

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

MINUTES

REGULAR MEETING

January 7, 2026; 11:30 a.m.

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

Colonel Chris Smith, Chair

PRESENT

Michael Carrera
David Hackworth
Tiffany Jenkins
John McLaughlin, Jr.
Dr. Anita Maybach
Ryan Moore
Lieutenant Joseph Tucker

BOARD STAFF PRESENT

Keischer Brittingham, Regulatory Compliance Analyst
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
Kim Knoll, Benefits Coordinator, DOC
Major Pritchett, Chesterfield County Sheriff's Office

CALL TO ORDER

Colonel Smith called the meeting to order, welcomed attendees.

APPROVAL OF MINUTES

Motion by Mr. Hackworth to approve minutes of the November 19, 2025, Committee meeting, second by Dr. Maybach. Unanimous approval.

STATEWIDE REENTRY BENEFITS MANAGER, DOC

Kim Knoll shared the DOC benefits team initiatives:

- Medicaid Enrollment
- Child Support Efforts
- Identity Documents
- Social Security Disability Benefits
- DNA/Fingerprinting Efforts

STATE COMPENSATION BOARD

Ms. DeSocio reported:

- The Governor's proposed budget for the 2026-2028 biennium does not include significant initiatives currently.
- Includes proposed 1-time 2% bonus June 1, 2026.
- Proposed 2% across the board for all Compensation Board funded positions in both years of the biennium.

LEGISLATIVE UPDATE

Mr. Flaherty reported monitoring several bills, to date, in the 2026 General Assembly Session:

- HB16, HB80, HB81, HB126
- BLRJ's operating budget request is included in the Governor's proposed 2026-2028 biennial budget.

CONSTRUCTION REPORT

Mr. Olson reported:

Completed projects filed with BLRJ:

- Chesterfield County
- Franklin County
- Montgomery County
- Prince William-Manassas

4 Projects approved by BLRJ in 2025:

- Piedmont Regional is included in the Governor's proposed 2026-2028 biennial budget
- Prince William-Manassas
- Roanoke County is included in the Governor's proposed 2026-2028 biennial budget
- Western Tidewater Regional

CONTINUOUS QUALITY IMPROVEMENT SURVEY

Ms. Lautz reported the survey launched and the initial quarterly report is due April 15, 2026.

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

DRAFT

**COMMONWEALTH OF VIRGINIA
STATE BOARD OF LOCAL AND REGIONAL JAILS
AGENDA**

January 7, 2026, 9:30 AM
6900 Atmore Drive, 3rd Floor Main Board Room
Richmond, VA 23225

1. Call to Order
2. Determination of Quorum
3. Public Comment
4. Approval of November 19, 2025, Board Meeting Minutes

Motion: I **MOVE** approval of November 19, 2025, Board meeting minutes.

5. Nominating Committee Report and Election
6. Motion to Recess

Motion: I **MOVE** the State Board of Local and Regional Jails stand in recess.

JAIL REVIEW COMMITTEE
9:40 AM – 11:00 AM

7. Call to Order
8. Determination of Quorum
9. Calendar Year 2025 Report
10. Include Specific Non-Members to Join in Closed Session:

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

Keischer Brittingham
Tawana Ferguson
Brian Flaherty
Mary-Huffard Kegley
Alison Lautz
Gerald Olson
Andy Parker
John Rock
Demetrice Tyler-Holliday

11. Enter Closed Session

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

12. Enter Open Session and Certify Discussion was Limited to Medical and Mental Health Records.

Motion: I **MOVE** the Committee 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.

13. Cases Recommended for Closure:

A. Motion to Close Cases **With no Violations:**

- i. **Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee 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 recommended to the Board for closure:

B. Motion to Close Cases **With Violations Properly Addressed:**

- i. **Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation revealed evidence indicating that the facility was out of compliance with Board regulations; however, the Committee further finds that corrective actions taken by the facility appropriately addressed the Committee's concern. NOW THEREFORE, I **MOVE** the following cases be recommended to the Board for closure:

14. Adjournment

Motion: I **MOVE** the Jail Review Committee stand adjourned.

LIAISON COMMITTEE
11:00 AM – 11:30 AM

15. Call to Order

16. Approval of November 19, 2025, Minutes

Motion: I MOVE approval of November 19, 2025, Committee meeting minutes.

