



COMMONWEALTH of VIRGINIA

Department of Criminal Justice Services

Ashaki McNeil
Director

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October 27, 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 cursive script that reads "Ashaki McNeil".

Ashaki McNeil
Director

Attachment

Jail Mental Health Pilot Program Annual Report CY2025

Virginia Department of Criminal Justice Services
www.dcjs.virginia.gov
October 15, 2026

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Introduction

This report provides information on the activities of Virginia's Jail Mental Health Pilot Program (JMHP) during Calendar Year (CY) 2025 (January 1, 2025, through December 31, 2025). 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.

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 2025 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 2025 Appropriation Act included reporting requirements on program activities as follows:

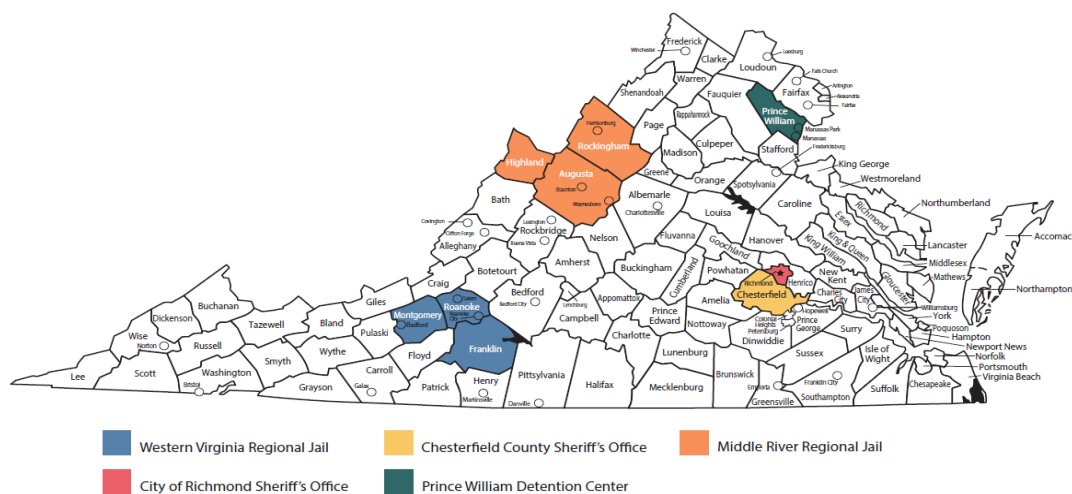
The Department shall collect on a quarterly basis qualitative and quantitative data of pilot site performance, to include: (i) mental health screenings and assessments provided to inmates, (ii) mental health treatment plans and services provided to inmates, (iii) jail safety incidents involving inmates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

Program Summary

As noted in previous reports published by DCJS, the high incidence of mental health needs 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 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. The Hampton Roads Regional Jail closed in 2024. Figure 1 displays the current participating program sites. Starting with the 2019 Appropriation Act, language was added limiting the number of pilot programs to those sites participating in the first year of the pilot program.

Figure 1: CY2025 Jail Mental Health Pilot Sites



The General Assembly renewed funding for FY2025 and DCJS provided awards to five jails included in the pilot program. The Hampton Roads Regional Jail ceased operations on April 1, 2024; thus, no FY2025 grant was made to the jail. Awards made to the five participating jails are shown in Table 1. This report covers program activities during CY2025, program trends for the past six calendar years, and highlights the successes and challenges across participating jails. The data displayed in charts throughout the report represent all of the pilot sites collectively and readers should consider the reduction from six to five participating jails when interpreting data trends between 2024 and 2025. With the exception of the recidivism data, all information included in this report was provided by the pilot site jails.

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

Mental Health Screening and Assessment¹

People entering participating jail sites are screened for potential admissions into the JMHP. A mental health screening is a brief process completed during intake for all incarcerated individuals. The screener identifies immediate mental health concerns, and it determines whether further evaluation is needed. Participating sites use the Brief Jail Mental Health Screen (BJMHS) to screen individuals for mental health needs. In CY2019, 15,965 individuals were screened and that figure increased to 26,328 in CY2025. Figure 2 below illustrates the percentage of individuals admitted into participating jails who were screened for mental health needs from CY2019 through CY2025. Over time, the jails participating in the JMHP have improved their ability to screen individuals for mental health needs.

From CY2019-CY2020 the percentage of people screened increased, reaching 91.4% in CY2020. There was a decrease in screenings in CY2021, largely due to challenges posed by the COVID-19 pandemic. Over 90% of admissions were screened from CY2023 to CY2025.

