COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
MINUTES

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APPROVED SEPTEMBER 17, 2025

REGULAR MEETING

July 16, 2025; 9:30 a.m.

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

Dr. Amanda Trent, Chair

BOARD MEMBERS PRESENT

Captain Charles Carey
Michael Carrera
David Hackworth
Tiffany Jenkins
John McLaughlin, Jr.
Ryan Moore
Roland Sherrod, Jr.
Lieutenant Joseph Tucker

BOARD MEMBERS ABSENT

Dr. Anita Maybach
Jessica Vermont

BOARD STAFF PRESENT
Tawana Ferguson, Regulatory Compliance Supervisor
Brian Flaherty, Executive Director
Mary-Huffard Kegley, Policy Analyst
Alison Lautz, Jail Death Investigator
Gerald Olson, Architect
John Rock, Jail Death Investigator
Demetrice Tyler-Holliday, Executive Secretary
Andrew Parker, Office of the Attorney General

OTHERS PRESENT
Briana Bill, Department of Health (VDH)
Jeff Dillman, Riverside Regional Jail
Mike Duke, Gang Unit, Department of Corrections (DOC)
James Parks, DOC
Major James Pritchett, Chesterfield County Sheriff's Office

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Colonel Chris Smith, Western Tidewater Regional Jail

CALL TO ORDER

Mrs. Jenkins called the meeting to order at 9:30 a.m.

DETERMINATION OF QUORUM

Mrs. Jenkins determined quorum present.

INTRODUCTION OF NEW AND RETURNING BOARD MEMBERS

Mr. Flaherty introduced and welcomed recently appointed Board members The Honorable John McLaughlin, Jr., and Mr. Ryan Moore. Mr. Flaherty shared that Board member Mr. Roland Sherrod was reappointed by Governor Youngkin.

APPROVAL OF MAY MEETING MINUTES

Motion by Mr. Hackworth to approve minutes of the May 21, 2025, Committee meeting, second by Lieutenant Tucker. Unanimous approval.

PUBLIC COMMENT PERIOD

None

POLICY & REGULATIONS DISCUSSION

Mr. Flaherty proposed a bi-monthly newsletter for Board consideration.

Motion by Mr. McLaughlin to support the newsletter effort, second by Mr. Carrera. Unanimous support.

Office of Regulatory Management (ORM) Update: Ms. Kegley reported that Governor Youngkin issued Executive Order 51 as the first statewide agentic AI-powered regulatory review to capture the benefits of AI to reduce regulatory burden and streamline regulations and guidance documents. BLRJ currently stands at 10% reduction in regulations and 11% reduction in guidance documents.

Mrs. Ferguson presented the certification, inspections and audit report.

The following was offered by Mr. Carrera as a **Motion**, second by Captain Carey:

a. **Motion:** As a result of 100% compliance with Board standards, I **RECOMMEND** unconditional certification for the following facilities:
   i. Danville City Jail
   ii. Fauquier County Adult Detention Center

Unanimous approval.

The following was offered by Mr. Carrera as a **Motion**, second by Captain Carey:

b. **Motion**: I **RECOMMEND** unconditional certification for the following facility:
   i. Culpeper County Adult Detention Center

Unanimous approval.

The following was offered by Mr. Carrera as a **Motion**, second by Captain Carey:

c. **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. Danville City Jail
   ii. Fauquier County Adult Detention Center

Unanimous approval.

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

6VAC15-40-985 and §53.1-133.06-09 Treatment of pregnant and postpartum prisoners: The Code of Virginia takes precedence over regulations. BLRJ staff will develop language for Board consideration to merge the regulatory requirements with the Code of Virginia requirements.

Motion to recess by Dr. Trent, second by Lieutenant Tucker. Unanimous approval.

JAIL REVIEW DISCUSSION

CALL TO ORDER

Mr. Sherrod called the meeting to order and determined quorum.

MOTION TO RETURN TO OPEN SESSION

Motion to return to open session by Mr. Carrera, second by Mr. Hackworth. Unanimous approval.

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INTRODUCTION OF NEW AND RETURNING BOARD MEMBERS

Mr. Flaherty offered the Board's congratulations for Mr. Sherrod's reappointment to the Board.

APPROVAL OF MAY MEETING MINUTES

Motion by Mr. Carrera to approve minutes of the May 21, 2025, Committee meeting, second by Dr. Trent. Unanimous approval.

PUBLIC COMMENT PERIOD

None

MOTION TO INCLUDE NON-BOARD MEMBERS IN CLOSED SESSION:

The following was offered by Dr. Trent as a **Motion**, second by Mr. Carrera:

Pursuant to the Code of Virginia §2.2-3712(F) I **MOVE** that the presence of the following individuals will reasonably aid this Committee in considering the subject of the closed session:

a. Brian Flaherty
b. Tawana Ferguson
c. John Rock
d. Alison Lautz
e. Mary-Huffard Kegley
f. Gerald Olson
g. Andrew Parker
h. Demetrice Tyler-Holliday

Unanimous approval.

