

VIRGINIA DEPARTMENT OF CORRECTIONS
Lawrenceville Correctional Center Management Study

September 18, 2020

Foreword

The Virginia General Assembly, in 2020, enacted House Bill 30, (Chapter 1289) Item 402#3c Item 1. This legislation directed the Virginia Department of Corrections (VADOC) to conduct a study of the potential cost to the Commonwealth of state management of the Lawrenceville Correctional Center, currently operated under contract with the GEO Group. The Department contracted with CGL Companies to conduct this study on its behalf.

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Executive Summary

Termination of the current contract with GEO for management and operation of the Lawrenceville Correctional Center (LVCC), followed by transition to management and staffing of the facility by the Virginia Department of Corrections (VADOC) will increase the overall cost of LVCC operations.

FY 2020 total expenditures for Lawrenceville, including medical and administrative spending outside the GEO contract, were \$29.2 million. On a per capita basis, this is approximately 49 percent below spending levels at other VADOC Level 3 facilities. An analysis of VADOC operation of Lawrenceville, shows that the Department would increase staffing at the facility to provide adequate relief and address needs for improved security. The additional staff and the higher overall compensation levels for state employees would drive the projected operating cost of the facility up to \$38.5 million, an increase of \$9.3 million above current spending levels.

However, even at this increased cost, Lawrenceville would still be significantly less expensive to operate than other VADOC Level 3 (medium security) facilities. The per capita cost of housing an inmate at Lawrenceville under VADOC management would be \$67.99 per day. The current average per diem cost for other Level 3 facilities comparable to Lawrenceville is \$76.64 per day. The analysis indicates that adjusting Lawrenceville operations under VADOC management to reach consistency with Department operating practices and policies would increase costs, but that the increased expenditure level would still be efficient relative to other VADOC facilities.

There are significant issues which need to be addressed in the evaluation of this policy decision. These issues include the timing of the decision relative to the remaining term of the GEO contract, the logistics of replacing the current staff and management of an operating correctional facility, developing a plan to address capital repair needs and deferred maintenance, mitigating disease spread during the transition process, and evaluation of the operational benefits of VADOC management relative to the increased cost of facility operations. Analysis of recruitment, hiring, and training requirements associated with a transition to VADOC management of Lawrenceville show that Department will require up to 9 months to develop the staffing complement required to operate the facility.

An analysis of healthcare service delivery at LVCC shows little potential that an alternative delivery model would produce a significant reduction in costs without a negative impact on service quality. Virginia is somewhat unique in its approach to inmate healthcare, with a complex mix of state-managed and private vendor services at each facility.

The Department's approach to healthcare management has several significant features that work to contain costs. These include use of VCU Health for inpatient services and access to the 340B program to reduce pharmaceutical costs. The Department's relationship with Anthem as Third Party Administrator provides access to its negotiated network rates for outpatient services in the community.

Assuming the Department can recruit and retain healthcare staff at LVCC, the most efficient model for management of healthcare services at LVCC appears to be management and staffing provided by the VADOC. The projected annual cost of VADOC-managed healthcare services at Lawrenceville under this approach is \$6,225,780, or 11.01 per inmate per day. This compares favorably to the Department's average per capita costs of \$22.06 in facilities that outsource healthcare services.

1. INTRODUCTION

During its 2020 legislative session, the Virginia General Assembly enacted House Bill 30, (Chapter 1289) Item 402#3c Item 1, which directed the Virginia Department of Corrections (VADOC) to conduct a study of the projected operating costs of Lawrenceville Correctional Center (LVCC) should the State assume responsibility for its management at the end of its current contract with GEO Group. In July 2020, the Department selected CGL to conduct this analysis.

As directed by the Department, the study has four specific objectives:

- Identify costs increases and/or savings associated with a transition from private operation of LVCC to state management.
- Assess the structure and cost of alternative approaches to healthcare services provided to offenders housed at LVCC.
- Develop a timeline for transition from contracted operation to state management of the facility.
- Identify potential impediments to a transition to state management of LVCC.

Methodology

This analysis assumes that under any transition of LVCC to state management, the facility will continue to operate as a Level 3 facility, following all required VADOC operational policies and procedures. Assumptions on staffing and facility management are consistent with practices at comparable VADOC facilities, as designated by the Department.

The project team used several methods to develop projected costs for LVCC. We used actual expenditure data for current LVCC operations where available, such as payments to the City of Lawrenceville for water and sewer service. We modeled projected costs for staffing on facility staffing patterns in comparable VADOC facilities and associated state employee compensation levels. Maintenance costs assume current VADOC contracted maintenance rates. For other operational services and functions, we developed per capita unit costs based on three years of expenditures in comparable VADOC facilities, and then applied these unit costs to the projected LVCC population level. We provide additional detail on the approach to projecting facility operating cost later in this report.

In support of this analysis we requested extensive supporting documentation of VADOC expenditures, policies, and operations. We supplemented this data with extensive interviews with key VADOC staff responsible for contract management, healthcare services, human resources, and facility operations.

Background

Lawrenceville Correctional Center (LVCC) is located in southeastern Virginia near the town of Lawrenceville in Brunswick County. The facility was constructed by the Industrial Development Authority of Brunswick County in 1997 and ownership of the facility was subsequently assumed by the Commonwealth of Virginia. The VADOC initially contracted with Corrections Corporation of America (CCA) to manage the facility under the Department's first contract for a privately operated prison. The GEO Group was awarded the contract for operation of the facility in 2003 and has been responsible for management and operations of LVCC since that time. The current contract with GEO was awarded in July 2018 and is effective through July 1, 2023, with annual options to renew the contract for an additional ten years.

Lawrenceville is a Class 3 (medium security) facility with a contracted capacity of 1,575 beds and operated with an average daily population of approximately 1,549 inmates in FY 2020. The facility has six housing units, four which house general population inmates, one dedicated to a Therapeutic Community, and one for inmates assigned to administrative segregation. Each housing unit is subdivided into 3 separate pods which are monitored from elevated central control rooms. The facility also has an administration building, two gymnasiums, as well as program services areas. Programs provided at LVCC, in addition to the Therapeutic Community, include Adult Basic Education, GED, and vocational programs overseen by the Virginia Department of Correctional Education.

The VADOC Eastern Region is responsible for oversight of the facility. The Department maintains an on-site contract monitor as well as an inmate grievance hearing officer at the facility. Contract requirements dictate that Lawrenceville follows VADOC operating policies and procedures. The GEO plan for staffing the facility has been reviewed and approved by the Department. The facility has received accreditation from the American Correctional Association consistently over GEO's tenure and has also passed Prison Rape Elimination Act compliance audits.

Lawrenceville has a somewhat distinct design compared with other VADOC Level 3 facilities, with primary reliance on multi-occupancy housing. According to VADOC administrators, the facility has experienced difficulty in filling vacant positions, placing significant stress on remaining staff to assure facility operations. More recently LVCC has experienced interruptions in water service due to deteriorating infrastructure, as well as cases of COVID-19.

2. CURRENT LVCC COSTS

Key Findings

- *VADOC spending for Lawrenceville CC in FY2020 totaled \$29.2 million.*
- *The per capita cost per day at LVCC in FY2020 is \$51.55, nearly 49 percent lower than comparable VADOC facilities.*
- *Lower costs at LVCC are primarily attributable to lower staffing and compensation levels than found in VADOC facilities. Differences in staffing stem from lower numbers of relief staff as well as fewer correctional officers posted to direct supervision of inmates.*

Lawrenceville CC Cost Profile

A comparison of the costs of alternative approaches to management of LVCC begins with establishing the costs of the current approach. The VADOC contracts with GEO for operation and management of the facility. The contract sets the following payment rates:

- \$48.94 per inmate per day for up to 1,425 ADP for Years 1 & 2 of the contract
- \$8.47 per inmate per day for ADP over 1,425 for Years 1 & 2
- \$2.39 education per diem for up to a maximum of 1,500 ADP for Year 1
- \$2.44 education per diem for up to 1,500 ADP for Year 2

Outyear adjustments to these rates will be aligned with annual changes in the Consumer Price Index for Urban Wage Earners and Clerical Workers, CPI-W. Year 3 of the contract commenced on August 1, 2020. The new rates are \$49.41 per inmate per day for the first 1,425 inmates, \$8.55 per inmate per day for those inmates over an ADP of 1,425, and \$2.46 per inmate per day for education services. The CPI-W increase was 0.96 percent.