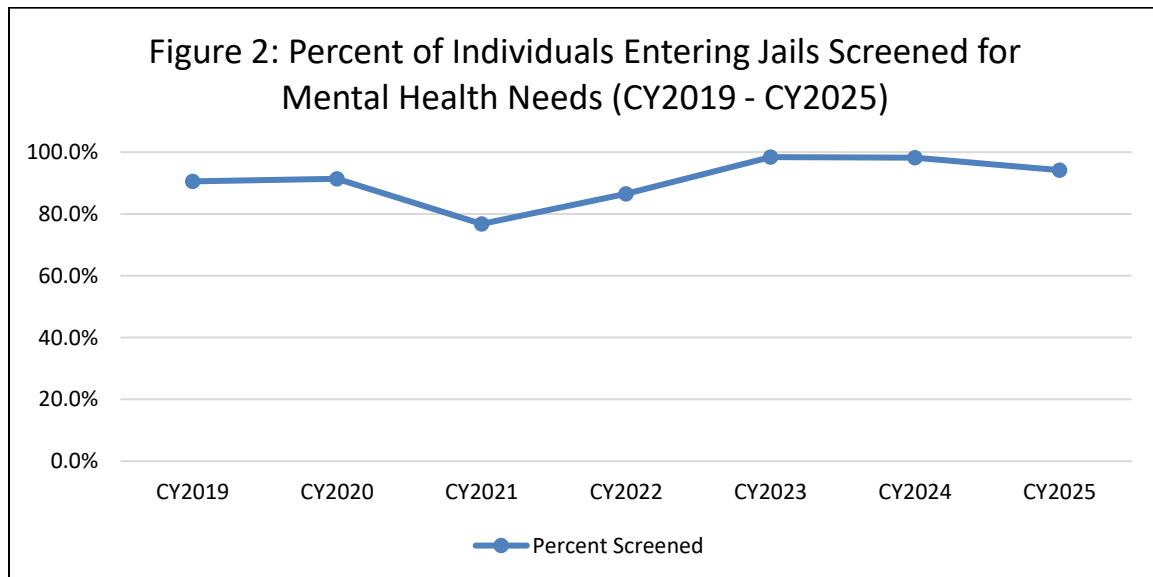
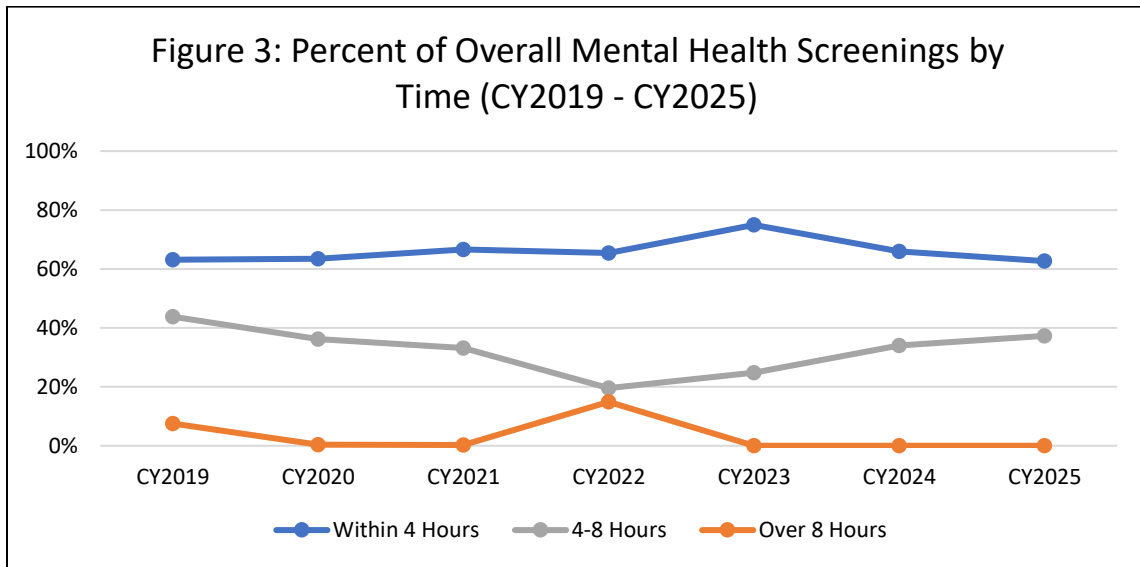


Figure 3 illustrates the time that elapsed between when an individual was admitted to jail and when a mental health screening was conducted. In addition to increasing the number of individuals screened, the jails have reduced the amount of time it took between admission and screening.

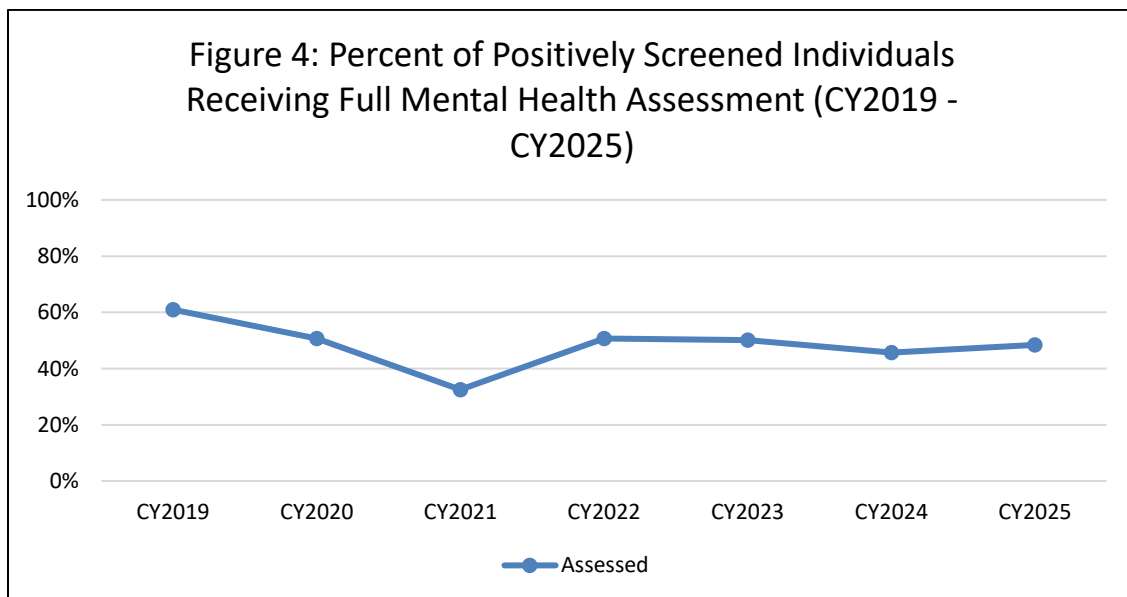
In CY2019, 63.1% of individuals were screened within four hours of admission. This figure slightly decreased to 62.7% in CY2025. From CY2019 to CY2025, an average of 66.0% of individuals were screened within four hours of admission and 32.7% of individuals were screened between four to eight hours of admission. All jail admissions from CY2023 to the present have received a mental health screening within eight hours of intake.

