed in CY2021. CY2023 had a marked decrease from assessments as compared to CY2017–CY2019. This may be attributed to the lack of dedicated clinical staff to conduct full assessments as the jails experience high rates of turnover and challenges filling clinical positions.

Chart 3 illustrates the percentage of individuals who screened positive for mental health issues who either received a full assessment or did not receive a full assessment CY2017–CY2023.

Chart 3

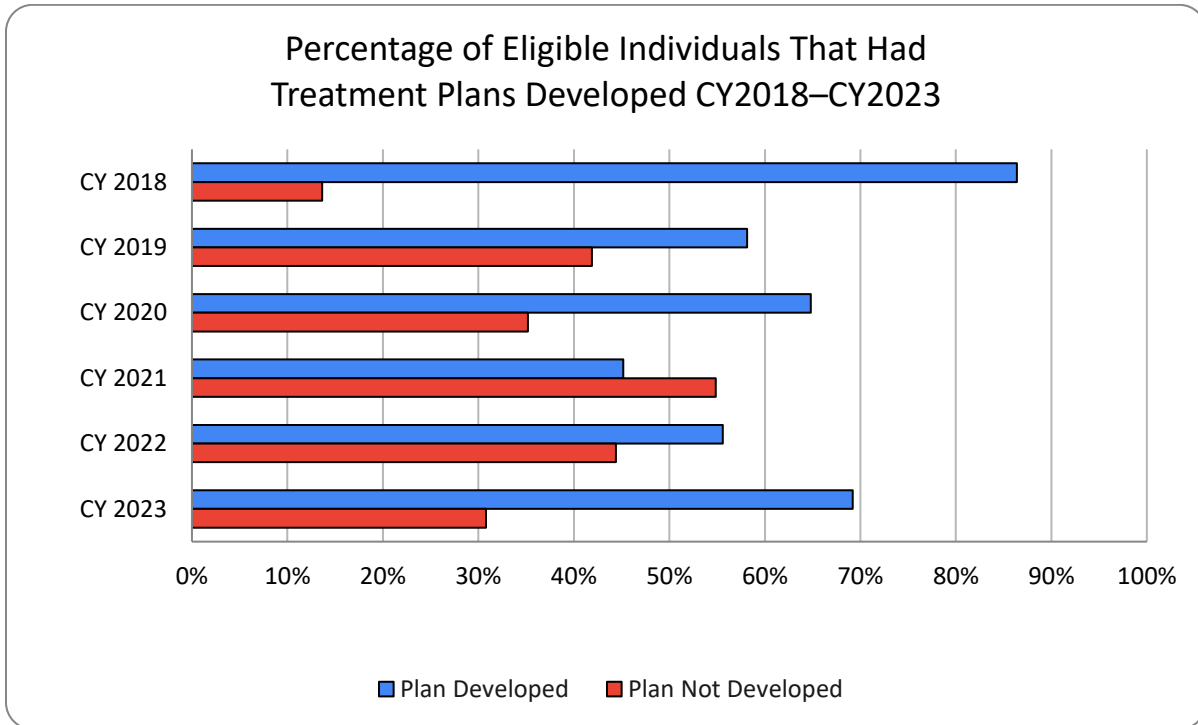


Mental Health Treatment Plans and Services Provided

In CY2023, there was an increase in treatment plans developed for eligible individuals compared to every year after CY2018. CY2018 showed a high of 86% development of treatment plans, but this metric sharply declined thereafter. CY2023 saw a significant increase from the past two years with 69% of treatment plans developed for eligible individuals.

Chart 4 illustrates the percentage of eligible individuals that had treatment plans developed in CY2018–CY2023. It is important to note that CY2017 data is not included in Chart 4 because data for this measure was not collected until the second funding year of the pilot project.

