COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
POLICY & REGULATIONS COMMITTEE

MINUTES

APPROVED JULY 16, 2025

REGULAR MEETING

May 21, 2025; 9:30 a.m.

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

Dr. Cleopatra Lightfoot-Booker, PsyD, Chair

COMMITTEE MEMBERS PRESENT

David Hackworth
Tiffany Jenkins
Jessica Vermont

COMMITTEE MEMBERS ABSENT

Captain Charles Carey

BOARD MEMBERS PRESENT

Michael Carrera
The Honorable Charles Jett
Dr. Anita Maybach

OTHERS PRESENT

Jeff Dillman, Superintendent, Riverside Regional Jail
Tawana Ferguson, Regulatory Compliance Supervisor
Brian Flaherty, Executive Director
Mary-Huffard Kegley, Policy Analyst
Alison Lautz, Death Investigator
Gerald Olson, Architect
John Rock

CALL TO ORDER

Dr. Booker, Committee Chair, called the meeting to order, welcomed attendees, and confirmed quorum.

PUBLIC COMMENT

None

Motion by Mr. Hackworth to approve minutes of March 19, 2025, Committee meeting, second by Mrs. Vermont. Unanimous approval.

CERTIFICATION, INSPECTIONS and AUDIT REPORTS

Tawana Ferguson, Regulatory Compliance Supervisor, presented the Certification, Inspections and Audit Report.

The following was offered by Mr. Hackworth in the form of a **Motion**, second by Mrs. Vermont:

a. **Motion:** As a result of 100% compliance with Board standards, I **RECOMMEND** unconditional certification for the following facilities:
   i. Prince William-Manassas Adult Detention Center
   ii. Middle River Regional Jail
   iii. Galax City Lockup
   iv. Danville City Adult Detention Center
   v. Southwest Virginia Regional Jail Authority – Tazewell Adult Detention Center

Unanimous approval.

b. **Motion:** As a result of 100% compliance with Board standards, I **RECOMMEND** suspension of the 2025 life, health and safety inspections for the following facilities:
   i. Prince William-Manassas Adult Detention Center
   ii. Middle River Regional Jail
   iii. Galax City Lockup
   iv. Danville City Adult Detention Center
   v. Southwest Virginia Regional Jail Authority – Tazewell Adult Detention Center

Unanimous approval.

BUSINESS

By-Laws:

The following was offered by Mr. Hackworth in the form of a **Motion**, second by Dr. Maybach:

Motion: I **MOVE** to recommend the Board of Local and Regional Jails approve the revised by-laws effective May 21, 2025.

Unanimous approval.

Regulatory Update:

Brian Flaherty shared information regarding the Office of Regulatory Management's initiative to engage with an AI consulting firm to accomplish regulatory streamlining. BLRJ is invited to participate.

Mary Huffard Kegley informed the Committee that repeal of 6VAC15-45 Regulations for the Private Management and Operation of Prisons is on schedule to become effective in July 2025, following the public comment period.

Alison Lautz reviewed 6VAC15-40 regulations pertaining to medical and mental health standards.

Decommissioning Lockups

a. Highland County

The following was offered by Mrs. Vermont in the form of a **Motion**, second by Dr. Maybach:

> **Motion:** I **MOVE** to recommend the Board of Local and Regional Jails approve decommissioning the Highland County Lockup.
>
> Unanimous approval.

Motion to adjourn by Mr. Hackworth, second by Mrs. Vermont. Unanimous approval.

Board of Local and Regional Jails

(804) 887-7850

P.O. BOX 26963
RICHMOND, VIRGINIA 23261

Charles Jett, Chair
Cleopatra Lightfoot-Booker, Psy.D., Vice Chair
Amanda K. Trent, Ph.D., Secretary

Charles Carey
Michael Carrera
David Hackworth
Tiffany D. Jenkins
Anita M. Maybach, M.D.
Roland Sherrod, Jr., CPA
Joseph Tucker
Jessica Vermont

Certification Report of the State Board of Local and Regional Jails

May 21, 2025

Jail and Lockup Compliance Audits

Compliant Facilities - 5

Prince William-Manassas Adult Detention Center was audited March 25-27, 2025. The facility was found compliant with 41 out of 43 applicable ***Life, Health and Safety*** standards

(2 N/A's) and 82 out of 85 applicable other standards (3 N/A's). The facility is not certified to house juveniles and the superintendent is not requesting certification. There were no deficiencies cited during this audit cycle. **(revised)**

Non-applicable Standards

- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles*** ***(LHS)***
- *6VAC15-40-1200,* ***Isolation and Segregation of Juveniles*** ***(LHS)***

RECOMMENDATION: Unconditional certification.

Middle River Regional Jail was audited April 1-3, 2025. The facility was found compliant with 41 out of 43 applicable *Life, Health and Safety* standards (2 N/A's) and 80 out of 85 applicable other standards (5 N/A's). The facility is not certified to house juveniles and the superintendent is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-190,* ***Conditions for Inmate Participation in Educational Release or Rehabilitation Release Programs***
- *6VAC15-40-200,* ***Furlough***
- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles (LHS)***
- *6VAC15-40-1200,* ***Isolation and Segregation of Juveniles (LHS)***

RECOMMENDATION: Unconditional certification.

Galax City Lockup was audited April 14, 2025. The facility was found compliant with 11 out of 12 applicable *Life, Health and Safety* standards (1 N/A's) and 6 out of 6 applicable other standards. The facility is not certified to house juveniles and the police chief is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-1280,* ***Juvenile Detention (LHS)***

RECOMMENDATION: Unconditional certification.

Danville City Adult Detention Center was audited April 15-17, 2025. The facility was found compliant 40 out of 43 applicable *Life, Health and Safety* standards (3 N/A's) and 73 out of 85 applicable other standards (12 N/A's). The facility is not certified to house juveniles and the director is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- 6VAC15-40-470, ***Medical Co-Payment***
- *6VAC15-40-480,* ***Set Fees Required***
- *6VAC15-40-490,* ***Policy and Procedure Information***
- *6VAC15-40-500,* ***Inmates Advised of Procedure***
- *6VAC15-40-510,* ***Ability to Pay***
- *6VAC15-40-520,* ***Acknowledgement in Writing***
- *6VAC15-40-530,* ***Accounting Procedures***
- *6VAC15-40-831,* ***Fee for Inmate Keep***
- *6VAC15-40-840,* ***Post to Control Security Jail***
- *6VAC15-40-985,* ***Restraint of Pregnant Offenders***

- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles***
- *6VAC15-40-1200,* ***Isolation and Segregation of Juveniles***

RECOMMENDATION: Unconditional certification.

Southwest Virginia Regional Jail Authority – Tazewell Adult Detention Center was audited April 15-17, 2025. The facility was found compliant 41 out of 43 applicable *Life, Health and Safety* standards (2 N/A's) and 73 out of 85 applicable other standards (12 N/A's). The facility is not certified to house juveniles and the superintendent is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- 6VAC15-40-160, ***Written Procedures for Release Program Eligibility Criteria***
- *6VAC15-40-170,* ***Written Procedures for Accountability of Inmate Participants***
- *6VAC15-40-180,* ***Conditions for Inmate Participation in a Work Release Program***
- *6VAC15-40-190,* ***Conditions for Inmate Participation in Educational Release or Rehabilitation Release***
- *6VAC15-40-200,* ***Furlough***
- *6VAC15-40-210,* ***Earnings***
- *6VAC15-40-220,* ***Removing Inmate Participants from Program***
- *6VAC15-40-230,* ***Written Agreement with Director (VADOC)***
- *6VAC15-40-240,* ***Offender Participation in Compliance with Appropriate Criteria and Approval***
- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles (LHS)***
- *6VAC15-40-1200,* ***Isolation and Segregation of Juveniles (LHS)***

RECOMMENDATION: Unconditional certification.

Certification Report prepared by:

Tawana M. Ferguson, Regulatory Compliance Supervisor

LHS – Life, Health and Safety Standards

Board of Local and Regional Jails (BLRJ) By-Laws Draft Revisions Outline

Article I ~~Organization,~~ Purpose, Powers, and Duties

- No substantive change

Article II added – Membership; Qualifications; Terms

- Board membership enumerated per Code of Virginia (COV)

Article III (previously Article II) Officers~~; Election; Procedures~~ incorporates previous Article III Officer Responsibilities

- §1 no substantive change
- §2 clarifies the Chair as ex-officio to all Committees, has the right, but not the obligation to participate in Committee meetings
- §3 no substantive change
- §4 no substantive change
- §5 no substantive change
- §6 no substantive change
- §7 no substantive change

Article IV Meetings

- §1 no substantive change
- §2 no substantive change
- §3 requires Board members to notify Executive Director of anticipated absence
- §4 no substantive change
- §5 clarifies FOIA Code of Virginia (COV)
- §6 additional FOIA clarification

Article V ~~Standing~~ Committees

- §1 no substantive change
- §2 Policy & Regulations Committee: Board Chair designates Committee Chair, Committee Chair designates 1 member of Board as Vice Chair; quorum determined by majority of Board members in attendance at Committee meeting.
- §3 Jail Review Committee: Board Chair designates Committee Chair, Committee Chair designates 1 member of Board as Vice Chair; quorum determined by majority of Board members in attendance at Committee meeting.
- §4 Liaison Committee: Committee membership designates Committee Chair; Committee Chair designates Vice Chair.

