CONTINUOUS QUALITY IMPROVEMENT
CALENDAR YEAR 2026
QUARTER ONE

State Board of Local and Regional Jails

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Executive Summary

This report presents findings from the Continuous Quality Improvement (CQI) survey of local and regional jails. A total of 37 responses were received, representing 45 of 66 facilities (68% of facilities statewide). The combined Average Daily Population (ADP) of the responding facilities was approximately 13,463 individuals, representing a substantial share of the incarcerated population.

All responding facilities reported that behavioral and mental health services were available. During the reporting period, facilities documented 22,439 Qualified Mental Health Professional (QMHP) encounters and 8,325 psychiatric provider encounters. Indicators of acuity remained high, with 1,384 suicide watch placements, 218 Temporary Detention Orders (TDOs), and 195 mental health hospital admissions. Critical mental health-related incidents were reported by 40.5% of facilities, most commonly involving suicide attempts, self-harm behaviors, and acute psychiatric crises requiring external intervention.

Medication management processes were reported as generally stable, with 73.0% of facilities reporting no challenges. However, reported issues included delays in medication delivery, challenges in pharmacy coordination, national drug shortages, and the high cost of specialty medications. These factors required ongoing mitigation strategies to ensure continuity of care.

CQI activity was reported by 43.2% of facilities, with initiatives primarily focused on improving clinical workflows, medication management, documentation practices, and staffing capacity. Facilities identified similar areas as priorities for the upcoming quarter, including mental health services, access to care, medication management, and workforce stabilization.

Reported challenges across medical, dental, and mental health services were largely consistent and centered on staffing shortages, limited access to specialty and dental care, coordination of off-site services, and increasing medical and behavioral health acuity. Facilities also cited operational constraints, including custody staffing and movement limitations, as factors affecting timely service delivery.

Overall, the findings reflect a system that is maintaining core healthcare services while managing increasing demand, complexity, and resource constraints. Facilities continue to implement targeted improvements; however, ongoing challenges related to staffing, access to care, and population acuity remain key considerations.

Facility Information

A total of 37 responses were received for the CQI survey, representing 44 of the 65 facilities statewide (68%). In some cases, responses reflected multiple facilities under shared administration, resulting in a higher number of facilities represented than the number of individual survey submissions. Twenty-one (32%) of the facilities did not respond to the survey and were not represented in the survey results.

Facilities were asked to report their current accreditation status with the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). Most facilities reported no formal accreditation from either organization. Facilities can hold multiple accreditations, but the survey did not require respondents to select more than one. The survey has been revised, and this data will appear in the next quarterly report.

Facilities that completed the survey included the following local and regional jails, with their accreditation status in parentheses, if applicable:

- Albemarle-Charlottesville Regional Jail
- Alleghany Regional Jail
- Arlington County Jail (ACA)
- Botetourt-Craig Public Safety Facility
- Blue Ridge Regional Jail Authority
- Central Virginia Regional Jail
- Chesterfield County Jail (NCCHC)
- Danville Adult Detention Center
- Danville City Jail
- Eastern Shore Regional Jail
- Fauquier County Adult Detention Center
- Gloucester County Jail
- Henrico County Sheriff's Office (ACA)
- Henry County Adult Detention Center
- Lancaster County Correctional Center
- Meherrin River Regional Jail (NCCHC)
- Middle Peninsula Regional Security Center
- Middle River Regional Jail
- Montgomery County Jail
- Norfolk City Jail (NCCHC)
- Northern Neck Regional Jail
- Northwestern Regional Adult Detention Center
- Pamunkey Regional Jail (ACA)
- Piedmont Regional Jail Authority
- Portsmouth City Jail
- Prince William-Manassas Regional Adult Detention Center

- Rappahannock Regional Jail
- Roanoke County/Salem Jail (ACA)
- Rockbridge Regional Jail (NCCHC)
- Southampton County Jail
- Sussex County Jail
- Southwest Virginia Regional Jail Authority
- Virginia Peninsula Regional Jail
- Western Tidewater Regional Jail
- Western Virginia Regional Jail
- William G. Trusdale Detention Center (City of Alexandria) (ACA)

Average Daily Population

The combined ADP for responding facilities was approximately 13,463 individuals. This figure represents the population of the 45 facilities included in the survey and provides important context for the scope of the findings.

Statewide ADP data for the reporting period were not yet available at the time of this analysis. As a result, although the responding facilities represent a substantial share of the system, the total proportion of the statewide population captured by this survey cannot be determined.

