



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

The Honorable Jackson H. Miller
Director

Tracy Louise Winn Banks, Esq.
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January 6, 2026

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,

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

Jackson H. Miller
Director

Attachment

Report on Jail Mental Health Pilot Programs

CY2024



Virginia Department of Criminal Justice Services

www.dcjs.virginia.gov

October 2025

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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) 2024 (January 1, 2024 through December 31, 2024). It is the ninth 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 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, transportation services; and
9. Use of grant funding to supplement, not supplant, existing local spending on these services.

The 2024 Appropriation Act (Item 394 J.1–3) further continued the JMHP by appropriating \$2,000,000 the first year and \$2,000,000 for the second year. The 2024 Appropriation Act included reporting requirements on program activities as follows:

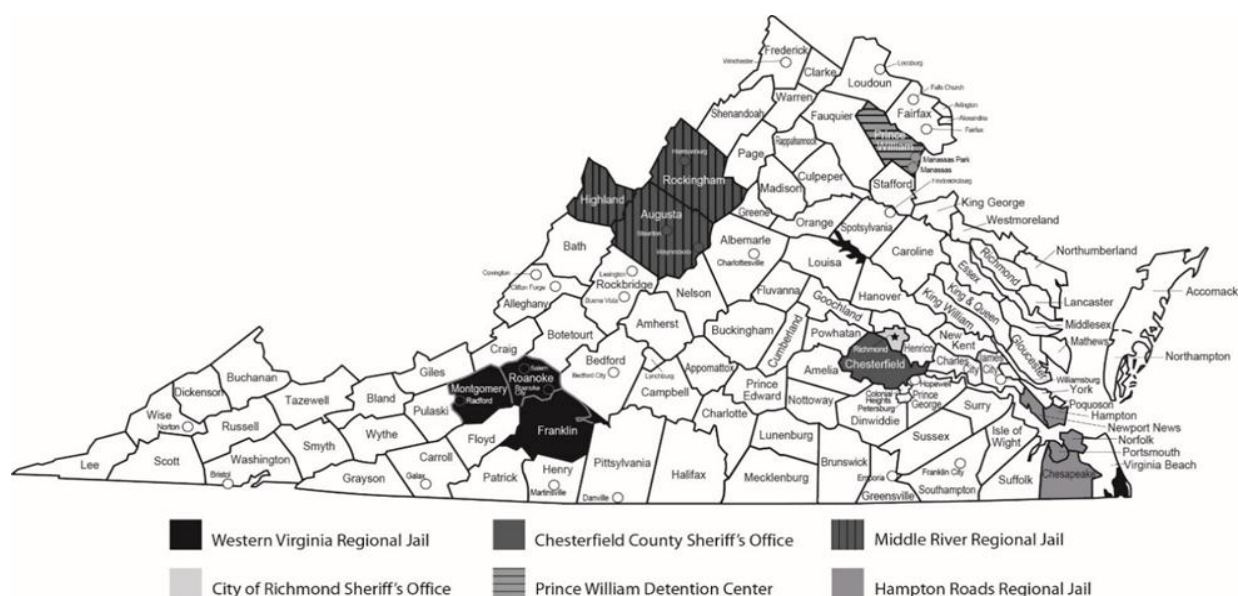
The Department shall collect on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates 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 Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than October 15th each year.

Introduction

As noted in previous reports published by DCJS, the high incidence of mental illness among individuals in local jails has long been recognized as a serious problem. To address this problem, the 2016 Appropriation Act established the Jail Mental Health Pilot Program (JMHP), an 18-month grant program to provide a continuum of behavioral health services to individuals 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 (CJSB) 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, language 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 General Assembly renewed program funding for Fiscal Year (FY) 2025 and DCJS provided awards to five jails included in the pilot program. The Hampton Roads Regional Jail ceased operations on April 1, 2024, so no FY2025 grant was made to the jail. Awards made to the five jails are shown in Table 1. This report covers program activities during CY2024 and highlights the successes and challenges across participating jails. With the exception of the recidivism data, all information included in this report was provided by the five pilot site jails. Note that in this report data shown for CY2017–CY2023 is based on reporting from all of the six jails initially awarded JMHP grants; whereas, data shown for CY2024 is based on data from only five jails due to the closure of the Hampton Roads Regional Jail.

Table 1: Jail Mental Health Pilot Programs and Award Amounts FY2025

Selected Pilot Site	Funding Awarded FY2025
Chesterfield County Sheriff's Office	\$320,350
Middle River Regional Jail	\$284,638
Prince William-Manassas Regional Adult Detention Center	\$348,185
Richmond City Sheriff's Office	\$502,066
Western Virginia Regional Jail	\$419,761

JMHPP Data Summary

As previously noted, the CY2024 data contained in this report is based on data aggregated across only the five jails listed in Table 1, not the six jails as in DCJS's previous reports for CY2017–CY2023.