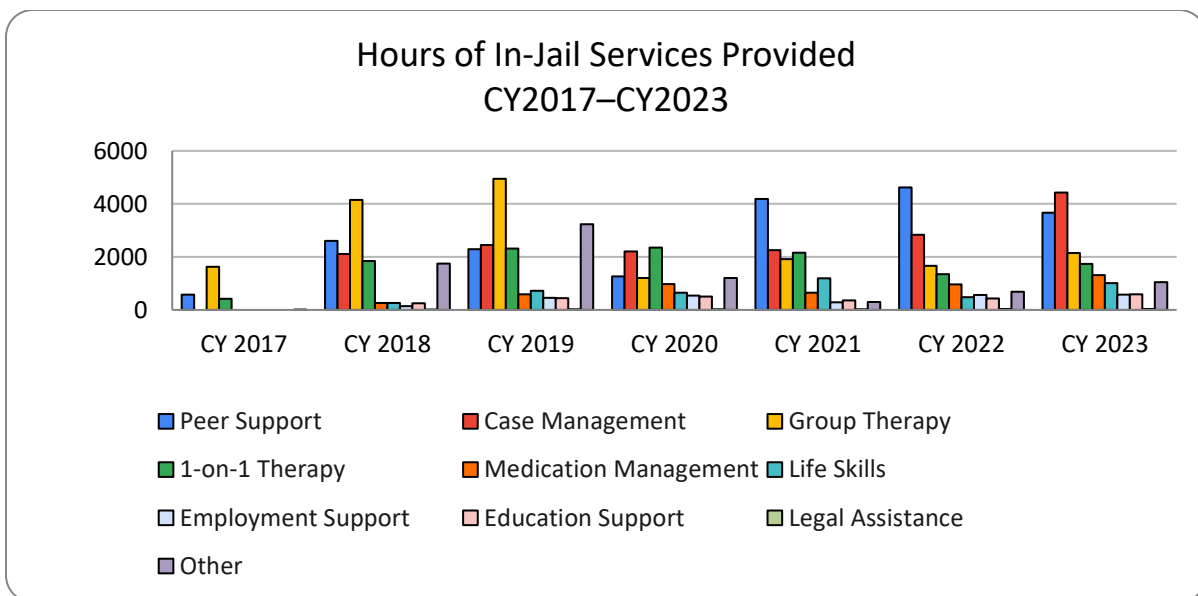
Chart 4



In CY2023, a number of service hours were dedicated to JMHP participants. The most prevalent services were case management (4,425 hours), peer support (3,667 hours), and group therapy (2,150 hours). Case management hours have increased significantly compared to all other years of the pilot program. Group therapy has increased from pandemic levels. Medication management also saw an increase compared to all other years of the pilot program with a 37% increase between CY2022 and CY2023.

Chart 5 illustrates the number of hours devoted to particular service delivery within the jails.