In addition to contract expenditures for operation of the facility, the VADOC funds the cost of medical services not covered by the vendor, primarily off-site services and high-cost pharmaceuticals. The Department's Central Office also funds two FTEs to provide on-site contract monitoring and to manage the inmate disciplinary system at the facility. As shown in Table 1, total Department expenditures for LVCC in FY 2020 totaled \$29,166,874.74.

Table 1: FY 20 Lawrenceville CC Expenditures

	FY 20 Expenditures
Facility Operations Per Diem	\$ 27,408,572.67
Educational Services Per Diem	\$ 1,227,665.89
VADOC Staff	\$ 138,767.72
Medical	\$ 391,871.46
TOTAL	\$ 29,166,877.74

LVCC & VADOC Cost Comparison

In order to place this level of spending in context, we compared spending for LVCC with comparable VADOC facilities. The Department identified five facilities that are closest to LVCC in size and mission: Augusta CC, Green Rock CC, Greenville CC, Nottoway CC, and Pocahontas CC. Each of the five facilities identified above was chosen because its security level is similar to that of Lawrenceville. Augusta and Nottoway are pure Level 3 facilities, while Green Rock, Greenville, and Pocahontas house both Level 2 and Level 3 inmates. However, it is important to note that each facility's specific mission, capacity, programs, and services differ somewhat from Lawrenceville, so that direct comparisons among these facilities should be interpreted with caution.

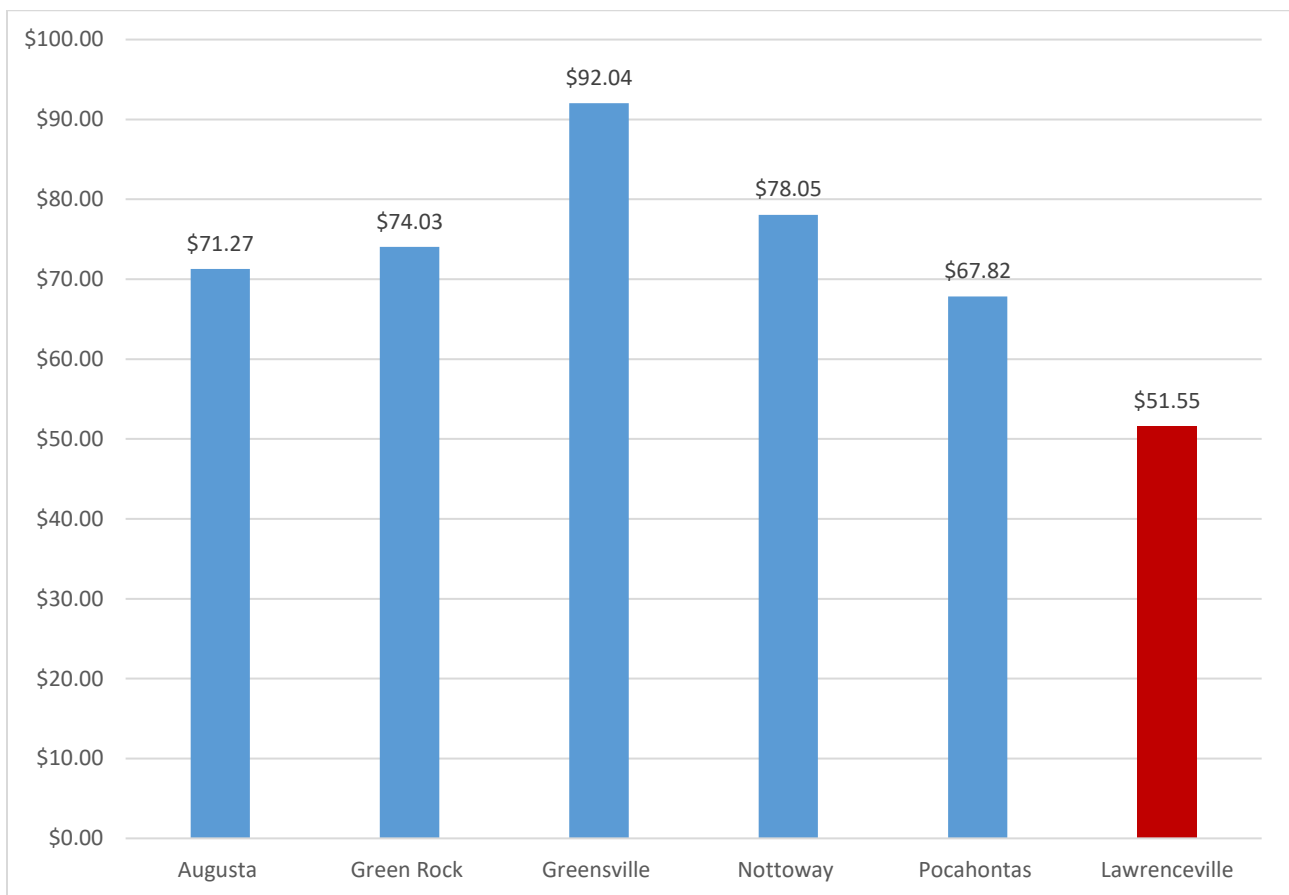
The facilities range in size from an average daily population (ADP) of 2,877 at Greenville, to 1,011 at Green Rock. Table 2 summarizes direct expenditures for each facility as well as medical expenses that are managed centrally by VADOC, but that are allocated to each facility.

Table 2: FY 20 Expenditures, LVCC & Comparable Facilities

	FY20 Facility Expenditures	FY20 Medical Expenditures	Total FY20 Expenditures	FY20 ADP
Augusta	\$33,530,934	\$1,012,978	\$34,543,912	1,327
Green Rock	\$25,200,315	\$2,136,001	\$27,336,316	1,011
Greenville	\$94,781,132	\$1,935,658	\$96,716,790	2,877
Nottoway	\$37,107,490	\$3,059,284	\$40,166,774	1,409
Pocahontas	\$23,524,706	\$1,692,937	\$25,217,643	1,018
Lawrenceville	\$28,775,007	\$391,871	\$29,166,878	1,549

The average cost of incarceration per inmate per day for the five comparison facilities is \$76.48 in FY 20, ranging from a high of \$91.85 per day at Greenville to \$67.68 at Pocahontas. The specialized missions of Greenville, which supports a major infirmary, and Nottoway, which serves as the Department’s central intake facility, account for the higher per diem costs experienced by those facilities. The average per diem cost for these facilities is 48.7% higher than the effective per diem cost for Lawrenceville, inclusive of all facility expenditures. Figure 1 summarizes the per diem costs for these facilities.