Mental Health Screening and Assessment

Figure 2 illustrates the percentage of individuals booked into the jails who were screened for mental health issues in CY2017–CY2024. Over time, the jails participating in the JMHPP have improved their ability to screen individuals for mental health issues.

In CY2017, 70% of individuals entering the jails were screened. From CY2018–CY2020 the percentage screened steadily increased, reaching 91% in CY2020. There was a decrease in screenings in CY2021 and CY2022, largely due to challenges posed by the COVID-19 pandemic. CY2023 and CY2024 showed a significant increase from pre-pandemic levels, with 98% of individuals entering the jails in each year being screened for mental health issues.

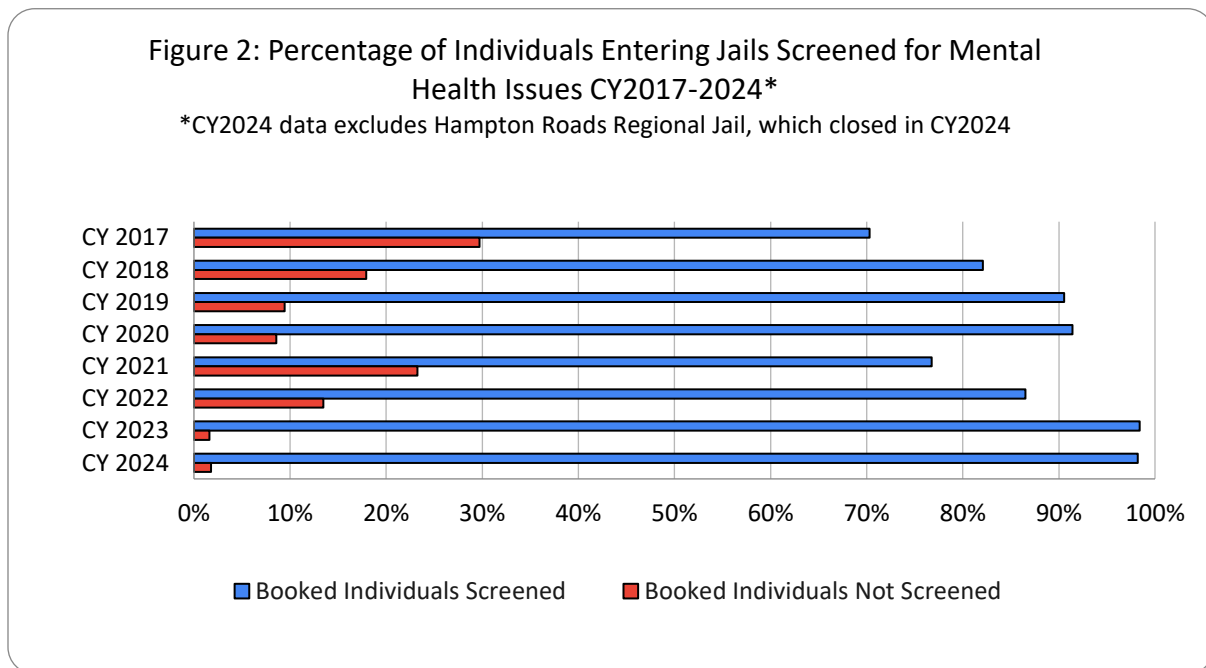


Figure 3 illustrates the time that elapsed between when an individual was booked into jail and when a mental health screening was conducted for CY2017–CY2024. In addition to increasing the number of individuals screened, from CY2017–CY2024 the jails steadily reduced the amount of time it took between admission to the jail and the mental health screening.

In CY2017, only 42% of individuals were screened in less than four hours from admission. During CY2024, 66% were screened within four hours, and all of the remaining screenings took place within 23 hours of admission.

