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

November 18, 2026; 11:30 AM
Norfolk Courthouse
150 St. Pauls Boulevard, Norfolk, VA 23510

1. Call to Order

    a. I now call to order the Policy & Regulations Committee of the State Board of Local and Regional Jails.

2. Determination of Quorum

3. Approval of September 9, 2026, Committee Meeting Minutes

    a. **Motion**: I **MOVE** approval of September 9, 2026, Committee meeting minutes.

4. Public Comment (limited to 5 minutes per person)

5. Certification, Inspections and Audit Report

    a. **Motion:** As a result of compliance with Board standards and in accordance with §16.1-249(G) of the COV, I **RECOMMEND** unconditional certification to hold male and female juveniles for the following facility:
        i. Montgomery County Jail

6. Regulatory Review:
    - 6VAC15-40-370 Receiving and medical screening of inmates.
    - 6VAC15-40-390 Training and competency of staff.
    - 6VAC15-40-___ Medical service fees. (new regulation)
    - 6VAC15-40-___ Discharge planning. (new regulation)
    - 6VAC15-40-___ Administrative segregation mental health oversight. (new regulation)

7. Fast-Track Regulatory Process Update:
    - 6VAC15-40-110 Serious incident reports.
    - 6VAC15-40-115 Continuous quality improvement.
    - 6VAC15-40-385 Telehealth services.
    - 6VAC15-40-680 Visiting opportunities.

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- 6VAC15-40-685 Legal visits.

8. Additional Items for Discussion

9. Adjournment

    a. **Motion**: I **MOVE** the Policy & Regulations Committee of the State Board of Local and Regional Jails stand adjourned.

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Medical and Mental Health Standards for Policy and Regulations Committee

Original **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.

Revision **6VAC15-40-390. Training and competency of staff** - All ~~security~~ ~~*correctional*~~ *facility* staff, *including any contractors 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~~ 90 days 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.

Considerations:

- **53.1-68 (E)** - The Department of Criminal Justice Services, in accordance with § 9.1-102, shall establish minimum training standards for persons designated to provide courthouse and courtroom security pursuant to the provisions of § 53.1-120 and for persons employed as jail officers or custodial officers under the provisions of this title. The sheriff shall establish minimum performance standards and management practices to govern the employees for whom the sheriff is responsible.
- **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 offers who work with inmates.

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

Repeal **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 § 53.1-133.01 of the Code of Virginia.

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

1. Medical services that are subject to fees;
2. Fee amounts;
3. Payment procedures;
4. Medical services that are provided at no cost;

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5. Fee application to medical emergencies, chronic care and pre-existing conditions; and
6. Written notification to inmates of proposed fee changes.

Repeal **6VAC15-40-500. Inmates advised of procedures** - Inmates shall be advised of medical service fees and payment procedures at the time of admission/orientation.

Repeal **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.

Repeal **6VAC15-40-520. Acknowledgment 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.

Repeal **6VAC15-40-530. Accounting process** - A separate bank account, or accounting process, shall be established and used exclusively for the deposit and disbursal of medical service fees. Fee collections and disbursements shall be governed by generally accepted accounting principles.

New Regulation ***6VAC15-40-xxxx: Medical Service 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, pharmaceuticals) 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 a witness if the 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. 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 §53.1-133.01 of the Code of Virginia.

New Regulation **6VAC15-40- ____. Discharge Planning for Individuals with Serious Mental Illness.**

A. Written policy, practice, and procedure shall implement discharge planning for any individual assessed as having a serious mental illness and determined to require behavioral health services upon release. ~~Discharge planning shall begin as soon as practical~~. *Referral for discharge planning and discharge planning assessment should occur immediately* following completion of

the mental health assessment. *Discharge planning services* ~~and is dependent on the individual's level of need~~ *should reflect individual risks and needs and are dependent on* the availability of services *both in custody and the community*, duration of custody, and the individual's willingness to cooperate in the discharge planning process.

B. The discharge plan shall ensure access to the full continuum of behavioral health care upon release and shall include, at a minimum:

1. Creation of a discharge plan that identifies the individual's behavioral health needs, ~~recommended services~~, *referrals and/or linkages to recommended services*, medication requirements, and continuity of care ~~arrangements~~ *referrals and/or linkages*.
2. Coordination of services and care with community providers, community supervision agencies, and, as appropriate, family consistent with the discharge plan.
3. Linkage to the community services board in the jurisdiction in which the individual will reside following release.
4. Communication of information regarding the individual's treatment needs and exchange of treatment records among service providers.

C. Facilities shall document all discharge planning activities, including assessments, referrals, coordination efforts, and confirmation of service linkage, in the individual's record.

Considerations:

- **53.1-68 (C)(2)** - Requirements for discharge planning for individuals with serious mental illness assessed as requiring behavioral health services upon release from the local correctional facility, which shall include (i) creation of a discharge plan, as soon as practicable after completion of the assessment required pursuant to subdivision 1, and (ii) coordination of services and care with community providers, community supervision agencies, and, as appropriate, the individual's family in accordance with the discharge plan until such time as the individual has begun to receive services in accordance with the discharge plan or for a period of 30 days following release from the local correctional facility, whichever occurs sooner. Discharge plans shall ensure access to the full continuum of care for the individual upon release from the local correctional facility and shall include provisions for (a) linking the individual for whom the discharge plan has been prepared to the community services board in the jurisdiction in which he will reside following release and to other supports and services necessary to meet his service needs and (b) communication of information regarding the individual's treatment needs and exchange of treatment records among service providers;
- **Standard #11** - DISCHARGED PLANNING: Discharge planning is provided for inmates with mental health needs. The frequency and intensity of discharge planning services is dependent on the individual's level of need, the availability of services, having sufficient tie to plan, and the individual's willingness to cooperate in the discharge planning process.

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6VAC15-40-_____. Administrative Segregation Mental Health Oversight

Written policy, procedure, and practice shall govern mental health oversight for inmates placed in administrative segregation, and include that:

- Placement decisions shall be documented in writing and include input from a licensed mental health provider on the potential psychological impact of administrative segregation.
- Administrative segregation staff shall monitor the mental health of inmates and immediately notify the supervisor if an inmate shows signs of mental deterioration or a risk of self-harm.

Considerations:

- **6VAC15-40-1030. Assessment of Inmates in Disciplinary Detention or Administrative Segregation** – Written policy, procedure, and practice shall require that a documented assessment by medical personnel that shall include a personal interview and medical evaluation of vital signs, is conducted when an inmate remains in disciplinary detention or administrative segregation for 15 days and every 15 days thereafter. If an inmate refuses to be evaluated, such refusal shall be documented.
- **Standard #9 -** RESTRICTIVE HOUSING: When an inmate is held in restrictive housing, staff monitor his or her mental health.

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