Chart 5

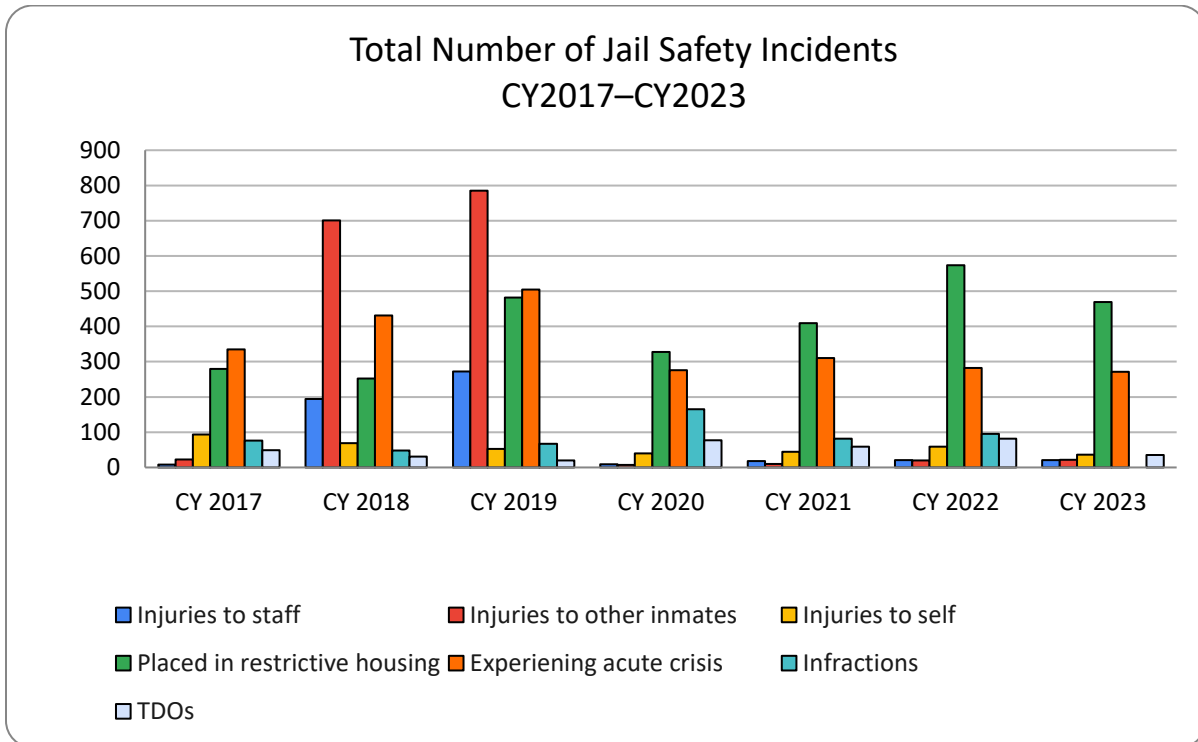


Jail Safety Incidents

In CY2023, safety incident metrics either remained the same or decreased as compared to CY2022. Most notably, injuries to self decreased by 39%, placed in restrictive housing decreased by 18%, and temporary detention orders (TDO) decreased by 57% between the two years.

Chart 6 illustrates the number of jail safety incidents that occurred CY2017–CY2023.