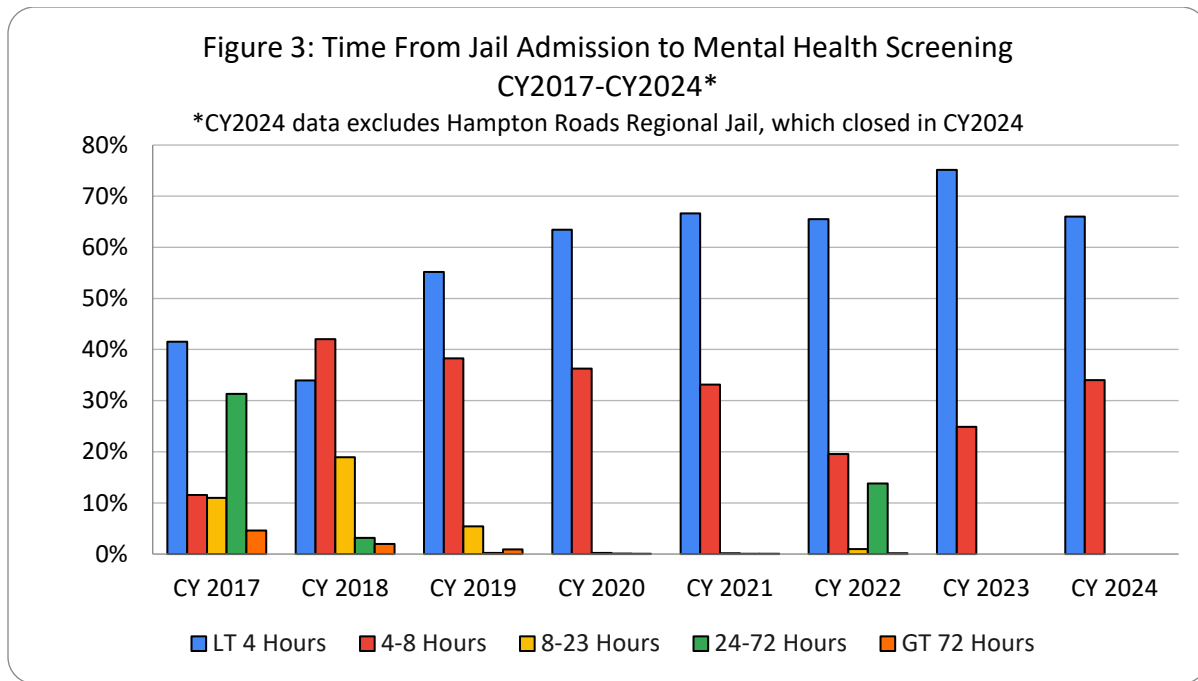
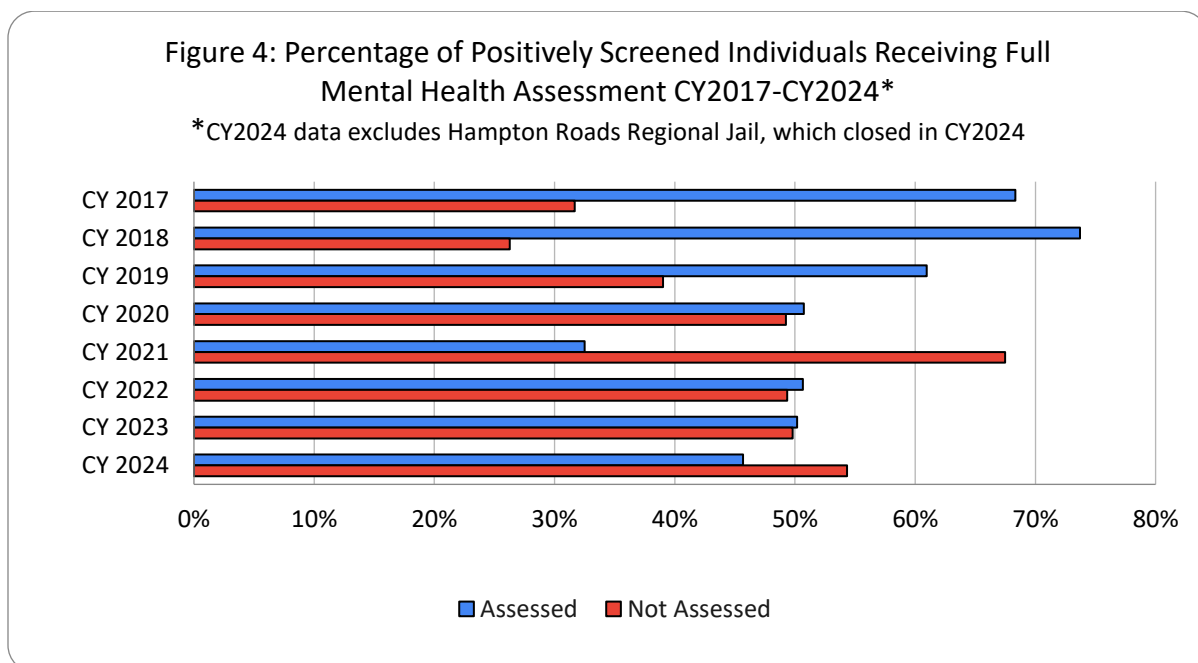


Figure 4 illustrates the percentage of individuals who screened positive for mental health issues and received a full mental health assessment in CY2017–CY2024. Although improvements were made in the percentages of individuals who received mental health screenings, similar improvements did not continue through to assessments for mental health issues.

