

Report on the Virginia Department of Criminal Services Jail Mental Health Pilot Programs



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PREFACE

Jail Mental Health Pilot Programs

The 2016 Appropriations Act ([2016 Virginia Acts of Assembly, Chapter 780, Item 398 J.1-6](#)) requires the Department of Criminal Justice Services to establish pilot programs to provide services to mentally ill inmates, and evaluate the implementation and effectiveness of the pilot programs. The language reads:

J. 1. The Department of Criminal Justice Services shall solicit proposals from local or regional jails to establish 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 Department of Criminal Justice Services shall evaluate the proposals in consultation with the Department of Behavioral Health and Developmental Services and the Compensation Board, and shall report a list of up to six recommended pilot sites to the Secretary of Public Safety and Homeland Security and the Chairmen of the House Appropriations and Senate Finance Committees no later than September 15, 2016.

2. In its solicitation for proposals, the Department of Criminal Justice Services shall require submissions to include proposed actions to address the following minimum conditions and criteria:

- a. Use of mental health screening and assessment instruments designated by the Department of Behavioral Health and Developmental Services;*
- b. Provision of services to all mentally ill inmates in the designated pilot program, whether state or local responsible;*
- c. 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;*
- d. Establishment of a crisis intervention team or plans to establish such a team;*
- e. Training for jail staff in dealing with mentally ill inmates;*
- f. Provision of a continuum of services;*
- g. Use of evidence-based programs and services; and,*
- h. 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.*

3. The funding for each pilot program shall supplement, not supplant, existing local spending on these services.

4. In evaluating proposals and recommending pilot sites, the Department of Criminal Justice Services, in consultation with the Department of Behavioral Health and Developmental Services and the Compensation Board, shall at minimum give consideration to the following factors:

- a. The readiness of the local or regional jail to undertake the proposed pilot program;*
- b. The proposed shares of cost to be funded by the Commonwealth, localities, or other sources, respectively;*
- c. The need for such a program demonstrated by the local or regional jail;*
- d. The demonstrated collaborative relationship between the jail and community mental health treatment providers and other stakeholders; and,*

e. *To the extent feasible, ensuring the recommendation of pilot sites representing both rural and urban settings.*

5. Included in the appropriation for this Item is \$1,000,000 the first year and \$2,500,000 the second year from the general fund to be awarded to local or regional jails to support the proposals recommended pursuant to the report required by Paragraph J.1. of this Item. The funding for each pilot program shall be effective for pilot programs starting as of January 1, 2017.

6. The Department of Criminal Justice Services, in consultation with the Department of Behavioral Health and Developmental Services, shall evaluate the implementation and effectiveness of the pilot programs and report to the Governor; the Secretaries of Health and Human Resources and Public Safety and Homeland Security, and the Chairmen of the House Appropriations Committee and the Senate Finance Committee by October 15, 2017, for grants awarded in the first year, and by October 15, 2018, for all grants.

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PROGRAM OVERVIEW

The purpose of the program is to provide behavioral health services to inmates while incarcerated and a continuum of care when they are released back into communities. Pilot programs provide crisis services and ongoing behavioral health services for inmates with mental illness. These services are designed to facilitate inmate recovery, reduce recidivism due to mental illness, and improve safety for both inmates and staff.

Pilot programs provide, at a minimum, the following services:

- a. Use of mental health screening and assessment instruments designated by the Department of Behavioral Health and Developmental Services
- b. Provision of services to mentally ill inmates in the designated pilot program, whether state or locally responsible
- c. Use of a collaborative partnership among local agencies and officials, including community services boards, local community corrections and pretrial services agencies, local law enforcement agencies, attorneys for the Commonwealth, indigent defense, courts, non-profit organizations, and other stakeholders
- d. Use of a crisis intervention team or plans to establish such a team
- e. Training for jail staff in dealing with mentally ill inmates
- f. Provision of a continuum of services
- g. Use of evidence-based programs and services
- h. Mental health treatment services, behavioral health services, case managers to provide discharge planning for individuals, re-entry services, and transportation services

PLANNING AND PILOT SITE SELECTION

In response to the 2016 Appropriations Act ([2016 Virginia Acts of Assembly, Chapter 780, Item 398 J.1-6](#)), planning for this project began in March 2016. The Department of Criminal Justice Services (DCJS) met with stakeholders from the Department of Behavioral Health and Developmental Services (DBHDS), Virginia Compensation Board, Virginia Association of Regional Jails, and Virginia Sheriffs Association, and with Senate Finance Committee and House Appropriations Committee staff to clarify stakeholder and Committee goals for the programs. Based on stakeholder feedback and appropriation language, DCJS developed grant application requirements and identified best practices for mental health services in local jails.