17. Department of Corrections – Offender Management Report

18. State Compensation Board Report

19. Inmate Benefit Initiatives

Kim Knoll, Benefits Coordinator, VADOC

20. Legislative Report

A. Department of Criminal Justice Services (DCJS) §9.1-192.1 COV

B. HB2221 (Cousins) Inmate ID

C. HB2105 (Pugh Kent) Jail Policies

D. CY24 Annual Report of Inspections and Audits

E. Office of Regulatory Management Update, 6VAC15-40-1045 Inmate Supervision

F. Commonwealth Budget

21. Construction Update

22. Continuous Quality Improvement Update

23. Additional Items for Discussion

24. Adjournment

Motion: I MOVE the Liaison Committee stand adjourned.

POLICY AND REGULATIONS COMMITTEE

11:30AM – 12:30 PM

25. Call to Order

26. Determination of Quorum

27. 6VAC15-40-320 – 530 & Pregnant & Postpartum Inmates

28. 6VAC15-40-540 – 590 Food Service

29. Adjournment

Motion: I MOVE the Policy and Regulations Committee stand adjourned.

STATE BOARD OF LOCAL AND REGIONAL JAILS
12:30 PM – Completion

30. Call to Order

Motion: I MOVE the State Board of Local and Regional Jails reconvene.

31. Determination of Quorum

32. Jail Review Committee Report

A. Motion to Close Cases **With no Violations:**

- i. **Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee 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 for closure:

B. Motion to Close Cases **With Violations Properly Addressed:**

- ii. **Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation revealed evidence indicating that the facility was out of compliance with Board regulations; however, the Committee further finds that corrective actions taken by the facility appropriately addressed the Committee's concern. NOW THEREFORE, I MOVE the following cases for closure:

33. Policy and Regulations Committee Report

34. Annual Statement of Economic Interest & Financial Disclosure Statement

35. BLRJ Financial Report

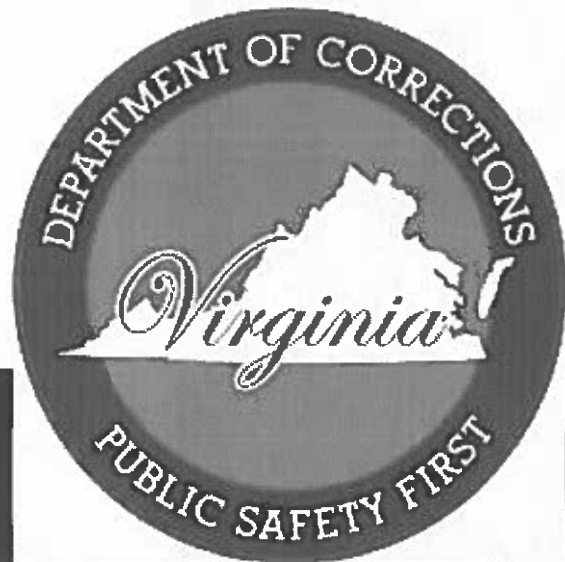
36. Additional Items for Discussion

37. Adjournment

Motion: I MOVE the State Board of Local and Regional Jails stand adjourned.

Reentry Benefits Team Initiatives

Kimberly Knoll,
Statewide Reentry Benefits Manager



Reentry Benefits Team Focus Areas

Medicaid Enrollment

Child Support Efforts

Identity Documents

Social Security Disability Benefits

DNA/Fingerprinting Efforts

Medicaid Enrollment Efforts

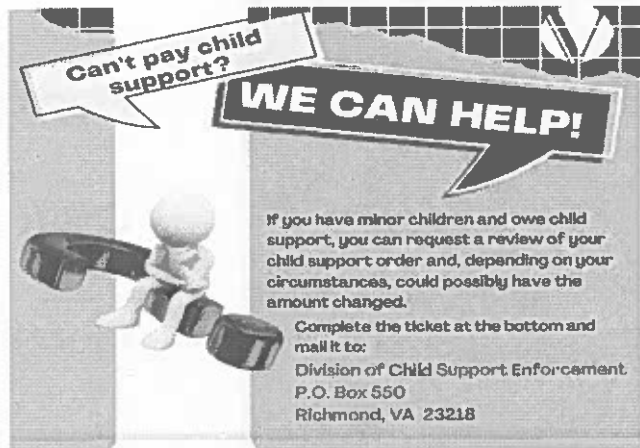
Enrollment at intake-Covers inpatient hospitalizations

99% of inmates enrolled releasing within six months

VADOC/DMAS data sharing agreement-Includes CAA 5121 Youth

Automatic coverage redetermination occurs at release

Review & Adjustment Flyer



Can't pay child support?