In CY2022 and CY2023, about 50% of eligible individuals received a full assessment. However, in CY2024, this decreased slightly to only 46% receiving a full assessment. This is still an improvement over the 32% assessed in CY2021. CY2021 had a marked decrease from assessments compared to CY2017–CY2019. This may be attributable to the lack of dedicated clinical staff available to conduct full assessments as the jails experienced high rates of turnover and challenges filling clinical positions.



Mental Health Treatment Plans and Services Provided

Figure 5 illustrates the percentage of individuals with mental health issues that had mental health treatment plans developed in CY2018–CY2024. (Data for this measure was not collected in CY2017).

In CY2024, there was a marked decrease in the percentage of eligible individuals who had a treatment plan developed. In CY2022 and CY2023, well over half of individuals with mental health issues had a treatment plan developed. However, in CY2024, this dropped to only 19% of eligible individuals receiving a treatment plan. The decrease in treatment plans appears to be largely a result of challenges hiring and retaining clinical staff with available staff prioritizing programming and treatment.

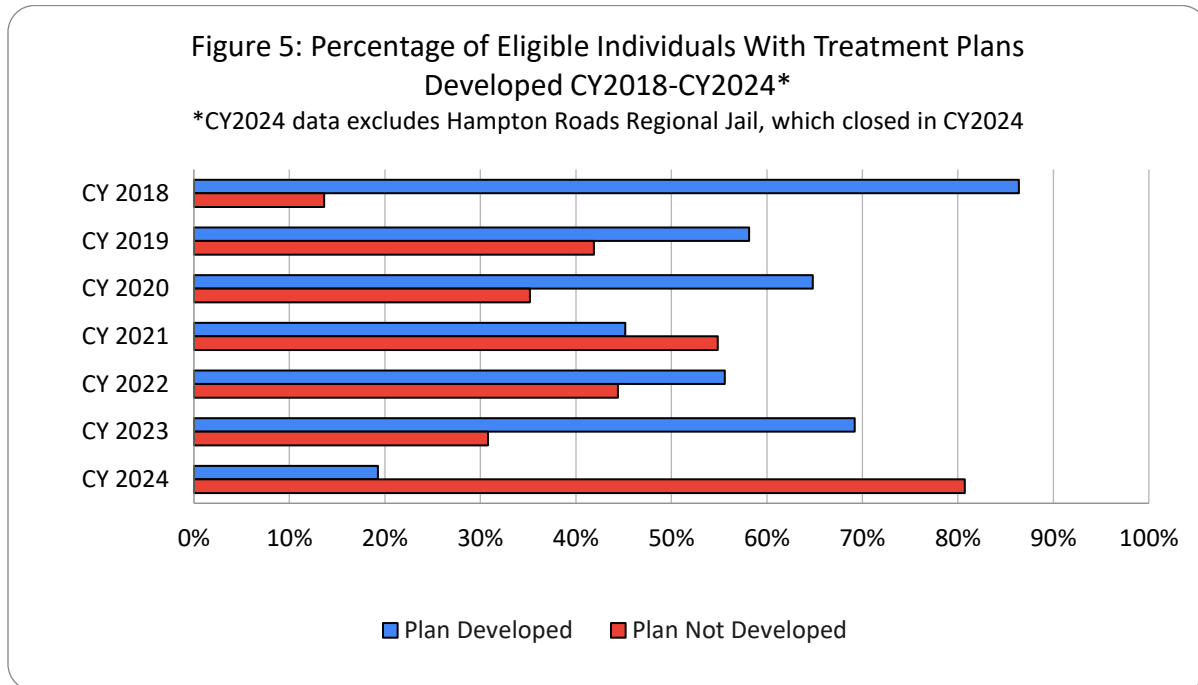


Figure 6 illustrates the number of hours devoted to particular service delivery for eligible individuals within the jails. The most prevalent services were case management, peer support, and medication management.

Compared to CY2023, in CY2024, there was an increase in the number of hours devoted to one-on-one therapy (2,175 hours), medication management (2,176 hours), employment support (1,048 hours), legal assistance (36 hours), and other services (1,144 hours).

At the same time, in CY2024, there was a decrease in the number of hours devoted to case management (3,103 hours), peer support (2,696 hours), group therapy (1,802 hours), life skills (335 hours), and education support (507 hours). Note that some of the decreases in the number of service delivery hours in CY2024 may be because service delivery hours for Hampton Roads Regional Jail are included in the CY2023 figures, but not the CY2024 figures.