Article VI Board Activities/Representation

- §1 no substantive change
- §2 no substantive change
- §3 no substantive change

Article VII By-Laws Amendments~~; Compliance~~

- §1 no substantive change
- §2 no substantive change
- §3 no substantive change

BY-LAWS OF THE STATE BOARD OF LOCAL AND REGIONAL JAILS

ARTICLE I

~~Organization~~ Purpose, Powers, and Duties

The Board of Local and Regional Jails *(BLRJ)* is established by the Code of Virginia *(COV)* as a policy board with a broad range of responsibilities. The purpose, powers, and duties of the Board are ~~those~~ enumerated in ~~Title~~ §53.1-5 of the ~~Code~~ *COV*. ~~Chief d~~ *D*uties of the Board include, but are not limited to, developing and establishing operational and fiscal standards governing the operation of local correctional facilities and lockups; advising the Governor on matters relating to local corrections; making, adopting and promulgating such rules and regulations as may be necessary to carry out the provisions of this *Section* ~~title~~ and other laws of the Commonwealth pertaining to local correctional facilities and lockups; and developing and implementing policies and procedures for the review of the death of any inmate that the Board determines warrants review that occurs in the custody of any local correctional facility or lockup.

ARTICLE II

Membership; Qualifications; Terms

Pursuant to §53.1-2 COV, Board membership consists of 11 residents of the Commonwealth appointed by the Governor and subject to confirmation by the General Assembly. Members of the Board serve at the pleasure of the Governor for four (4) year terms, and vacancies other than by expiration of a term are filled by the Governor for the unexpired term. Board members may not serve more than two (2) full consecutive four-year terms.

Appointees are:

1. *One (1) former sheriff*
2. *One (1) former superintendent of a regional jail facility*
3. *Two (2) individuals employed by a public mental health services agency with training in or clinical, managerial, or other relevant experience working with individuals subject to the criminal justice system who have mental illness*

4. One (1) individual with experience overseeing a correctional facility's or mental health facility's compliance with applicable laws, rules, and regulations

5. One (1) physician licensed in the Commonwealth

6. One (1) individual with experience in administering educational or vocational programs in state or local correctional facilities

7. One (1) individual with experience in financial management or performing audit investigations

8. One (1) citizen member who represents community interests

9. Two (2) individuals with experience in conducting criminal, civil, or death investigations.

ARTICLE III

Officers~~; Election Procedures~~

§1. The Officers of the Board shall be the Chair, Vice Chair, and Secretary.

§2. Chair: The Chair shall be the presiding officer of the Board according to parliamentary *procedure* ~~rules~~. The Chair shall appoint members to all committees, task forces, advisory councils, and other like assignments. The Chair shall act as the official spokesperson or representative of the Board and shall perform such additional duties as required. The Chair is an ex-officio member of all committees, *to exclude Nominating Committees for Board officers. As an ex-officio member, the Chair has the right, but not the obligation, to participate in the proceedings of the Committees, and is not counted in determining the number required for quorum.*

§3. Vice Chair: The Vice Chair shall assume all powers and duties of the Chair in the absence ~~or disability~~ of the Chair. The Vice Chair shall perform other duties as assigned by the Chair or the Board to include, but not be limited to, *assignment* ~~appointment~~ to the Liaison Committee.

§4. Secretary: The Secretary shall be responsible for co-authorizing the Board minutes with the Chair and performing other duties as assigned by the Chair or the Board.

§5. The Officers shall be elected through a three (3) member Nominating Committee, to be appointed by the ~~current~~ Chair at a meeting prior to the election. Elections shall be held in even numbered years in September or as soon thereafter as a quorum of the Board is present. The Nominating Committee shall nominate at least one (1) Board member for the offices of Chair, Vice Chair and Secretary, and report the nominees to the full Board for vote. *Upon receiving the Nominating Committee's report, Board members in attendance may* ~~Board members may~~ add ~~other~~ nominees to those recommended by the Nominating Committee. The Officers shall be elected by the majority *voice or show of hands* vote of the *Board* ~~Committee~~ quorum in attendance. Pursuant to §2.2-3710 et.seq. *COV*, no public body shall vote by secret or written ballot, and unless expressly provided by *Title 2.2, Chapter 37 COV* ~~this chapter~~, no public body shall vote by telephone or other electronic communication means.

§6. Officers so elected shall serve a term of two (2) years and Officers may succeed themselves consecutively with no term limit. An Officer may resign at any time or may be removed prior to a regularly scheduled election at any Board meeting upon motion by any Board member and a two-thirds (2/3) vote of the Board membership. A successor may thereafter be elected for the remainder of the term using the interim election process as per Article III, §7 ~~of these By-Laws~~.

§7.Should it become necessary to hold an interim election due to the illness, resignation, and/or replacement of any Board Officer, and/or expiration of any Board Officer's *term of appointment*, such election shall be held as soon ~~thereafter~~ as possible utilizing the above-stated process. A quorum of the Board must be present to effect the election. In the interim and until such election is held, a parliamentary succession shall be utilized~~, i.e., Vice Chairman to Chairman; Secretary to Vice Chairman~~. Should it not be possible for a ~~P~~*p*arliamentary succession due to a current Officer ~~holder~~ being replaced by the Governor, the process shall be that a *Board* member in good standing shall be selected by the membership to act as temporary Chair~~man~~ and presiding Officer ~~in order~~ to effect appointment of a Nominating Committee. Once that step has been taken, the Nominating Committee shall complete its assignment as outlined in §4 ~~above~~. *Upon completion of an interim election*~~, Once an interim election has taken place~~, the results are binding ~~upon the membership~~ until the next election.

ARTICLE IV

Meetings

§1. Pursuant to §53.1-4 ~~of the Code of Virginia~~, *COV* the Board shall hold regular meetings at least six (6) times each calendar year ~~at such times and places as it deems appropriate~~. Five (5) members shall constitute a quorum.

§2. Special meetings of the Board may be called by the Chair. In the Chair's absence, ~~or disability, by~~ the Vice Chair or ~~by~~ any three (3) members of the Board *may call a special meeting*. ~~at such dates, times, and places as may be specified in the call for the meeting~~. A quorum of the Board is required to conduct a special meeting~~. A~~ and special ~~M~~*m*eetings ~~may count towards~~ *qualify for* the requirement of ~~meeting~~ at least six (6) *meetings per year*. ~~times a year~~.

§3. Meaningful participation is essential to the fulfillment of the function of membership. Situations of inappropriate participation or lack of participation shall be referred to the Chair ~~for appropriate action~~. *If a Board member anticipates absence from a meeting, the Board member shall notify the Executive Director of the Board, who shall notify the Chair.*

§4. *Meetings shall be conducted in accordance with these By-Laws and Robert's Rules of Order, Newly Revised, unless preempted by the COV.* ~~All meetings shall be conducted in accordance with the principles of procedures prescribed in the current edition of Robert's Rules of Order, Newly Revised~~.

~~Adequate notice in writing shall be given to Board members of the time and place of all meetings. A waiver of notice of meeting in writing signed by any member, whether before or after the time stated therein, shall be equivalent to the giving of proper notice, and any member who attends a meeting shall be deemed to have the timely and proper notice of the meeting unless the express purpose of the member's attendance at such meeting is to object because the meeting is not lawfully called or convened.~~

§5. Meeting activities shall comply with the Freedom of Information Act *(FOIA)* requirements. Minutes shall be recorded at all public meetings and voting by secret or written ballot *or by electronic communication* is not permissible. *(§2.2-3710 COV)*. Closed sessions may be called only for ~~those~~ purposes outlined in §2.2-3711 *COV* ~~of the Code of Virginia~~.

§6. As required by the ~~Freedom of Information Act~~ *FOIA* and in accordance with guidelines set forth in the Virginia Register of Regulations, notice shall be made to the public of ~~*any*~~ Board ~~*and Committee*~~ meetings ~~or any Committee meetings~~. ~~By *COV*~~, A ~~a~~ meeting is defined as including work sessions, when sitting physically, or through *electronic communication* ~~telephonic or video equipment~~ pursuant to §2.2-~~3707~~ *3708.2 or §2.2-3708.3 COV*, as a body or entity, or as an informal assemblage of (i) as many as three (3) members or (ii) a quorum, if less than three (3) of the constituent membership, wherever held, with or without minutes being taken, whether or not votes are cast, of any public body. In addition, notices for meetings of state public bodies on which there is at least one (1) member appointed by the Governor, shall state ~~whether or not~~ *if* public comment will be received at the meeting and~~, if so,~~ the approximate point during the meeting when public comment shall be received (§2.2-3707.~~F (~~*G*) *COV)*~~ of the Code of Virginia~~). For special or emergency meetings, notice shall be given to the public concurrently with the notice provided members of the public body conducting the meeting. Results of such meetings are not official actions of the Board until brought to the membership for vote.