Figure 1: FY 20 Per Diem Costs, LVCC & Comparable Facilities

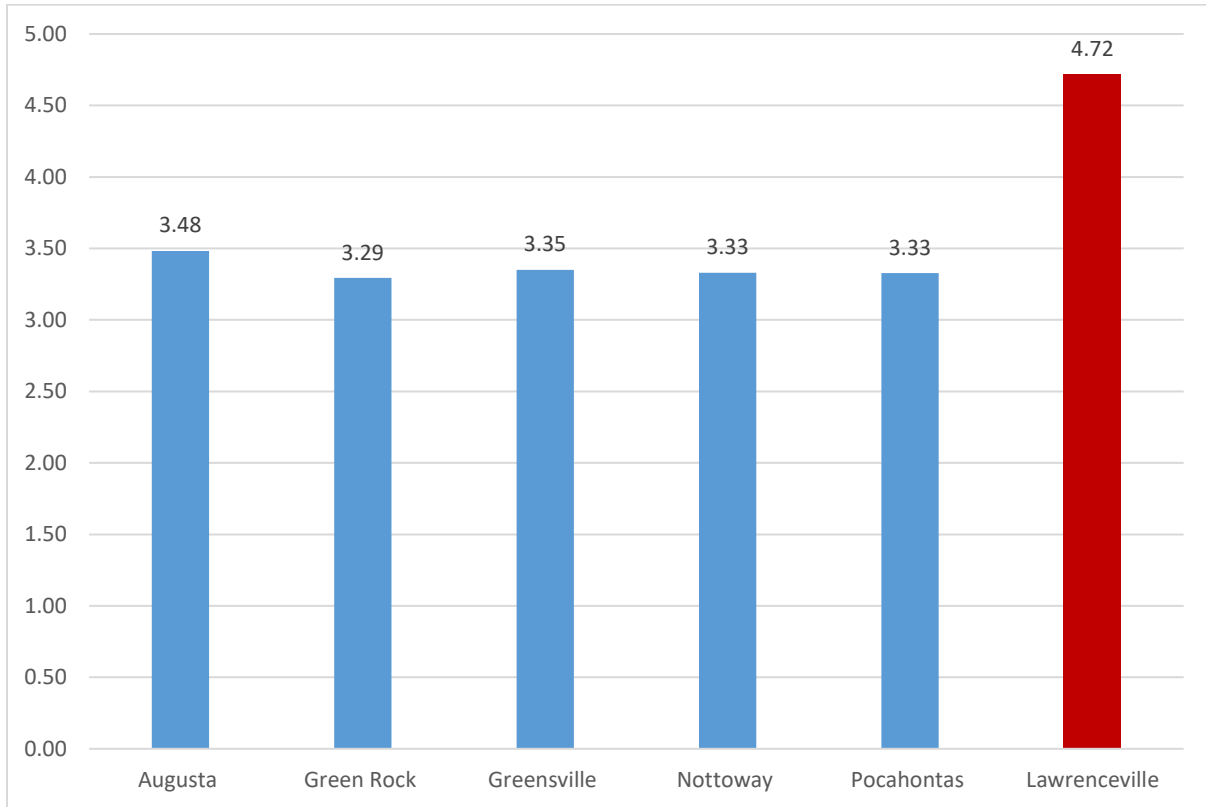


The most significant factor in understanding the disparity in cost between LVCC and these comparison facilities is differences in staffing. Personnel costs generally make up 65 – 80 percent of total correctional facility spending. Accordingly, differences in approach to staffing patterns and compensation levels will have a primary role in determining facility costs.

Differences in approach to staffing between VADOC-managed facilities and LVCC are apparent in looking at data on inmate to staff ratios for these facilities. As shown in Figure 2, the five VADOC-managed facilities reviewed in this analysis all have similar staffing patterns, ranging from 3.29 inmates per budgeted staff member, to 3.48 inmates per budgeted staff

member. By contrast, at LVCC the ratio of inmates to staff FTEs is 4.72 inmates per staff member, 40.5 percent higher than the average of the five comparison facilities.

Figure 2: Inmate to Budgeted Staff Ratios



A significant factor contributing to this disparity appears to be the lack of relief staffing at LVCC. The VADOC regularly updates facility relief factors to ensure adequate coverage of job duties when staff are not available for assignment. An accurate relief factor ensures an appropriate number of staff available to cover operational responsibilities without undue reliance on overtime. The average, targeted relief factor for a 12 hour/7 day post in VADOC correctional centers is 2.59, meaning that single post requires 2.59 FTEs to provide continuous staff coverage.

The relief factors reported by GEO for their staffing plan for LVCC in Attachment G of the contract with VADOC are:

- Correctional officers - 2.25
- Sergeants - 2.21
- Lieutenants - 2.50

- Captains – 2.50

These are approximately 13 percent below the average relief factors established as goals by the VADOC for its facilities. As shown in Table 3, applying the VADOC average relief factor to LVCC posts results in a requirement for approximately 210 staff, as compared to the 183 custody staff positions required by GEO for the same staffing plan, a difference of 27 FTEs.

Table 3: GEO & VADOC Relief Factor Impact

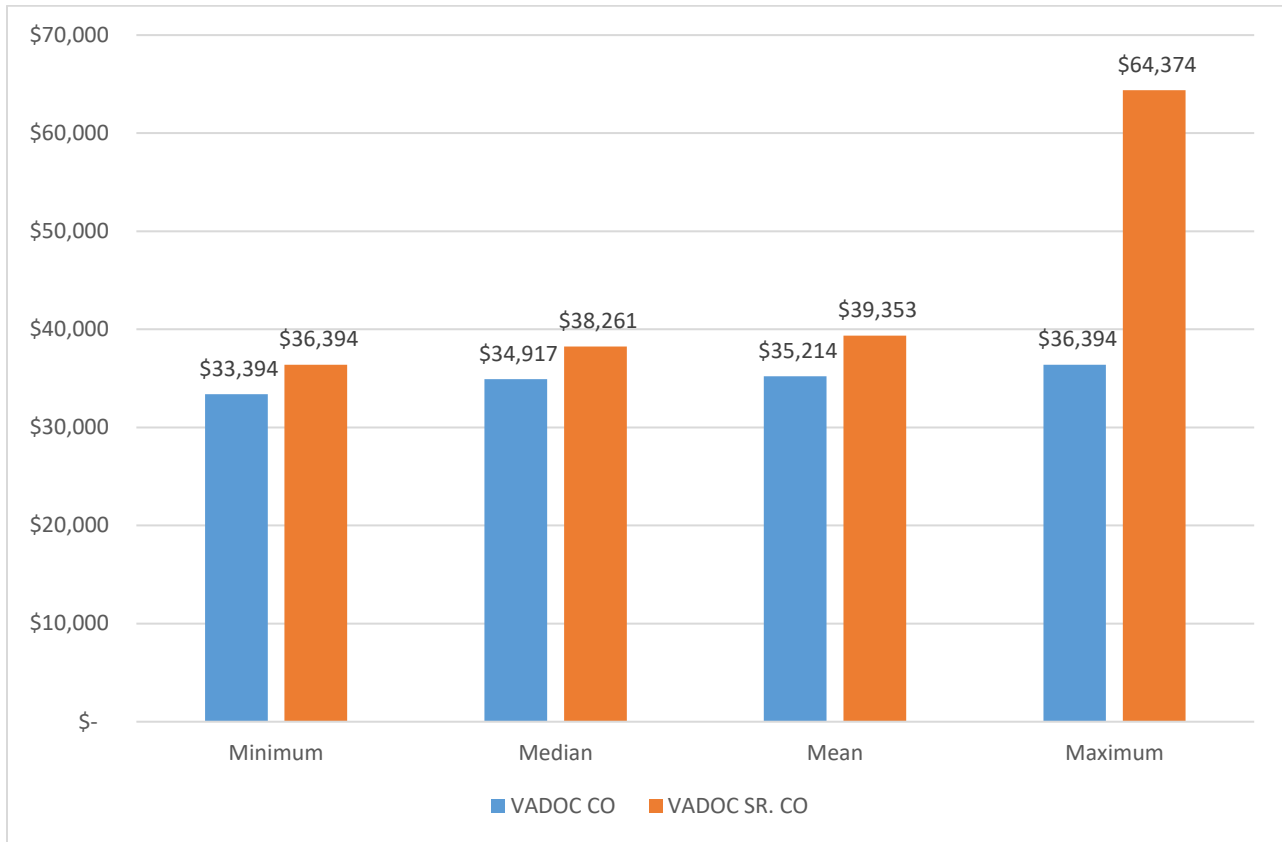
	LVCC Current Relief Posts	GEO Relief Factor	VADOC Relief Factor	FTE Difference
Captains	2	5.00	5.18	0.18
Lieutenants	2	5.00	5.18	0.18
Sergeants	14	31.00	36.26	5.26
Correctional Officers	63	141.75	163.17	21.42
TOTAL	81	182.75	209.79	27.04

Operational policies also contribute to lower population levels. Current LVCC staffing complements and scheduling does not allow for one male correctional officer to be assigned to each living unit on both shifts, a standard practice in VADOC Level 3 facilities. Security systems at LVCC also feature a much heavier reliance on cameras and video monitoring due to lack of staff that can be deployed on units.