Figure 6: Hours of In-Jail Services Provided CY2017-CY2024*

*CY2024 data excludes Hampton Roads Regional Jail, which closed in CY2024

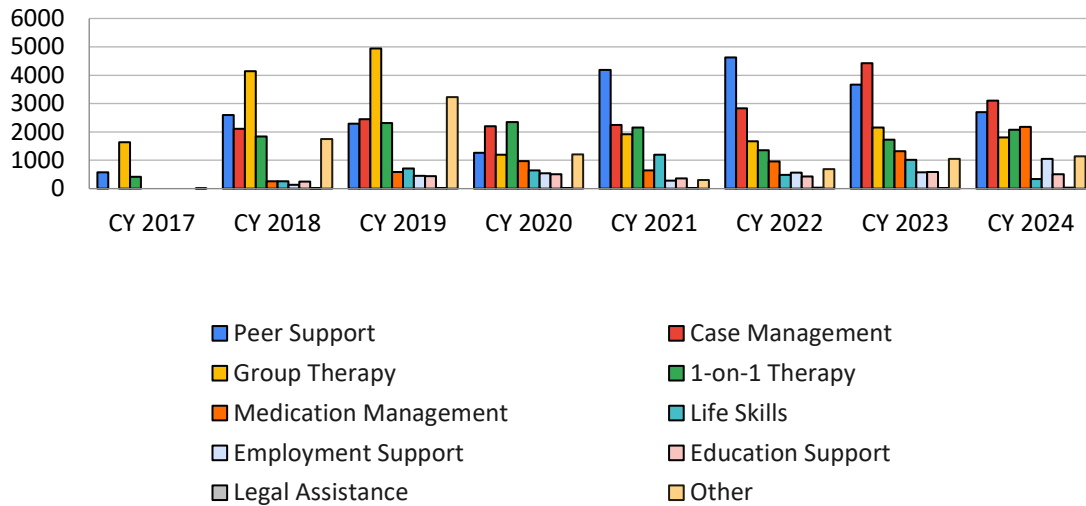
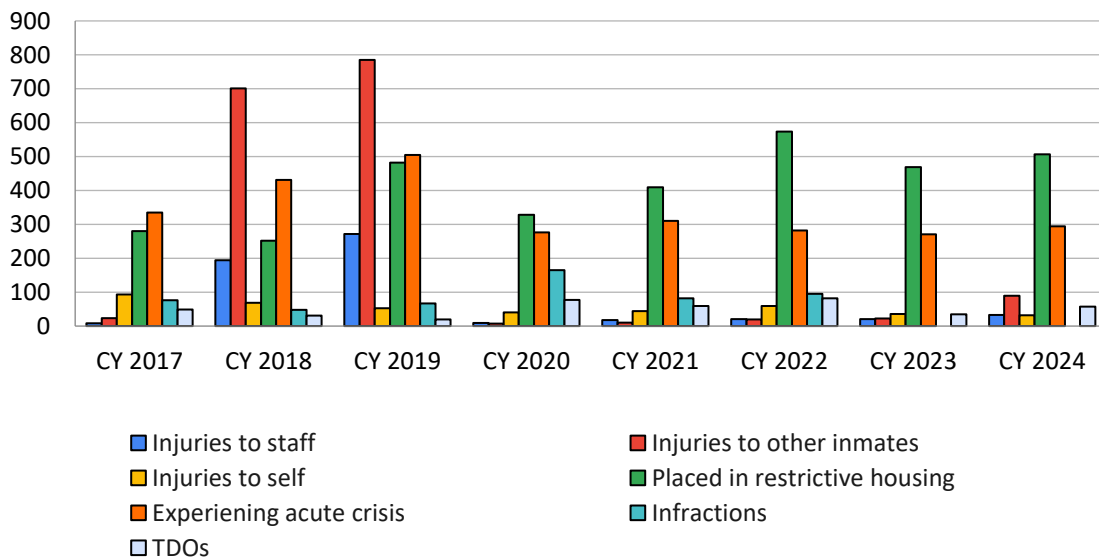


Figure 7 illustrates the number of jail safety incidents that occurred in CY2017–CY2024. Note that no infractions were reported by the jails for CY2023 and CY2024.

In CY2024, the number of safety incidents increased compared to CY2023. There was an increase in the number of injuries to staff and to others, the number of individuals placed in restricted housing, and individuals experiencing acute crisis. However, the number of reported injuries to self decreased in CY2024 compared to CY2023.