In July 2016, all Virginia local and regional jails were invited to submit concept papers to DCJS. Concept papers are brief applications in which applicants present a general overview of the proposed project and anticipated budget. Nineteen jails submitted concept papers, which DCJS reviewed, using its standard grant review process, to determine which of the nineteen jails demonstrated the highest level of program readiness and could potentially make best use of the opportunity to provide a continuum of jail-based services for individuals who have been placed in a local or regional jail. DCJS subsequently invited six of the nineteen jails to submit full grant applications. Proposals were solicited from local and regional jails in both rural and urban settings.

In December 2016, the Criminal Justice Services Board approved, and DCJS awarded, grants totaling \$1 million for FY17 and \$2.5 million for FY18 to six regional and local jails to establish mental health pilot programs. Grants were awarded to the Chesterfield County Sheriff's Office, Middle River Regional Jail, Western Virginia Regional Jail, Richmond City Sheriff's Office, Hampton Roads Regional Jail, and Prince William Adult Detention Center.

PROGRAM AWARDS AND DESCRIPTIONS

Although there were regional and local differences, each project received funding to ensure continuity of care for inmates after release. Each program will last 18 months.

- Over \$100,000 in transition/emergency housing
- \$15,000 in medication assistance
- \$20,000 for training
- \$55,000 for a full time reentry coordinator position

Chesterfield County Sheriff's Office

Total: \$416,281 awarded

- Increase clinical, case management, and reentry services for inmates with mental illness
- Hire a senior clinician and a reentry coordinator

Prince William Adult Detention Center

Total: \$410,898 awarded

- Focus on mental health services for female inmates
- Incorporate clinical personnel and consultants to provide clinical services and case management services for inmates with mental illness
- Provide group and individual services for inmates with mental illness
- Hire a clinical re-entry coordinator and a case manager

Hampton Roads Regional Jail

Total: \$939,435 awarded

- Develop and implement discharge planning for inmates with mental illness
- Implement clinical assessments and counseling for inmates with mental illness
- Implement coordination of care planning with community services boards
- Hire a program coordinator, a program administrator, a clinical therapist, a case manager, and a peer support specialist

Western Virginia Regional Jail

Total: \$526,185 awarded

- Provide evidence-based therapy groups such as cognitive based programming
- Utilize peer support specialists to bridge system gaps and advocate for inmates as they transition to the community
- Hire a program coordinator, reentry specialist, licensed clinician, and three peer support specialists

Middle River Regional Jail

Total: \$536,384 awarded

- Enhance the delivery of mental health services to all inmates
- Create a therapeutic pod for inmates with serious mental illness
- Improve and expand initial psychiatry screening through telemedicine
- Hire two full time clinicians and two reentry case managers