Healthcare Service Utilization

Data Interpretation Note

Healthcare utilization data reflect aggregate facility-reported values. Reporting practices varied across jurisdictions, including differences in clinical tracking systems, the categorization of encounters, and whether certain conditions (e.g., infectious disease status) are actively tracked or reported. In some cases, facilities reported medication utilization without corresponding counts, and some categories included responses such as “not tracked,” “unknown,” or “not applicable.” As a result, totals represent reported service activity and should not be interpreted as standardized prevalence or incidence measures across facilities.

All responding facilities (n=37) provided data on healthcare service utilization measures. Data are presented in aggregate across reporting facilities unless otherwise noted.

Infectious Disease Status

- Hepatitis C Positive Inmates: 887 reported across facilities providing numeric data
    - 1 facility reported, “unknown.”
    - 1 facility reported, “not tracked.”
- 1 facility reported, “not tracked, but one inmate has a diagnosis.”
- HIV Positive Inmates: 206 reported
- HIV Positive Inmates Receiving Highly Active Antiretroviral Therapy (HAART): 267 reported

    - Two facilities reported inmates receiving antiretroviral medication despite indicating no known HIV-positive population in their facilities.

Healthcare Encounters

- Total Sick Call Encounters: 31,233 reported
- Physician Visit Contacts: 12,086 reported
    - One facility reported 415 face-to-face encounters and 567 chart reviews separately; all other reporting facilities contributed to the aggregate total above
- Specialty Consults Completed: 2 facilities did not provide data; remaining facilities reported 2,209 consults.

Higher Level Care Utilization

- Infirmary admissions: 7 facilities reported not applicable; remaining facilities reported 795 admissions
- Off-site medical transport for emergency care: 880 reported
- Hospital Admissions for Medical Illness or Injury: 283 reported; 1 facility did not provide data

Dental Services Availability

Dental Services Availability

- 35 facilities (94.6%) reported dental services were available
- 2 facilities (5.4%) reported dental services were not available

Number of Dental Encounters/Services:

- 3,217 total dental services were reported across responding facilities

Healthcare Systems Gaps, Delays, and Operational Concerns

Facilities were asked to report any observed gaps, delays, or operational concerns affecting healthcare delivery. Responses varied, including both “no issues identified” and descriptions of operational constraints.

- Several facilities reported no gaps, delays, or concerns during the reporting period (n=multiple responses including “none,” “N/A,” and “no issues identified”).
- A portion of responses indicated no facility-specific concerns but noted that systemic challenges exist broadly in the community, including access to specialty care and extended diagnostic timelines.
- Individual facilities identified operational constraints, including:
    - Delays in transportation for psychiatric commitment orders (TDOs)
    - Staffing limitations affecting continuity of care and appointment scheduling

- Periodic delays in outside specialty consultations and medical transport availability
- Increased medical complexity of the incarcerated population requiring long-term care, durable medical equipment, and chronic disease management support
- Limited availability of dental providers willing to serve incarcerated populations

Emergency medical needs were consistently reported as prioritized, with most facilities indicating minimal disruption to urgent care delivery.

Prescription Medication Delivery and Management

Facilities were asked to describe challenges in the delivery and management of prescription medications, including shortages, delays, and other issues.

- 73.0% of respondents reported no challenges during the reporting period
- 10.8% reported generally stable operations with occasional or manageable issues
- 16.2% identified more persistent challenges

Key themes among reported challenges included:

Delays in medication access

- Particularly for newly prescribed or specialty medications
- Often related to pharmacy delivery timelines, prior authorizations, and coordination following off-site appointments
- Mitigation strategies included temporary bridging, use of local pharmacies, and courier services

Medication shortages

- National backorders of certain drugs
- Managed through substitutions or advance notice from pharmacy providers
- Required additional staff coordination and monitoring

Cost constraints

- High-cost treatments (e.g., Hepatitis C medications exceeding $25,000 per course)
- Ongoing impact on limited medical budgets
- Challenges identifying lower-cost alternatives

Operational and coordination challenges

- Non-formulary medication management
- Delays in accessing outside specialty care
- Cross-shift communication and medication verification following external appointments
- Occasional disruptions related to technology or weather

Medication management processes were generally reported as stable across facilities; however, ongoing challenges related to timeliness, cost, and coordination continue to require active management.

Behavioral and Mental Health Services

All responding facilities (100%) reported that behavioral and mental health services were available throughout the reporting period.