Chart 6

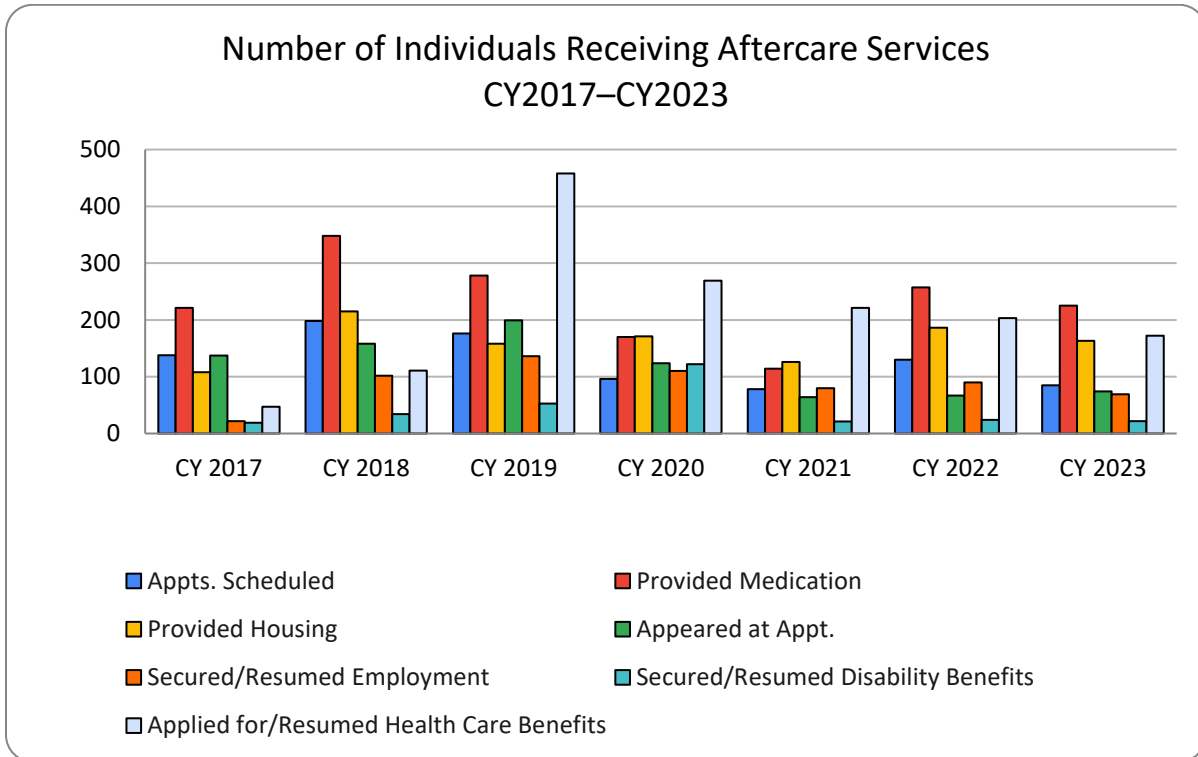


Services After Release

In CY2023, most post-incarceration services experienced declines. Compared to CY2022, program provided medication and housing decreased by 12%, individuals securing or resuming employment decreased by 23%, and health care benefits applied for or resumed declined by 15%. These decreases in services post release may be attributed to staff turnover and vacancies, which leave a gap in reentry service delivery.

Chart 7 illustrates the number of JMHP participants receiving services after release from jail.

Chart 7



Recidivism Among Pilot Program Participants

The Appropriations Act directed DCJS, as part of the jail mental health program report, 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.

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

Data Collection

To identify individuals with the potential to recidivate, DCJS asked each pilot site jail to provide a list of the CORIS ID numbers for 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.¹ 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 each of the six jails: Chesterfield County Jail, Hampton Roads Regional Jail, Middle River Regional Jail, Prince William/Manassas Regional Adult Detention Center, Richmond City Jail, and Western Virginia Regional Jail.

Data Analysis

After DCJS received the list of CORIS ID numbers and jail release dates for pilot program participants, DCJS compared these CORIS IDs to jail admission and release data provided by the State Compensation Board, to identify which participants had a new jail admission occurring after the release date provided by the participating jails. Participants with a new jail admission that occurred within 90 days of the provided release date were counted as “recidivists” for this analysis. *It is important to note that in CY2020 and 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–CY2021 release recidivism figures should not be directly compared with recidivism figures for releases in earlier years.*

Some 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 release from incarceration that followed the date of transfer. For cases in which the release from incarceration was no more than 182 days (six months) after the transfer date, this adjusted release date was used instead. This allowed the inclusion of several hundred records that would otherwise have been excluded.

¹ CORIS ID numbers are used for individuals incarcerated in jails whether they are local or state responsible.

REPORT ON JAIL MENTAL HEALTH PILOT PROGRAMS – CY2023

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 include:

- The “release” date provided was actually a transfer to another facility, and no other release within 182 days of that transfer could be identified (1,600+ records).
- The CORIS ID provided matched a previously submitted ID from the same or other participating jail, with a different release date. If that release date was more than 182 days (six months) after the first submission, it was included as a new record. If not, it was excluded (300+ 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 appear to have been 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 for their original offense, rather than for an offense occurring after program participation (1,600+ records).
- The submitted records were missing the CORIS ID number and/or a release date (200+), or the release date occurred after December 31, 2023 (50+ records).

Once these cases were excluded, there were 2,499 records for analysis.

Recidivism Findings

Among these 2,499 participants who participated in the jail mental health pilot program and were then released from jail, **367 individuals returned to jail within 90 days, for a 90-day return rate of 15%.**

Return-to-jail rates varied over time. Return-to-jail rates were highest for CY2023 releases, compared with those released in CY2018–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.

