COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
MINUTES

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APPROVED NOVEMBER 19, 2025

REGULAR MEETING

September 17, 2025; 9:30 a.m.

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

Dr. Amanda Trent, Chair
David Hackworth, Chair

BOARD MEMBERS PRESENT

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

BOARD MEMBERS ABSENT

Dr. Anita Maybach

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
Andrew Parker, Office of the Attorney General
Demetrice Tyler-Holliday, Executive Secretary

OTHERS PRESENT
Robyn DeSocio, State Compensation Board
Jeff Dillman, Riverside Regional Jail
Royal Eanes, Piedmont Regional Jail
Juan Gelabert, Arlington County Sheriff's Office
Jeff Gore, Riverside Regional Jail
Tojuanna Mack, Riverside Regional Jail

James Parks, DOC
Colonel Chris Smith, Western Tidewater Regional Jail
Angi Souder, Arlington County Sheriff's Office

CALL TO ORDER

Chair Trent called the meeting to order.

DETERMINATION OF QUORUM

Chair Trent determined quorum present.

PUBLIC COMMENT PERIOD

None

NOMINATING COMMITTEE REPORT/ELECTION OF OFFICERS

Chair Trent transferred leadership of the meeting to Mrs. Jenkins to present the Nominating Committee's report. Mrs. Jenkins reported nominations:

Chair:	Mr. Hackworth Dr. Trent
Vice Chair:	Dr. Trent
Secretary:	Mr. McLaughlin

Mrs. Jenkins facilitated the Board vote for each office. Results of the vote:

Chair:	Mr. Hackworth - 8 votes Dr. Trent – 2 votes
Vice Chair:	Dr. Trent – 10 votes
Secretary:	Mr. McLaughlin – 10 votes

MOTION TO RECESS

Motion to recess by Mrs. Jenkins, second by Captain Carey. Unanimous approval.

COMMONWEALTH OF VIRGINIA
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MINUTES

RECONVENE OPEN SESSION

Motion by Mr. McLaughlin, second by Mrs. Vermont. Unanimous approval.

Chairman Hackworth returned the meeting to order and expressed his gratitude to serve as Chairman and his anticipation of the work of the Board.

APPROVAL OF JULY MEETING MINUTES

Motion by Mr. Carrera to approve minutes of the July 16, 2025, Board meeting, second by Mrs. Jenkins. Unanimous approval.

JAIL REVIEW DISCUSSION

Chairman Hackworth transferred leadership of the meeting to Mr. Sherrod to direct the discussion of jail review. Mr. Sherrod confirmed quorum to continue business.

CALENDAR YEAR UPDATE

Ms. Lautz stated 43 deaths were reported to BLRJ to-date in Calendar Year (CY) 2025. Two of the 43 deaths were not in custody and, therefore, will not be reviewed. BLRJ has reviewed 34 cases to date in CY25.

MOTION TO INCLUDE NON-BOARD MEMBERS IN CLOSED SESSION:

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

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

a. Jeff Dillman, Riverside Regional Jail
b. Tawana Ferguson
c. Brian Flaherty
d. Jeff Gore, Hefty Wiley & Gore P.C., Attorneys at Law, counsel for Riverside Regional Jail
e. Mary-Huffard Kegley
f. Alison Lautz
g. Tojuanna Mack, Riverside Regional Jail

h. Gerald Olson
i. Andrew Parker
j. Demetrice Tyler-Holliday

Unanimous approval.

MOTION TO ENTER CLOSED SESSION:

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

Motion: Pursuant to the COV§2.2-3711(A) (16) of the Code of Virginia, I **MOVE** the Board 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 Mrs. Vermont as a **Motion**, second by Mr. McLaughlin:

Motion: I **MOVE** the Board reconvene OPEN session and members certify that during the closed session, the Board 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 Mrs. Vermont as a **Motion**, second by Mr. McLaughlin:

Motion: The Board investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Board 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 24-0026
Case number 25-0002
Case number 25-0004
Case number 25-0032
Case number 25-0038

Unanimous approval.

ADDITIONAL ITEMS FOR DISCUSSION:

COV §53.1-69.1(C)

Pursuant to Board direction of July 16, 2025, Mr. Flaherty explained that a letter will be sent September 18, 2025, to the Office of the Inspector General (OSIG) referring to BLRJ case number 25-0001.