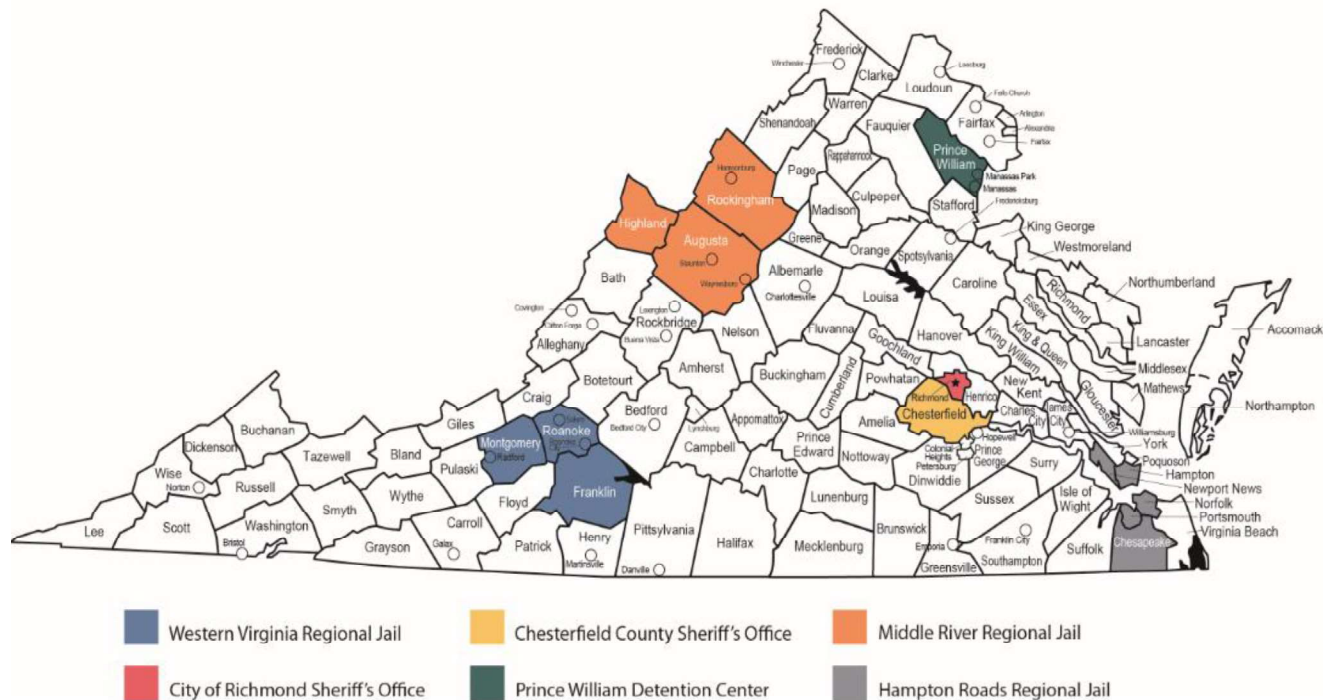
Richmond City Sheriff's Office

Total: \$670,813 awarded

- Develop a separate housing unit for inmates receiving mental health treatment services
- Implement cognitive based programing
- Focus resources on higher need and lower functioning inmates with mental illness
- Hire a program coordinator, licensed clinician, reentry specialist, and a community case manager

This project is being conducted in partnership with Richmond Behavioral Health Authority (RBHA) and Richmond Opportunity Alliance Reentry (OAR).

DCJS Jail Mental Health Pilot Programs



PROGRAM IMPLEMENTATION

In January 2017, in coordination with DBHDS, DCJS hosted a kickoff meeting for the six jail pilot sites. Details related to grant administration, specifically financial reporting and programmatic performance reporting, was provided by DCJS staff. Information on the use of the selected mental health screening tools and their efficacy was provided by DBHDS staff.

Despite anticipated timelines, a majority of the pilot site programs did not become fully operational until July 2017. Each pilot site required approval from a local board or council to accept and appropriate grant funds, which contributed to the delay, as did the hiring process for several jail staff positions.

Technical Assistance

All pilot sites demonstrated a history of cross-system collaboration in their grant applications; however, implementation of mental health programs in a jail setting is complex and required pilot sites to enhance coordination and communication with internal and external stakeholders. To facilitate successful implementation of the jail mental health pilot programs, DCJS staff conducted site visits, attended pilot site stakeholder meetings, and provided technical assistance on data collection.

During the implementation process, some pilot sites discovered that budgets required adjustments. DCJS program and grant administration staff worked closely with the pilot sites to ensure that budget amendments were captured accurately and adhered to the grant guidelines.

In September 2017, DCJS held a second meeting for staff from the six pilot sites and DBHDS. Senate Finance Committee and House Appropriations Committee staff and the Virginia Department of Budget and Planning staff also attended the meeting. Each pilot site shared successes and challenges of implementing their respective programs. This meeting provided an opportunity for pilot sites to identify common challenges, share solutions and expand networking resources. Staff from the DCJS Research Center was assigned to assist with the pilot program and provided technical assistance on data collection at the meeting. A third meeting will be held in early 2018.

PRELIMINARY PROGRAM REPORTS

The following is a compilation of the successes and challenges experienced by the pilot sites during the first six months of implementation. Data in this section were reported by individual pilot sites during the September 2017 meeting.