~~*§7. Pursuant to §2.2-3712 (G) COV, a member of a public body shall be permitted to attend a closed meeting held by any committee or subcommittee of that public body, or a closed meeting of any entity, however designated, created to perform the delegated functions of or to advise that public body. Such member shall in all cases be permitted to observe the closed meeting of the committee, subcommittee or entity. In addition to the requirements of §2.2-3707, the minutes of the committee or other entity shall include the identity of the member of the parent public body who attended the closed meeting.*~~

~~*§8. Committee considerations and discussions shall be limited to Board members assigned to the committee. Participation in committee discussions by Board members not assigned to the committee is considered a meeting of the Board and must be publicly noticed as such.*~~

~~§5. Pursuant to §2.2-3708.2 *3* of the Code of Virginia , *COV,* a Board member may participate in a Board meeting through electronic communication means from a remote location that is not open to the public only in accordance with the requirements of this section. On or before the day of a meeting, a Board member shall notify the Board Chair that such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter or due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance. The Board shall record in its minutes the specific nature of any personal matter and the remote location from which the member participated. Such participation by the member shall be limited each calendar year to two (2) meetings. A quorum~~

~~of the Board must be physically assembled at the primary or central meeting location and the voice of the remote participant must be heard by all persons at the primary or central meeting location.~~

~~§7. Meaningful participation is essential to the fulfillment of the function of membership. Situations of inappropriate participation or lack of participation shall be referred to the Chair for appropriate action.~~

~~§8. All m~~ *M*~~e~~etings ~~shall be conducted in accordance with the principles of~~ *and* ~~procedures prescribed in the current edition of Robert's Rules of Order, Newly Revised.~~

ARTICLE V

~~Standing~~ Committees

§1. ~~The s~~ *S*~~tanding c~~ *C*ommittees of the Board shall be the Policy & Regulations Committee, the Jail Review Committee, and the Liaison Committee.

§2. The Policy & Regulations Committee~~: shall be composed of at least *five (5)* four (4) Board members appointed by the Board Chair.~~ The Board Chair will designate one (1) member of the *Board as Committee Chair of the Policy & Regulations Committee*. ~~Committee as Chair~~. The Committee Chair will designate one (1) member of the *Board* as Committee Vice Chair. *The quorum for Committee determinations shall be the majority number of Board members in attendance at the Committee meetings.* ~~, who will designate one (1) member to serve as Committee Chair. Members shall serve until such time as Committee assignments are rotated. The Committee Chair shall select a Committee Vice Chair from the Committee membership.~~

Responsibilities:

- *Provide regulatory recommendations to the Board*
- *Propose adoption or revision of Board policies and procedures*
- *Review findings of inspections and certification audits; recommend Board action*

- *Review findings of appeals submitted for audits and inspections results; present to Board for action*

~~*Pursuant to these By-Laws Article III § 2, the Chair shall serve as an ex-officio member of all committees, to exclude Nominating Committees for Board officers. As an ex-officio member, the Chair has the right, but not the obligation, to participate in the proceedings of the Committee, and is not counted in determining the number required for quorum.*~~

~~The Policy and Regulations Committee shall review the findings of inspections and certification audits and make recommendations to the Board regarding certification of jails and lockups. The Policy and Regulations Committee is also responsible for proposing adoption or revision of Board policies and procedures and proposing changes to the Board's standards and regulations. Any recommendations or proposals made by the Committee shall not be deemed official until brought to the full Board for a vote.~~

§3. The Jail Review Committee: ~~shall be composed of at least three (3) Board members appointed by the Board Chair~~. The Board Chair will designate one (1) member of the *Board as* Committee ~~as~~ Chair *of the Jail Review Committee*. The Committee Chair will designate one (1) member of the *Board* as Committee Vice Chair. *The quorum for Committee determinations shall be the majority number of Board members in attendance at the Committee meetings.* ~~, who will designate one (1) member to serve as Committee Chair. Members shall serve until such time as Committee assignments are rotated. The Committee Chair shall select a Committee Vice Chair from the Committee membership.~~

Responsibilities:

- *Review in-custody jail deaths*
- *Report findings and provide recommendations to the Board*
- *Report findings of in-custody jail death reviews, including any recommendations for changes to the Board's standards*

~~*Pursuant to these By-Laws Article III § 2, the Chair shall serve as an ex-officio member of all committees, to exclude Nominating Committees for Board officers. As an ex-officio member, the Chair has the right, but not the obligation, to participate in the proceedings of the Committee, and is not counted in determining the number required for quorum.*~~

~~The Jail Review Committee shall conduct a review of each in-custody jail death and report the findings of the review to the Board. Based on the findings of such reviews, the Jail Review Committee may recommend changes to the Board's standards. The Jail Review Committee or their staff designee shall also create a detailed report of the findings of jail death reviews, including any recommendations for changes to the Board's standards, which shall be approved by the Board Chair and submitted to the Governor, the Speaker of the House of Delegates, and the President pro tempore of the Senate.~~

§4. *The Liaison Committee shall serve as a forum for law enforcement and jail officials to communicate and collaborate.*

Committee membership shall include:

1. *Board Chair*
2. *Board Vice Chair*
3. ~~*One (1) member of the Policy & Regulations Committee*~~
4. *Board Chair may appoint ~~an~~ additional Board members*
5. *Representatives of:*
   The Virginia Department of Corrections
   The Virginia State Compensation Board
   The Office of the Secretary of Public Safety and Homeland Security
   The Office of the Attorney General
   The Virginia Sheriffs' Association
   The Virginia Association of Regional Jails

The Liaison Committee membership shall designate a Committee Chair to preside over meetings. The Committee Chair shall designate a Committee Vice Chair from the Committee membership. The Board representatives shall report Liaison Committee activities to the Board. Representation on the Committee shall be reviewed by the Board Chair as necessary.

~~, the Virginia State Sheriffs' Association, the Virginia Association of Regional Jails, the Board Vice Chair, the Chair and one member of the Board's Policy & Regulations Committee, and representatives from the Department of Corrections, and the State Compensation Board. Committee appointments shall be made by the Board Chair. The Board Chair may appoint an additional Board member to the Liaison Committee. The membership shall elect a Committee Chair to preside over meetings. The Committee Chair shall select a Committee Vice Chair from the Committee membership. Board members shall serve until such time as Committee~~

~~assignments are rotated and other members shall serve a minimum of three years. The Liaison Committee, through its Board representative, shall report its activities to the full Board on a regular basis. Such reports are not official actions of the Board until brought before the membership for vote. Ex-officio members shall include a representative from the Office of the Secretary of Public Safety and Homeland Security and the Office of the Attorney General, as well as the President and Executive Director of the Virginia Sheriffs' Association. The Liaison Committee shall aim to promote more effective communications among law enforcement and jail officials by creating a forum whereby public safety officials can meet and address issues of mutual concern.~~

§5. Committee ~~membership in standing~~ *assignments* shall be annually reviewed by the Board Chair and *following election of the Board Chair*. ~~Based on this review, Committee assignments shall be reconfirmed or changed, as appropriate~~. There *shall be* ~~is~~ no term limit to committee assignments. ~~Committee membership shall be reviewed subsequent to any election of a new Board Chair~~. The ~~Committee~~ Chair of each ~~respective~~ committee shall have authority to break any tie in voting. ~~that may occur.~~

ARTICLE VI

Board Activities/Representation

§1. The Board or Chair may determine special projects which call for ad hoc committees or ~~other~~ task forces. Board representation in these groups shall be determined by the Chair. ~~The Chair or Board shall establish the mission of the committee and specify the time within which the committee is to make its report to the Board~~.

§2. If an ~~outside~~ organization or community group requests *BLRJ* ~~Board of Local and Regional Jails~~' representation on a committee or task force, the Board Chair, or a designee appointed by the Chair, shall fulfill this role ~~at the Chair's discretion~~.

§3. ~~Requests for information~~ *Inquiries* directed to a Board member by the media or ~~other outside~~ individuals/organizations for the *BLRJ* ~~Board's~~ position ~~or views on a subject~~ *or action* shall be referred to the Board Chair, or to a designee appointed by the Chair~~, for response~~. ~~No~~

~~Board member may speak on the Board's behalf without explicit permission from the Board Chair.~~ Board members shall not have authority to represent the Board to the media or individuals/organizations without explicit direction from the Board Chair.

ARTICLE VII

By-Laws Amendments~~; Compliance~~

§1. These By-Laws may be amended *by majority vote of the Board, provided the proposed amendment(s) were included in notice of the meeting. Any amendment(s) become effective immediately upon Board approval, or on a date specified*. ~~at any regular or special meeting of the Board by an affirmative vote of the majority of the Board provided that the proposed amendment was included in the notice of the meeting.~~

§2. Failure to observe the provisions of these By-Laws by any Board member shall be referred to the Chair~~man for appropriate action~~.

§3. Failure to observe procedural provisions of these By-Laws does not affect the validity of Board action.

Approved ~~January 18, 2023~~

(*Signature copy on file*)

The Honorable Charles Jett, Chairman

State Board of Local and Regional Jails

PRC to Revisit - 6VAC15-40-320. Licensed Physician – A licensed physician shall supervise the facility's medical and health care services. Facilities that contract with private medical facilities or vendors shall maintain a current copy of the agreement, unless employed by the facility.