MOTION TO ENTER CLOSED SESSION:

The following was offered by Dr. Trent as a **Motion**, second by Mr. Carrera:

Motion: Pursuant to the Code of Virginia §2.2-3711(A) (16) of the Code of Virginia, I **MOVE** the Jail Review Committee (JRC) begin CLOSED session to discuss and consider medical and mental health records.

Unanimous approval.

RECONVENE OPEN SESSION:

Upon the members' return to open session, the following was offered by Mr. Carrera as a **Motion**, second by Lieutenant Tucker:

Motion: I **MOVE** the JRC reconvene OPEN session and members certify that during the closed session, the JRC limited its discussion to matters lawfully exempt from the public meeting requirements as identified in the closed session motion. If a member cannot so certify, I ask they state the reason specifically on the record and the recorder take role.

All members in attendance certified by Roll Call.

ACTIONS

The following was offered by Mr. McLaughlin as a **Motion**, second by Mr. Carrera:

Motion: The JRC investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The JRC finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I **MOVE** the following cases be closed:
Case number 24-0024
Case number 24-0045
Case number 24-0047
Case number 25-0017
Case number 25-0020
Case number 25-0027

Unanimous approval.

The following was offered by Mr. Carrera as a **Motion**, second by Mr. McLaughlin:

Motion: The JRC investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The JRC finds the investigation did reveal evidence indicating the facility was out of compliance with the regulations promulgated by the Board. However, the JRC finds the corrective actions taken by the jail appropriately addressed the substance of the violation and no further measures are necessary. NOW THEREFORE, I **MOVE** the following cases be closed:

Case number 24-0042

Unanimous approval.

The following was offered by Mr. Hackworth as a **Motion**, second by Mr. Carrera:

Motion: The JRC investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The JRC finds the investigation did reveal evidence indicating the facility was out of compliance with the regulations promulgated by the Board. However, the JRC finds the corrective actions taken by the jail appropriately addressed the substance of the violation and no further measures are necessary. NOW THEREFORE, I **MOVE** the following cases be closed:

Case number 24-0039

Unanimous approval. Mr. Hackworth abstained from this vote.

The following was offered by Mr. Hackworth as a **Motion**, second by Mr. McLaughlin:

Motion: The JRC investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The JRC finds the investigation did reveal evidence indicating the facility was out of compliance with the regulations promulgated by the Board. However, the JRC finds the corrective actions taken by the jail appropriately addressed the substance of the violation and no further measures are necessary. NOW THEREFORE, I **MOVE** the following cases be closed:

Case number 24-0046

Unanimous approval. Mr. McLaughlin abstained from this vote.

ADDITIONAL ITEMS FOR DISCUSSION:

Henrico County Sheriff's Office Compliance Plan: The Board requests Sheriff Gregory to attend the September 17, 2025, meeting and provide an update of the Sheriff's progress regarding the compliance plan.

Richmond City Justice Center Compliance Plan: The Board requests Sheriff Irving to attend the November 19, 2025, meeting and provide an update of the Sheriff's progress regarding the compliance plan.

The Board discussed a standardized approach to compliance plans.

Motion to recess by Mr. Carrera, second by Mr. McLaughlin. Unanimous approval.

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BOARD DISCUSSION

CALL TO ORDER

Dr. Trent, Chair, called the meeting to order at 1:13p.m.

DETERMINATION OF QUORUM

Dr. Trent determined quorum present.

MOTION TO RETURN TO OPEN SESSION

Motion to return to open session by Mr. Carrera, second by Mr. McLaughlin. Unanimous approval.

APPROVAL OF MAY BOARD MEETING MINUTES

Motion by Mr. Hackworth to approve minutes of the May 21, 2025, Board meeting, second by Mr. Carrera. Unanimous approval.

PUBLIC COMMENT PERIOD

None

BOARD ELECTIONS UPDATE

Dr. Trent appointed Mrs. Jenkins, Captain Carey and Lieutenant Tucker to serve as the Nominating Committee, with Mrs. Jenkins to serve as Chair of the Nominating Committee. Following BLRJ By-Laws, Article III, §7:

- The Nominating Committee is to nominate at least one (1) Board member for the offices of Chair, Vice Chair and Secretary.
- The Nominating Committee will report the nominees to the full Board during the September 16, 2025, Board meeting for vote.
- Board members in attendance at the September 16 Board meeting may add nominees to those recommended by the Nominating Committee.
- Board members interested in serving as an officer should notify Mr. Flaherty.

PRESENTATION

Mr. Olson, Board Architect

Prince William-Manassas Regional Adult Detention Center Lobby Renovation Project

The following was offered by Mr. McLaughlin as a **Motion**, second by Mrs. Jenkins:

Motion: The Board APPROVES Prince William-Manassas Regional ADC's request for State funding for a renovation project in the facility. This motion recognizes a total eligible cost of $1,101,600 of which up to 25% or $275,400 would be eligible for State reimbursement in a lump sum payment. Such reimbursement is subject to the availability of funds and compliance with Board Standards for Planning, Design, Construction and Reimbursement of Local Correctional Facilities, 2018, and §§53.1-80 through 82, Code of Virginia.