Chesterfield County Sheriff's Office

Successes

During the first six months of implementation, the following successes were reported by the Chesterfield County Sheriff's Office pilot program:

- The number of inmates screened for mental illness at intake increased from 26% to 30%
- The number of inmates seen by a clinician and/or a psychiatrist increased by 136%
- Improved linkage to the local community services board to establish mental health appointments for inmates post release
- Inmate referrals for assessment for the Governor's Access Plan increased
- Implementation of a reentry information system for data collection

Challenges

During the first six months of implementation, the following challenges were reported by the Chesterfield County Sheriff's Office pilot program:

- Lack of adequate housing for women and women with children
- Lack of affordable housing in Chesterfield County for returning citizens
- Transient nature of jail population makes aftercare planning, follow-up, and data collection difficult

Prince William Adult Detention Center

Successes

During the first six months of implementation, the following successes were reported by the Prince William Adult Detention Center pilot program:

- The mental health screening tool was administered to approximately 92% of the incoming female population
- Proliferation of collaborative relationships between the pilot site, stakeholders, and service providers
- Improved follow-up discharge planning services with the local community services board
- Implementation of cognitive based programing to help inmates regulate emotions
- Implementation of Supportive Transition After Release program, which provides supportive assistance to participants per their individualized service plans

Challenges

During the first six months of implementation, the following challenges were reported by the Prince William Adult Detention Center pilot program:

- Communication barriers between agency divisions on program implementation and role diffusion
- Lack of a database for data collection

Hampton Roads Regional Jail

Successes

During the first six months of implementation, the following successes were reported by the Hampton Roads Regional Jail pilot program:

- 18 participants received assistance with medication and housing upon release
- 12 participants were linked with Program of Assertive Community Treatment (PACT) services
- Onsite pre-screener completed 39 temporary detention orders

Challenges

During the first six months of implementation, the following challenges were reported by the Hampton Roads Regional Jail pilot program:

- Linking released inmates to mental health services is challenging due to communication breakdowns and lack of information sharing between mental health services providers and program staff
- Lack of reliable transportation to scheduled appointments upon release
- Transient nature of jail population makes aftercare planning, follow-up, and data collection difficult

Western Virginia Regional Jail

Successes

During the first six months of implementation, the following successes were reported by the Western Virginia Regional Jail pilot program:

- Increased personal awareness and accountability of the target population
- Increased housing and employment for inmates who graduate from the program
- Reduced rate of serious incidents and involvement in the disciplinary process at the facility
- Implemented evidence-based curriculum taught by peer support specialists

Challenges

During the first six months of implementation, the following challenges were reported by the Western Virginia Regional Jail pilot program:

- Adjustment for security staff to new programming
- Classroom management (noise, distractions, etc.)
- Maintaining ethical boundaries for peer support specialists
- Housing for offender population upon release, especially in rural areas

Middle River Regional Jail

Successes

During the first six months of implementation, the following successes were reported by the Middle River Regional Jail pilot program:

- Developed two special needs pods in the jail for those with mental illness
- Instituted assessments for placement in special needs pods
- Inmates have access to a psychiatrist within days rather than weeks
- Developed programs for pre and post release employment assistance
- Implemented a process for transportation to lodging, appointments, and social services
- Established a protocol for scheduling mental health appointments before an inmate is released
- Implemented a weekly follow-up protocol for inmates post release

Challenges

During the first six months of implementation, the following challenges were reported by the Middle River Regional Jail pilot program:

- Lack of suitable permanent housing
- Lack the ability to establish disability determination in a timely manner

Richmond City Sheriff's Office

Successes

During the first six months of implementation, the following successes were reported by the Richmond City Sheriff's Office pilot program:

- Enrolled 18 participants in the program
- Successfully discharged two inmates to the community
- Implemented three weekly therapeutic groups
- Implemented weekly life skills group
- Implemented individual therapy and case management
- Instituted financial assistance with housing for up to 90 days
- Provided transportation assistance to and from appointments

- Assisted inmates with obtaining entitlement program benefits
- Provided inmates with financial assistance for medications
- Developed and implemented curriculum for yoga, meditation, mindfulness
- Assisted inmates with tutoring for General Education Development (GED) testing

Challenges

During the first six months of implementation, the following challenges were reported by the Richmond City Sheriff's Office pilot program:

- Lack of suitable permanent housing
- Transient nature of jail population makes aftercare planning, follow-up, and data collection difficult

DATA COLLECTION AND ANALYSIS

Performance Measures

Program performance measures were established prior to implementation of the pilot projects. The performance measure categories being used to evaluate these programs are listed below.