¹ As previously noted, the CY2025 data contained in this report is based on data aggregated across five jails listed in Table 1 due to the closure of Hampton Roads Regional Jail in 2024.



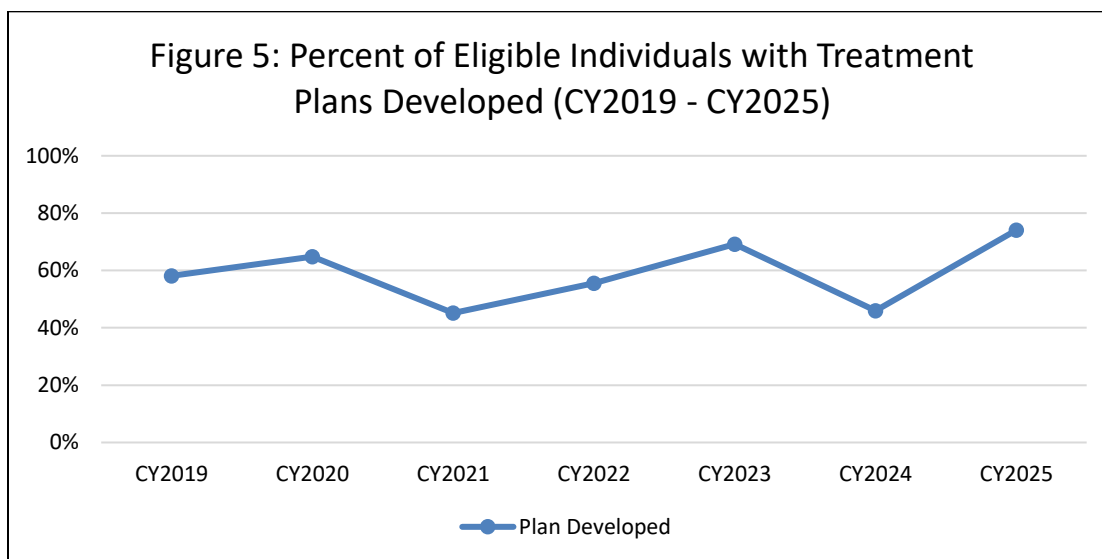
If the screening indicates a need for additional evaluation, the individual then receives a more comprehensive assessment conducted by a licensed clinician or other qualified professional. Full assessments generally take 30-60 minutes or longer, depending on the individual's needs, and it includes a more detailed review of symptoms, history, functioning, risk factors, and treatment needs.

Figure 4 illustrates the percentage of individuals who screened positive for mental health needs and received a full mental health assessment from CY2019 to CY2025. 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 needs. Since CY2022, approximately half of jail admissions who screened positive for mental health needs received a mental health assessment.



Mental Health Treatment Plans and Services Provided

Individuals assessed to have mental health needs and who met certain program criteria were offered participation in the JMHPP. Program participants received an individualized treatment plan based on the services available at their location. Figure 5 below illustrates the percentage of individuals that were assessed to have mental health needs that had treatment plans developed from CY2019 – CY2025.² In CY2024, there was a marked decrease in the percentage of eligible individuals who had a treatment plan developed. The figures grew in a positive direction during CY2025.



Services provided to program participants include individual and group counseling, peer support, life skills, legal assistance, and other therapeutic opportunities. From CY2019 through CY2025, participants completed an average of 15,242 hours of programs annually. In CY2025, overall hours completed reached 19,896 – a record for the program. Figure 6 provides an overview of all hours completed by program participants.

² Data reporting for this metric in CY2024 and CY2025 contained inconsistencies that were subsequently clarified by DCJS staff and corrected in this report.

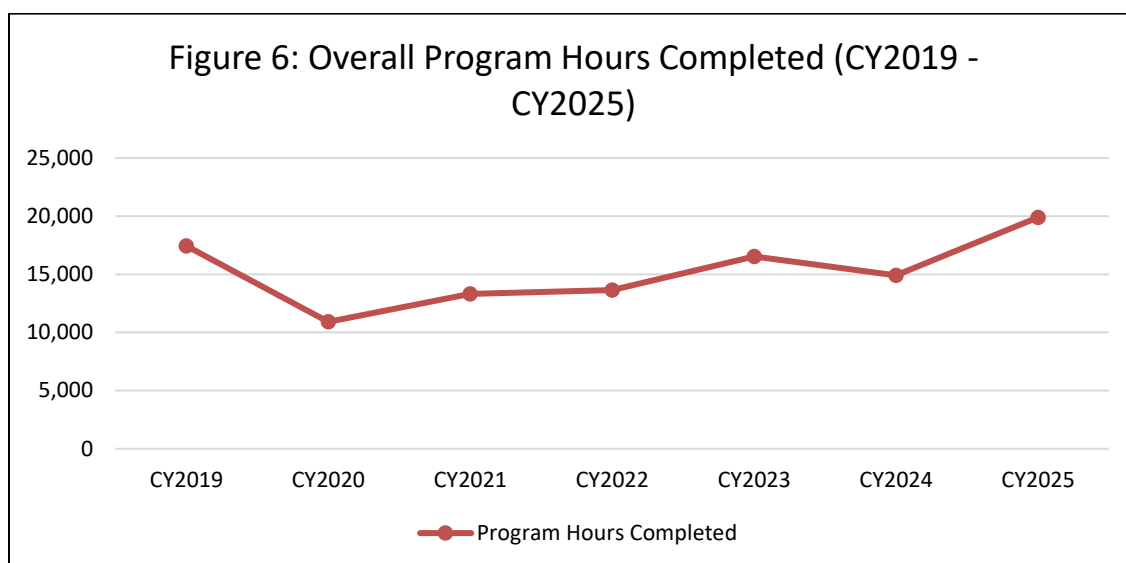


Figure 6A displays mental health related services, including peer support, group therapy, 1-on-1 therapy, and medication management, comprising 58.1% of overall participant hours provided from CY2019 through CY2025. Peer Support, comprising 21.4% of overall hours and 36.1% of mental health hours, have been the most prevalent mental health services provided to program participants.