MOTION TO RECESS

Motion to recess by Mrs. Jenkins, second by Mr. Moore. Unanimous approval.

RECONVENE OPEN SESSION

Motion by Mr. McLaughlin, second by Mrs. Vermont. Unanimous approval.

POLICY & REGULATIONS DISCUSSION

CALL TO ORDER

Chairman Hackworth transferred leadership of the meeting to Mrs. Jenkins to direct the discussion of policy and regulations. Mrs. Jenkins called the meeting to order and confirmed quorum to continue business.

Certifications, Inspections and Audit Report
Mrs. Ferguson presented the certification, inspections and audit report.

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

Motion: As a result of 100% compliance with Board standards, I **MOVE** unconditional recertification and the suspension of the 2025 Life, Health and Safety inspections for the following facilities:

a. Greene Couty Lock-Up
b. Meherrin River Regional Jail-Alberta
c. Norfolk City Jail
d. Piedmont Regional Jail
e. Smithfield Town Lock-Up

Unanimous approval.

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

Motion: As a result of 100% compliance with Board standards, I **MOVE** unconditional recertification to hold male and female juveniles in accordance with COV §16.1-249(G) for the following facility:

a. Greene County Lock-Up

Unanimous approval.

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

Motion: I **MOVE** unconditional recertification with Board standards to include the hold of male and female juveniles in accordance with COV §16.1-249(G) for the following facilities:

a. Blackstone Town Lock-Up
b. Blue Ridge Regional Jail Authority-Lynchburg Adult Detention Center

Unanimous approval.

DISCUSSION AND ACTIONS

1. Rappahannock Regional Jail Audit

   The Board reviewed Rappahannock Regional Jail's appeal of the BLRJ audit dated June 2-4, 2025, specifically the citation regarding 6VAC15-40-540.

   The following was offered by Mrs. Vermont as a **Motion**, second by Captain Carey.

   Motion: I **MOVE** denial of the appeal and direct BLRJ to conduct an unannounced inspection of Rappahannock Regional Jail.

   Yea votes in support of the motion – 5
   Nay votes in opposition of the motion – 1

2. Memorandum of Understanding (MOU) with the Virginia Department of Health (VDH)

   Mr. Flaherty and Mrs. Ferguson reported BLRJ's successful collaboration with VDH to update the MOU regarding 12-month health inspections. BLRJ awaits VDH approval and signature.

   The following was offered by Mr. Hackworth as a **Motion**, second by Mrs. Vermont.

   Motion: I **MOVE** approval of the updated BLRJ MOU with VDH.

Unanimous support.

3. COV §53.1-133.06 and 6VAC15-40-985

   Mr. Flaherty shared draft regulations regarding the Treatment of Pregnant and Postpartum Inmates. BLRJ will reach out to stakeholders for feedback and report to the Board during the November 19, 2025, BLRJ meeting.

4. Office of Regulatory Management (ORM) Update

   Mr. Flaherty reported collaboration with ORM and Vulcan Technologies to consider the BLRJ guidance document for 6VAC15-40-1045 in an effort to follow Governor Youngkin's Executive Orders 19 and 51.

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

   Motion: I **MOVE** approval of the revised BLRJ guidance document for 6VAC15-40-1045.

   Unanimous support.

5. Ms. Lautz reviewed 6VAC15-40 regulations regarding medical and mental health standards.

6. Mr. Flaherty reviewed the BLRJ schedule of meetings for 2026 and the potential to convene in locations around the Commonwealth. BLRJ staff will present a draft schedule at the November 19, 2025, BLRJ meeting.

7. Mr. Hackworth suggested BLRJ consider an MOU with the State Fire Marshal's Office, Virginia Department of Fire Programs (VDFP).

8. Mr. Flaherty shared language updated to the BLRJ website regarding complaints:

   > The Virginia Board of Local and Regional Jails (BLRJ) is responsible for developing and establishing operational and fiscal standards governing the operation of local and regional jails. BLRJ is not an enforcement body for operational grievances and does not serve as a substitute for the governing authorities of local and regional jails. Local and regional jails should be the first and most appropriate party to respond to all inquiries, concerns, and complaints, as they are best positioned to address operational matters directly and promptly. BLRJ does not have any jurisdiction over state prisons or state correctional facilities, as these powers and duties belong to the Virginia Department of Corrections.

