COMMONWEALTH OF VIRGINIA
STATE BOARD OF LOCAL AND REGIONAL JAILS
LIAISON COMMITTEE

MINUTES

REGULAR MEETING

March 18, 2026; 11:30 AM

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

Colonel Chris Smith, Chair

PRESENT

Colonel Richard Alsbrook, Vice Chair, Southwest Virginia Regional Jail
Captain Charles Carey
Michael Carrera
David Hackworth
Tiffany Jenkins
John McLaughlin, Jr.
Ryan Moore
Jim Parks, Department of Corrections (DOC)
Dr. Sarah Scarbrough
Roland Sherrod, Jr.
Chief 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, Death Investigator
Gerald Olson, Architect
Andrew Parker, Office of the Attorney General (OAG)
John Rock, Death Investigator
Demetrice Tyler-Holliday, Executive Secretary

OTHERS PRESENT

Colonel Jeff Dillman, Riverside Regional Jail

Elena Diskin, Virginia Department of Health (VDH)
Christy Gray, VDH
Rosemary Hicks, DOC
Superintendent R. Michelle Lewis, Northern Neck Regional Jail
Elena Luna, Northern Neck Regional Jail

CALL TO ORDER

Colonel Smith called the meeting to order, welcomed attendees.

APPROVAL OF MINUTES

Motion by Mr. McLaughlin to approve minutes of the January 7, 2026, Committee meeting, second by Mr. Carrera. Unanimous approval.

DEPARTMENT OF CORRECTIONS

Mr. Parks provided the offender management report:

- 1339 out of compliance inmates
  - 1297 males
  - 42 females

HB2541 (2025) PRESENTATION:

Rosemary Hicks, Content Strategist, DOC Information Technology Unit

Ms. Hicks reviewed the 2025 legislation which requires all digital presence meet accessibility standards. Ms. Hicks and the DOC Digital Experience Team will assist in aligning the BLRJ website with the requirements of the law. The Team intends to develop a knowledgeable database and provide support.

LEGISLATIVE UPDATE

Mr. Flaherty reported BLRJ monitored several bills during the 2026 General Assembly Session:

- HB80
- HB81
- HB126
- HB482/HB1421
- HB860
- HB861
- HB964/SB162
- HB1392
- BLRJ's operating budget request is included in the General Assembly's proposed 2026-2028 biennial budget.

The May 20, 2026, Board meeting will be held at the Middle River Regional Jail, 350 Technology Drive, Staunton, VA, 24401.

CONTINUOUS QUALITY IMPROVEMENT REPORTING

The initial quarterly report is due April 15, 2026.

BEHAVIORAL HEALTH COMMISSION COLLABORATION

Mr. Flaherty shared the collaboration with the Virginia Behavioral Health Commission regarding the Commission's ongoing study, "Mental Health Services in Jails."

ADDITIONAL ITEMS FOR DISCUSSION

Mr. Flaherty welcomed VDH representatives Elena Diskin and Christy Gray. Ms. Diskin and Ms. Gray shared materials regarding jail preparedness for potential measles cases.

MOTION to adjourn by Mr. McLaughlin, second by Mr. Carrera. Unanimous approval.

COMMONWEALTH OF VIRGINIA
BOARD OF LOCAL AND REGIONAL JAILS
LIAISON COMMITTEE
AGENDA

March 18, 2026; 11:00 AM-11:30 AM
6900 Atmore Drive, 3rd Floor Main Board Room
Richmond, VA 23225

1. Call to Order
2. Approval of January 7, 2026, Meeting Minutes
    a. **Motion: I MOVE** approval of January 7, 2026, Committee meeting minutes.
3. State Compensation Board Update: Robyn DeSocio
4. Offender Management Services Update: Jim Parks
5. HB2541 (2025) Presentation: Rosemary Hicks
6. 2026 Legislative Items
7. CQI Update
8. Behavioral Health Commission Collaboration
9. May Board Meeting
10. Additional Items for Discussion
11. Adjournment

PREPARING AND RESPONDING TO MEASLES:
Checklist for Correctional Facilities

WHY SHOULD CORRECTIONAL FACILITIES PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

Measles can spread quickly in correctional facilities because of congregate housing, ventilation limitations, and potentially lower vaccine coverage in some settings compared to the general public. Measles response challenges often include difficulty implementing recommended isolation and quarantine and verifying immunity status among incarcerated people and staff.

Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the measles, mumps, and rubella (MMR) vaccine.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- Know how to contact your health department when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- **Regularly review your facility's standard operating procedures for infectious disease outbreaks and ensure custody and medical staff are familiar with them.** Consider collaborating with your health department to create a pandemic preparedness plan if your facility does not already have one, to support your response to measles and other infectious diseases.
- **Make sure your facility has a supply of masks** to give a person with measles symptoms, and **respirators** for fit-tested staff.
- **Communicate with staff, incarcerated people, and visitors** about your facility's policies and procedures:
  - » **Requirements for staff and visitors to stay at home when they are sick.**
  - » **Applicable state, local, or facility MMR vaccine recommendations or requirements** for staff and incarcerated people. The best way to prevent the spread of measles is to ensure that all who are eligible are vaccinated or immune to measles.
- **Identify a medical isolation space where an incarcerated person with measles symptoms can be housed.** This will help prevent other people from getting sick (Box 1).
- **Have a plan in place for how to safely transport** someone with measles symptoms for isolation or medical care (Box 2).
- **Know how your facility would order a measles test for someone with symptoms.** If your facility has healthcare staff, ensure they have supplies to take serum and nasopharyngeal/oropharyngeal samples for measles testing. Know in advance where the samples would be sent for testing and the turnaround time for results. Ask your health department if unsure.

- **If your community has had recent measles cases or if your facility houses people from diverse geographic areas in the US or internationally:**
  - » **Add questions to the medical intake process about measles symptoms, recent exposures, and measles immunity status.**
    - **Symptoms:** Early symptoms can seem like a common cold and include fever; cough; runny nose; red, watery eyes; and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.
    - **Exposures:** A person might have been exposed to measles if, in the last 21 days, they have spent time around anyone with measles, traveled internationally or spent time with international visitors, or have been to an area with a measles **outbreak in the U.S.**
    - **Measles immunity status:** A person is considered immune if they have written documentation of **recommended MMR vaccine doses**, laboratory evidence of immunity, laboratory confirmation of disease, or if they were born before 1957.
  - » **Educate incarcerated people and staff that MMR vaccination is the best protection against measles.** Consider offering vaccination as part of preventive health services for incarcerated people who are not immune or whose **immunity status** is unknown.
    - Most people born in the US are immune to measles because of vaccination or past infection. However, in most cases, MMR vaccination can be safely given when measles immunity status is unknown. Healthcare staff routinely confirm that a person does not have contraindications to the MMR vaccine before administering.
    - Some facilities might find that it reduces cost to test people for immunity (IgG antibodies) before vaccination.
- To the extent possible, **maintain documentation of measles immunity status for incarcerated people and staff.** This information will help the health department recommend next steps for people who are exposed and not immune. Your health department can often help confirm vaccination records through state registries.

RESPONDING TO MEASLES IN CORRECTIONAL FACILITIES

IMMEDIATE ACTIONS — WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED

When an incarcerated person, staff member, visitor, or anyone else in the facility has measles symptoms take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
  - » Instruct **a staff member or visitor** to isolate at home and advise them to seek medical care.
  - » House **an incarcerated person** in the facility's medical isolation space (Box 1) and ensure they receive prompt medical evaluation.
  - » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. If the space is an AIIR, it requires less time — refer to **guidance** on required time for removal of airborne contaminants.
  - » Clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (also effective against the measles virus). Anyone cleaning and disinfecting the space should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.
- ❑ **Alert facility medical staff and contact your health department.** The health department can support your facility's measles response, including guidance about isolation duration, testing, care, and transport, if needed.
- ❑ **Seek emergency care** if the person who is sick **gets rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. See Box 2 for transport precautions, including notifying the receiving facility ahead of time.
- ❑ If the person with measles symptoms is under the custody of a different federal, state, or local agency, **notify that agency.**