Workgroup Revision (Combined with 330 and 430):

6VAC15-40-xxxx. Health Authority - The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, licensed responsible physician. The health authority is responsible for the deployment of health resources and day-to-day operations of the health services program. Health services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education and attending to environmental conditions. The practice of medical or pharmaceutical testing for experimental or research purposes are prohibited. The health authority is responsible for arranging for all levels of health services, assuring the quality of all health services, and assuring that inmates have access to them. Clinical decision making in the provision of health care services are the sole discretion of the supervising health authority and shall not be impeded upon by facility administration.

BLRJ Revision:

None – Retain Original

PRC to Revisit - 6VAC15-40-330. Restrictions on Physician – No restrictions shall be imposed by the facility in the practice of medicine. However, administrative and security regulations applicable to facility personnel shall apply to medical personnel as well.

Workgroup Revision:

Combined with 320 and 430 (above)

BLRJ Revision:

6VAC15-40-330. Restrictions on Physician – No restrictions shall be imposed *on the physician* by the facility in the practice of medicine. ~~However,~~ *A*dministrative and security regulations applicable to facility personnel shall apply to medical personnel ~~as well~~.

6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel– Each facility shall have a minimum of one licensed or qualified health care

provider who is accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.

Workgroup Revision (Combined with 440):

6VAC15-40-xxxx. Access to Care - All inmates will have unimpeded access to all health care services at the facility. The responsible health authority for the facility will ensure that unreasonable barriers to health services are avoided or eliminated. Sick call will be conducted during reasonable times to ensure inmates have access to services. All health care professional staff comply with applicable state and federal licensure, certification, or registration requirements. If inmates are assessed or treated by non-licensed health care personnel, the care is provided pursuant to written orders, protocol, or guidance by personnel authorized to give such orders. Protocols, orders or guidance documentation shall be reviewed and signed by the supervising health authority every 12 months.

BLRJ Revision:

6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel – Each facility shall have a minimum of one licensed or qualified health care provider ~~who is~~ accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.

PRC Approved BLRJ Revision - 6VAC15-40-350. Private Examination and Treatment of Inmates – Where inhouse medical and health care services are provided, there shall be space for the private examination and treatment of inmates.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-350. Private Examination and Treatment of Inmates – Where ~~inhouse~~ medical and *mental* health care services are provided, there shall be space for the private examination and treatment of inmates.

6VAC15-40-360. Twenty-Four Hour Emergency Medical and Mental Health Care[1] – Written policy, procedure, and practice shall provide 24-hour emergency medical and mental health care availability.

Workgroup Revision:

[1] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

6VAC15-40-360. Twenty-Four-Hour Emergency Medical and Mental Health Care - Written policy, procedure, and practice *guidelines are available to provide a reference tool for the proper management of 24-hour emergency medical and mental healthcare services. The specific guidelines, timeframes and recommendations provide a framework for standardized operations, and their application is a decision made by the practitioner or when not available site leadership using sound clinical judgment accounting for individual circumstances*.

BLRJ Revision:

6VAC15-40-360. Twenty-Four Hour Emergency Medical and Mental Health Care - Written policy, procedure, and practice shall provide 24-hour emergency medical and mental health ~~availability~~ *care. Determination of appropriate care, including a decision to transport an inmate to a local hospital or urgent care facility, shall be made by a healthcare provider. If a healthcare provider is not available, site leadership will make such determination.*

6VAC15-40-370. Receiving and Medical Screening of Inmates[2][3][4]– Written policy, procedure, and practice shall provide that receiving and medical screening be performed on all inmates upon admission to the facility. The medical screening shall:

1. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
2. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
3. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition;
4. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
5. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility.

Workgroup Revision:

6VAC15-40-370. Receiving and Medical/*Mental* Screening of Inmates - Written policy, procedure, and practice shall provide that receiving and medical *and mental health* screening be performed on all inmates upon admission to the facility *at the earliest opportunity*. The medical screening shall:

1. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;

[2] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails
[3] SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery
[4] SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment

2. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
3. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition. *For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail has policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened. Inmates whose screening results in a referral to mental health services receive a mental health assessment within 14 days by a mental health service provider as defined by §54.1-2400.1;*
4. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
5. All inmates shall receive a tuberculosis (TB) skin test *within 7 calendar days after admission to the facility. Inmates committed with written confirmation of testing within the last twelve months will not require an additional TB test, unless the evaluating provider feels it is necessary to repeat.*

BLRJ Revision:

6VAC15-40-370. ~~*Receiving* and~~ Medical *and Mental Health Intake* Screening of Inmates - Written policy, procedure, and practice shall provide that receiving*,* ~~and~~ *medical and mental health* screening be performed on all inmates upon admission to the facility *or at the earliest opportunity, but no later than 72 hours after admission*. The medical *and mental health* screening shall:

1. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
2. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
3. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition; *For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail shall have policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened, not to exceed 72 hours after condition change. Inmates whose screening results in a referral for mental health services shall receive a mental health assessment within 14 days of screening by a mental health service provider as defined by §54.1-2400.1;*
4. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
5. All inmates shall receive a tuberculosis (TB) ~~skin~~ test *or exam* within seven days of admission to the facility*. Inmates committed to the facility with written confirmation of testing or examination within the last twelve months will not require an additional TB screening, unless the evaluating provider feels it is necessary to repeat or if there is a lapse in custody.*

PRC Approved BLRJ Revision - 6VAC15-40-380. Inmate Access to Medical Services[5] – Written policy, procedure, and practice shall be developed whereby inmates shall be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-380. Inmate Access to Medical *and Mental Health* Services - Written policy, procedure, and practice shall be developed whereby inmates shall be informed, at the time of admission to the facility, of the procedures for gaining access to medical *and mental health* services.

6VAC15-40-390. Training and Competency of Staff – All security staff shall be trained and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.

Workgroup Revision (Combined with 393 and 405):

6VAC15-40-390. ~~Training and competency of staff~~ *Training of staff and inspections of equipment* - All correctional staff who have regular or daily inmate contact shall be trained within twelve months of employment in the following:

- Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.
- The operation and monthly inspection of the Automated External Defibrillator (AED) in accordance with the recommendations of the certifying health organization/agency.
- The use of universal precautions

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

BLRJ Revision:

6VAC15-40-390. Training and competency of staff - All ~~security~~ *correctional* staff *who have regular or daily inmate contact* shall be trained ~~and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.~~ *within twelve months of employment in the following:*

- *Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.*
- *The operation of the Automated External Defibrillator (AED).*

[5] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

- *The use of universal precautions*

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

6VAC15-40-393. Universal Precautions – All staff who have contact with inmates shall be trained, competent, and knowledgeable in the use of universal precautions. All training shall be documented and completed every 12 months.

Workgroup Revision:

Combined with 390 and 405 (above)

BLRJ Revision:

Repeal (see 390)

PRC Approved BLRJ Revision Edits - 6VAC15-40-395. Management of Sharps – Written policy, procedure, and practice shall govern the control, storage, and use of sharps including, at a minimum, needles, scalpels, lancets, and dental tools.

Workgroup Revision:

6VAC15-40-395. *Management of Medical and Dental Equipment* – Written policy, procedure, and practice shall *ensure that medical and dental instruments, equipment, and supplies, (i.e., syringes, needles, and other medical/dental sharps) are secured with a controlled inventory.*

BLRJ Revision:

6VAC15-40-395. Management of *Medical and Dental* Sharps – Written policy, procedure, and practice shall govern the control, *inventory*, storage, ~~and~~ *use, and disposal* of sharps including, at a minimum, needles, scalpels, lancets, and dental tools.

6VAC15-40-400. Management of Pharmaceuticals[6] – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.

Workgroup Revision:

[6] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

6VAC15-40-400. Management of Pharmaceuticals – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed *annually* by the medical authority or pharmacist. Such reviews shall be documented.

BLRJ Revision:

6VAC15-40-400. Management of Pharmaceuticals – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of ~~pharmaceuticals~~ *drugs*, including receipt, storage, dispensing, *disposal,* and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.

6VAC15-40-405. Automated External Defibrillator (AED) – There shall be a minimum of one AED unit available in the facility. All security staff shall receive training in the operation of the unit.

Workgroup Revision (combined with 390 and 393):

6VAC15-40-390. ~~Training and competency of staff~~ *Training of staff and inspections of equipment* - All correctional staff who have regular or daily inmate contact shall be trained within twelve months of employment in the following:

- Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.
- The operation and monthly inspection of the Automated External Defibrillator (AED) in accordance with the recommendations of the certifying health organization/agency.
- The use of universal precautions

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

BLRJ Revision:

6VAC15-40-405. Automated External Defibrillator (AED) – There shall be a minimum of one AED unit available in the facility. ~~All security staff shall receive training in the operation of the unit~~. *The supervising medical authority shall determine the number and location of AEDs based on the needs of the facility. The operation of the AEDs shall be inspected monthly or in accordance with the manufacturer's recommendations; these inspections shall be documented.*

PRC Approved BLRJ Revision - 6VAC15-40-410. Inmate Medical Records – The medical record for each inmate shall be kept separate from other facility records and shall include the following:

- The completed screening form; and
- All findings, diagnoses, treatments, dispositions, prescriptions, and administration of medication.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-410. Inmate Medical *and Mental Health* Records – The medical *and mental health* record*s* for each inmate shall be kept separate from other facility records and shall include the following:

- The completed screening form; and
- All findings, diagnoses, treatments, dispositions, prescriptions, and administration of medication.