Another major factor in the lower LVCC per diem cost relative to VADOC facilities are differences in staff compensation. GEO correctional officers start at a salary of \$22,176, with a maximum pay level of \$30,064. As shown in Figure 3, this is far below VADOC compensation levels. Further, VADOC correctional officers are promoted to senior correctional officers upon completion of DCJS certification and the required VADOC 12-month probationary period. The maximum salary earned by a VADOC senior correctional officer is over twice the salary limit for a GEO correctional officer.

VADOC employee benefits for retirement and healthcare are also more generous and expensive than those offered by GEO, further contributing to the higher cost of government staff. Although low compensation levels for GEO staff reduce the cost of LVCC operations, they also create significant issues in the recruitment and retention of staff. VADOC administrators report that Lawrenceville experiences sustained issues in maintaining approved staffing levels. While the Department also experiences some issues in filling vacancies, these problems are generally described as more significant at LVCC. The low number of relief staff built into the roster further aggravates the operational issues created by these vacancy rates.

Figure 3: VADOC Correctional Officer Salary Levels



Lower medical costs also play a role in lowering LVCC costs. The Department does not send inmates with complex medical conditions to LVCC. Contract terms prohibit inmates in need of infirmary care, active TB cases, and inmates receiving HIV or Hepatitis C medication, from placement at LVCC. Department administrators described the healthcare caseload at LVCC as very light compared to state-managed facilities.

Finally, the VADOC comparison facilities included in this analysis incur expenditures for ancillary facilities such as Boiler Plants, Power Plants, Wastewater Treatment Plants, and Agribusinesses not found at LVCC. These ancillary facilities and operations add operational complexity and cost to VADOC facilities when compared to LVCC.

3. LVCC COSTS - VADOC MANAGEMENT

Key Findings

- *VADOC management and operation of LVCC requires 421.76 FTEs, an increase of 93.41 FTEs or 29 percent above the GEO staffing plan.*
- *Projected expenditures for operation of LVCC under Department management, including the cost of staff required for consistency with Department policies as well as operations and service costs based on spending patterns at comparable VADOC facilities, total \$38,465,450.*
- *This represents a \$9.3 million increase over FY 20 LVCC spending under the GEO contract. Approximately 67 percent of this increase is attributable to the VADOC staffing plan for the facility which includes an increase of 93 correctional officers needed to provide adequate relief staffing and to address operational security needs. The remaining difference in cost appears due to the higher salary and benefit compensation levels received by VADOC staff.*
- *The projected cost to VADOC of purchasing the existing FF&E at Lawrenceville is \$511,833.*
- *Additional VADOC staff required to support the hiring and training process will have a one-year cost of \$517,044. Conversion of LVCC to state management will allow for the elimination of one contract monitor position currently detailed at LVCC, providing annual savings of \$107,720.*
- *The per diem cost for LVCC compares favorably with the other Level 3 facilities in this analysis. The total operating per capita cost for LVCC under VADOC management is \$68.17 per day. This compares favorably with the VADOC Level 3 comparison facilities which average \$76.64, approximately 12.4 percent above LVCC costs. Although the costs projected for LVCC under state management increase above current contract levels, they are still significantly lower than costs for comparable VADOC facilities.*
- *Significant issues for consideration in the evaluation of the potential transition of LVCC to VADOC management include the timing of the decision relative to the remaining term of the contract, the logistics of replacing the current staff and management of an operating correctional facility, developing a plan to address capital repair needs and deferred maintenance, mitigating disease spread during the transition process, and*

evaluation of the operational benefits of VADOC management relative to the increased cost of facility operations.

Transitioning Lawrenceville from private management to operation by the state would require that the facility adopt staffing patterns, procurement methods, and management systems similar to those found in other VADOC prisons. Modeling the financial impact of these changes requires projecting LVCC expenditures consistent with the operating practices and cost experience of other comparable VADOC facilities. The key elements of this cost analysis are staffing, ancillary operations and programs, and central office support. For the purposes of this analysis, we further assume that the Lawrenceville's mission, program services, and basic operational policies under state management will remain basically unchanged from the status quo.

Staffing

In developing projected staffing costs for Lawrenceville under state management, we requested information from VADOC on how they would staff the facility to meet their operations and performance standards. VADOC administrators indicated the following changes to the current GEO staffing plan would be required to place the facility on par with operations in other Department facilities.

- Increase correctional officer staffing by 93.25 FTEs for a total of 245 officers. Additional FTEs are required to address relief staffing needs and manage security operations consistent with operating policies in other VADOC Level 3 facilities.
- Increase sergeant staffing by 5.26 to provide adequate relief staffing.
- Transfer the VADOC disciplinary hearing officer currently stationed at the facility to the LVCC staffing plan. The transfer of this existing position from the Central Office to LVCC does not have a net cost impact on the Department.
- Eliminate seven maintenance staff positions currently provided in the GEO contract to be replaced with a new facility maintenance contract.
- Eliminate the MIS manager. This function will be provided by VADOC Central Office staff.
- Add three unit manager positions in order to post a unit manager in each of LVCC's six housing units.
- Add one Program Coordinator position, providing consistency with program staff supervision practices in VADOC facilities.

The changes result in a requirement for 421.76 FTEs, an increase of 93.41 FTEs or 29 percent above the GEO staffing plan.

Table 4: VADOC Changes to LVCC Staffing

	FTEs
GEO Staffing Plan	328.35
Add Correctional Officers	93.25
Add Sergeant Relief	5.26
Transfer Hearing Officer to LVCC	1.00
Add Unit Managers	3.00
Add Program Coordinator	1.00
Delete Maintenance Staff	(7.00)
Delete MIS Manager	(1.00)
TOTAL	421.76

With these adjustments, we then priced out this staffing plan using the state pay plan midpoint for each position title. We then applied a 32.75 percent fringe factor for positions eligible for Virginia Law Officers’ Retirement System (VALORS) benefits and a 25.31 percent fringe benefit factor for Non-VALORS positions.¹ We also added \$12,482 per position, which represents the Department’s average health insurance contribution per employee.

The resulting cost of the revised staffing plan is \$27.8 million. Appendix A details the VADOC staffing plan for Lawrenceville and its associated cost.

Operations and Services

We modeled projected expenditures for all other areas of spending at LVCC upon spending patterns at those VADOC facilities most comparable to LVCC, as identified by the Department. We calculated average spending levels across these five institutions for each expenditure line item outside of personal services. For those areas of spending directly related to the number of inmates in the population, we then developed a unit cost per inmate for each expenditure line item. For those areas of spending more closely related to the number of staff employed at the facility, such as Human Resource Overhead, we developed a unit cost per facility FTE. We then used these unit costs to scale projected expenditures at Lawrenceville consistent with the number of inmates and staff projected for the facility.

¹ The Employer Retirement Contribution for Non-VALORS positions is 14.46 percent versus 21.90 percent for VALORS positions.

Table 5 shows an example of this methodology applied to spending for food. The total spending for food for all five comparison facilities is divided by the ADP for those facilities for that fiscal year to derive the average amount spent of food per inmate by those facilities in that time period. We then average that data over a three-year period to develop a multi-year unit cost for food per inmate for these facilities. We then multiply this unit cost by the projected ADP for Lawrenceville to develop projected annual expenditures, based on the assumption that food spending at LVCC should parallel food spending trends at other comparable VADOC facilities.

Table 5: LVCC Food Expenditure Projection

	Total Facilities Spending for Food			Three Year Average	LVCC
	FY18	FY19	FY20		
Food Supplies and Service	\$5,186,346	\$5,279,850	\$5,311,250	\$5,259,148	\$1,056,211
ADP	7,764	7,735	7,642	7,714	1,549
Spending per inmate	\$668.00	\$682.59	\$695.01	\$681.87	\$681.87

We applied this methodology to each functional area of spending for LVCC. For medical service expenditures, we modified this approach to include only the average spending for those facilities that provide healthcare service with VADOC staff, as staffing for healthcare service workers is included in the LVCC staffing plan for the purposes of this projection.