BOX 1: MEDICAL ISOLATION

Choose a location:

- **Ideally, an incarcerated person with measles symptoms should be medically isolated in an airborne infection isolation room (AIIR).** They do not need to wear a mask while in an AIIR. If your facility has an AIIR, ensure it is properly maintained and fully functional ahead of time.
- **If your facility does not have an AIIR:**
  - » When possible, identify another facility with AIIR capacity where the person with measles symptoms could be transferred (e.g., local hospital or another correctional facility).
  - » If transfer is not feasible, identify a space in your facility where the person could be housed individually. The space should have a solid door that closes and, ideally, a dedicated bathroom. If possible, choose a space with **directional airflow**, meaning that air exhausts from the room to the outdoors and not to other parts of the facility. HEPA filtration can be used to create directional airflow in **temporary isolation rooms**. A person medically isolated in a space without directional airflow should continue to wear a mask as much as possible to prevent other people from getting sick.
- Only people with **confirmed measles infection** should be housed together in the same isolation space. People with measles symptoms who are awaiting test results should be housed in individual medical isolation spaces.
- **Staff entering the medical isolation space should have evidence of immunity to measles and should wear a respirator.** Pregnant and immunocompromised people should not enter isolation spaces.
- **Healthcare staff providing care to a person with measles symptoms should follow CDC's healthcare guidance.**
- **Ensure that medical isolation spaces are different from punitive solitary confinement.** This can improve the likelihood that incarcerated people report any measles symptoms and can reduce mental health risks during isolation. Examples include:
  - » Regular visits from medical staff, access to mental health services, and regular communication about the duration and purpose of the medical isolation period.
  - » Similar access to radio, TV, reading materials, tablets, personal property, and commissary as would be available in an individual's regular housing unit.
  - » Increased telephone privileges to maintain connection with others during isolation, ideally without a cost barrier.

BOX 2: TRANSPORT

If an incarcerated person with measles symptoms is transported to another facility for medical care or medical isolation:

- The person with symptoms should wear a **mask** during transport.
- Use a transportation route and process that includes minimal contact with persons not essential for the symptomatic person's care.
- After transport, open the doors or windows to air out the vehicle. Then, clean and disinfect vehicle surfaces with an **EPA-registered disinfectant**.
- Escort and transfer staff, and anyone cleaning the vehicle, should have **evidence of immunity to measles** and should wear a **respirator**.
- Before arrival, notify staff at the receiving facility about the concern for measles so they can put procedures in place to prevent spread.