- Screening and Assessment
- Treatment
- Jail Safety
- Aftercare

Data Collection

Before implementation, DCJS provided instruction and tools for data collection to each of the six pilot sites, and provided technical assistance to any site requesting assistance with data collection. The pilot sites have been instructed to collect data for each performance measure listed in this report, which reflects quarterly data submissions in April 2017 and July 2017. Unfortunately, data from the first two submissions is incomplete because of delays in fully starting up the pilot programs, including delays in hiring of staff, implementation of data collection protocols, and establishment of data sharing protocols. At the September 2017 meeting, site representatives indicated they felt comfortable collecting the required data and understood its value. All pilot sites will have data on all performance measures for the next quarterly report. DCJS will continue to provide technical assistance to all pilot sites to ensure data is collected and reported consistently and accurately.

Preliminary results

The programs have not been operational long enough for an in-depth analysis. At the conclusion of the project in 2018, there will be adequate data for deeper analysis. However, the preliminary data provides an initial benchmark that will be understood in full context when additional data is collected, reported and analyzed. Pre-implementation data does not exist for all of these measures because some of the data points for the mental health grant were not regularly measured or reported by jails. DCJS may be able to ascertain or determine approximations for some of these measures.

Screening and Assessment

All the pilot sites reported data for each of the screening and assessment measures. A total of 2,941 inmates have been screened since the programs were implemented. Of the inmates screened, 431 screened positive, requiring a full mental health assessment, and 900 screened negative, not requiring a full mental health assessment. A total of 199 inmates have received a full mental health assessment, and 181 screened positive, but further assessment did not occur. Reasons further assessment did not occur included: inmate transferred; inmate released on bond; or inmate completed sentence. A total of 1,165 inmates were not screened. Reasons given for inmates not being screened included: inmate transferred; program not fully operational; inmate declined to answer the screening questions; or inmate released on bond. These results are detailed in Table 1.

Table 1. Screening and Assessment Preliminary Results

Measure	Total	Mean	Pilots Reporting
Inmates Screened	2,941	490	6
Inmates Not Screened	1,165	291	4
Inmates Screened Positive	431	86	6
Inmates Screened Negative	900	180	6
Inmates Receiving Full Assessment	199	33	6
Inmates Screened Positive for Further Assessment but not Assessed	181	36	6

Each pilot site reported the amount of time elapsed between intake and the initial mental health screening. Of the 2,941 screenings, 24% were conducted in less than four hours, 52% were conducted within 4-8 hours, 10% were conducted within 8-23 hours, 7% were conducted within 24-72 hours, and 7% were conducted after 72 hours. The pilot sites reported the amount of time elapsed between intake and a full mental health assessment. Of the 178 full mental health assessments, 13% were conducted in less than 48 hours, 58% were conducted within 49-72 hours, 20% were conducted within 73 hours-1 week, 6% were conducted within 1-2 weeks, and 3% were conducted after two weeks.

Treatment

Not all pilot sites have submitted data for treatment measures. Treatment plans have been developed for 954 inmates. There have been 52 total hours of one-on-one therapy provided to inmates, 316 total hours of group therapy provided to inmates, and 90 hours of peer support provided to inmates. Only four of the six jails have reported data for the number of inmates for whom a treatment plan was not developed (Total=157). These results are detailed in Table 2.

Table 2. Treatment Preliminary Results

Measure	Total	Mean	Pilots Reporting
Inmates for Whom Treatment Plan was Developed	954	159	6
Inmates for Whom Treatment Plan was Not Developed	157	39	4
Hours 1-on-1 Therapy	52	9	6
Hours of Group Therapy	316	53	6
Hours of Peer Support	90	15	6
Hours of Other	16	3	4

Jail Safety

There are variances in the jail safety measures regarding the number of sites reporting data. Available data shows two behavioral health related incidents resulting in injuries to jail staff. A total of eight behavioral health related incidents have occurred resulting in injuries to other inmates. A total of 35 behavioral health related incidents have occurred resulting in injuries to self. There have been a total of 21 temporary detention orders issued across the six pilot sites. Five of the six pilot sites have reported a total of 54 incidents of inmates experiencing an acute crisis, and four of the six pilot sites have reported a total of 83 inmates having to be placed in restrictive housing, with five behavioral health related incidents resulting in infractions. These results are detailed in Table 3.