The higher return 90-day rate for CY2023 releases could be the result of increased law enforcement activity overall that year. From CY2022 to CY2023, there were substantial increases in adult arrests for property offenses (16%), drug offenses (14%), and violent offenses (9.4%).² This is also reflected in the broader jail population. The average daily population of individuals incarcerated pretrial increased 6% from CY2022 to CY2023, after dropping 3% from CY2021 to CY2022.³

Table 2

Release CY	Releases	90-Day Return	Rate
2017	22	3	NA
2018	170	36	21%
2019	286	44	15%
2020	563	58	10%
2021	893	120	13%
2022	227	22	10%
2023	338	84	25%
TOTAL	2,499	367	15%

² Data source: Virginia State Police <https://va.beyond2020.com>. “Violent offenses” include murder, aggravated assault, rape, and robbery. “Property offenses” include larceny, burglary, and motor vehicle theft.

³ Data source: Compensation Board’s Average Daily Population Reports <https://www.scb.virginia.gov/lids.cfm>

Although the language of the Appropriation 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–CY2022, combined (2,161 participants). As one would expect, as the length of time post-release increases, so does the rate of return to jail.

- 13% returned to jail within 90 days.
- 23% returned to jail within 180 days.
- 37% returned to jail within 360 days.

90-day return-to-jail rates varied among the different pilot program jail sites:

Table 3

Program Site	Releases	90-Day Return	Rate
Chesterfield	1,398	189	14%
Hampton Roads	217	39	18%
Middle River	68	13	19%
Prince William/Manassas	134	27	20%
Richmond	249	39	16%
Western Virginia	433	60	14%

90-day return-to-jail rates varied by the type of release from jail:⁴

- 250 of 1,949 Sentenced Participants, Confinement Complete: 13%
- 117 of 550 Other (charges dismissed, found not guilty, or release by court order): 21%

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 jails. First, the differences in sizes of the participant groups (68 from Middle River and 134 from Prince William/Manassas, vs. 1,398 from Chesterfield and 433 from Western Virginia). Second, differences in the types of individual eligible for participation in groups. 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 jail mental health pilot program sites, 15% of the program participants returned to jail within 90 days after release, and 85% did not return within that time frame.

Although only 15% 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. DCJS could not impose this condition upon the pilot program participants, nor could it locate any other jail recidivism studies meeting this condition.

⁴ “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: “not guilty/innocent,” “released by court order,” and “charges dismissed.”

REPORT ON JAIL MENTAL HEALTH PILOT PROGRAMS – CY2023

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 15%, primarily because of the much longer VADOC 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 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.”

JMHP Acccomplishments and Challenges – CY2023

Accomplishments

The JMHP sites reported a number of accomplishments in their quarterly reports during CY2023. Some of these include:

- Hired a new administrative assistant to collect and enter program data.
- Trained participants and jail staff in Trauma Tapping Techniques which calm emotional responses to stress and traumatic experiences.
- Hired and onboarded additional clinical staff to increase the number of assessments and treatment plans completed.
- Added mental health note templates into new electronic health record system.
- Peer hour resumed and conducted weekly with male and female seriously mentally ill (SMI) population.
- The Certified Peer Recovery Specialist conducted Peer Recovery community gatherings in the cells with the male and female population. As a result, there were positive behavioral outcomes in the cell community. Furthermore, there was consistent collaboration and advocacy with outside behavioral health agencies in which inmates are dually enrolled in both programs.
- Hired a full-time male Certified Peer Recovery Specialist.
- Provided trauma informed therapy for those inmates enrolled in Medication Assisted Treatment (MAT) therapy which allowed for insight into trigger patterns and provision of potential relapse reduction upon release.
- The CPT group continued to have positive outcomes with overall decrease in PTSD symptoms, even for inmates who did not meet full clinical criteria for PTSD. The JMHP Case Manager completed Intensive Eye Movement Desensitization and Reprocessing (EMDR) training and began to utilize EMDR with inmates. Positive effects of therapy are already being noted among inmates.
- Individuals released with a 30-day supply of medication.
- Collaborated with the Community Services Forensic Reentry Team to provide a warm handoff from incarceration to community upon release.
- Gave community resource manuals to individuals upon release.
- Increased number of groups being offered with an additional clinician.
- Started offering “Programming in Place” when a resident is not able to be moved to the pod, either for stability reasons or security reasons.
- Purchased new curriculum.
- Two clinicians on staff through local mental health provider helped with a seamless reentry process for those being released and wanting to participate in mental health services in the community.
- Implemented new clinical groups for residents – Moral Reconciliation Therapy, Self-Worth, Trauma, Wellness, Resilience, Dialectical Behavior Therapy, and Book group.
- Hired Reentry Coordinator and Administrative Coordinator, which allowed for additional groups.
- Took advantage of lower participant numbers to provide targeted planning and treatment.
- Conducted NARCAN training with participants.
- Expanded MAT services.