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of incarcerated people, staff, and visitors who might have been exposed** to the person with suspected measles.
  - » The health department might recommend offering vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**. Working through peer educators can help increase vaccine acceptance.
  - » To prevent further spread, the health department might recommend separating exposed, non-immune incarcerated people from others (quarantine) for 21 days after their last exposure. Exposed, non-immune staff would quarantine at home.
    - **Incarcerated people and staff can be exempt from quarantine if they have evidence of immunity to measles.** To reduce the use of quarantine, facilities can test exposed people with unknown immunity status (IgG antibodies).
    - Ensure that incarcerated people who are quarantined have access to medical and mental health services, as well as the other accommodations described above (Box 1).
- **Gather information** about facility layout, ventilation, and locations/movements of incarcerated people and staff, including people who have been released or transferred to another facility.
- **Notify other correctional facilities where exposed people have been transferred.** These facilities will need to work with the health department to quickly quarantine the exposed people and identify potential contacts.
- **Inform incarcerated people and staff if they have been exposed.** Actively monitor exposed incarcerated people for measles symptoms, and ask exposed staff to monitor their own symptoms, for 21 days after their last exposure (even if immune) and seek medical care if symptoms develop.
- To the extent possible, **inform all incarcerated people and staff that someone in the facility has had measles.**
  - » Provide education on how to recognize **measles symptoms** and emphasize the importance of reporting them to healthcare staff. Advise people preparing to release that they should contact a healthcare provider if they develop symptoms.
  - » Ensure that incarcerated people reporting measles symptoms receive timely medical evaluation and consider suspending co-payment requirements for those seeking care for measles symptoms.
- To limit further measles spread, the health department might recommend:
  - » Suspending visitation and/or transfers of incarcerated people while the investigation is ongoing. If suspending transfers is not possible, notify the receiving facility that measles has been identified in your facility so they can make necessary preparations.
  - » Conducting an MMR vaccination clinic for incarcerated people and staff without known exposure.
- To prevent exposure and protect their health, the health department might recommend temporarily cohorting (housing together and limiting their interactions with others) incarcerated people who are not immune and have not been exposed, particularly if they are pregnant, have weakened immune systems, or are otherwise at **higher risk for measles complications**. Ensure that cohorted people have access to medical and mental health services, as well as the other accommodations described above for medical isolation spaces (Box 1). The health department might recommend that staff meeting these criteria be temporarily excluded from the facility or given duties with lower risk for exposure.

RESOURCES

Measles Diagnosis Clinical Fact Sheet:
www.cdc.gov/measles/media/pdfs/2024/08/measles-clinical-diagnosis-fs.pdf

"Consider Measles" Social Graphics:
www.cdc.gov/measles/hcp/communication-resources/consider-measles-infographic.html

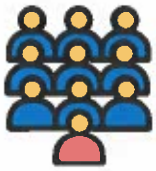
Measles Education Videos:
www.cdc.gov/measles/resources/videos.html

Measles Clinical and Outbreak Response Guidance:
www.bop.gov/resources/pdfs/measles_cpg_20191113.pdf

5 FACTS ABOUT MEASLES

FACT 1: MEASLES IS A VERY CONTAGIOUS DISEASE CAUSED BY A VIRUS

Measles spreads through the air when a sick person **coughs or sneezes.** The virus can stay in the air up to 2 hours after a person with measles leaves the space.

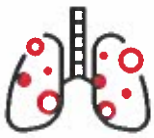


About **9 out of 10** people who come near a person with measles will become infected if they are **not** immune.

FACT 2: MEASLES CAN BE SERIOUS

Measles can be **dangerous**, especially for **babies and young children**.

About 1 out of 5 people who develop measles will be **hospitalized**.



Measles can lead to **pneumonia** (a serious lung infection), brain damage, deafness, and death.

Encephalitis. About 1 child out of every 1,000 who get measles will develop encephalitis (swelling of the brain). This can leave the child deaf or with intellectual disability.

Death. Nearly 1 to 3 of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.

FACT 3: SYMPTOMS OF MEASLES

High fever

Cough

Runny nose

Red and/or watery eyes

Rash

FACT 4: BEST FORM OF PROTECTION IS VACCINATION

- The best way to protect against measles is with the **MMR (measles-mumps-rubella) vaccine.**
- **Two doses** of the MMR vaccine are **97%** effective at preventing measles infection.

Children are recommended to receive 2 doses of MMR vaccine:

- **First dose** at age **12 through 15 months**
- **Second dose** at age **4 through 6 years** (before school entry)

FACT 5: MMR VACCINE OFFERS LIFETIME PROTECTION

Most people who are vaccinated with the MMR vaccine will be **protected for life.**

Getting vaccinated helps **protect your community** by preventing the spread of outbreaks.

To find your child's **MMR vaccine status**, visit https://www.vdh.virginia.gov/immunization/request-immunization-record/
If you need help **finding a vaccine** for your child, visit: https://www.vdh.virginia.gov/immunization/provider-locator/
To **learn more** about measles, visit: vdh.virginia.gov/measles

VDH VIRGINIA DEPARTMENT