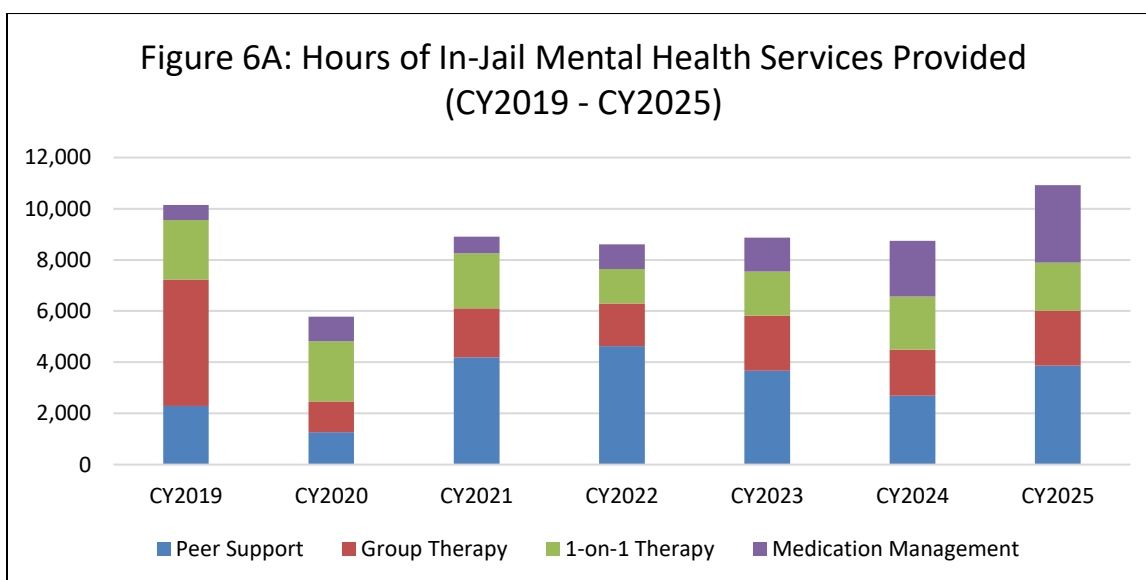
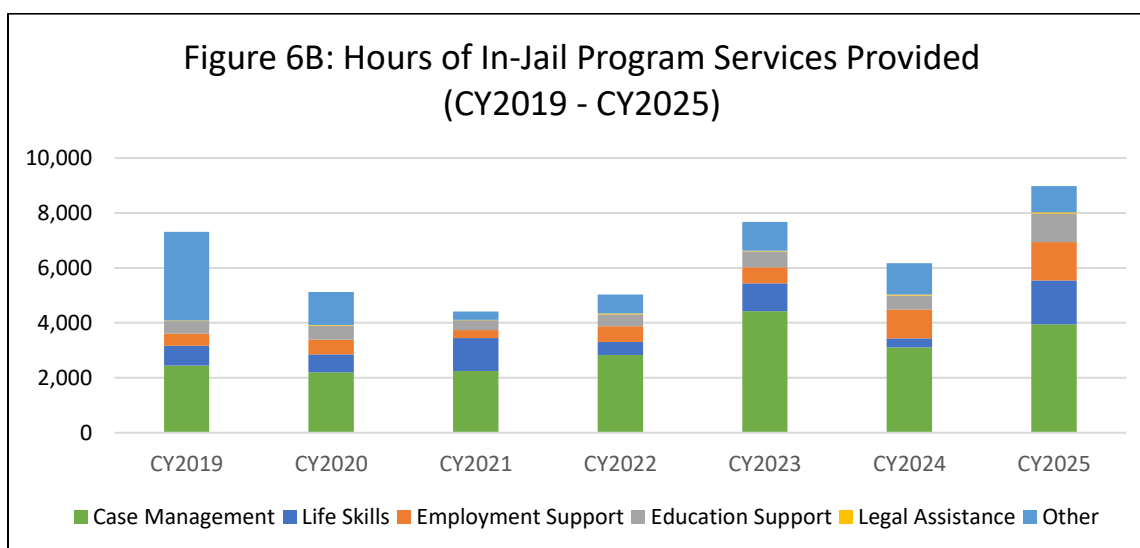