- Partnered with agencies in the community to provide programming, employment services, and discharge planning.
- A number of participants remained in supportive/sober housing for 90 days post release.
- Reduced time between mental health screening and full assessment.
- Experienced a continued decrease in behavioral health incidents resulting in injury/relocation. Active engagement, intervention, and prompt response to mental health requests continued to keep these numbers low.
- New staff expanded crisis therapeutic sessions and utilized background in trauma work with incarcerated females.

Challenges

The JMHP sites reported a number of challenges in their quarterly reports throughout CY2023. Some of these include:

- Incomplete data collection and entry due to staff turnover and training.
- Unable to find vendors or facilitators regarding trauma services.
- Regulatory barriers to implementing a Sublocade program.
- Performed 0 Methadone to Buprenorphine transitions/inductions during multiple quarters as the community treatment centers are more willing to provide the continuing Methadone treatment.
- Limited jail safety staff to assist with movement and security supervision of classroom.
- Delayed referrals from mental health contract staff.
- JMHP Therapist position was vacant, which reduced the amount of services provided and the data collected.
- Limited psychiatric bed space at mental health hospitals resulted in an increase in SMI individuals in the jail, which require a higher level of care.
- Vacant Reentry Coordinator position resulted in increased waitlist.
- Staffing shortages impacted number of individuals that can be served by program.
- COVID/flu outbreak affected services provided.
- Lack of qualified interest in open positions.

Conclusion

The report of activities of the Jail Mental Health Pilot Program (JMHP) for CY2023 are similar to previously reported information. The report indicates 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, all of which were completed within 23 hours of booking. They maintained a similar rate of positively screened inmates that received a full assessment in CY2023 when compared to CY2022 and had a significant increase in the percentage of completed treatment plans for all eligible inmates in CY2023. Participating sites also provided a high rate of treatment services in areas such as peer support, case management, and group and individual therapy to program participants. Participating sites also had decreases in jail safety incidents, such as injuries to self, being placed in restrictive housing, and temporary detention orders.

While they experienced declines in services provided after release, the pilot sites continued to connect program participants to essential aftercare services when possible. These aftercare services included helping participants access medication, housing, gain/resume employment, and attend 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.

Beyond the data, JMHP sites identified a number of accomplishments throughout the year. These included being creative with filling staff vacancies, utilizing peer supports, increasing the use of Medication Assisted Treatment (MAT), implementing new curriculums and treatment groups, addressing trauma, placing participants in supportive housing upon release, and building partnerships with community resources to improve reentry services.

Despite the continued successes experienced, participating sites faced challenges as well. Many of the challenges faced by participating sites continued to be directly related to staffing issues. Pilot sites reported continued staff turnover throughout CY2023. Many of these positions 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 found challenges to offering groups due to shortages in security staff to move or supervise participants.

Regardless of the 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. 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 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.