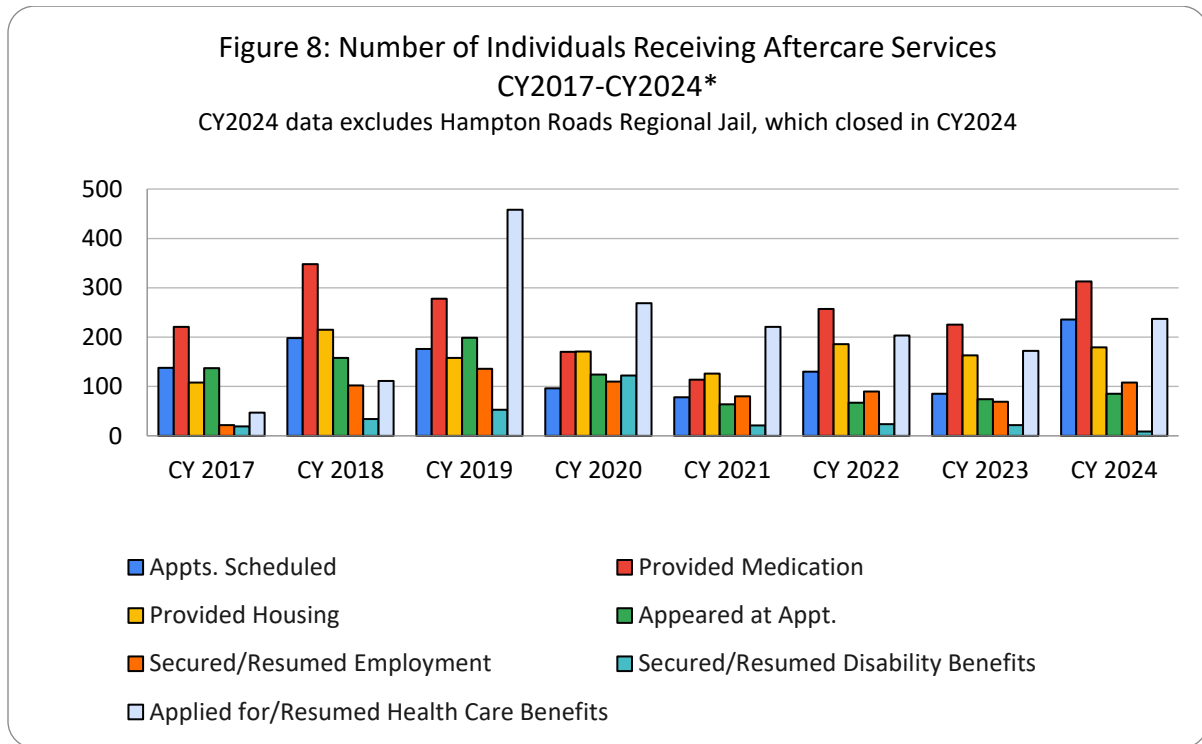
Figure 7: Number of Jail Safety Incidents CY2017-CY2024*

*CY2024 data excludes Hampton Roads Regional Jail, which closed in CY2024



Services After Release

Figure 8 illustrates the number of individuals receiving services after release from jail. In CY2024, most post-incarceration services increased for the number of individuals served compared to CY2023. CY2024 saw an increase in individuals with appointments scheduled, provided medication, provided housing, appearing at appointments, securing/resuming disability benefits, and applying for/resuming health care benefits. There was a decline in the number of individuals who secured or resumed employment.



Recidivism Among Pilot Program Participants

The Appropriation Act directs 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).

The analysis presented below is based on data for individuals released from the jails during the period CY2017 through CY2023.

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, 2024. 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 CY2020 and CY2021, 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.

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% (See Table 2).**

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 COVID-19 transmission.

The higher 90-day return 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 www.scb.virginia.gov/lids.cfm

90-day return-to-jail rates for those released CY2017–CY2023 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%

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.

It should be noted that although recidivism rates are shown for each of the six jail 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.”

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). Moreover, 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.”

Summary and Conclusions

The report of activities of the Jail Mental Health Pilot Program for CY2024 are similar to information reported in the Virginia Department of Criminal Justice Services annual reports on previous years of the programs' operations. Overall, the jails participating in the program continued to provide and maintain mental health services while also dealing with consistent challenges.

In CY2024, the jails continued to increase the percentage of individuals being booked into the facility that were screened for potential mental health issues. In CY2023 and CY2024, 98% of booked individuals were screened. Furthermore, in CY2024, the jails were able to screen 66% of them within four hours of admission, and all of the remaining screenings took place within 23 hours of admission.

