COMMONWEALTH OF VIRGINIA
BOARD OF CORRECTIONS
JAIL REVIEW COMMITTEE MEETING

Regular Meeting……..……..…….August 15, 2018

Location ……..……6900 Atmore Drive, Richmond, Virginia

Presiding..…….…….....Sheriff Vernie W. Francis, Jr., Chairman

Present…….....John F. Anderson, Jr. Board of Corrections Member
William T. Dean, Board of Corrections Member
Olivia Garland, Ph.D., Board of Corrections Member
Charles Jett, Board of Corrections Member
Heath Masters, MD, SFHM, FACP, Board of Corrections Member
Karen Nicely, Board of Corrections Member
Reverend Kevin L. Sykes, Board of Corrections Member
Steve Goff, Board of Corrections
Phillip Figura, Board Counsel, Office of the Attorney General
Jim Bruce, Department of Corrections
Gabriella Pino-Moreno, Department of Corrections
Erma Locust, Department of Corrections
Donna Foster, Department of Corrections

Absent……...……...….Bobby Vassar, Board of Corrections Member

The meeting was called to order and Chairman Francis welcomed all attendees.

The July 18, 2018 minutes were brought before the Committee for approval.

> Upon a ***MOTION*** by Chairman Francis and duly seconded, the attending members voted unanimously to ***APPROVE*** the July 18, 2018 Jail Review Committee meeting minutes.

Chairman Francis notified the attendees that Mr. Dean has agreed to accept the position of Chairman of the Jail Review Committee beginning in September.

Chairman Francis advised that the position of Policy Analyst, formerly held by Brian Sutherland as a part-time position, is now a full-time position, has been advertised and closed on Friday.

Ms Garland noted that she had been forwarded a résumé from the Deputy Director. She was out of town and did not receive it until after the position closed. She added that she hoped the sender applied for the position in accordance with state requirements.

Chairman Francis told the attendees that Mr. Goff has done a great job at performing the duties of both positions following Mr. Sutherland's resignation occurring just before the legislative requirements reach submission deadlines. Mr. Goff has submitted language to the Office of the Secretary of Public Safety for review. They will return the submission with any recommendations, if necessary, and Mr. Goff will enter it into the system for procession through the legislature.

Dr. Masters asked for guidance from the Office of the Secretary of Public Safety toward the desired outcome from the Jail Review Committee. She referenced several recent news articles that alluded to disappointment from the committee's efforts asking if there was a better method for reporting the findings of this committee. Chairman Francis explained that the expectations may not parallel the legislative requirements. Mr. Figura suggested that a Board member speak to those asking for further information on behalf of the committee. Dr. Masters reminded attendees that the duties of this Board are to address changes to standards to improve outcomes. Following additional discussion, several members suggested that updates may be better issued through the Office of the Secretary of Public Safety. Chairman Francis advised that he would discuss the issue with Deputy Secretary Davenport for a guidance.

Mr. Goff provided a handout identifying the relationship between time served and suicide rates as requested by the committee. He found that the suicide rate is highest within the first week of incarceration. The members agreed that they would look at a standards revision once the Policy Analyst position is filled. Until the position is filled, Ms. Locust will note standard revision recommendations.

Public Comment

None

Closed Session

Mr. Jett offered the following as a motion:

> **I move that the Jail Review Committee begin *CLOSED* session pursuant to Code of Virginia §2.2-3711(A16) to discuss matters lawfully exempt from public disclosure of medical and mental health records.**
>
> Upon a ***Motion*** by Mr. Jett and duly seconded, the attending members voted unanimously to ***Approve*** the above recommendations.

Reconvene Open Session

Upon the members' return to open session, Mr. Jett offered the following in the form of a motion:

I move that the Jail Review Committee reconvene our open session to discuss matters pursuant to Code of Virginia §2.2-3711(A16) to discuss matters lawfully exempt from public disclosure of medical and mental health records. I move that this committee and its individual members Certify that in closed session, the Jail Review Committee limited its discussion to public meeting requirements lawfully exempt from the public meeting requirements and identified in a closed session motion. If a member cannot so Certify, I ask that the recorder take role.