Service utilization:

- 22,439 Qualified Mental Health Professional (QMHP) encounters reported
    - One facility reported 1,090 encounters provided by Licensed Clinical Social Workers (LCSWs)
    - Two facilities did not report encounter data
- 8,325 total psychiatric provider encounters (psychiatrists and psychiatric nurse practitioners)

Indicators of mental health acuity:

- 384 instances of individuals placed on suicide watches
- 218 Temporary Detention Orders (TDOs) issued
- One facility reported 2 Emergency Custody Orders (ECOs) requiring services at the time of release
- 195 admissions to hospitals for mental health care

Critical mental health incidents:

- 40.5% (15 facilities) reported incidents
- 59.5% reported none

Common types of incidents included:

- Suicide attempts and self-harm behaviors
- Acute mental health crises requiring hospitalization or emergency intervention
- Repeated self-harm by the same individuals
- Ligature attempts and ingestion of foreign objects
- Severe psychiatric decompensation
- Refusal to eat or drink resulting in forensic TDOs
- Court-ordered treatment related to incompetency

Response and management:

- Facilities reported following established crisis response protocols
- Included immediate safety interventions and coordination with external healthcare providers

The volume of clinical encounters, the frequency of suicide watch placements, and the number of crisis-driven interventions indicate a consistently high level of behavioral health need across responding facilities. Although all facilities reported service availability, the data reflect ongoing demand for intensive monitoring, timely psychiatric intervention, and coordination with external mental health systems to manage individuals with complex and acute needs effectively.

Continuous Quality Improvement (CQI) Activities

Of the 37 respondents:

- 43.2% (16 facilities) reported CQI initiatives during the reporting period
- 56.8% (21 facilities) reported no new or ongoing CQI activities

Key CQI Focus Areas Identified

Clinical processes and workflows:

- Improvements to intake screening processes
- Enhancements to sick call workflows
- Strengthening chronic care monitoring
- Improvements to medical rounds in restrictive housing
- Efforts to improve overall access to care and reduce delays

Medication management and pharmacy coordination:

- Revisions to Medication-Assisted Treatment (MAT) policies
- Strengthening medication administration practices
- Improved tracking of medication refusals and controlled substances
- Enhanced communication with pharmacy providers
- Pharmacy vendor changes or audit-related improvements

Documentation, communication, and compliance:

- Updates to charting systems and documentation processes
- Reinforcement of documentation standards
- Improved shift-to-shift clinical handoffs
- Strengthened coordination between medical, mental health, and custody staff
- Staff training and re-education on protocols and compliance requirements

Staffing and resources:

- Hiring of additional nursing and mental health staff
- Efforts to improve staffing levels and capacity for service delivery

Safety and operational improvements:

- Updates to emergency response protocols

- MAT diversion-prevention measures
- Expanded monitoring of individuals at risk for medical or mental health decompensation

Reported CQI activities reflect targeted, facility-level efforts to improve clinical workflows, strengthen medication management, enhance documentation and communication practices, and address staffing and resource needs. While not all facilities reported formal CQI initiatives, those that did emphasized practical, process-driven improvements aligned with operational demands and care delivery priorities.

Healthcare Improvement Priorities for Quarter Two

Facilities were asked to identify their top one to two priority areas for healthcare improvement for the upcoming quarter. Of the 37 respondents, 35 identified at least one priority area, while two reported none or no specific priorities at this time.

Key Priority Areas Identified

Staffing and workforce capacity:

- Recruitment and retention of qualified medical, nursing, mental health, and dental staff
- Reducing reliance on agency or temporary staff
- Expanding staffing levels to improve service coverage and continuity of care
- Improving availability of licensed mental health professionals

Mental health services:

- Expanding access to mental health care and psychiatric services
- Improving crisis response and behavioral health management
- Reducing delays in TDO processing and mental health placements
- Increasing access to Medication-Assisted Treatment (MAT) and MOUD programs
- Strengthening interdisciplinary treatment planning for high-risk individuals

Access to care and timeliness:

- Improving intake screening processes and the timeliness of medical evaluations
- Reducing delays in medication delivery and administration
- Expanding telehealth services and outside medical coordination
- Improving follow-up on outside medical records and specialty care

Medication management:

- Strengthening medication administration and documentation practices
- Improving MAT program access and oversight
- Addressing medication availability, substitutions, and pharmacy coordination
- Managing high-cost medication utilization and funding constraints