We made exceptions to this methodology in two areas. The City of Lawrenceville provided actual LVCC expenditures for water and sewer services for the last three years. We used the average of these actual costs to project water and sewer expenditures, which should remain unchanged under state management of the facility.

Also, based upon VADOC direction, we assumed that maintenance of the facility will be contracted out, consistent with the VADOC practice in several of their facilities. Based on current contracts and prices, we projected maintenance costs using a unit rate of \$3.40 per sq. ft. and \$0.45 per sq. ft. for heating fuel, applied to 350,631 square feet of building space at LVCC.

Using this approach, we project VADOC spending for Lawrenceville operations and service functions at \$10.6 million, as shown in Table 6.

Table 6: Projected LVCC Operations & Services Expenditures – VADOC Management

	VADOC Comparison Facilities		Lawrenceville		
	Spending per Inmate	Spending per Staffperson	ADP	FTEs	Projected Spending
			1,549	423.86	
Medical Services	\$4,019		\$6,225,780		\$6,225,780
Food	\$682		\$1,056,211		\$1,056,211
Clothing	\$246		\$380,790		\$380,790
Supplies	\$136		\$211,355		\$211,355
Laundry	\$136		\$209,940		\$209,940
Equipment		\$1,869		\$792,082	\$792,082
Telecom		\$380		\$161,089	\$161,089
HR Overhead		\$217		\$91,775	\$91,775
Training		\$85		\$36,116	\$36,116
Travel		\$28		\$11,759	\$11,759
Utilities*					\$118,235
Fuel*					\$157,784
Maintenance*					\$1,192,145
TOTAL					\$10,645,062

*Utilities, Fuel, and Maintenance calculated separately based on actual costs and projected contract rates.

Projected expenditures for operation of LVCC under Department management, including the cost of staff required for consistency with Department policies as well as operations and service costs based on spending patterns at comparable VADOC facilities, total \$38,465,450.

Furnishings, Fixtures, and Equipment

Under the terms of the GEO contract, Furnishings, Fixtures, and Equipment (FF&E) available at the facility and needed for its operation may be purchased by the VADOC at the termination of the contract. In practical terms, an agreement on the FF&E to be retained and purchased, as well as its price, would be determined through negotiations between GEO and the Department.

For the purpose of estimating this expense, FF&E initial costs typically represent 3 - 5 percent of facility construction costs. The past experience of CGL staff with pricing existing correctional facility FF&E during a vendor transition indicates that a 70 percent discount from the original FF&E purchase price is normal for these transactions.

The original construction cost for LVCC buildings and facilities was \$34,125,558.² Using an industry guideline of 5 percent of construction costs, the original facility budget for FF&E was an estimated \$1,706,278. Assuming the existing FF&E at the facility is priced at a 70 percent discount from the original FF&E purchase price, the cost to VADOC of purchasing the existing FF&E can be estimated at \$511,833.

Central Office

Department Human Resource and Training administrators indicate that in the event of a transition to state management of LVCC, the amount of additional recruiting, screening, hiring, and training to be completed in a relatively narrow window of time will require additional Central Office staff resources.

The Human Resources Office will require one Human Resource Officer, one Personnel Assistant, and one Timekeeper. These staff will be responsible for the processing of applications, screening, interview coordination, job offering, and the on-boarding process. The timekeeper will also be responsible for setting up the VADOC timekeeping process (both manual and automated) for the facility. These positions will be required for one year to support the transition process. At the end of that time these staff will support human resource functions at LVCC. This staff will serve as the human resource office for LVCC, consistent with operational practices in all other VADOC facilities of this size.

Three Trainers will be required to facilitate the orientation and training required for all new institutional staff. Two Trainers will provide services at the Training Academy and one will oversee initial training at in the field.

The transition to state management of LVCC will also eliminate the need for the current contract monitor position stationed at the facility, at an annual savings of \$107,720. In addition, the Hearing Officer position currently maintained in Central Office to support Lawrenceville has been included in the facility staffing plan and accordingly can be moved out of the Central Office budget to LVCC. Table 7 shows the net one-year cost impact of these additional positions.

² Virginia Department of Corrections, *Lawrenceville Correctional Center, Valuation of Real Property*

Table 7: Central Office Costs for LVCC

	# of Positions	Average Salary	Fringes & Health	Cost
Human Resource Officer	1.0	\$ 71,473	\$ 30,572	\$ 102,045
Personnel Assistant	1.0	\$ 38,867	\$ 22,319	\$ 61,186
Timekeeper	1.0	\$ 38,867	\$ 22,319	\$ 61,186
Trainer	3.0	\$ 67,880	\$ 29,662	\$ 292,627
subtotal				\$ 517,044
Private Prison Liaison Officer	(1.0)	\$ 76,002	\$ 31,718	\$ (107,720)
TOTAL	4.0			\$ 409,324

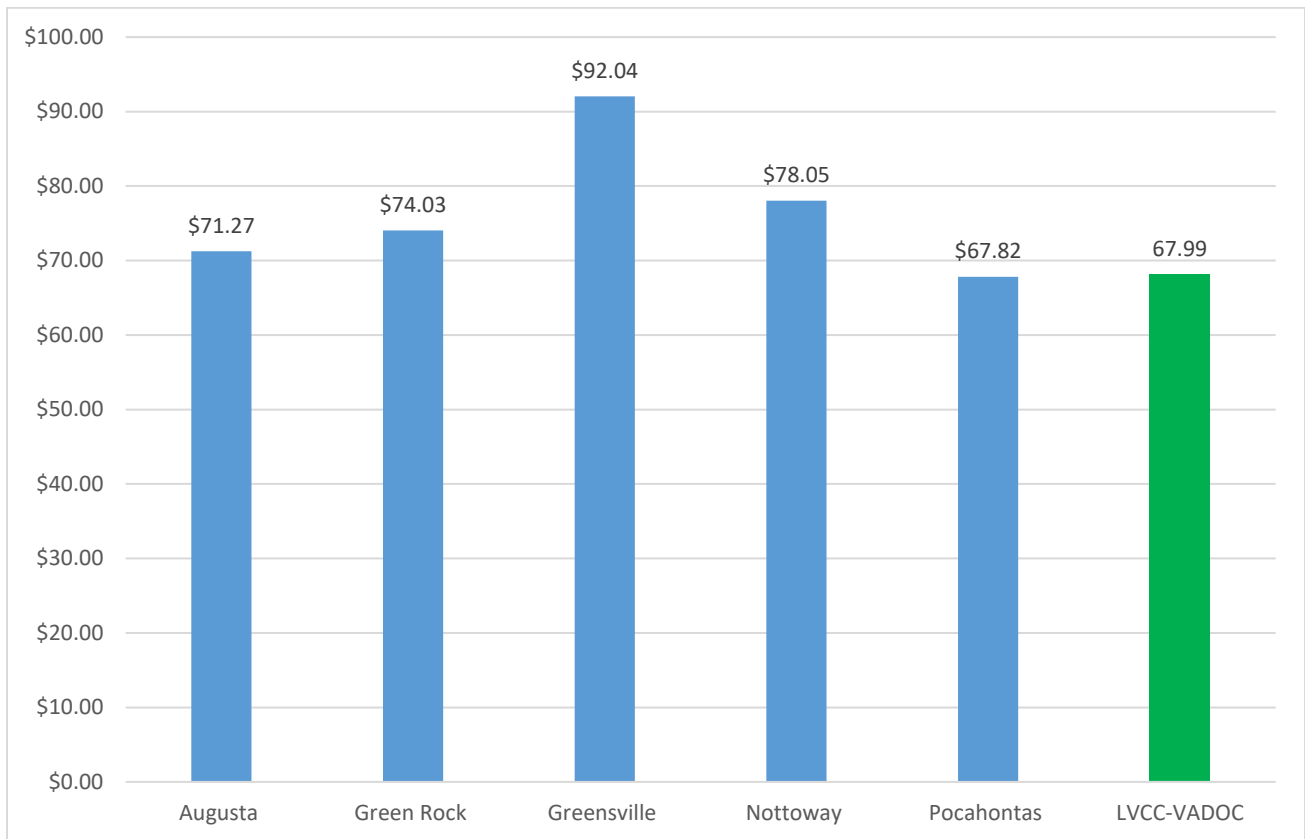
In summary, transitioning LVCC to VADOC management will result in an annual operating cost of \$38,565,987 in the first full year of operations. In addition, the Department will incur costs for FF&E acquisition during the transition process estimated at \$511,833. Additional Central Office staff required to support the hiring and training process will have a one-year cost of \$517,044. Finally, the conversion of LVCC to state management will allow for the elimination of two Central Office positions currently detailed at LVCC, providing annual savings of \$182,299.