Although nearly all individuals admitted to jails were screened, providing full mental health assessments to these individuals was a challenge in CY2024. About 50% of eligible individuals received a full assessment in CY2023. This dropped slightly in CY2024, with only 46% receiving a full assessment. There was also a decrease in the percentage of eligible individuals who had a treatment plan developed. In CY2023, more than half of individuals with mental health issues had a treatment plan developed, but in CY2024 only 19% received a treatment plan.

The jails continued to provide treatment services to individuals assessed with mental health issues. In CY2024, there was an increase in the number of hours devoted to providing one-on-one therapy, medication management, employment support, legal assistance, and other services. At the same time, there was a decrease in hours devoted to case management, peer support, group therapy, life skills, and education support.

In CY2024, the number of safety incidents increased compared to CY2023. There was an increase in the number of injuries to staff and to others, in the number of individuals placed in restricted housing, and individuals experiencing acute crisis. However, the number of reported injuries to self decreased in CY2024, compared to CY2023.

In CY2024, most post-incarceration services increased for the number of individuals served compared to CY2023, as the jails continued to connect program participants to essential aftercare services when possible. CY2024 saw an increase in individuals with appointments scheduled, provided medication, provided housing, appearing at appointments, securing/resuming disability benefits, and applying for/resuming health care benefits. There was a decline in the number of individuals who secured or resumed employment.

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.

In addition to the numerical data provided by the jails, the JMHPP sites identified a number of accomplishments throughout CY2024 in their quarterly grant progress reports. These included finding ways to fill staff vacancies, using peer supports, increasing the use of Medication Assisted Treatment (MAT), increasing the number of participants in treatment groups, 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. Specific examples of the accomplishments reported by the jails are listed in the Appendix.

Despite the accomplishments noted above, the jails continued to face challenges. Recruiting and maintaining the staff needed to provide mental health services has been a persistent challenge. The sites frequently mentioned being unable to find vendors and/or clinical staff, or to maintain staff that they hire. Many of these positions remained unfilled for prolonged periods 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. The jails also cited challenges due to shortages in security staff to move or supervise program participants.

Other challenges cited by the jails included individuals being unable to complete treatment programs due to ongoing releases and transfers to other facilities, and an inability to collect and report program data, which was often due to staffing issues. Specific examples of the challenges reported by the jails are listed in the Appendix.

Regardless of the challenges, program staff often found ways to overcome them. When faced with staffing issues, others covered 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 with reentry services because of this program. While participating sites face persistent challenges in the implementation of the program, it appears that individuals needing mental health help that enter the criminal justice system are more likely to receive services due to the program.

Appendix: Accomplishments and Challenges Reported by Jails in CY2024

Accomplishments in CY2024

The Virginia's Jail Mental Health Pilot Program (JMHP) sites reported a number of accomplishments in their quarterly reporting to the Virginia Department of Criminal Justice Services (DCJS) throughout CY2024. Some of these individual accomplishments reported by the jails are listed below.

Staffing Accomplishments

- We hired our second mental health support specialist, a position funded by the JMHP grant, and have begun activities/classes in our special needs pod in tandem with our special needs pod clinician.
- Our JMHP reentry therapist/case manager's engagement with the Crisis Intervention Training program as a trainer has allowed for greater connection among community service providers and cross-collaboration between county agencies and stakeholders. Our reentry therapist/JMHP case manager applied for the QMHP-A certification to become Virginia Board certified and is currently a Trainee for Qualified Mental Health Professional.
- Our mental health therapist position was filled, and grant-funded staff are continuing to be brought on while training opportunities are also being explored.
- Our JMHP jail therapist position was filled.
- We hired a new clinician and are now fully staffed.
- We hired a dedicated mental health support specialist to facilitate regular classes in the pod.
- Our new clinician and community case coordinator have received anger management training.
- We continued the training of two mental health clinicians.
- Both of our clinicians continued to work effectively with their case load and clinic, and we offered an extra clinic day during this quarter.

Treatment and Service Delivery Accomplishments

- We initiated a Sublocade program in March 2024 starting with three initial patients, and are continuing to treat participants with Sublocade.
- We increased the number of participants treated for opioid use disorder from 24 per week to 57 per week. Our mental health team conducts weekly group and individual sessions with those with a history of trauma. This quarter we delivered 210.5 hours of group therapy, with 32 hours of trauma-intensive therapy for the female pod. We provided 109 hours of individual therapy sessions.
- Our Behavioral and Mental Health Division, despite only four clinical staff, continued to expand its services. We have expanded our group therapy services in providing therapeutic supports and trauma treatment. Our group hours increased from 137 in the last quarter to 290 in this quarter.
- Six program participants were released to the community this quarter with release plans, and each were connected to appropriate community resources.
- Our Program Pod population and group size were increased.
- We have decreased our waitlist volume.
- We have increased the number of enrolled residents.
- We have increased the number of groups provided for both men and women.