WE CAN HELP!

If you have minor children and owe child support, you can request a review of your child support order and, depending on your circumstances, could possibly have the amount changed.

Complete the ticket at the bottom and mail it to:
Division of Child Support Enforcement
P.O. Box 550
Richmond, VA 23218

REQUEST FOR REVIEW AND ADJUSTMENT DUE TO INCARCERATION

I, _____, am incarcerated at _____

(NAME AND ADDRESS OF RESIDENT)

I am requesting a review and adjustment of my child support order because I will be incarcerated 180 consecutive days or more.

(SIGNATURE)

(PRINT NAME)

(DATE OF FILING)

Incarcerated Parent Request for Child Support Information Form

Commonwealth of Virginia
Department of Social Services (VDSS)
Division of Child Support Enforcement (DCSE)
Department of Corrections (DOC)

INCARCERATED PARENT REQUEST FOR CHILD SUPPORT INFORMATION

DOC Information
Date of Referral: _____ Referred by (Name): _____
Facility Name: _____
Facility Address: _____
Phone Contact Requested by Inmate? ☐ Yes ☐ No Availability for Contact Date _____ Time _____
Staff Telephone Number: _____ Staff Email: _____

Incarcerated Parent Information
Name (First, Middle, Last): _____ Date of Birth: _____
DOC Inmate ID #: _____

Information Requested by Incarcerated Parent (Check all that apply):
☐ Copy of support order
☐ Copy of Payment Record (Including balance of child support owed)
☐ TANF Debt Compromise (TDC) Information
☐ Scheduled for release in the next 3 months. Please provide information about Family Engagement Services.
☐ Multiple child support cases: ☐ Yes ☐ No ☐ Uncertain
☐ Other: _____

Potential Barriers Identified the Incarcerated Parent may face upon release:
☐ Employment ☐ Education/Mercy challenges ☐ Job skills training ☐ Housing
☐ Transportation ☐ Mental health ☐ Physical health ☐ Substance use
☐ Parenting skills ☐ Other agency involvement ☐ Strained relationship with other parent

Instructions
Please e-mail the completed form, along with a signed release of information that authorizes the Division of Child Support Enforcement to release child support information on behalf of the incarcerated parent, to: fes@dcse.virginia.gov

A Family Engagement Case Manager will review the referral and e-mail the information requested to be provided to the incarcerated parent within 5 business days. If phone contact to the incarcerated parent is requested, the FES Case Manager will reach out to confirm the date, time, and phone number to call.

Notes (For use by Family Engagement Case Manager):

Identity Document Efforts

Birth Certificates:

- Applications submitted immediately upon intake

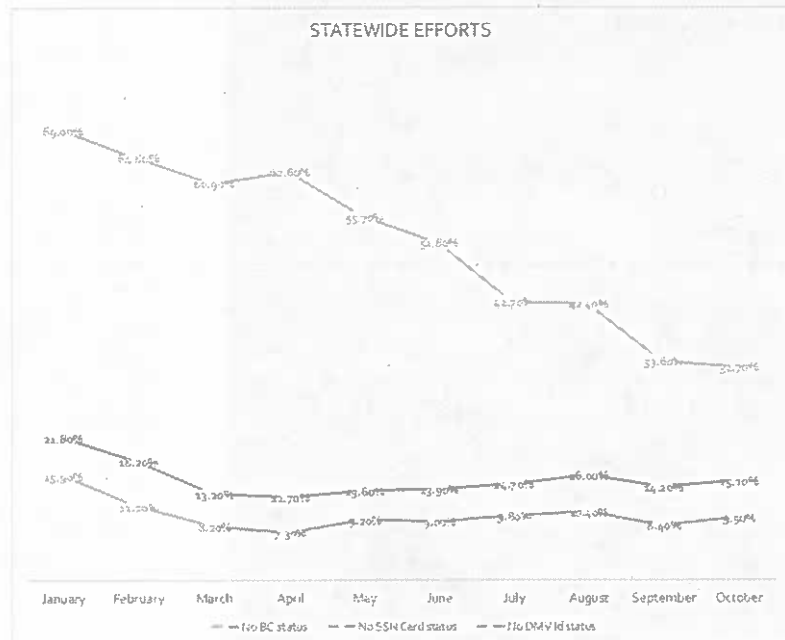
SSN Replacement Cards:

- VADOC/SSA prerelease agreement
- Applications submitted 6 months prior to release

DMV IDs:

- VADOC/DMV prerelease agreement
- DMV Connect Program for ID/Real IDs
- Applications submitted 6 months prior to release

VADOC Statewide Identity Document Efforts 2025



SSA Disability Application Benefits

VADOC/SSA agreement supports prerelease applications

Applications submitted 120 days prior to the inmate's release

Applications processed and forwarded to DDS (Disability Determination Services Board)

DDS completes determination and notifies the inmate post release



DNA & Fingerprinting Efforts

VA Code §19.2-310.2 and
Section 53.1-23:

All inmates releasing from
custody are required to
submit DNA and fingerprints

Contact Information

Kimberly Knoll, M.A., CADC, QMHP,
CSAC-A

Reentry Benefits Manager
Virginia Department of Corrections

(804) 837-7634

Kimberly.knoll@vadoc.virginia.gov



Part VII. Pregnant and Postpartum Recovery Inmates**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.

"Agency administrator" - continuity throughout regulations.

6VAC15-40____. Intake and Screening (SB 1330 Recommendation 1)

A. Upon admission, all female inmates shall be screened for:

1. Possible pregnancy or gynecological problems,
2. Menstrual and postpartum history, including medication management of current or prior issues,
3. Prior pregnancies, and,
4. Current breastfeeding status

B. If an inmate 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. (SB 1330 Recommendation 2; SB 603 Recommendation 1a)

C. Pregnancy tests shall also be made available at assessment, within 14 days of admission, or earlier as directed by a medical authority. (SB 1330 Recommendation 2; SB 603 Recommendation 1a)

6VAC15-40____. Medical Assessment and Care

A. Pregnant inmates shall be assessed for potential alcohol and substance use within 72 hours of admission or pregnancy confirmation, or earlier if clinically indicated, and necessary treatment shall be provided. (SB 1330 Recommendation 5; SB 603 Recommendation 1b)

B. Documented efforts shall be made to refer pregnant inmates to a licensed obstetric provider for initiation of prenatal care as soon as possible, but no later than 72 hours of confirmation of pregnancy. (SB 1330 Recommendation 5; SM 603 Recommendation 1b)

C. Continuity of care shall be provided throughout pregnancy, labor, and postpartum recovery, including behavioral health and Medication Assisted Treatment (MAT) when clinically appropriate. (SB 603 Recommendation 7)

6VAC15-40-____. Nutrition and Housing

A. Pregnant and postpartum inmates shall be provided adequate nutrition and prenatal dietary supplements per prenatal nutritional guidelines as ordered by a licensed healthcare provider.

B. Specialty diets and supplements for pregnant and lactating inmates shall be determined by a registered dietician or certified nutritionist and reviewed by the facility's medical authority, and such inmates shall be provided access to healthy snacks high in folic acid, iron, and calcium, as recommended by the National Academy of Sciences, outside of regular mealtimes.

C. Pregnant inmates shall be assigned to the lowest bunk available. (§ 53.1-133.07(E))

6VAC15-40-____ Restraints

A. Beginning upon notification or diagnosis by a health care provider of pregnancy or postpartum recovery, inmates shall not be restrained unless an agency administrator or designee makes an individualized determination that:

1. the inmate will harm herself, the fetus, the newborn child, or another person;
2. the inmate poses a flight risk; or
3. The totality of the circumstances creates a serious security risk.

B. If restraints are deemed necessary:

1. The restraints shall be the least restrictive means possible;
2. The restraints shall be used in consultation with a healthcare provider whenever the inmate is in medical care or labor/delivery;
3. 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:

1. Personnel ordering use shall notify the supervisor of use as soon as reasonably practicable and submit a written report indicating the reason for use to the supervisor no later than the conclusion of the personnel's shift.
2. The Supervisor shall provide a written justification report to the agency administrator within 72 hours of use.

6VAC15-40-____ Labor, Delivery, and Postpartum Care:

A. No restraints shall be used unless an individualized determination is made in accordance with subsection A. 1-3 to be completed once #'s are finalized.