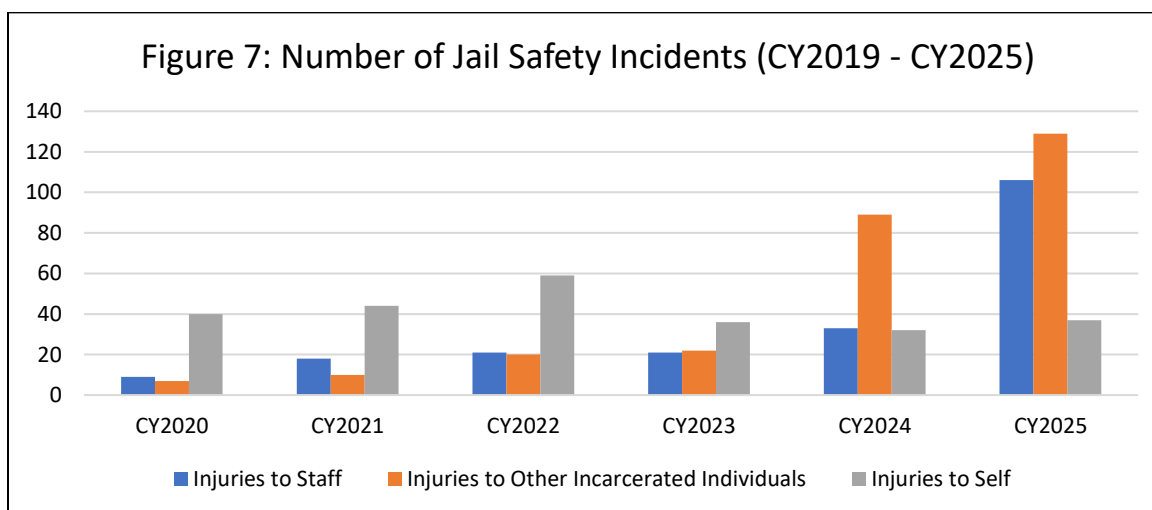
Figure 6B displays program service hours, including case management, life skills, employment support, education support, legal assistance, and other services. These program hours represent 41.9% of all participant hours completed from CY2019 through CY2025. Case management is the most prevalent program service provided to participants, representing 19.9% of overall hours and 47.9% of program hours.



Jail Climate

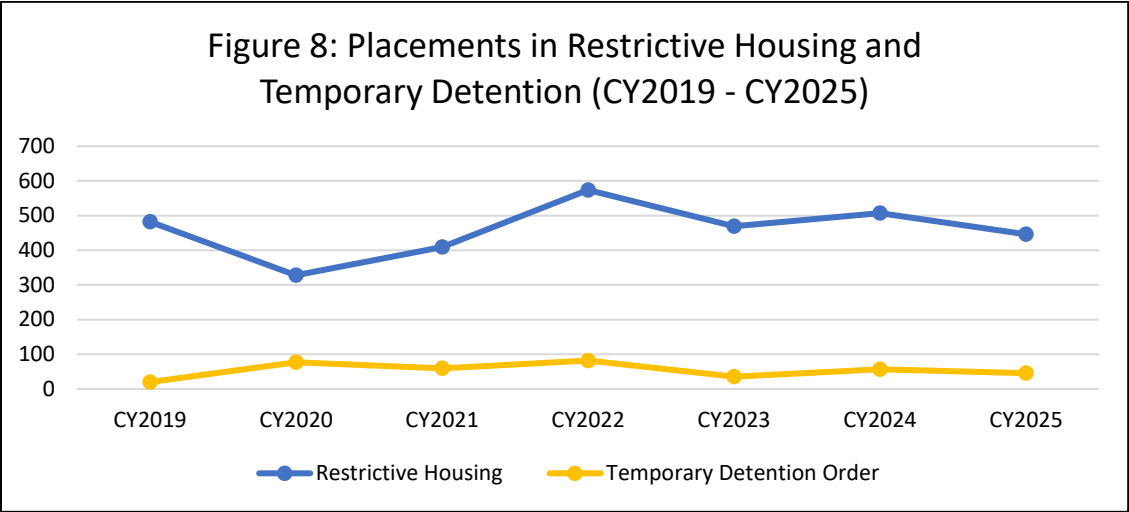
Metrics that represent jail climate include safety incidents (injuries), placements in restrictive housing, temporary detention orders, and whether people are experiencing acute mental health crisis. Data reported in this section represent the entire jail, not just program participants.

Figure 7 represents the number of safety incidents from CY2020 to CY2025, including injuries to staff, to other incarcerated individuals, or to self for participating jails.³ Overall incidents have increased by 216 between CY2020 and CY2025, primarily driven by increases in injuries to staff (+97) and injuries to other incarcerated individuals (+122). Incidents of self-harm have generally been declining during that same time period.

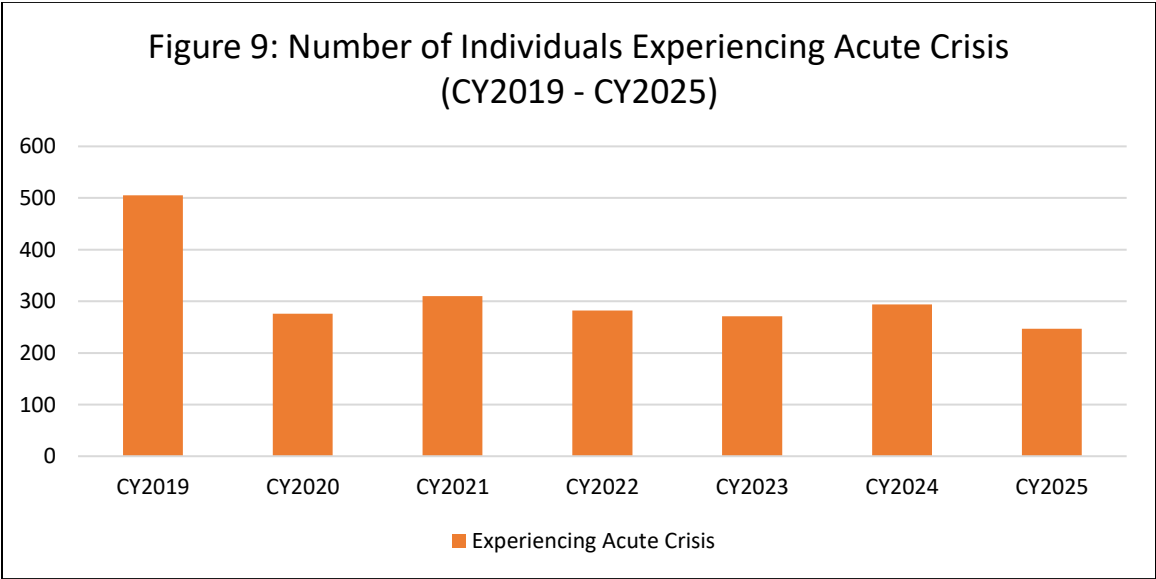


³ Data collected prior to CY2020 were reported inconsistently.