MOTION to adjourn by Mr. Carrera, second by Captain Carey. Unanimous approval.

Certification Report of the State Board of Local and Regional Jails

September 17, 2025

Jail and Lock-up Compliance Audits

Compliant Facilities - 5

Greene County Lock-up was audited February 10, 2025. The facility was found compliant with 18 ***Life, Health and Safety*** and other standards. The facility is certified to house juveniles and the sheriff is requesting recertification to house male and female juveniles in accordance with ***§16.1-249(G) – Code of Virginia***. There were no deficiencies cited during this audit cycle.

RECOMMENDATION: Unconditional recertification to include male and female juveniles in accordance with §16.1-249(G) – Code of Virginia.

Meherrin River Regional Jail – Alberta was audited July 14-16, 2025. The facility was found compliant with 41 out of 43 applicable ***Life, Health and Safety*** (2 N/A's), and 82 out of 85 other applicable 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.

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 recertification.

Norfolk City Jail was audited July 22-25, 2025. The facility was found compliant with 41 out of 43 (2 N/A's) applicable ***Life, Health and Safety*** standards and 82 out of 85 (3 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

- *6VAC15-40-1111,* ***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 recertification.

Piedmont Reginal Jail was audited August 4-8, 2025. The facility was found compliant with 41 out 43 (2 N/A's) applicable ***Life, Health and Safety*** standards and 78 out 85 (7 N/A's) applicable other standards. 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***
- *6VAC15-40-200,* ***Furlough***
- *6VAC15-40-300,* ***Permission of Reading Materials***
- *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)***

RECOMMENDATION: Unconditional recertification.

Smithfield Town Lock-up was audited August 8, 2025. The facility was found in compliance with 10 out 11 (1 N/A) applicable ***Life, Health and Safety*** standards and 7 out of 7 applicable other standards. The facility is not certified to 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 recertification.

Non-compliant Facilities - 2

Blue Ridge Regional Jail Authority – Lynchburg Adult Detention Center was audited May 12-15, 2025. The facility was found compliant with 42 out of 43 applicable ***Life, Health and Safety*** standards and 75 out of 85 (10 N/A's) applicable other standards. The facility is certified to house juveniles and the superintendent is requesting recertification to house male and female juveniles

in accordance with ***§16.1-249(G) – Code of Virginia***. There was one (1) ***Life, Health and Safety*** deficiency 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***

Deficiencies

1. ***6VAC15-40-1100, Fire Safety Inspection (LHS)***

According to standard, the facility shall have a state or local fire safety inspection conducted every 12 months. Localities that do not enforce the Virginia Statewide Fire Prevention Code shall have the inspection performed by the State Fire Marshal's Office. Written reports of the fire safety inspection shall be on file with the facility administrator.

A review of the facility's fire inspection reports for this audit cycle revealed the inspection conducted on October 10, 2024, exceeded the 12-month timeframe from which the September 12, 2023, inspection was done. The 2024 inspection yielded violations. There was no follow up inspection conducted to verify the violations had been corrected. Due the 2024 inspection exceeding the 12-month timeframe, the facility failed to demonstrate compliance with the standard.

Plan of Corrective Action

To correct the deficiency, Blue Ridge Regional Jail Authority's maintenance director will coordinate future inspections with the local Fire Marshal. A fire inspection was performed May 7, 2025, where one deficiency was noted and corrected at the time of the inspection. A follow-up inspection was carried out on May 28, 2025, which the facility was found to be in compliance. **Plan of corrective action was verified June 25, 2025.**

RECOMMENDATION: Unconditional recertification to include male and female juveniles in accordance with §16.1-249(G) – Code of Virginia.

Blackstone Town Lockup was audited August 7, 2025. The facility was found compliant with 17 out of 18 applicable ***Life, Health and Safety*** and other standards. The facility is certified to house juveniles and the police chief is requesting recertification to house male and female juveniles in accordance with ***§16.1-249(G) – Code of Virginia***. There was one (1) ***Life, Health and Safety*** deficiency cited during this audit cycle.