Report on Jail Mental Health Pilot Programs – CY2024

- With assistance from social work interns, we have increased the number of risk/need screening tools completed, facilitated weekly groups, and provided individual case management needs.
- We have more consistency with Group Therapy and Individual Therapy.
- We have re-established groups for women.
- We continued to offer classes and curriculum to address individuals' mental health issues, substance abuse concerns, and trauma. Even if some individuals do not have time to complete all classes, they have the opportunity to participate in education to improve their processing and understanding of their co-occurring disorders.
- We provided medications and housing for many homeless participants and veterans as they entered recovery.
- We provided clothing to individuals leaving incarceration and resources to more than 200 participants who would not have received resources without the JMHP.
- We provided individuals who have completed the program with housing resources and employment services in the community, and staff have continued to conduct home visits and communicate with housing resource advocates.
- Our staff continued to provide one-on-one counseling and group therapy that has helped improve the mental health of individuals within our facility. The number of suicide watches during more difficult times of the year such as the holidays were reduced.
- We provided multiple participants with non-financial housing assistance, transportation assistance; and release with at least thirty-day discharge medication. Our collaboration with the Jail Medication Assisted Treatment team continued to be strengthened by weekly meetings and referrals to the program.
- We have emphasized providing a full assessment as quickly as possible after referral, and have drastically reduced the time it takes for an individual to be seen by a mental health clinician. Ninety-eight percent of our new arrestees were seen within 72 hours of booking into our facility.
- Our new mental health clinician has provided regular programming for our Special Needs Pod, to include a DBT Group and a Rapport Building Group.
- Our Male Special Needs Pod continued to benefit from dedicated staff members presence and regular programming, leading to fewer disruptions and conflicts on the pod.

Other Accomplishments

- Our mental health division is making more data available on the services delivered in the jail.
- We created and deployed mental health note templates into a new electronic health record.
- Our recidivism rate remains very low (zero).

Challenges in CY2024

The JMHP sites reported a number of challenges in their quarterly reporting to DCJS throughout CY2024. Some of the individual challenges reported by the jails are listed below.

Staffing Challenges

- Staffing continues to be a challenge. After showing interest/resume submission for our Mental Health Support Specialist position, we had no candidates show for scheduled interviews. We continued to face challenges filling our remaining clinician positions, limiting the therapeutic services to our population.

Report on Jail Mental Health Pilot Programs – CY2024

- Our jail lost several mental health clinicians, resulting in a JMHP reentry therapist/case manager needed to aid in overall mental health issues within the jail. Also, any therapeutic services being provided by remaining mental health staff were not included in data collection; therefore, data collection continues to reflect an inaccurate picture of screenings provided.
- We had a low number of assessments due to the vacancy of our clinician position, residents who declined clinical interviews, referrals to other programs, difficulties meeting with residents, and residents being released prior to assessment.
- Low staffing with security and short-term staffing in the program make it difficult to be available for all participants. The security staff are unable to pull groups during many times of the day, and the constant rehiring of program staff leaves gaps in structure of the classes.
- A barrier is finding qualified applicants to fill positions to serve the growing population as we get back to pre-Covid numbers.
- We had staffing issues that forced us to adapt the services we provide and plans for future services.
- We continue to be unable to find any vendors/facilitators. However, we continue to train participants and jail staff on the "Trauma Tapping Technique" to help calm emotional responses to stress and traumatic experiences.
- We need more clinician staff to perform SUD screenings of all incoming inmates.
- We need more clinical staff to provide assessment and services.
- Clinician vacancies/turnover have continued to impact the program goals of the residents served.
- We had a clinician vacancy.

Treatment and Services Challenges

- Several factors have affected the total number of clients being served - DOC/other facility transfers, as well as COVID quarantine/vaccination requirements.
- Unexpected participant releases affect our ability to provide and complete services.
- We are experiencing an increased number of women that have been trafficked or report knowing about trafficking, and are working with agencies to ensure their safety. The low numbers of available housing in our areas and the lesser amount of time people are incarcerated is leaving many with fewer options to change their surroundings when they are released.
- Another barrier is the reduction of sentences that make it more difficult for offenders to complete the program.
- Fulfilling basic needs upon release, such as clothing and hygiene items, are a challenge.
- Many of our participants had trouble with reading and writing and required extra help to understand the assignments. Staff provided verbal instructions and allowed some participants to answer verbally as well.

Other Challenges

- We had limited office space to house staff and deliver therapeutic services within the jail.
- There are forms and functions that are not currently available in our medical record management system, although it continued to evolve to meet the growing needs of the mental health team.