Figure 8 represents the number of placements in restrictive housing and temporary detention orders for participating jails.



Finally, measuring the number of people experiencing an acute mental health crisis is an important metric. Staff can use those incidents as an opportunity to gauge triggers, implement coping strategies, and review medication. Figure 9 represents the number of individuals experiencing an acute mental health crisis in participating jails.⁴ In CY2019, there were 505 individuals experiencing an acute mental health crisis, and that number has declined to a low of 247 in CY2025.



⁴ A person may have multiple acute episodes in a given year.

Services After Release

Post-release services are available to program participants, including medication and health care related services, employment, housing, and general transitional services as needed. Figure 10A depicts the number of individuals receiving medical related services after their release from jail. The number of individuals receiving medical services declined in CY2020 and CY2021 (due to COVID-related service reductions), and then gradually increased through CY2025. Overall, the number of individuals receiving services increased from CY2021 to CY2025.

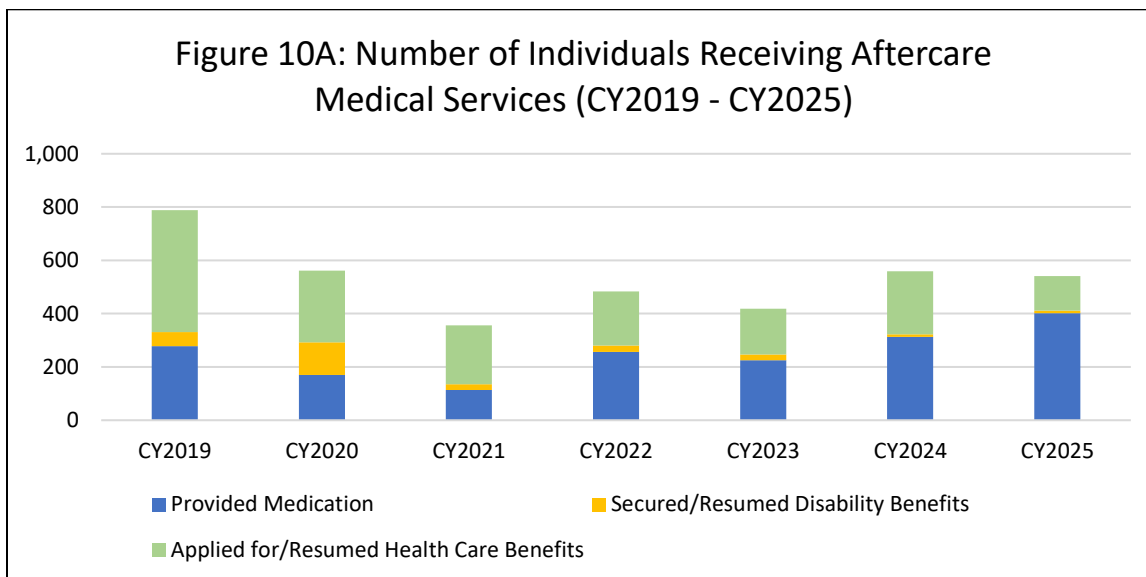


Figure 10B shows the number of individuals receiving other types of post-release services, such as housing and employment assistance. The number of individuals receiving these post-release services has fluctuated from CY2019 to CY2025, averaging 95 for employment services and 166 for housing assistance for the reporting period.

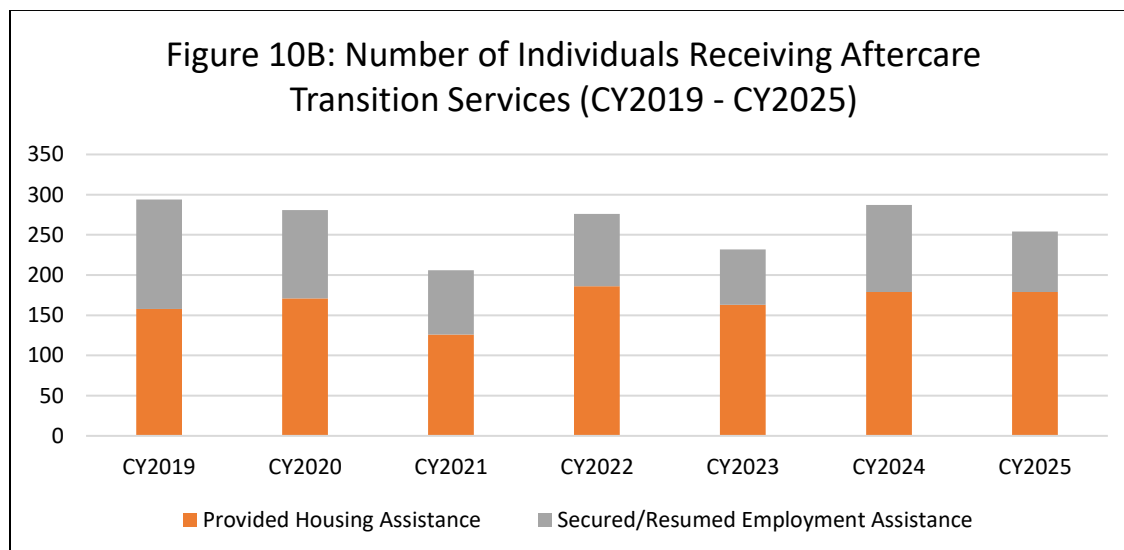
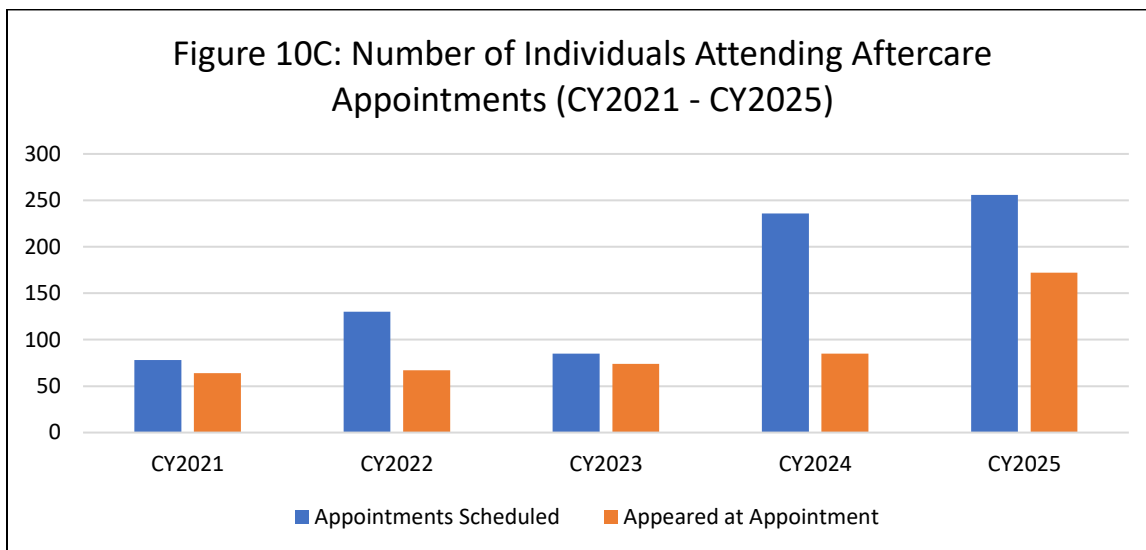