1. ***6VAC15-40-1380, Fire Safety Inspection (LHS)***

According to standard, the facility shall have a state or local fire safety inspection conducted every 12 months. Localities that do not enforce the Virginia Statewide Fire Prevention Code shall have the inspection performed by the State Fire Marshal's Office. Written reports of the fire safety inspection shall be on file with the facility administrator.

A review of the facility's documentation for this audit cycle revealed the fire safety inspection for year 2024 was not conducted. Inspection reports for October 23, 2022, and October 23, 2023, were the only reports observed. Due to the fire safety inspection not being conducted in 2024, the facility failed to demonstrate compliance with the standard.

Plan of Corrective Action

The facility followed up with the State Fire Marshal to schedule a fire inspection. In the future, the facility will follow up with the State Fire Marshal to ensure all fire safety inspections are scheduled within 12 months.
Plan of corrective action was verified August 27, 2025.

RECOMMENDATION: Unconditional recertification.

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

LHS – *Life, Health and Safety Standards

6VAC15-40-985 Revisions in response to COV 53.1-133.06-.09

Definitions (to be included 6VAC15-40-10)

"Postpartum recovery" means the eight-week period, or longer as determined by a health care professional responsible for the health and safety of the inmate, following childbirth.

"Restraints" means any mechanical device, medication, physical intervention, or hands-on hold to prevent the inmate from moving her body.

6VAC15-40-985 Inmates Known to be Pregnant or in Postpartum Recovery.

A. General Procedure.

a. Inmates shall not be restrained unless an agency administrator or designee makes an individualized determination that:
   i. the inmate will harm herself, the fetus, the newborn child, or another person;
   ii. the inmate poses a flight risk; or
   iii. the totality of the circumstances creates a serious security risk.

b. If restraints are deemed necessary:
   i. The restraints shall be the least restrictive means possible;
   ii. The restraints shall be used in consultation with a healthcare provider whenever the inmate is in medical care or labor/delivery;
   iii. The restraints shall be immediately removed upon request of any doctor, nurse, or other health care provider if they present a threat to the health or life of the inmate, fetus, or newborn.

c. If restraints are used:
   i. Personnel ordering use shall notify the supervisor of use and submit a written report indicating reason for use to supervisor no later than conclusion of the personnel's shift.
   ii. The Supervisor shall provide a written justification report to the agency administrator within 72 hours of use.

d. Medical Treatment Unrelated to Childbirth:
   i. The restraints shall be the least restrictive means possible;
   ii. Waist chains or belts shall not be used.

B. **Transportation Outside the Secure Perimeter.**

a. Inmates shall be handcuffed only in front, unless an individualized determination is made per subsection A.
b. Waist chains or belts shall not be used.
c. If more restrictive restraints are necessary:
   i. Security staff must notify a supervisor as soon as reasonably practicable;
   ii. A use of force report detailing justification and restraint type must be submitted by the end of the shift;

iii. The supervisor shall submit a written report to the agency administrator within 72 hours of use.

C. **Labor and Delivery.**
   a. No restraints shall be used unless an individualized determination is made in accordance with subsection A.
   b. Only the least restrictive restraint may be used, in consultation with the treating healthcare provider.
   c. Waist chains or belts are prohibited.
   d. If restraints are applied:
      i. Restraint removal requests made by healthcare staff must be honored immediately;
      ii. Notification to a supervisor is required as soon as practicable;
      iii. A use of force report must be submitted by the end of the shift;
      iv. The supervisor must submit a written justification report to the agency administrator within 72 hours of use.

D. **Postpartum Recovery.**
   a. No restraints shall be used during postpartum recovery unless the criteria in subsection A are met.
   b. The least restrictive method shall be used (e.g., one arm or ankle restraint), allowing safe infant handling and bonding.
   c. All documentation and reporting requirements outlined in subsections B and C apply.

E. **Body Cavity Searches.**
   a. No body cavity search shall be conducted on an inmate known to be pregnant except upon reasonable belief that the inmate is concealing contraband.
   b. Any such search must be followed by:
      i. A written justification report by the conducting employee within 72 hours of search;
      ii. A description of any contraband found.