Lawrenceville CC Projected Cost – VADOC Management

The projected annual operating cost of Lawrenceville under state management is \$38.5 million. The FY 20 total cost for LVCC under the GEO contract, with additional VADOC administrative and medical costs accounted for is \$29.2 million, a difference of \$9.3 million. We estimate that approximately 67 percent of this increase in cost is attributable to the VADOC staffing plan for the facility which includes an increase of 93 correctional officers over current approved levels. This increase, as discussed earlier, goes to provide adequate relief staffing and to assure consistency in operations between LVCC and other Level 3 facilities. The remaining difference in cost appears due to the higher salary and benefit levels received by VADOC staff as compared to GEO facility staff.

Even with this disparity, the per diem cost for LVCC compares favorably with other Level 3 facilities. The per capita for LVCC under VADOC management is \$67.99 per day. This is slightly above the per capita cost for Pocahontas and well below the cost levels for the other Level 3 facilities included in the comparison. The average per diem cost for these facilities is \$76.64, approximately 12.4 percent above LVCC costs. This demonstrates, that although the costs projected for LVCC under state management increase above current levels, they are still somewhat lower than costs for most comparable VADOC facilities. Figure 4 summarizes this comparison.

Figure 4: LVCC-VADOC Management with Level 3 Facilities Comparison



Potential Issues

The process of transitioning a privately contracted correctional facility to state management is complex, with a number of potential issues that need to be considered in plan development. Such issues do not necessarily negate the overall benefits of such a transition but do need to be identified and addressed if the process goes forward.

Once a decision has been made to terminate the GEO contract, the timing of the contract termination becomes significant. The current term of the contract extends through July 31, 2023. A decision in the next six months to transition to state management of LVCC would allow ample time for careful planning of the transition over the next two years. However, placing the vendor in a position where they may not have a vested interest in maintaining performance standards places the operational integrity of LVCC at risk, particularly in a multi-year transition process. If the Department determines it wants to take over management of LVCC, the best course of action may be to provide GEO with the 6 months notification of contract cancellation required under the contract. Although this places significant pressure on the VADOC to expedite planning of the transition process, it minimizes the operational risk produced by continued work with a vendor that knows their contract will be terminated.

The logistics of the operational transition of a working facility can be quite complex. Unlike the opening of a new facility, where the Department has the opportunity to orient new staff to a vacant facility, LVCC currently houses approximately 1,550 inmates under the current contract with GEO. The phase-in of new staff in conjunction with all of the activities associated with VADOC takeover of an operating facility will create significant potential challenges for the Department.

Addressing the issue of deferred maintenance and capital repair needs is a longer term issue that will require planning. LVCC is nearly 25 years old and can be expected to have a number of building systems in need of significant repair or replacement. Department administrators indicate there is in excess of \$10 million in deferred maintenance work at LVCC. For example, the facility has wooden cell doors that need to be upgraded to standard security-grade metal cell doors. Security electronics, communication, and camera systems likewise will all need significant attention. Moreover, standardization of physical plant features, equipment, and security systems consistent with other VADOC facilities will facilitate staff familiarity with key aspects of facility operations. The Department will need to quickly assess facility physical conditions, prioritize needed capital projects, and institute an aggressive plan of preventative maintenance to assure that the physical plant issues do not deteriorate further.

Depending upon the state of the pandemic at the time of a transition, special care may need to be taken to ensure that appropriate prevention protocols are in place to protect both inmates and staff during this period. Depending upon overall system population pressures at the time, the Department may wish to evaluate approaches to reduce population density at the facility as a long-term strategy to mitigate against the spread of infectious diseases.

Finally, in evaluating the costs and benefits of a transition to government management, the Department will have to carefully weigh the fiscal costs and operational benefits of this change. Our analysis clearly shows that LVCC operations under VADOC management will have a higher cost than current spending for the GEO contract. However, the overall level of security and program performance will increase, as the facility takes on the staffing and operational characteristics of VADOC-managed facilities. This reduces liability for the Department as well as risk levels for the staff and inmates at the facility. Weighing the increased cost versus improved safety and performance requires careful consideration of all relevant factors and long-term implications of this decision.

4. LVCC HEALTHCARE SERVICES

Key Findings

- *Virginia is somewhat unique in its approach to inmate healthcare, with a complex mix of state-managed and private vendor services. In effect, Virginia uses elements of all three models---insourcing, outsourcing, and university management to provide a hybrid approach to healthcare management.*
- *VADOC staff provide on-site healthcare services in 28 of the state's 40 correctional facilities. The Department uses a private vendor with contracted staff at 11 facilities, including LVCC, to provide on-site services.*
- *The Department's approach to healthcare management has several significant features that work to contain costs. These include use of VCU Health for inpatient services and access to the 340B program to reduce pharmaceutical costs. The Department's relationship with Anthem's TPA provide access to its negotiated network rates for outpatient services in the community. It is unlikely that an alternative model would reduce costs in these areas without a negative impact on service quality.*
- *Assuming the Department can recruit and retain healthcare staff at LVCC, the most efficient model for management of healthcare services at LVCC appears to be management and staffing provided by the VADOC. The projected annual cost of VADOC-managed healthcare services at Lawrenceville under this approach is \$6,225,780, or 11.01 per inmate per day. This compares favorably to the Department's average per capita costs of \$13.11 in facilities that outsource healthcare services.*

Under the current model for healthcare services at LVCC, GEO staff provide all on-site services at the facility as well as outpatient services as required. Inmates at LVCC that require infirmary care or inpatient hospitalization may be transferred to other VADOC facilities or to the secure ward maintained for the Department at the Virginia Commonwealth University Health System (VCU Health) in Richmond. The Department is also responsible for the cost of all HIV and Hepatitis-C drugs, as well as any costs related to inmates that may require treatment for tuberculosis, renal dialysis, chemotherapy, radiation, or need an organ transplant.

The current GEO staffing plan for healthcare services for the facility consists of 32.6 FTEs. The staffing plan has been approved by VADOC administrators who indicate that it is adequate to meet LVCC service needs. The contract requires that GEO maintain American Correctional Association accreditation for healthcare service delivery. VADOC administrators

describe current healthcare services provided by GEO as adequate, but stress that the facility has a relatively light medical load, as patients with more complicated needs are sent to other facilities.

Alternative Models for Healthcare Service Delivery

Approaches to the management and delivery of correctional healthcare services generally fall on a continuum ranging from full outsourcing with contracted services, to maximized use of in-house state employees and management responsibility. An analysis of these different approaches follows.

Insourcing. An insourced approach to inmate healthcare uses government employees to manage and deliver healthcare services to the maximum extent possible. However, even in an insourced system, many elements of care will be provided by non-government employees. For example, an inmate in need of treatment by a specialist not on staff at the prison will require care from a physician contracted to provide that service, whether on-site or in the community. Similarly, diagnostic procedures that require specialized equipment or services such as an MRI, will require outpatient care outside the correctional system. Finally, advanced procedures such as heart surgery must be provided in community hospitals that can safely support such treatment. As a result, no “insourced” inmate healthcare system relies completely on state employees for delivery of services.