Figure 10C displays the number of individuals scheduled for and that attended aftercare appointments from CY2021 to CY2025.⁵ Overall there have been 785 aftercare appointments scheduled with program participants and 462 participants (58.9%) attended. Western Virginia Regional Jail data comprise the majority of the appointments made and appointments completed for program participants.



⁵ Data collected prior to CY2021 were reported inconsistently.

Recidivism

The Appropriation Act directed DCJS, as part of the evaluation of the jail mental health pilot 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 (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 Department of Corrections (DOC) to individuals entering jail or prison. DCJS also asked each jail to provide the date of release from the jail for each participant who entered the jail on or after June 2017, and who was released prior to January 1, 2026. 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 the six jails: Chesterfield County, Hampton Roads Regional Jail⁶, 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 Virginia’s 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.⁷ *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 impact 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.*

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

⁶ Hampton Roads Regional Jail provided data for calendar years 2019, 2020, 2021, and 2023.

⁷ In 2024, the data-sharing process between the Compensation Board and DCJS was improved. That improvement found matches for program participants for whom no match was found in prior years. Those new matches are included in this report. The new matches had no substantive impact on return-to-jail rates.

recent release from incarceration that followed the date of transfer. In 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.

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 a transfer to another jail or some other facility (including Department of Corrections), and no other release within 182 days of that transfer could be identified.
- 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.
- 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.
- 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.
- The submitted records were missing the CORIS ID number and/or a release date.
- The release date occurred after December 31, 2025. There has been insufficient time to track returns to jail for individuals released during the current calendar year.

Once these cases were excluded, there were 3,316 records for analysis.

Table 2: Participant Releases by Calendar Year

Release CY	Releases
2017	28
2018	172
2019	284
2020	671
2021	958
2022	229
2023	338
2024	329
2025	307
TOTAL	3,316

Recidivism Findings

Among these 3,316 participants who participated in the jail mental health pilot program and were then released from jail:

- 525 individuals (out of 3,316) returned to jail within 90 days, for a 90-day return rate of 16%. 2,791 individuals did not return to jail within 90 days of release.
- Return-to-jail rates varied over time.

Table 3: Recidivism Findings

Release CY	Releases	90-Day Return	Rate
2017	28	3	--
2018	172	36	21%
2019	284	44	15%
2020	671	71	10%
2021	958	126	13%
2022	229	23	10%
2023	338	84	25%
2024	329	74	22%
2025	307	64	21%
Total	3,316	525	16%

- There were too few participants in CY2017 to calculate a reliable rate. Return-to-jail rates were highest for CY2023 releases. 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. Between CY2022 and CY2023, there were substantial increases in adult arrests for property offenses (16%), drug offenses (15%), and violent offenses (10%).⁸ This is also reflected in the broader jail population. The average daily population of individuals incarcerated pretrial increased 6% between CY2022 and 2023, after dropping 2% between CY2021 and 2022.⁹
- 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 CY2017-2024, combined (3,009 participants). As one would expect, as the length of time post-release increases, so does the rate of return to jail.
 - 15% returned to jail within 90 days.
 - 27% returned to jail within 180 days.
 - 41% returned to jail within 360 days.
- 90-Day return-to-jail rates (CY2017-2025 releases combined) varied by the type of release from jail:¹⁰
 - 367 of 2,590 Sentenced Participants, Confinement Complete: 14%
 - 158 of 726 Other (charges dismissed, found not guilty, or release by court order): 22%
- 90-Day return-to-jail rates varied among the different pilot program jail sites.

⁸ Data source: Virginia Crime Repository at <https://va.beyond2020.com/>, accessed June 23, 2026. "Violent offenses" include murder, aggravated assault, rape, and robbery. "Property offenses" include larceny, burglary, and motor vehicle theft.