F. **Nutrition and Housing.**
   a. Pregnant inmates shall be provided adequate food and prenatal dietary supplements per prenatal nutritional guidelines as ordered by a licensed healthcare provider.
   b. A pregnant inmate shall be assigned to the lowest bunk available.

G. **Training.**

a. All security staff who may have contact with pregnant inmates must receive minimum entry-level training pursuant to the COV §§9.1-102, 53.1-133.09, and:
    i. General prenatal and postpartum care;
    ii. Effects of restraints on pregnant individuals and fetuses;
    iii. Effects of restrictive housing and body cavity searches on pregnant inmates.
b. Annual review of all policies related to restraining pregnant and postpartum inmates shall be conducted by all staff.

MEMORANDUM OF UNDERSTANDING
BETWEEN
VIRGINIA BOARD OF HEALTH
AND
VIRGINIA BOARD OF LOCAL AND REGIONAL JAILS

PURPOSE

The purpose of this Memorandum of Understanding (MOU) between the Virginia Department of Health (VDH) and the Board of Local and Regional Jails (BLRJ) (collectively, "the Parties) is to update the terms of a previous agreement entered into by the above-named Parties. §53.1-68 of the *Code of Virginia* requires BLRJ to collaborate with VDH to establish procedures for annual health inspections of any local correctional facility. Said agreement was entered into on or about March 15, 1995. As the agreement has not undergone revision since its ratification, an update is necessary to ensure the provisions contained therein complement current Virginia law, provide adequate public health protection, reflect the current procedures and policies of the Parties, and demonstrate the best use of public resources.

This MOU is intended to:

- Establish a procedure for the conduct of at least one annual food inspection by the State Health Commissioner or their agents of each local correctional facility,
- Define "food inspection" and "life, health, and safety inspection "and how each affects agencies and local correctional facilities, and
- Identify and clarify the duties of BLRJ and VDH at local correctional facilities.

Definitions

"Local Correctional Facility" means any jail, jail farm, or other place used for the detention or incarceration of adult offenders, excluding a lock-up, which is owned, maintained, or operated by any political subdivision or combination of political subdivisions of the Commonwealth. For the purposes of subsection B of § 53.1-68 and §§ 53.1-69, 53.1-69.1, and 53.1-127, "local correctional facility" also includes any facility owned, maintained, or operated by any political subdivision or combination of political subdivisions of the Commonwealth that is used for the detention or incarceration of people pursuant to a contract or third-party contract with the federal government or any agency or contractor thereof.

"Food Inspection" means an inspection pursuant to the Board of Health's Food Regulations (12VAC5-421 et seq).

"Life, Health, and Safety inspection" means an inspection conducted by the BLRJ to evaluate sanitary conditions at local correctional facilities.

STATUTORY AUTHORITY

§53.1-68 of the *Code of Virginia* establishes BLRJ's authority to establish minimum standards for the construction, equipment, administration, and operation of local correctional facilities. § 53.1-68. B. establishes that standards concerning sanitation in local correctional facilities and procedures for enforcing these standards shall be promulgated by the BLRJ with the advice and guidance of the State Health Commissioner. The BLRJ, in conjunction with the Board of Health, shall establish a procedure for the conduct of at least one unannounced annual health inspection by the State Health Commissioner or their agents of each local correctional facility. The BLRJ and the State Health Commissioner may authorize such other announced or unannounced inspections as they consider appropriate.

Virginia Administrative Code, Chapter 40. Minimum Standards for Jails and Lockups (6VAC15-40-540. Standards for food service equipment and personnel) requires a written policy, procedure and practice to ensure that the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the Board of Health's Food Regulations (12VAC5-421 et seq.). The facility shall have a food inspection conducted at least every 12 months.

VDH will permit and inspect local correctional facilities under the existing authority of Code of Virginia Title 35.1 Hotels, Restaurants, Summer Camps, and Campgrounds. Permitted food establishments are required to obtain a permit to operate a food establishment, and such facilities are subject to inspection as outlined in the Board of Health's Food Regulations (12VAC5-421 et seq.).

GENERAL AGREEMENT

This MOU delineates the VDH authority and responsibility related to "food inspections" limited to local correctional facilities with a permit to operate a food establishment, under the administrative authority of Chapter 421, whereas the MOU delineates the BLRJ responsibilities related to "life, health, and safety inspections" at a local correctional facility under the administrative authority of Chapter 40.