B. Only the least restrictive restraint may be used, in consultation with the treating healthcare provider.

C. If restraints are used:

1. Restraint removal requests made by healthcare staff must be honored immediately;
2. Notification to a supervisor is required as soon as practicable;
3. A written report must be submitted by the end of the shift.

4. The supervisor must submit a written justification report to the agency administrator within 72 hours of use.

6VAC15-40-____ Body Cavity Searches (§ 53.1-133.07(C))

A. No body cavity search shall be conducted by local or regional jail staff other than a licensed health care provider 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:

1. A written justification report by the conducting employee within 72 hours of search;
2. A description of any contraband found.

6VAC15-40-____ Training and Policy Review

A. All security staff who may have contact with pregnant and postpartum inmates must receive minimum entry-level training pursuant to the COV §§ 9.1-102, 53.1-133.09, and:

1. General prenatal and postpartum care;
2. Impact of restraints on pregnant individuals and fetuses;
3. Impact of restrictive housing or solitary confinement and body cavity searches on pregnant inmates.

B. A review of all policies related to restraining pregnant and postpartum inmates shall be conducted by all staff every 12 months.

6VAC15-40-____ Discharge and Reentry Planning (SB 603 Recommendations 6-7)

Prior to release, pregnant and postpartum recovery inmates shall be provided discharge resources for:

1. Prenatal, postpartum, and infant care.
2. Behavioral health and SUD treatment.
3. MAT if clinically indicated; and community-based medical and social supports.

Medical and Mental Health Regulations

January 7, 2026

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”

Option 1: Health care services includes medical and dental, mental and behavioral health, nursing, pregnancy and postpartum, personal hygiene, dietary and nutrition for specialty diets based on medical diagnosis, health education and promotion, and environmental health management.

Option 2 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.

Option 3: For the purposes of these standards, health care means any act, service, treatment, whether performed, furnished, or should had been performed or furnished, by a qualified health care provider for, to, or on behalf of any individual during that persons medical diagnosis, care, treatment, while incarcerated.

Regulations:

§VAC15-40-470. 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

§VAC15-40-480. 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 §53.1-133.01 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 medical 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

6VAC40-520. 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 disbursement 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

Draft

6VAC15-40: Part IV. Programs & Services

(540-590)

SUMMARY:

The following section has been created collaboratively with input from the local and regional jail work groups, BLRJ staff, and feedback from VDH to include the following modifications:

- These recommendations will result in a regulatory reduction from seven (7) to three (3) total regulations.
- These recommendations were impacted by Board of Health's Food Regulations (12VAC5-421).

RISK BASED REVIEW:

3 Green

0 Yellow

0 Red

REGULATION REDUCTION:

- 1 definition to be added
- Merge existing 540 & 545 to make a new 540 – 98-word reduction
- Update existing 550 with considerations to work group recommendations – 10-word reduction
- Merge existing 560, 570, 580, and 590 to make a new 560 – 3-word reduction
- 4 regulation reduction (based solely on number and not definition).
 - 111-word reduction within this section.

6VAC15-40: Part IV. Programs & Services

(540-590)

6VAC15-40-10 Consideration:

“Food inspection” means an inspection pursuant to the Board of Health’s Food Regulations (12VAC5-421 et seq).

6VAC15-40-540. VDH Requirements

A. A VDH food inspection shall be conducted no less than once every 12 months with documentation readily accessible.

B. Medical examination of each food service inmate occurs no more than 30 days prior to assignment and quarterly thereafter to assess symptoms and illness within 12VAC5-421-80.

6VAC15-40-550. Food Service Menus & Nutrition

Food service menus and nutrition shall:

A. Meet dietary allowances as stated in the Recommended Dietary Allowances (RDA), National Academy of Sciences;

B. Complete RDA evaluation by a registered dietitian or certified nutritionist every three years; and additional evaluations when a substantive change in the menu or food service provider occurs.

D. Follow medical authority prescription for medical or dental diets.

E. Allow for reasonable religious requirement modifications.

6VAC15-40-560. Meal Service

Meal service shall:

A. Be prepared, transported, and served under direct supervision of staff. Video surveillance or other technologies shall not substitute for in-person surveillance. Lockable food transport may be used.

B. Be provided at least three meals daily with no more than 14 hours between evening meal and breakfast, and a minimum of two hot entrees meals daily.

D. Not be used as a disciplinary measure.

E. Maintain record of meals served for a minimum of three years.