Table 3. Jail Safety Preliminary Results

Measure	Total	Mean	Pilots Reporting
Behavioral Health Incidents Injuries to Staff	2	1	6
Behavioral Health Incidents Injuries to Other Inmates	8	1	6
Behavioral Health Incidents Injuries to Self	35	6	6
Inmates Placed in Restrictive Housing	83	21	4
Inmates Experiencing Acute Crisis	54	14	5
Behavioral Health Related Infractions	5	1	4
Temporary Detention Orders (TDO)	21	4	6

Aftercare

Not all pilot sites have submitted data for aftercare measures. Five of the six pilot sites reported a total of 40 inmates who had appointments with community based mental health services upon release. Five pilot sites reported 42 inmates were provided with a supply of behavioral health medication, and a total of 19 inmates were provided with housing assistance. Four of the six pilot sites reported that 35 inmates appeared at their first community behavioral health appointment after being released. Three of the six pilot sites reported that 31 inmates released received behavioral health care, and 15 inmates appeared at their second community behavioral health appointment. Two of the six pilot sites reported three inmates had secured health insurance after release. These results are detailed in Table 4.

Table 4. Aftercare Preliminary Results

Measure	Total	Mean	Pilots Reporting
Inmates Released Receiving Behavioral Health Care	31	10	3
Inmates with Appointments Scheduled Prior to Release	40	8	5
Inmates Released Provided Behavioral Health Medication	42	8	5
Inmates Provided with Housing Assistance	19	4	5
Inmates Not Required Housing Assistance	13	3	5
Inmates Released that Appeared at 1 st Community Appointment	35	9	4
Inmates Released that Appeared at 2 nd Community Appointment	15	5	3
Inmates Released that Secured Employment	3	1	3
Inmates Released that Resumed Employment	0	0	2
Inmates Released that Secured Disability Benefits	2	1	3
Inmates Released that Resumed Disability Benefits	0	0	2
Inmates Released that Applied for Health Insurance Benefits	7	7	3
Inmates Released that Secured Health Insurance Benefits	3	3	2

The six pilot sites provided data regarding the amount of time that it took for inmates to receive medication upon release. Approximately 24% of inmates released from this population were provided behavioral medication between 7-14 days of release, 50% were provided behavioral health medication between 15-30 days of release, and 26% were provided behavioral health medication later than 30 days after release.

REPORT SUMMARY

DCJS awarded grants totaling \$1 million for FY17 and \$2.5 million for FY18 to six regional and local jails to establish mental health pilot programs that provide behavioral health services to inmates while they are in jail and aftercare services in the communities when they are released. Grants were awarded to the Chesterfield County Sheriff's Office, Middle River Regional Jail, Western Virginia Regional Jail, Richmond City Sheriff's Office, Hampton Roads Regional Jail, and Prince William Adult Detention Center. The grant funds have provided enhanced resources for treatment, clinical aftercare services, case management services, housing, and transitional medication.

Although the grant programs started in January 2017, most of the pilot programs did not become fully operational until late spring or early summer. While most of the complications pilot sites encountered during implementation have been resolved, many pilot sites continue to encounter operational challenges. Access to affordable stable housing was reported as the most common barrier to successfully transitioning inmates back into the community. Another mutual challenge reported across pilot sites was the transient nature of jail populations, which made post release follow-up with inmates difficult. Some pilot sites reported policy development and communication breakdowns between stakeholders as challenges.

Despite some initial startup delays, all six pilot sites are currently providing services to enhance their ability to provide care for inmates with mental illness. Evidence-based screening tools are being utilized during intake at all pilot sites to screen inmates for mental illness. Approximately 3,000 inmates have been screened during the first six months of this project. Each pilot site has developed services to enhance their ability to provide care for inmates with mental illness. Many sites have implemented cognitive based programming, peer support services, protocols for medication management before and after release from jail, and assistance with transportation for appointments. To ensure the continuity of care, several pilot sites developed housing pods specifically for inmates with mental illness. Pilot sites have also trained jail staff on how to properly interact with mentally ill inmates. One jail reported that the staff training and the implementation of cognitive based programming to help inmates regulate emotions has decreased incidents resulting in injuries to other inmates or staff.

Overall, pilot sites developed treatment plans for 954 inmates, provided 90 hours of peer support services, and provided almost 400 hours of therapy during incarceration. During the first six months of operations, pilot sites provided post release services to 113 individuals with mental illness.

The first six months of data has provided an initial benchmark for this project. This data, along with future data, will be analyzed and compiled into a final report which will be submitted to the Governor; the Secretaries of Health and Human Resources and Public Safety and Homeland Security, and the Chairmen of the House Appropriations Committee and the Senate Finance Committee by October 15, 2018.