The following terms delineate the responsibility of the VDH and the BLRJ as it relates to this MOU.

A. Responsibilities of VDH

Local Health Department Environmental Health staff shall conduct food inspections of local correctional facilities, in accordance with the Board of Health's Food Regulations (12VAC5-421 et seq.) and any applicable guidance documents, memoranda, local ordinances, and/or state law.

In cases where violations have not been corrected or continue to remain unresolved, VDH staff shall notify and collaborate with BLRJ staff prior to escalated enforcement to determine appropriate intervention strategies to gain compliance. The Office of Environmental Health Services (OEHS) of VDH shall provide technical and administrative guidance to Local Health Districts (LHD) regarding the inspection process and enforcement and will serve as the liaison between BLRJ and the LHD as necessary.

B. Responsibilities of BLRJ

BLRJ staff shall conduct life, health, and safety inspections and audit local correctional facilities pursuant to § 53.1-68, 6VAC15-20, and 6VAC15-40.

C. Responsibilities of Both Parties

BLRJ and VDH may authorize other inspections in the event of a food-borne illness complaint or investigation, imminent health hazard, or as the parties consider appropriate.

TERMS OF MOU AND CONSENT

Either party may request changes to this MOU at any time. Any changes, modifications, revisions or amendments to this MOU which are mutually agreed upon by and between the parties to this MOU shall be in writing, and effective when executed and signed by the Parties. This MOU may be amended in the event of legislative or regulatory action pertaining to the subject matter contained herein.

VDH and the BLRJ do hereby agree this MOU shall be effective upon signature by both the Chair of the Board of Local and Regional Jails and the State Health Commissioner, or their duly authorized representatives. Such authority under this MOU, to the extent legally possible, shall be delegated to those persons responsible for carrying out the terms of this agreement.

Karen Shelton, MD State Health Commissioner Virginia Department of Health	Chairman Board of Local and Regional Jails
Date	Date

COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
MINUTES

Medical and Mental Health Regulations
September 17, 2025

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.

- Define dietary services
- "availability of specialty diet based on diagnosis"

Proposed Health Care Services Definition: Health care services should include medical and dental care, mental and behavioral health services, nursing care, pregnancy and postpartum care, personal hygiene assistance, dietary and nutrition services for specialty diets based on medical diagnosis, health education and promotion, and environmental health management.

Other consideration: From § 8.01-581.1. "Health care" means any act, professional services in nursing homes, or treatment performed or furnished, or which should have been performed or furnished, by any health care provider for, to, or on behalf of a patient during the patient's medical diagnosis, care, treatment or confinement.

Regulations:

PRC accepted BLRJ Revision with Edits **6VAC15-40-370.** Receiving and Medical Screening of Inmates[1][2][3]– 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;

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

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~~ *Intake Health* Screening ~~of Inmates~~

A. Written policy, procedure, and practice shall provide *intake health* ~~that receiving, and~~ screening *to* 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~~ *S*creening shall *assess for*:

1. ~~Specify screening for~~ *C*urrent illnesses, *symptoms, and* health problems *to include communicable diseases and mental illness.* ~~and conditions, and~~

2. *P*ast history of *serious infectious disease and* communicable diseases.
3. ~~Specify screening for current symptoms regarding the inmate's mental health,~~ *D*ental problems, allergies, ~~present~~ *current* medications, *and* special dietary requirements. ~~, and symptoms of venereal disease;~~
    a. *Inmates whose screening results in a need for a medication plan shall be developed by the medical authority within 48 hours of the identified needs unless clinical circumstance requires earlier intervention.*
4. ~~Include inquiry into~~ *P*ast and present ~~drug~~ *substance* and alcohol ~~ab~~use.
5. *M*ental health ~~status~~ *symptoms and needs to include history of psychiatric care, current emotional state, suicidal ideation,* depression, suicidal tendencies, and *other mood disorders.* ~~skin condition;~~
    a. 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.
6. ~~For~~ *F*emale inmates, ~~include inquiry into~~ *for the* ~~possible~~ *possibility of* pregnancy, ~~or~~ gynecological problems~~; and~~, *menstrual and postpartum history, including medication management of current and previous issues, prior pregnancies, and whether the inmate is currently breastfeeding.*
    a. *Pregnant individuals for protentional alcohol and substance use within 72 working hours (three business days) of intake health screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.*
7. ~~All inmates shall receive a~~ *T*uberculosis (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.*

B. 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 changes.

*Use of the word jail throughout the document – consistency

PRC - Retain Original - 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.