⁹ Data source: Compensation Board's Average Daily Population Reports <https://www.scb.virginia.gov/lids.cfm>

¹⁰ "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."

Table 4: Recidivism Findings by Program Site

Program Site	Releases	90-Day Return	Rate
Chesterfield	1,544	213	14%
Hampton Roads	236	42	18%
Middle River	106	19	18%
Prince William/Manassas	174	41	24%
Richmond	360	57	16%
Western Virginia	896	153	17%

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 (106 from Middle River and 174 from Prince William/Manassas, vs. 1,544 from Chesterfield and 894 from Western Virginia). Second, differences in the types of individual eligible for participation in groups. For example, Chesterfield allowed all incarcerated individuals while some jails excluded individuals 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 pilot sites, 16% of the program participants returned to jail within 90 days after release, and 84% 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 would include a control group of individuals in jail who are assessed as having mental health needs 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 health needs but then not be provided with any type of services for the needs identified by the assessment. As such, DCJS could not impose this condition upon the pilot program participants, nor could it locate any other jail recidivism studies meeting this condition.

The DOC report [VADOC Recidivism FY2021 State Responsible Releases](#) (2026) provides some information on recidivism among state-responsible incarcerated individuals diagnosed with a mental health impairment and who served their entire sentence in a local or regional jail. The DOC analysis found that (for FY2021 releases) 54.2% of these individuals were re-arrested within 36 months of release from incarceration, compared to 49.4 % of individuals who were not diagnosed with a mental health impairment. These rearrest rates are not directly comparable to the pilot project rate of return to jail, because rearrest is a broader measure of recidivism. They do, however, demonstrate the higher risk of recidivism for individuals with a mental health impairment. The DOC report also notes the importance of providing mental health services in reducing recidivism.

Program Accomplishments and Challenges

The JMHPP sites reported information on the types of accomplishments and challenges that they encountered while operating their programs during CY2025. These accomplishments and challenges are summarized below:

Accomplishments

Hiring of additional staff and/or replacement of vacant staff. Two of the jails reported hiring staff, which included clinicians, an administrative coordinator, a reentry coordinator, and a peer support specialist.

Providing additional training to jail mental health staff. Two jails reported providing training to staff, including attending an international trauma symposium, new anger management training for a new clinician and community case coordinator, and strengthening the Jail Medication Assisted Treatment team.

Increases and/or additions to the mental health services delivered in the jails. Four jails reported expanding and/or adding services, including increases in the number of hours of group therapy sessions, more consistency in both group and individual therapy, increases in the numbers of peer support participants, evidence-based trauma treatment, an Acu-Wellness program, re-establishing groups for women, establishing Reclaim Your Life using Acceptance and Commitment Therapy (ACT), and incorporated programming into all housing units throughout the facility. One jail noted that it was able to expand some of these services without having to add additional staff.

Other in-jail services. One jail reported that it is supplying hygiene products, clothing and other material, and that it “is making a profound positive effect on those inmates that spend time in our facility.” Another reported expanding its library on incarcerated individual tablets to include topics on conflict resolution and healthy boundary setting, and another reported accomplishments with cosmetology and forklift training for participants.

Provision of post-release services. Three jails reported successes in providing post-release services, including incarcerated individuals being provided with transportation assistance and with supplies of discharge medication. One jail reported providing released individuals with cell phones using grant funding. Another jail reported strengthening relationships with its community stakeholders and improving continuity of care as individuals transition in and out of the facility, and active participation and collaboration with the Community Services Board re-entry program.

Challenges

Limited staffing. By far the most common barriers cited by the jails involved a lack of staff needed to provide the clinical services the program is designed to deliver. Each jail reported challenges related to staffing limitations, including the resignation of staff and difficulties in hiring replacement staff. This caused disruptions including spreading work among staff for other functions and having to rebalance workloads to ensure continuity of care.

Limited space within the facility. Several jails reported challenges finding space within their facility to house and provide program services. This included a lack of space for mental health staff, and lack of space to deliver therapeutic services within the jail.

Unexpected incarcerated individuals transfer/releases. Two jails reported challenges when individuals are unexpectedly released from jail or transferred to another facility before they are able to complete programs in which they are participating.

Difficulties with recordkeeping/data reporting. Three jails reported that they have not been able to fully collect data on the program performance. In one jail, this was due to incompatible record keeping systems within the jail. In the other two jails, it was due to staff shortages leading to backlogs in recordkeeping and reporting.

Conclusion

Overall, the jails participating in the program continued to provide and maintain mental health services to program participants. In CY2025, 26,328 individuals were screened for participation into the mental health pilot program, most of which were completed in less than four hours. Ultimately, 2,317 individuals received a mental health assessment and 842 participants had a treatment plan developed for their journey throughout the program.

The number of participant program hours completed has increased since the program began. CY2025 hit a program milestone where participants completed 19,896 hours of programming during the year. The number of incidents within the jails have also increased, specifically incidents involving injuries to staff and to other incarcerated individuals. Participants were provided support after their release from jail, including housing assistance, employment assistance, and access to medical care. Access to post-release services has generally increased since CY2021, resulting in the highest number of appointments scheduled in CY2025 (N=256) since the program began.

Across the six pilot program sites, including Hampton Roads Regional Jail, 16% of the program participants returned to jail within 90 days after release. The 90-day return rate varied between program sites due to factors such as size of participant group, program eligibility, and differences in type and levels of service provided in jail and post-release.

Participating jails continue to address the challenges presented by staffing, space, and other factors associated with running programs in correctional facilities. Yet, jails are hiring more people and providing more training to staff which increase the opportunities for mental health programs to thrive. Services offered to program participants will continue to increase in quantity and quality as sites refocus their attention to data collection and target opportunities to collaborate with internal and external stakeholders.