PRC Approved BLRJ Revision With Edit - 6VAC15-40-420. Transfer of Summaries of Medical Record – Medical record summaries shall be transferred to the same facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB skin test date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-420. Transfer of Summaries of Medical *and Mental Health* Record – Medical *and mental health* record summaries shall be transferred to the ~~same~~ facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB ~~skin~~ test *or exam* date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.

PRC to Revisit - 6VAC15-40-430. Medical or Pharmaceutical Testing for Experimental or Research Purposes – Written policy and practice shall prohibit medical or pharmaceutical testing for experimental or research purposes.

Workgroup Revision (combined with 320 and 330):

6VAC15-40-xxxx. Health Authority - The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, licensed responsible physician. The health authority is responsible for the deployment of health resources and day-to-day operations of the health services program. Health services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education and attending to environmental conditions. The practice of medical or pharmaceutical testing for experimental or research purposes are prohibited. The health authority is responsible for arranging for all levels of health services, assuring the quality of all health services, and assuring that inmates have access to them. Clinical decision making in the provision of health care services are the sole discretion of the supervising health authority and shall not be impeded upon by facility administration.

BLRJ Revision:

Retain original

6VAC15-40-440. Medical Care Provided by Personnel Other than Physician – Medical care provided by personnel other than a physician shall be pursuant to a written protocol or order. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.

Workgroup Revision (combined with 340):

6VAC15-40-xxxx. Access to Care **-** All inmates will have unimpeded access to all health care services at the facility. The responsible health authority for the facility will ensure that unreasonable barriers to health services are avoided or eliminated. Sick call will be conducted during reasonable times to ensure inmates have access to services. All health care professional staff comply with applicable state and federal licensure, certification, or registration requirements. If inmates are assessed or treated by non-licensed health care personnel, the care is provided pursuant to written orders, protocol, or guidance by personnel authorized to give such orders. Protocols, orders or guidance documentation shall be reviewed and signed by the supervising health authority every 12 months.

BLRJ Revision:

6VAC15-40-440. Medical Care Provided by Personnel Other than Physician – Medical care provided by personnel other than a physician shall be pursuant to a written protocol or order, *agreement, contract, or job description to be reviewed and signed by the supervising medical*

authority every 12 months~~. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.~~

6VAC15-40-450. Suicide Prevention and Intervention Plan – There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.

Workgroup Revision (combined with 1010):

6VAC15-40-1010. Mental health inmates/*Suicide Prevention and Intervention Plan* **-** Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. *This policy shall a.) include a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every annually by staff having contact with inmates. Such reviews shall be documented. b.) In cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide a risk assessment shall be completed within 72-hours in accordance with §53.1-68 by a mental health service provider as defined by §54.1-2400.1.*

BLRJ Revision:

6VAC15-40-450. Suicide Prevention and Intervention Plan – There shall be a written suicide prevention and intervention plan. ~~These procedures~~ *The plan* shall be reviewed and documented by an appropriate medical or mental health authority *and staff who have routine contact with inmates* prior to implementation and every ~~three years~~ *12 months* thereafter*. If there is reason to believe an inmate is at risk for suicide, a risk assessment shall be completed by a mental health service provider as defined by §54.1-2400.1 within 72-hours.*

6VAC15-40-470. Medical Co-Payment – Jail medical treatment programs, wherein inmates pay a portion of the costs for medical services, shall be governed by written policy and procedure.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-480. Set Fees Required – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of Corrections in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.1 of the Code of Virginia.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

6VAC15-40-480. Set Fees Required – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of ~~Corrections~~ Local and Regional Jails in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.*0*1 of the Code of Virginia.

6VAC15-40-490. Policy and Procedure Information – Written policy and procedure shall specify, at a minimum, the following information:

- Medical services that are subject to fees;
- Fee amounts;
- Payment procedures;
- Medical services that are provided at no cost;
- Fee application to medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

6VAC15-40-490. Policy and Procedure Information – Written policy and procedure shall specify, at a minimum, the following information:

- *Cost of m*edical services ~~that are subject to fees~~ *to include those provided at no cost*~~;~~
- ~~Fee amounts;~~
- Payment procedures~~;~~ *and process for obtaining indigency status;*
- ~~*Medical services that are provided at no cost*;~~
- ~~Fee application to~~ *Explanation of fees for* medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

6VAC15-40-500. Inmates Advised of Procedures – Inmates shall be advised of medical services fees and payment procedures at the time of admission/orientation.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-510. Ability to Pay – Written policy, procedure, and practice shall ensure that no inmate will be denied access to medically necessary services based upon ability to pay.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC-40-520. Acknowledgement in Writing – Medical services fee debits to inmate accounts shall be acknowledged by the inmate in writing. The acknowledgement shall be signed by a witness if the inmate refuses to sign.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-530. Accounting Procedures – A separate bank account or accounting process shall be established and used exclusively for the deposit and disbursal of medical services fees. Fee collection and disbursement shall be governed by generally accepted accounting principles.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

6VAC15-40-xxxx: Medical Associated Fees - Inmate payments for jail medical treatment programs shall be governed by written policy and procedures. Inmates shall be advised of such policy and procedures upon admission. Such policy and procedure shall include:

- No inmate shall be denied access to medically necessary services based upon ability to pay;
- Services subject to fees (including, medical emergencies, chronic care, and pre-existing conditions) and fee amounts;

- Payment procedures;
- Verifiable notification to inmates of proposed fee changes.
- Medical fee debits to inmate accounts shall be acknowledged by the inmate by signature, or by witness if inmate refuses to sign.

A separate bank account, or accounting process, shall be established for collections and disbursements and such shall be governed by generally accepted accounting principles.

BLRJ Revision:

None

6VAC15-40-1010. Mental Health Inmates – Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.

Workgroup Revision (combined with 450):

6VAC15-40-1010. Mental health inmates/*Suicide Prevention and Intervention Plan* **-** Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. *This policy shall a.) include a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed annually by staff having contact with inmates. Such reviews shall be documented. b.) In cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide a risk assessment shall be completed within 72-hours in accordance with §53.1-68 by a mental health service provider as defined by §54.1-2400.1.*

BLRJ Revision:

6VAC15-40-1010. Mental Health Inmates – Written policy, procedure, and practice shall specify the ~~handling~~ *management* of mental health inmates. ~~including a current agreement to utilize mental health services from either a private contractor or the community services board.~~ *Facilities utilizing mental health services provided by a private contractor or a community services board shall maintain a current agreement.*

HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

Standard #1: ACCESS TO CARE

Inmates have access to care to meet their mental health needs.

Standard #2: POLICIES AND PROCEDURES

The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of larger health care manual.

Standard #3: COMMUNICATION OF PATIENTS NEEDS

Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant mental health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

Standard #4: MENTAL HEALTH TRAINING FOR CORRECTIONAL OFFICERS

A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.

Standard #5. MENTAL HEALTH CARE LIAISON

A designated, trained mental health care liaison coordinates the health services delivery in the facility on those days when no qualified health care professionals available for 24 hours. The liaison can be a supervisory correctional staff member or any designated staff member as long as they have received training on their role and have the authority to intervene when situations arise.

Standard #6. MEDICATION SERVICES

Medication services are clinically appropriate and provided in a timely, safe and sufficient manner - within 48hrs (unless there is data/evidence to suggest a more timely intervention is needed) there will have been an evaluation of the situation either by nurse, PA, etc. to develop a medication plan which could include referral to a physician and prescriptions (as indicated).

Standard #7. MENTAL HEALTH SCREENING

Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

Standard #8. MENTAL HEALTH ASSESSMENT

All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.

Standard #9. EMERGENCY SERVICES

The facility provides 24 hour emergency mental health services.

Standard #1 0. RESTRICTIVE HOUSING

When an inmate is held in restrictive housing, staff monitor his or her mental health

Standard #11. CONTINUITY AND COORDINATION OF HEALTH CARE DURING INCARCERATION

All aspects of health care are coordinated and monitored from admission to discharge.

Standard #12. DISCHARGE PLANNING

Discharge planning is provided for inmates with mental health needs whose release is imminent.

SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery

RECOMMENDATION 1:

For female inmates, the admission screening should include inquiry into the following: possible pregnancy or gynecological problems; menstrual and postpartum history including medication management of current/previous issues; prior pregnancies (whether resulting in miscarriage, delivery, or medical termination); and whether the inmate is currently breastfeeding.

RECOMMENDATION 2:

When, at the admission screening, a female inmate responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available within 72 hours (three business days) of booking. Thereafter, pregnancy tests shall be made available to female inmates at assessment, within fourteen (14) days of admission, or earlier as directed by a medical authority.

RECOMMENDATION 3:

Specialty Diets and supplements for pregnant and lactating inmates shall be determined by a registered dietitian and reviewed by the medical authority.