*Verify COV
- No state law(s) specific to inmates/prisoners/etc.

- Federal – 45 CFR 46, Subpart C
- ACA and DOC appear to allow it with consent and approval from the Human Subject Research and Review Committee
    - § 32.1-162.19. Human research review committees?

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 with Edits **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~~ *on an annual basis* 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.*

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

Board Staff to Review Again 6VAC15-40-____ - Telehealth Services[4]: Each facility shall establish written policies and procedures to accommodate inmate participation in telehealth appointments. Policies should include:

1. Designation of a private and secure space that ensures confidentiality;
2. Provision of functional equipment and connectivity to support telehealth.

*Reflect facilities that do not have it yet

[4] Senate Bill 1039 - DOC and State Board of Local and Regional Jails; policies on inmate participation in telehealth

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.

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.

1. That §§ 53.1-5 and 53.1-10 of the Code of Virginia are amended and reenacted as follows:

§ 53.1-5. Powers and duties of Board.

The Board shall have the following powers and duties:

1. To develop and establish operational and fiscal standards governing the operation of local, regional, and community correctional facilities;

2. To advise the Governor and Director on matters relating to corrections;

3. To make, adopt and promulgate such rules and regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth pertaining to local, regional, and community correctional facilities. The Board, when promulgating regulations and adopting any policy or guidance document related to the enforcement of any minimum standards applicable to local, regional, and community correctional facilities, shall expressly and specifically include such items in its published agenda for meetings of the Board or any of its subcommittees. No standard, policy, or guidance document may be promulgated, amended, or rescinded in entirety or in part without compliance with this article;

4. To ensure the development of programs to educate citizens and elicit public support for the activities of the Department;

5. To develop and implement policies and procedures for the review of the death of any inmate that the Board determines warrants review that occurs in any local, regional, or community correctional facility. Such policies and procedures shall incorporate the Board's authority under § 53.1-6 to ensure the production of evidence necessary to conduct a thorough review of any such death. Notwithstanding any other provision of law, the Board shall adhere to procedures of the Administrative Process Act (§ 2.2-4000 et seq.) in promulgating such policies and procedures;

6. To establish minimum standards for health care services, including medical, dental, pharmaceutical, and behavioral health services, in local, regional, and community correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from the Commissioner of Behavioral Health and Developmental Services and State Health Commissioner or their designees. Notwithstanding any other provision of law, the Board shall adhere to procedures of the Administrative Process Act (§ 2.2-4000 et seq.) in promulgating such policies and procedures. Such minimum standards shall require that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report documenting the delivery of health care services, along with any improvements made to those services, to the Board. The Board shall make such reports available to the public on its website. The Board may determine that any local, regional, or community correctional facility that is accredited by the American Correctional Association or National Commission on Correctional Health Care meets such minimum standards solely on the basis of such facility's

accreditation status; however, without exception, the requirement that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report to the Board shall be a mandatory minimum standard; ~~and~~

7. To develop and implement policies for the accommodation in local, regional, and community correctional facilities of inmate participation in telehealth appointments, which shall include policies on designating a private space for such telehealth appointments to occur; and

8. To report annually on or before December 1 to the General Assembly and the Governor on the results of the inspections and audits of local, regional, or community correctional facilities conducted pursuant to § 53.1-68 and the reviews of the deaths of inmates that occur in any local, regional, or community correctional facility conducted pursuant to § 53.1-69.1. The report shall include (i) a summary of the results of such inspections, audits, and reviews, including any trends identified by such inspections, audits, and reviews and the frequency of violations of each standard established for local, regional, or community correctional facilities, and (ii) any recommendations for changes to the standards established for local, regional, or community correctional facilities or the policies and procedures for conducting reviews of the death of inmates to improve the operations, safety, and security of local, regional, or community correctional facilities.