Maintaining an insourced healthcare system requires substantial internal expertise in correctional healthcare management and service delivery. The degree of difficulty associated with effective management of all the various facets of correctional healthcare delivery is significant. Professional staff with extensive correctional healthcare experience and well-developed management systems are a prerequisite for insourcing to work well.

There is some evidence that insourcing provides a more stable environment for healthcare service staffing. Administrators in insourced systems such as California, Alaska, and Washington report relatively low turnover rates for facility healthcare staff. A recent report from Arizona indicates healthcare workers may prefer employment with a state agency, as opposed to a vendor.³ The benefit package, particularly for retirement, for a state employee is typically superior to the benefits offered by private companies and acts as an incentive for long-term careers as a correctional system employee. Insourcing also avoids disruptive transitions that can occur in the transition from one vendor to another as contracts expire and vendors are replaced.

³ Marc Stern, Federal Rule 706 Expert, Case 2:12-cv-00601, Report to the Court in the Matter of *Parsons v. Ryan, et al.*, October 2, 2019.

Another advantage of insourcing is clearer lines of communication and management. Healthcare staff work within a system managed directly by administrators in the same organization. Outsourcing transfers operational control to vendors, even while the state retains ultimate liability and responsibility for providing services. This adds a layer of complexity to system management.

The primary issue with insourcing relates to the flexibility needed to recruit and hire healthcare professionals in a highly competitive market. Private sector vendors generally have more discretion in establishing compensation levels and incentives needed to attract and retain staff. Government issues in hiring and deploying staff to meet correctional system needs is one of the most often cited arguments for outsourcing.⁴

Outsourcing. An outsourced service model relies on a contracted vendor to manage and provide inmate healthcare services. There are many specific approaches to outsourcing. The basic distinction lies in how to manage risk, both in terms of service quality and cost. Most outsourced contracts follow either a capitated or cost-plus approach.

The most common approach to outsourcing is the use of a capitated contract. In this model, the state and the vendor agree to a fixed per-person payment rate for all individuals under their care. This vests all risk with the vendor. The intent of the model is to incentivize vendors to provide required services at the lowest cost possible.

The fixed per-person rate covers the cost of facility staff as well as any specialty or off-site services that may be required. The vendor is responsible for providing contracted services for the number of inmates covered at the agreed rate, regardless of the actual cost. The capitated rate must cover all regular projected costs, a risk premium to cover potential additional liabilities, and a fee to cover administrative costs and profit. If the vendor can reduce costs, it can directly increase profits. If, however, the rate does not account for projected expenses and risks, or if the number of persons covered under the contract falls, the vendor stands to lose money. The Department, for its part receives a predictable, stable price for inmate healthcare.

In a cost-plus approach the vendor manages healthcare services but passes through all costs of these services to the state, plus an additional charge for administration and profit. The state assumes all financial risk, while at the same time ceding management control over the program to the vendor. This model is often used in systems that either lack good cost data or which have high perceived risks for unforeseen costs.

⁴ Pew Charitable Trusts, Prison Health Care: Costs and Quality, October 2017, <https://www.pewtrusts.org/en/research-and-analysis/reports/2017/10/prison-health-care-costs-and-quality>

Where the capitated model encourages an aggressive approach to managed care, the cost-plus is more akin to a “fee-for-service” model. The vendor simply manages the healthcare program and passes along the cost to the Department. The primary advantage to the state is the transparency provided in that it reviews and approves all expenses. The contract can also more explicitly focus on service quality and performance as primary objectives. The disadvantage is that it provides little incentive for the vendor to control costs.

For systems that lack internal resources or professional staff, outsourcing provides a means to leverage the professional expertise of a vendor that specializes in correctional healthcare. Healthcare is not a core competency of many correctional systems, particularly in areas such as utilization review, quality assurance, network management, and electronic medical records systems. Contracting for healthcare services provides a relatively straightforward strategy to import these skills, improving performance and allowing correctional administrators to focus on other issues.

In terms of operational advantages, private companies often have much more flexibility in setting salary and benefit levels to reflect market conditions in specific areas, and so can more effectively recruit and hire healthcare staff. This is particularly true in specialized areas such as mental health treatment. To the extent that civil service systems slow hiring or do not offer competitive salary levels, outsourcing provides a potential means to better keep service provider positions filled.

Challenges associated with outsourcing generally revolve around managing performance goals in context with the imperative to control costs. With a capitated model applied to all services, the vendor will always have the incentive to reduce costs to increase profits. To the extent that cost reduction is achieved through reduced services rather than increased efficiency, the model does not support overall correctional system goals. The disconnect between the vendor responsible for providing care and the state which is legally accountable if care is not adequate can lead to system dysfunction and contract failure. These issues can include excessive number of staff vacancies, failure to refer inmates for off-site treatment, and long wait times for on-site treatment. Strong contract monitoring systems with clear performance metrics are essential to manage these issues.

The cost-plus approach on the other hand presents issues of efficiency. The state pays the vendor to manage the system without any offsetting incentives to achieve efficiencies in service delivery. The state must maintain staff to monitor vendor performance against the contract and in addition will typically have an administrative office to provide overall program direction. The vendor however also has a cadre of administrative staff to oversee and coordinate service delivery, in some cases duplicating positions maintained by the state. In a cost-plus contract the state pays for its own administrative staff, covers the cost of the vendor

administrative staff assigned to the contract, and then pays the vendor a fee to cover overhead and profit.

University/Nonprofit Management. A final alternative model for the delivery of inmate healthcare is contracting system management to a state medical school, health sciences university, or allied nonprofit organization. The approach is more akin to conventional outsourcing but eliminates profit and relies on existing university administrative infrastructure to reduce overhead expenses. Currently Texas, Georgia, and New Jersey contract with state universities to manage inmate healthcare. In these cases, the state approached the medical schools for assistance in response to lawsuits mandating improvement in the delivery of inmate healthcare services. Connecticut, Louisiana, and Massachusetts have also recently experimented with forms of this approach, ranging from full university management of inmate healthcare services, to providing certain specified services.

This model offers several advantages to state correctional systems. Affiliation with a recognized medical school signals a commitment to service quality and provides state correctional health programs with increased credibility. Medical school partnership also provides improved access to qualified clinicians. Recruiting physicians to work for a state medical school is often easier than recruiting a physician to work for a prison healthcare company. In New Jersey, the vacancy rate for correctional facility physicians dropped well below 10 percent following establishment of a contract with Rutgers University.⁵ University medical schools also generally have well-developed quality assurance programs, excellent access to contemporary data on best practices in treatment, and well-developed electronic medical records programs. The contracts are generally structured in a cost-plus model, but absent the private vendor profit margin, thereby reducing cost. Finally, affiliation with a university can facilitate access to 340b discount pricing on pharmaceuticals, as demonstrated in the VADOC's current relationship with VCU Health.

VADOC Healthcare Service Delivery

If the VADOC assumes responsibility for management and operations of LVCC, it will face a choice in the approach taken to deliver healthcare services. Virginia is somewhat unique in its approach to inmate healthcare, with a complex mix of state-managed and private vendor services. In effect, Virginia uses elements of all three models---insourcing, outsourcing, and

⁵ R. Reeves, A. Brewer, L. DeBillo, C. Kossof, and J. Dickert, "Benefits of a Department of Corrections Partnership with a Health Sciences University: New Jersey's Experience," *Journal of Correctional Health Care*, 2014. Vol. 20(2), https://www.researchgate.net/publication/261035318_Benefits_of_a_Department_of_Corrections_Partnership_With_a_Health_Sciences_University_New_Jersey's_Experience/link/5592c71a08ae1e9cb42978ef/download.

university management to provide a hybrid approach to healthcare management. Key features of the current system include:

Facility Services. VADOC staff provide on-site healthcare services in 28 of the state's 42 correctional facilities. The Department uses a private vendor with contracted staff at 14 facilities, including LVCC, to provide on-site services. As of July 2020, approximately 38 percent of the Department's inmate population received healthcare services from contracted healthcare staff. The VADOC has a long history of outsourcing healthcare services, using different approaches with mixed results. Department administrators indicate that its current use of outsourcing is primarily intended to address difficulty in staffing facilities with complex medical missions, particularly in the Department's Eastern Region.