RECOMMENDATION 4:

Educational materials and/or a list of local resources, as applicable, shall be made available to pregnant, lactating, or postpartum inmates on the subjects of nutritional needs, levels of activity, safety precautions, lactation/pumping policies, and child placement options.

RECOMMENDATION 5:

Pregnant inmates shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant inmates to an OBGYN, a Nurse Practitioner, or a midwife for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

RECOMMENDATION 6:

Inmate handbooks shall include a statement directing pregnant and/or postpartum

inmates to contact their attorney to initiate consideration of available alternatives to incarceration and/or furloughs to gain access to the child.

SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment

RECOMMENDATION 1

Revise BOLRJ Minimum Standards to include:

a. When, at the admission screening, a female responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available as soon as possible but no later than within 72 hours of booking. Thereafter, pregnancy tests shall be made available to individuals at assessment, within fourteen days of admission, or as directed by a medical authority.

b. Pregnant individuals shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant individuals to a licensed obstetric provider (OBGYN, Nurse Practitioner, or midwife) for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

RECOMMENDATIONS 2

Adopt the following “best practices” statement regarding treatment for pregnant women with SUD: “All pregnant women in carceral settings should be offered and have access to evidence-based substance use disorder evaluation and treatment.”

RECOMMENDATION 3

To the extent possible, pregnant individuals should be diverted from incarceration and instead placed in appropriate community programs that recognize their unique treatment needs. This could be done through approaches such as family dockets, programs through local community services boards, and other treatment-oriented programs. Judges and other stakeholders will need to be educated about these alternative options.

RECOMMENDATION 4

Provide training to correctional facility administrators and staff on the special needs of pregnant individuals. In addition to an awareness to provide appropriate medical and psychological treatment, correctional facilities need to remain aware of the legal rights afforded incarcerated individuals.

RECOMMENDATION 5

Avoid the use of language that stigmatizes pregnant individuals, include those with lived experience in decision-making regarding this population, and address the need for trauma informed responses when working with this population.

RECOMMENDATION 6

Facilities should develop a discharge plan to address pregnancy and postpartum needs following release. These services should include connection to an OBGYN provider, substance use disorder treatment, and Medication Assisted Treatment, if applicable. These plans should also be extended to the pretrial population. These plans should be developed prior to release to ensure "wrap around" services that prevent gaps from occurring in the period immediately following release. Providing such wrap-around services would reduce the risk of post-release relapse and overdose.

RECOMMENDATION 7

Provide access to Medication Assisted Treatment for a minimum of one-year postpartum (regardless of how the pregnancy ends). Providing such treatment will assist with postpartum depression and reduce the risk of post-release relapse and overdose.

RECOMMENDATION 8

Examine the feasibility of increasing Virginia's number of Social Security Act 1115 waiver applications to allow pregnant individuals to access Medicaid while incarcerated. Current federal law generally prohibits incarcerated individuals from receiving Medicaid assistance. However, 1115 waivers give states additional flexibility to design and improve their programs and to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

RECOMMENDATION 9

Examine the feasibility of the Commonwealth assuming financial responsibility for all pregnant individuals (including postpartum services) whether in VADOC facilities or in local or regional facilities regardless of state responsible or local responsible status.

RECOMMENDATION 10

Increase training and support to local and regional jails on how to identify funding opportunities and better enable them to apply for grant funding to provide services to individuals under their custody.

RECOMMENDATION 11

A separate study should be conducted to develop recommended treatment standards for juvenile pregnant individuals with SUD that are confined in state or local facilities.

RECOMMENDATION 12

Virginia should collect more complete data concerning the prevalence of pregnant individuals with SUD who are incarcerated. To accomplish this, workgroup members suggested the following:

- Establish a mandatory process for identifying, counting, and tracking the number of incarcerated individuals who are pregnant and in need of SUD treatment, to include the demographics of this population.
- Conduct a study of how pregnant individuals are perceived and treated at different steps in the justice system – by law enforcement, prosecution, the judiciary, corrections and post-release. For example, how does law enforcement determine whether a pregnant individual who is arrested should be taken to a lockup or to a medical facility? Are judges more or less likely to incarcerate a pregnant person than a similarly situated person who is not pregnant?
- Develop a statewide inventory of services that are available to pregnant individuals in the justice system and examine the effects of these services on outcomes to determine best practices.

Medical and Mental Health Regulations
320-530, 1010 = 1014 Word Count

OAG
PRC
Model Plan

6VAC15-40-320. Licensed Physician – A licensed physician shall supervise the facility's medical and health care services. Facilities that contract with private medical facilities or vendors shall maintain a current copy of the agreement, unless employed by the facility.

Workgroup Revision (Combined with 330 and 430):

6VAC15-40-xxxx. Health Authority - The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, licensed responsible physician. The health authority is responsible for the deployment of health resources and day-to-day operations of the health services program. Health services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education and attending to environmental conditions. The practice of medical or pharmaceutical testing for experimental or research purposes are prohibited. The health authority is responsible for arranging for all levels of health services, assuring the quality of all health services, and assuring that inmates have access to them. Clinical decision making in the provision of health care services are the sole discretion of the supervising health authority and shall not be impeded upon by facility administration.

BLRJ Revision:

None – Retain Original

6VAC15-40-330. Restrictions on Physician – No restrictions shall be imposed by the facility in the practice of medicine. However, administrative and security regulations applicable to facility personnel shall apply to medical personnel as well.

Workgroup Revision:

Combined with 320 and 430 (above)

BLRJ Revision:

6VAC15-40-330. Restrictions on Physician – No restrictions shall be imposed *on the physician* by the facility in the practice of medicine. ~~However,~~ *A*dministrative and security regulations applicable to facility personnel shall apply to medical personnel ~~as well~~.

6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel– Each facility shall have a minimum of one licensed or qualified health care provider who is accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.

Workgroup Revision (Combined with 440):

6VAC15-40-xxxx. Access to Care - All inmates will have unimpeded access to all health care services at the facility. The responsible health authority for the facility will ensure that unreasonable barriers to health services are avoided or eliminated. Sick call will be conducted during reasonable times to ensure inmates have access to services. All health care professional staff comply with applicable state and federal licensure, certification, or registration requirements. If inmates are assessed or treated by non-licensed health care personnel, the care is provided pursuant to written orders, protocol, or guidance by personnel authorized to give such orders. Protocols, orders or guidance documentation shall be reviewed and signed by the supervising health authority every 12 months.

BLRJ Revision:

6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel – Each facility shall have a minimum of one licensed or qualified health care provider ~~who is~~ accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.

6VAC15-40-350. Private Examination and Treatment of Inmates – Where inhouse medical and health care services are provided, there shall be space for the private examination and treatment of inmates.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-350. Private Examination and Treatment of Inmates – Where ~~inhouse~~ medical and *mental* health care services are provided, there shall be space for the private examination and treatment of inmates.

6VAC15-40-360. Twenty-Four Hour Emergency Medical and Mental Health Care[7] – Written policy, procedure, and practice shall provide 24-hour emergency medical and mental health care availability.

Workgroup Revision:

6VAC15-40-360. Twenty-Four Hour Emergency Medical and Mental Health Care - Written policy, procedure, and practice *guidelines are available to provide a reference tool for the proper management of 24-hour emergency medical and mental healthcare services. The specific guidelines, timeframes and recommendations provide a framework for standardized operations, and their application is a decision made by the practitioner or when not available site leadership using sound clinical judgment accounting for individual circumstances*.

BLRJ Revision:

6VAC15-40-360. Twenty-Four Hour Emergency Medical and Mental Health Care - Written policy, procedure, and practice shall provide 24-hour emergency medical and mental health ~~availability~~ *care. Determination of appropriate care, including a decision to transport an inmate to a local hospital or urgent care facility, shall be made by a healthcare provider. If a healthcare provider is not available, site leadership will make such determination.*

6VAC15-40-370. Receiving and Medical Screening of Inmates[8][9][10]– Written policy, procedure, and practice shall provide that receiving and medical screening be performed on all inmates upon admission to the facility. The medical screening shall:

6. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
7. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
8. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition;
9. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
10. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility.