Process, systems, and coordination:

- Improving chronic care monitoring and proactive care management
- Strengthening communication between medical, mental health, and custody staff
- Enhancing shift-to-shift handoffs and continuity of care
- Expanding interdisciplinary treatment planning for complex patients

Infrastructure, equipment, and program development:

- Expanding or upgrading medical units and equipment
- Implementing or pursuing accreditation (e.g., NCCHC)
- Improving safety protocols and clinical workflow efficiency
- Securing additional funding or grants to support healthcare services

Overall, healthcare improvement priorities for the upcoming quarter reflect a strong focus on strengthening staffing capacity, improving access to mental health and medical services, enhancing medication management systems, and improving care coordination. Many facilities identified priorities that directly align with challenges experienced during the reporting period, particularly in behavioral health acuity, workforce limitations, and timely access to care.

Challenges in the Delivery of Medical, Dental, and Mental Health Services

Facilities were asked to describe challenges associated with the delivery of medical, dental, and mental health services during the reporting period.

Staffing shortages and workforce limitations:

- Ongoing difficulty recruiting and retaining qualified medical, nursing, mental health, and dental staff
- Reliance on agency or temporary staff to maintain coverage
- Custody staffing shortages are impacting patient movement and timely care delivery
- Limited availability of licensed mental health professionals and psychiatrists

Access to care and specialty services:

- Limited availability of outside specialty and follow-up appointments
- Long waiting times for dental services and difficulty securing providers willing to serve incarcerated populations
- Delays in off-site medical care due to transportation and security coordination
- Limited access to hospital beds for TDO placements and mental health admissions

Mental health system constraints:

- Increasing acuity and complexity of behavioral health needs
- Delays in crisis stabilization and TDO processing
- Limited on-site psychiatric coverage in some facilities

- Challenges in managing individuals with serious mental illness in a jail setting

Operational and coordination challenges:

- Competing facility demands impacting medical scheduling and medication delivery
- Delays in patient movement due to custody operations (recreation, housing changes, lockdowns)
- Communication gaps between medical, mental health, custody, and external providers
- Incomplete or delayed medical records from outside facilities or hospitals

Medication management and pharmacy issues:

- Delays in medication delivery and pharmacy turnaround times
- National drug shortages and backorders
- High cost of medications, including specialty and chronic care treatments
- Challenges coordinating non-formulary medications and treatment changes

Financial and resource constraints:

- Limited funding for staffing and program expansion
- High cost of medical care, medications, and specialty services
- Difficulty securing grants or additional resources in some jurisdictions

General observations:

- Some facilities reported minimal or no challenges during the reporting period
- Others noted stable operations despite underlying system pressures

While some facilities reported stable operations with minimal challenges, most identified ongoing system-wide pressures affecting the delivery of medical, dental, and mental health services. The most consistent challenges included staffing shortages, limited access to specialty care, rising behavioral health acuity, and operational constraints that affected the coordination and timeliness of services. These factors continue to place strain on service delivery and require ongoing mitigation strategies at the facility level.

Conclusion

The CQI survey results indicate that local and regional jails continue to provide essential medical, dental, and behavioral health services in a complex and resource-constrained environment. High utilization of mental health services, frequent crisis interventions, and the volume of clinical encounters underscore the significant and ongoing healthcare needs of the incarcerated population.

While many facilities reported stable operations in key areas such as medication management and overall service delivery, the data highlight persistent challenges that undermine the consistency and timeliness of care. Staff shortages among healthcare and security personnel remain a primary concern, affecting multiple aspects of service delivery. Access to specialty care,

dental services, and external mental health resources remains constrained by availability, logistics, and system capacity.

The increasing acuity and complexity of the population emerged as a consistent theme throughout all sections of the survey. Facilities are managing individuals with chronic medical conditions, serious mental illness, and co-occurring disorders at levels that often exceed the intended scope of a short-term custodial setting. This dynamic contributes to higher demand for monitoring, coordination, and external healthcare services.

At the same time, facilities that reported CQI initiatives and set priorities for the upcoming quarter demonstrated a focus on practical, process-driven improvements. These efforts, particularly in staffing, mental health services, medication management, and care coordination, reflect an ongoing commitment to strengthening healthcare delivery within existing constraints.

Taken together, the findings suggest that while foundational systems of care are in place, sustained attention to workforce capacity, access to external services, and system coordination will be critical to maintaining and improving healthcare outcomes across facilities.