Upon a ***Motion*** by Mr. Jett and duly seconded, the attending members voted unanimously to ***Approve*** the above recommendations. All attending Board of Corrections' members ***Certified*** that the closed session discussion was limited to legally exempt matters with noted exception.

General Discussion

The following cases were discussed and will remain in pending status until further review can be considered.

17-0004 - Riverside Regional Jail - Death on 10-31-17 – Suicide
Review incomplete by Jail Review Committee.

17-0010 - Riverside Regional Jail - Death on 11-30-17 – Suicide
Review incomplete by Jail Review Committee.

18-0022 - Piedmont Regional Jail - Death on 8-21-17 – Homicide
A federal inmate with a history of violent behavior attacked another inmate. The assailant was transported to the hospital, eventually being released by MCV/VCU hospital with recommendations of fifteen minute observation as well as additional medical recommendations. No rounds were observed on video footage during the entire shift. And logs were falsified. No documentation of 3:20 a.m. medical call to his cell. The officer who falsified the log was terminated and the commanding officer demoted. Nurse notes were not updated for two days. There was an entry on 8/19 that the inmate accepted medications, voiced no complaints, and had no signs of distress at that time. The investigator noted that the federal inmate involved should have been separated from other inmates and placed in administrative detention. Also the injured inmate should have been housed at the local hospital as the facility did not appear to be equipped to care for someone injured so severly. Review Standards 6VAC-15-40-990/1045/

17-0007 - Piedmont Regional Jail - Death on 11-18-17 – Suicide
Female inmate who was moved from a cell due to flooding and was placed under 24-hour restriction in a separate cell on an otherwise empty second floor, was found hanging with video footage supporting a failure to perform rounds for two hours and twenty-seven minutes. The logs were falsified by the officer who was later terminated without further action. CPR protocols will be reviewed by the committee prior to taking action.

Mr. Goff noted that during both of the aforementioned cases another superintendent, who retired suddenly under duress and is currently under State Police investigation for corruption was in place. The current superintendent was asked to return from retirement and assist the facility in correcting these matters. Superintendent Davis has since accepted the position permanently. He has named a Captain and a Lieutenant in charge with handling the investigations into these incidents and will provide full cooperation with the Board investigation. The federal inmate who attacked the inmate involved in the 18-0022 case has since been charged with murder and malicious wounding. The facility has initiated a policy requiring both inmates involved in an altercation to be placed in segregation and a policy requiring a medical review of any inmate released from the hospital to determine appropriate housing requirements for medical needs prior to intake.

18-0003 - Portsmouth Sheriff's Department - Death on 1-18-18 – Suicide
Rounds were not conducted for two hours and forty-six minutes. The observation was falsified in the log by the Deputy. He also submitted a false written statement copies of which was provided during this investigation. The employee and the officer-in-charge were terminated by the current Sheriff. Plan of action will be requested by the Board.

18-0023 - Portsmouth Sheriff's Department - Death on 8-23-17 – Accident
The investigation and the Major at the facility confirmed falsification of the rounds log with no rounds having been performed for one hour and twenty-four minutes, during which the inmate went into distress. An internal review found no improper action, however the administration has since changed. An investigation by the Portsmouth Police Department determined no criminal act occurred.

18-0016 - Western Virginia Regional Jail - Death on 7-22-17 - Natural Causes
Documentation supported the standard requirement of two rounds per hour. The nurse on duty considered the inmate to be “doctor shopping”, a term to describe drug seeking behavior. The jail administration agreed with this assessment and deemed the nurses actions appropriate. Mr. Jett asked to hold this case for medical protocol clarification.

Other Comments

There being nothing further, the meeting was ***ADJOURNED***.