Workgroup Revision:

[7] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails
[8] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails
[9] SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery
[10] SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment

6VAC15-40-370. Receiving and Medical/*Mental* Screening of Inmates - Written policy, procedure, and practice shall provide that receiving and medical *and mental health* screening be performed on all inmates upon admission to the facility *at the earliest opportunity*. The medical screening shall:

6. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
7. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
8. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition. *For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail has policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened. Inmates whose screening results in a referral to mental health services receive a mental health assessment within 14 days by a mental health service provider as defined by §54.1-2400.1;*
9. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
10. All inmates shall receive a tuberculosis (TB) skin test *within 7 calendar days after admission to the facility. Inmates committed with written confirmation of testing within the last twelve months will not require an additional TB test, unless the evaluating provider feels it is necessary to repeat.*

BLRJ Revision:

6VAC15-40-370. ~~*Receiving* and~~ Medical *and Mental Health Intake* Screening of Inmates - Written policy, procedure, and practice shall provide that receiving, ~~and~~ *medical and mental health* screening be performed on all inmates upon admission to the facility *or at the earliest opportunity, but no later than 72 hours after admission*. The medical *and mental health* screening shall:

6. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
7. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;
8. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition; *For those inmates who are unable to be screened upon admission (due to issues to include acute intoxication, non-compliance, etc.) the jail shall have policies in place to screen such individuals when their condition has changed to the degree they can be successfully screened, not to exceed 72 hours after condition change. Inmates whose screening results in a referral for mental health services shall receive a mental health assessment within 14 days of screening by a mental health service provider as defined by §54.1-2400.1;*
9. For female inmates, include inquiry into possible pregnancy or gynecological problems; and

10. All inmates shall receive a tuberculosis (TB) ~~skin~~ test *or exam* within seven days of admission to the facility*. Inmates committed to the facility with written confirmation of testing or examination within the last twelve months will not require an additional TB screening, unless the evaluating provider feels it is necessary to repeat or if there is a lapse in custody.*

6VAC15-40-380. Inmate Access to Medical Services[11] – Written policy, procedure, and practice shall be developed whereby inmates shall be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-380. Inmate Access to Medical *and Mental Health* Services - Written policy, procedure, and practice shall be developed whereby inmates shall be informed, at the time of admission to the facility, of the procedures for gaining access to medical *and mental health* services.

6VAC15-40-390. Training and Competency of Staff – All security staff shall be trained and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.

Workgroup Revision (Combined with 393 and 405):

6VAC15-40-390. ~~Training and competency of staff~~ *Training of staff and inspections of equipment* - All correctional staff who have regular or daily inmate contact shall be trained within twelve months of employment in the following:

- Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.
- The operation and monthly inspection of the Automated External Defibrillator (AED) in accordance with the recommendations of the certifying health organization/agency.
- The use of universal precautions

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

BLRJ Revision:

[11] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

6VAC15-40-390. Training and competency of staff - All ~~security~~ *correctional* staff *who have regular or daily inmate contact* shall be trained ~~and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.~~ *within twelve months of employment in the following:*

- *Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.*
- *The operation of the Automated External Defibrillator (AED).*
- *The use of universal precautions*

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

6VAC15-40-393. Universal Precautions – All staff who have contact with inmates shall be trained, competent, and knowledgeable in the use of universal precautions. All training shall be documented and completed every 12 months.

Workgroup Revision:

Combined with 390 and 405 (above)

BLRJ Revision:

Repeal (see 390)

6VAC15-40-395. Management of Sharps – Written policy, procedure, and practice shall govern the control, storage, and use of sharps including, at a minimum, needles, scalpels, lancets, and dental tools.

Workgroup Revision:

6VAC15-40-395. *Management of Medical and Dental Equipment* – Written policy, procedure, and practice shall *ensure that medical and dental instruments, equipment, and supplies, (i.e., syringes, needles, and other medical/dental sharps) are secured with a controlled inventory.*

BLRJ Revision:

6VAC15-40-395. Management of *Medical and Dental* Sharps – Written policy, procedure, and practice shall govern the control, storage, *use* and *disposal* of sharps including, at a minimum, needles, scalpels, lancets, and dental tools

6VAC15-40-400. Management of Pharmaceuticals[12] – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if

[12] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.

Workgroup Revision:

6VAC15-40-400. Management of Pharmaceuticals – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed *annually* by the medical authority or pharmacist. Such reviews shall be documented.

BLRJ Revision:

6VAC15-40-400. Management of Pharmaceuticals – Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of ~~pharmaceuticals~~ *drugs*, including receipt, storage, dispensing, *disposal,* and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.

6VAC15-40-405. Automated External Defibrillator (AED) – There shall be a minimum of one AED unit available in the facility. All security staff shall receive training in the operation of the unit.

Workgroup Revision (combined with 390 and 393):

6VAC15-40-390. ~~Training and competency of staff~~ *Training of staff and inspections of equipment* - All correctional staff who have regular or daily inmate contact shall be trained within twelve months of employment in the following:

- Basic first aid and cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization/agency.
- The operation and monthly inspection of the Automated External Defibrillator (AED) in accordance with the recommendations of the certifying health organization/agency.
- The use of universal precautions

Subsequent training shall be completed annually, or prior to the renewal date of the health organization/agency certification.

BLRJ Revision:

6VAC15-40-405. Automated External Defibrillator (AED) – There shall be a minimum of one AED unit available in the facility. ~~All security staff shall receive training in the operation of the~~

~~unit~~. *The supervising medical authority shall determine the number and location of AEDs based on the needs of the facility. The operation of the AEDs shall be inspected monthly or in accordance with the manufacturer's recommendations; these inspections shall be documented.*

6VAC15-40-410. Inmate Medical Records – The medical record for each inmate shall be kept separate from other facility records and shall include the following:

- The completed screening form; and
- All findings, diagnoses, treatments, dispositions, prescriptions, and administration of medication.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-410. Inmate Medical *and Mental Health* Records – The medical *and mental health* record*s* for each inmate shall be kept separate from other facility records and shall include the following:

- The completed screening form; and
- All findings, diagnoses, treatments, dispositions, prescriptions, and administration of medication.

6VAC15-40-420. Transfer of Summaries of Medical Record – Medical record summaries shall be transferred to the same facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB skin test date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.

Workgroup Revision:

None

BLRJ Revision:

6VAC15-40-420. Transfer of Summaries of Medical *and Mental Health* Record – Medical *and mental health* record summaries shall be transferred to the ~~same~~ facility to which the inmate is being ~~transferred~~ *relocated*. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB ~~skin~~ test *or exam* date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.

6VAC15-40-430. Medical or Pharmaceutical Testing for Experimental or Research Purposes – Written policy and practice shall prohibit medical or pharmaceutical testing for experimental or research purposes.

Workgroup Revision (combined with 320 and 330):

6VAC15-40-xxxx. Health Authority - The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, licensed responsible physician. The health authority is responsible for the deployment of health resources and day-to-day operations of the health services program. Health services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education and attending to environmental conditions. The practice of medical or pharmaceutical testing for experimental or research purposes are prohibited. The health authority is responsible for arranging for all levels of health services, assuring the quality of all health services, and assuring that inmates have access to them. Clinical decision making in the provision of health care services are the sole discretion of the supervising health authority and shall not be impeded upon by facility administration.

BLRJ Revision:

Retain original

6VAC15-40-440. Medical Care Provided by Personnel Other than Physician – Medical care provided by personnel other than a physician shall be pursuant to a written protocol or order. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.

Workgroup Revision (combined with 340):

6VAC15-40-xxxx. Access to Care **-** All inmates will have unimpeded access to all health care services at the facility. The responsible health authority for the facility will ensure that unreasonable barriers to health services are avoided or eliminated. Sick call will be conducted during reasonable times to ensure inmates have access to services. All health care professional staff comply with applicable state and federal licensure, certification, or registration requirements. If inmates are assessed or treated by non-licensed health care personnel, the care is provided pursuant to written orders, protocol, or guidance by personnel authorized to give such orders. Protocols, orders or guidance documentation shall be reviewed and signed by the supervising health authority every 12 months.

BLRJ Revision:

6VAC15-40-440. Medical Care Provided by Personnel Other than Physician – Medical care provided by personnel other than a physician shall be pursuant to a written protocol or order, *agreement, contract, or job description to be reviewed and signed by the supervising medical authority every 12 months*~~. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.~~

6VAC15-40-450. Suicide Prevention and Intervention Plan – There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.

Workgroup Revision (combined with 1010):

6VAC15-40-1010. Mental health inmates/*Suicide Prevention and Intervention Plan* **-** Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. *This policy shall a.) include a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every annually by staff having contact with inmates. Such reviews shall be documented. b.) In cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide a risk assessment shall be completed within 72-hours in accordance with §53.1-68 by a mental health service provider as defined by §54.1-2400.1.*

BLRJ Revision:

6VAC15-40-450. Suicide Prevention and Intervention Plan – There shall be a written suicide prevention and intervention plan. ~~These procedures~~ *The plan* shall be reviewed and documented by an appropriate medical or mental health authority *and staff who have routine contact with inmates* prior to implementation and every ~~three years~~ *12 months* thereafter*. If there is reason to believe an inmate is at risk for suicide, a risk assessment shall be completed by a mental health service provider as defined by §54.1-2400.1 within 72-hours.*

6VAC15-40-470. Medical Co-Payment – Jail medical treatment programs, wherein inmates pay a portion of the costs for medical services, shall be governed by written policy and procedure.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-480. Set Fees Required – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of Corrections in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.1 of the Code of Virginia.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

6VAC15-40-480. Set Fees Required – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of ~~Corrections~~ Local and Regional Jails in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.*0*1 of the Code of Virginia.