Unanimous approval. Mr. Carrera and Mr. Hackworth abstained from this vote.

DECOMMISSIONING

The following was offered by Mr. Hackworth as a **Motion**, second by Mr. Carrera:

Motion: I MOVE approval to decommission the Essex County Lock-Up.

Unanimous approval.

2026 LEGISLATIVE CONSIDERATIONS

Ms. Kegley reported anticipated legislative initiatives for the 2026 General Assembly Session:

a. COV §53.1-5. Powers and Duties, clarification language
b. COV §53.1-69.1 Review of Death of Inmates & Records
c. COV §53.1-68. B. Annual Health Inspections
d. FOIA

ADJOURNMENT

There being no further business, upon a **Motion** by Mr. Hackworth and second by Lieutenant Tucker the meeting was adjourned.

COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
MINUTES

Board of Local and Regional Jails

(804) 887-7850

P.O. BOX 26963
RICHMOND, VIRGINIA 23261

Certification Report of the State Board of Local and Regional Jails

July 16, 2025

Jail and Lockup Compliance Audits

Compliant Facilities - 2

Fauquier County Adult Detention Center was audited June 3-5, 2025. The facility was found compliant with 41 out of 43 applicable ***Life, Health and Safety*** standards (2 N/A's) and 78 out of 85 (7 N/A's) applicable other standards. The facility is not certified to house juveniles and the sheriff 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***
- *6VAC15-40-200,* ***Furlough***
- *6VAC15-40-230,* ***Written Agreement with Director (VADOC)***
- *6VAC15-40-240,* ***Offender Participation in Compliance with the 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.

Danville City Jail was audited June 10-13, 2025. The facility was found compliant with 41 out of 43 (2 N/A's) applicable ***Life, Health and Safety*** standards and 79 out of 85 (6 N/A's) applicable other standards. The facility is not certified to house juveniles and the sheriff 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***
- *6VAC15-40-230,* ***Written Agreement with Director (VADOC)***
- *6VAC-15-40-240,* ***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.

Non-compliant Facilities - 1

Culpeper County Adult Detention Center was audited March 3-5, 2025. The facility was found compliant with 40 out of 43 (2 N/A's) applicable ***Life, Health and Safety*** standards and 73 out of 85 (12 N/A's) applicable other standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There was one (1) ***Life, Health and Safety*** deficiency cited during this audit cycle.

Non-applicable Standards

- *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***
- *6VAC15-40-831,* ***Fee for Inmate Keep***
- *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)***

Deficiencies

1. ***6VAC15-40-540, Standards for Food Service Equipment and Personnel (LHS)***

According to standard, written policy, procedure and practice shall ensure that the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's Food Regulations (12VAC5-421). The facility shall have a Virginia Department of Health (VDH) inspection conducted every 12 months. Written reports of the VDH inspection shall be on file with the facility administrator.

Facility was unable to provide documentation to verify a VDH food safety health inspection was conducted in 2022. Inspections were conducted February 22, 2023, November 6, 2023, and December 12, 2024. The inspection conducted in 2024 exceeded the 12-month timeframe. Due to the facility's inability to provide documentation to support the inspection being conducted in 2022 and the 2024 inspection exceeding the 12-month timeframe, the facility failed to demonstrate compliance with the standard.

Plan of Corrective Action

The facility has established a calendar and alert system to reflect inspection due dates with a two-month advance notice of the inspection. This will ensure a request for is submitted to the perspective agency conducting the inspection. The request will be made in writing via email communication. All emails will be maintained to document all attempts at scheduling inspections. **Plan of corrective action verified June 25, 2025.**

RECOMMENDATION: Unconditional certification.

Certification Report prepared by:
Tawana M. Ferguson, Regulatory Compliance Supervisor

LHS** – ***Life, Health and Safety Standards

*Continuity of language (i.e., health care services vs. medical)

Definitions:

Health Care Services: Health care services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education, and attending to environmental conditions.

Licensed Physician: "Physician" means a person licensed to practice medicine or osteopathy in this Commonwealth pursuant to Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1.

PRC Approved Retaining Original; Define Health Care Services and Physician - 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 *care* 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 Approved BLRJ Revision with Edits - 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 *Medical Personnel* – No restrictions shall be imposed ~~on the physician~~ by the facility in the practice of medicine *within the standards of care*. ~~However,~~ *A*dministrative and security regulations applicable to facility personnel shall apply to *all* medical personnel ~~as well~~.

PRC Approved 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.

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:

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] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails (#9)
[2] HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails (#7 & 8)
[3] SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery (#1,2, &3)
[4] SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment (#1)

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. 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.

[5] 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 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).*
- *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:

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.

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

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.

*Verifying COV

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

PRC Approved BLRJ Revision With Edits - 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.*

6VAC15-40-____. Continuous Quality Improvement: Each facility shall submit a standardized quarterly continuous quality improvement report to the Board, documenting the delivery of heath care services and any improvements implemented to enhance those services.

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 #10. 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.