6VAC15-40-490. Policy and Procedure Information – Written policy and procedure shall specify, at a minimum, the following information:

- Medical services that are subject to fees;
- Fee amounts;
- Payment procedures;
- Medical services that are provided at no cost;
- Fee application to medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

6VAC15-40-490. Policy and Procedure Information – Written policy and procedure shall specify, at a minimum, the following information:

- *Cost of m*edical services ~~that are subject to fees~~ *to include those provided at no cost;*~~*~~
- ~~Fee amounts;~~
- Payment procedures~~;~~ *and process for obtaining indigency status;*
- ~~*Medical services that are provided at no cost;*~~
- ~~Fee application to~~ *Explanation of fees for* medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

6VAC15-40-500. Inmates Advised of Procedures – Inmates shall be advised of medical services fees and payment procedures at the time of admission/orientation.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-510. Ability to Pay – Written policy, procedure, and practice shall ensure that no inmate will be denied access to medically necessary services based upon ability to pay.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC-40-520. Acknowledgement in Writing – Medical services fee debits to inmate accounts shall be acknowledged by the inmate in writing. The acknowledgement shall be signed by a witness if the inmate refuses to sign.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

BLRJ Revision:

None

6VAC15-40-530. Accounting Procedures – A separate bank account or accounting process shall be established and used exclusively for the deposit and disbursal of medical services fees. Fee collection and disbursement shall be governed by generally accepted accounting principles.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

6VAC15-40-xxxx: Medical Associated Fees - Inmate payments for jail medical treatment programs shall be governed by written policy and procedures. Inmates shall be advised of such policy and procedures upon admission. Such policy and procedure shall include:

- No inmate shall be denied access to medically necessary services based upon ability to pay;
- Services subject to fees (including, medical emergencies, chronic care, and pre-existing conditions) and fee amounts;
- Payment procedures;
- Verifiable notification to inmates of proposed fee changes.
- Medical fee debits to inmate accounts shall be acknowledged by the inmate by signature, or by witness if inmate refuses to sign.

A separate bank account, or accounting process, shall be established for collections and disbursements and such shall be governed by generally accepted accounting principles.

BLRJ Revision:

None

6VAC15-40-1010. Mental Health Inmates – Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.

Workgroup Revision (combined with 450):

6VAC15-40-1010. Mental health inmates/*Suicide Prevention and Intervention Plan* **-** Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. *This policy shall a.) include a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed annually by staff having contact with inmates. Such reviews shall be documented. b.) In cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide a risk assessment shall be completed within 72-hours in accordance with §53.1-68 by a mental health service provider as defined by §54.1-2400.1.*

BLRJ Revision:

6VAC15-40-1010. Mental Health Inmates – Written policy, procedure, and practice shall specify the ~~handling~~ *management* of mental health inmates. ~~including a current agreement to utilize mental health services from either a private contractor or the community services board.~~ *Facilities utilizing mental health services provided by a private contractor or a community services board shall maintain a current agreement.*

HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails

Standard #1: ACCESS TO CARE

Inmates have access to care to meet their mental health needs.

Standard #2: POLICIES AND PROCEDURES

The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of larger health care manual.

Standard #3: COMMUNICATION OF PATIENTS NEEDS

Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant mental health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

Standard #4: MENTAL HEALTH TRAINING FOR CORRECTIONAL OFFICERS

A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.

Standard #5. MENTAL HEALTH CARE LIAISON

A designated, trained mental health care liaison coordinates the health services delivery in the facility on those days when no qualified health care professionals available for 24 hours. The liaison can be a supervisory correctional staff member or any designated staff member as long as they have received training on their role and have the authority to intervene when situations arise.

Standard #6. MEDICATION SERVICES

Medication services are clinically appropriate and provided in a timely, safe and sufficient manner - within 48hrs (unless there is data/evidence to suggest a more timely intervention is needed) there will have been an evaluation of the situation either by nurse, PA, etc. to develop a medication plan which could include referral to a physician and prescriptions (as indicated).

Standard #7. MENTAL HEALTH SCREENING

Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

Standard #8. MENTAL HEALTH ASSESSMENT

All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.

Standard #9. EMERGENCY SERVICES

The facility provides 24 hour emergency mental health services.

Standard #1 0. RESTRICTIVE HOUSING

When an inmate is held in restrictive housing, staff monitor his or her mental health

Standard #11. CONTINUITY AND COORDINATION OF HEALTH CARE DURING INCARCERATION

All aspects of health care are coordinated and monitored from admission to discharge.

Standard #12. DISCHARGE PLANNING

Discharge planning is provided for inmates with mental health needs whose release is imminent.

SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery

RECOMMENDATION 1:

For female inmates, the admission screening should include inquiry into the following: possible pregnancy or gynecological problems; menstrual and postpartum history including medication management of current/previous issues; prior pregnancies (whether resulting in miscarriage, delivery, or medical termination); and whether the inmate is currently breastfeeding.

RECOMMENDATION 2:

When, at the admission screening, a female inmate responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available within 72 hours (three business days) of booking. Thereafter, pregnancy tests shall be made available to female inmates at assessment, within fourteen (14) days of admission, or earlier as directed by a medical authority.

RECOMMENDATION 3:

Specialty Diets and supplements for pregnant and lactating inmates shall be determined by a registered dietitian and reviewed by the medical authority.

RECOMMENDATION 4:

Educational materials and/or a list of local resources, as applicable, shall be made available to pregnant, lactating, or postpartum inmates on the subjects of nutritional needs, levels of activity, safety precautions, lactation/pumping policies, and child placement options.

RECOMMENDATION 5:

Pregnant inmates shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant inmates to an OBGYN, a Nurse Practitioner, or a midwife for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

RECOMMENDATION 6:

Inmate handbooks shall include a statement directing pregnant and/or postpartum

inmates to contact their attorney to initiate consideration of available alternatives to incarceration and/or furloughs to gain access to the child.

SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment

RECOMMENDATION 1

Revise BOLRJ Minimum Standards to include:

c. When, at the admission screening, a female responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available as soon as possible but no later than within 72 hours of booking. Thereafter, pregnancy tests shall be made available to individuals at assessment, within fourteen days of admission, or as directed by a medical authority.

d. Pregnant individuals shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant individuals to a licensed obstetric provider (OBGYN, Nurse Practitioner, or midwife) for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

RECOMMENDATIONS 2

Adopt the following “best practices” statement regarding treatment for pregnant women with SUD: “All pregnant women in carceral settings should be offered and have access to evidence-based substance use disorder evaluation and treatment.”

RECOMMENDATION 3

To the extent possible, pregnant individuals should be diverted from incarceration and instead placed in appropriate community programs that recognize their unique treatment needs. This could be done through approaches such as family dockets, programs through local community services boards, and other treatment-oriented programs. Judges and other stakeholders will need to be educated about these alternative options.

RECOMMENDATION 4

Provide training to correctional facility administrators and staff on the special needs of pregnant individuals. In addition to an awareness to provide appropriate medical and psychological treatment, correctional facilities need to remain aware of the legal rights afforded incarcerated individuals.

RECOMMENDATION 5

Avoid the use of language that stigmatizes pregnant individuals, include those with lived experience in decision-making regarding this population, and address the need for trauma informed responses when working with this population.

RECOMMENDATION 6

Facilities should develop a discharge plan to address pregnancy and postpartum needs following release. These services should include connection to an OBGYN provider, substance use disorder treatment, and Medication Assisted Treatment, if applicable. These plans should also be extended to the pretrial population. These plans should be developed prior to release to ensure "wrap around" services that prevent gaps from occurring in the period immediately following release. Providing such wrap-around services would reduce the risk of post-release relapse and overdose.

RECOMMENDATION 7

Provide access to Medication Assisted Treatment for a minimum of one-year postpartum (regardless of how the pregnancy ends). Providing such treatment will assist with postpartum depression and reduce the risk of post-release relapse and overdose.

RECOMMENDATION 8

Examine the feasibility of increasing Virginia's number of Social Security Act 1115 waiver applications to allow pregnant individuals to access Medicaid while incarcerated. Current federal law generally prohibits incarcerated individuals from receiving Medicaid assistance. However, 1115 waivers give states additional flexibility to design and improve their programs and to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

RECOMMENDATION 9

Examine the feasibility of the Commonwealth assuming financial responsibility for all pregnant individuals (including postpartum services) whether in VADOC facilities or in local or regional facilities regardless of state responsible or local responsible status.

RECOMMENDATION 10

Increase training and support to local and regional jails on how to identify funding opportunities and better enable them to apply for grant funding to provide services to individuals under their custody.

RECOMMENDATION 11

A separate study should be conducted to develop recommended treatment standards for juvenile pregnant individuals with SUD that are confined in state or local facilities.

RECOMMENDATION 12

Virginia should collect more complete data concerning the prevalence of pregnant individuals with SUD who are incarcerated. To accomplish this, workgroup members suggested the following:

- Establish a mandatory process for identifying, counting, and tracking the number of incarcerated individuals who are pregnant and in need of SUD treatment, to include the demographics of this population.
- Conduct a study of how pregnant individuals are perceived and treated at different steps in the justice system – by law enforcement, prosecution, the judiciary, corrections and post-release. For example, how does law enforcement determine whether a pregnant individual who is arrested should be taken to a lockup or to a medical facility? Are judges more or less likely to incarcerate a pregnant person than a similarly situated person who is not pregnant?
- Develop a statewide inventory of services that are available to pregnant individuals in the justice system and examine the effects of these services on outcomes to determine best practices.