Off-Site Services. The Department primarily uses inpatient hospital services at VCU Health as well as other local and regional hospitals. The Department is currently evaluating opportunities to use inpatient services at other hospitals throughout Virginia. The VADOC is financially responsible for all inpatient healthcare, including services provided to facilities with contracted healthcare staff. The Department retains a Third Party Administrator (TPA) to manage off-site contracted services for inmates, including outpatient treatment, medications, and physician care. The TPA manages off-site contracted services for inmates, including outpatient treatment, inpatient medications, and both inpatient and outpatient physician care at all VADOC facilities, including those where healthcare services are provided by a vendor. Healthcare network administration and these related functions are not a core competency of correctional systems. These are complex functions that require a high degree of technical expertise in a very specific field to perform well. This is a classic example of specialized work that can be performed more efficiently by private organizations with appropriate skillsets and experience.

Pharmaceuticals. The Department is responsible for providing certain high-cost medications for treatment of HIV, Hepatitis-C for inmates at facilities with vendor-managed healthcare. Participation with VCU Health in the federal 340B program provides significant discounts for the purchase of these medications. Otherwise, the vendor is responsible for the purchase of medications used on-site at facilities with contracted healthcare and the Department covers all other medication costs for state-managed facilities.

LVCC Healthcare under Department Management

Due to the hybrid nature of the VADOC healthcare system, key aspects of current healthcare services at LVCC will remain unchanged under a transition to Department management. As such the potential for changes in management systems at LVCC to lower costs is limited. The following factors limit the potential for achieving significant savings using an alternative management model.

- *Facility Population.* Department administrators indicate they foresee no change in mission at LVCC that would significantly alter the current medical needs profile of the inmate population. In short, the facility will retain a low acuity-level population with low-to-moderate health care service needs. The fact that LVCC has a relatively easy medical program to manage argues that the Department could assume responsibility for services at the facility with no significant change in the cost of services at the facility. However, this assumption rests upon continuation of the current population and level of services provided at the facility. Should the Department wish to increase the level of services and performance, as it has at Fluvanna, then costs would increase under either an outsourced or insourced model.
- *Inpatient Care.* The Department already maximizes use of VCU Health for inpatient treatment for all VADOC facilities. This is a cost-effective strategy that utilizes a secure hospital ward to provide a high level of care, while minimizing the operational cost to the Department. LVCC inmates currently in need of inpatient services use VCU Health and this practice will not change under a different management model.
- *Outpatient Care.* Outpatient services for inmates from all Department inmates are managed through the Department's TPA, Anthem Blue Cross/Blue Shield. The rates charged for these services, whether the inmate is managed at a facility with a health care contract or with state employees, is the same. Other services provided by the TPA apply equally as well across the inmate population. This model is generally recognized as a highly efficient, transparent means of cost-effective management of off-site healthcare services.⁶
- *Pharmaceuticals.* The expense of high-cost specialty medications for treatment of Hepatitis -C and HIV, is already borne by the Department for all inmates regardless of whether their care is managed by contract or state employees. A change in management model will not affect these costs. Moreover, the Department is already maximizing savings for the purchase of these medications under its 340B program with VCU Health.
- *Staffing.* As noted earlier, outsourced models for healthcare service can have more success with recruiting and retaining staff due to their flexibility in structuring compensation to meet market conditions. The VADOC uses a private contract for staffing in select facilities for this specific reason. Department administrators indicate that there is 10-20 percent disparity in salaries between government and contract healthcare staff, and that while government staff have generally better benefits, the

⁶North Highland, Health Services Study of the Florida Department of Corrections, FY 2017-18, 2017.

gap here is narrowing. The lower state staff costs, however, are likely offset by increased FTE staffing due to the higher relief factor used by the Department in calculating Department staffing needs.

- *Overhead.* Including LVCC under the Department’s contract with its private healthcare provider would result in development of a capitated rate for services at the facility which would cover direct costs, allocated administrative costs, and profit. There would be no offsetting cost savings in VADOC healthcare administration. Conversely, the Department could assume state management and oversight of the LVCC with no increase in Central Office healthcare administration costs. In this instance, outsourcing would increase the overhead paid by the Department for healthcare management.

These VADOC policies effectively maximize specific economies already achieved at LVCC and it is unlikely that an alternative model would further reduce costs in these areas without a negative impact on service quality. Department administrators indicate that recruiting healthcare staff to work at LVCC is a viable strategy and can be made to work. If this assumption holds, the most efficient model for management of healthcare services at LVCC appears to be management and staffing provided by the VADOC.

Using this approach, and assuming the same staffing plan as currently in place at LVCC, applying average state salaries and benefits to the current staffing plan results in personnel costs at LVCC of \$3,096,312, as shown in Table 8.

Table 8: Projected LVCC Health Care Staff Costs

	Staff	Average Salary	Fringes	Health	Total Cost
Health Services Admin.	1.0	\$77,661.00	\$19,656.00	\$12,482.00	\$109,799.00
Physician	1.0	\$217,975.00	\$55,169.47	\$12,482.00	\$285,626.47
DON	1.0	\$77,327.25	\$19,571.53	\$12,482.00	\$109,380.78
Psychologist PhD	1.0	\$70,287.29	\$17,789.71	\$12,482.00	\$100,559.01
Psychologist MA	1.0	\$53,306.47	\$13,491.87	\$12,482.00	\$79,280.33
Nurse Practitioner	1.0	\$107,895.00	\$27,308.22	\$12,482.00	\$147,685.22
RN	7.0	\$61,404.36	\$15,541.44	\$87,374.00	\$625,994.62
LPN	13.6	\$47,184.48	\$11,942.39	\$169,755.20	\$973,880.70
Laboratory Tech	1.0	\$47,184.48	\$11,942.39	\$12,482.00	\$71,608.88
Dentist	1.0	\$136,596.53	\$34,572.58	\$12,482.00	\$183,651.11
Dental Assistant	1.0	\$37,522.18	\$9,496.86	\$12,482.00	\$59,501.04
Med Records Sup.	1.0	\$39,446.00	\$9,983.78	\$12,482.00	\$61,911.78
Medical Records Clerk	2.0	\$35,330.00	\$8,942.02	\$24,964.00	\$113,508.05
Psychiatrist	10 hrs/week	\$229.31/hr			\$119,814.48
Optometrist	8 hrs/week	\$129.45/hr			\$54,110.10
Total FTE	32.6	\$1,047,146	\$265,033	\$406,913	\$3,096,312

Applying average unit costs for each category of centrally managed medical expenditures, as experienced at the comparison facilities identified earlier in this analysis, we project the annual cost of VADOC-managed healthcare services at Lawrenceville to be \$6,225,780, as summarized in Table 9.

Table 9. LVCC Healthcare Service Budget – VADOC Management

Healthcare Services	Annual Exp.
Personal Services	\$3,096,312
Clinic Services	\$627,324
Dental Services	\$36,162
Hospital Services	\$736,136
Medical Services	\$427,468
X-Ray & Laboratory Services	\$23,196
Merchandise	\$401,183
Medical & Dental Supplies	\$1,079
Pharmaceutical Drugs	\$876,922
Total	\$6,225,780

This projected level of spending results in a per capita healthcare cost of \$11.01 per day. Data provided by the VADOC indicates this compares to per capita costs of \$13.06 for Green Rock CC and \$10.93 for Augusta CC. The average per capita cost for the outsourced facilities is \$22.06 per day.

5. IMPLEMENTATION TIMELINE

Key Findings

- *The entire process of recruitment, hiring, and training staff for LVCC will require approximately 15 - 21 months. The recruitment and hiring process could be completed in 3 - 6 months and the training process will require 12 -15 months.*

The timeline for actual implementation of a transition of LVCC to state management needs to address the central challenge of hiring, training, and deploying the over 400 new VADOC staff required to operate the facility. Hiring for LVCC will necessarily compete for recruiting job candidates with neighboring facilities, such as Greenville and Deerfield.

Hiring

The hiring campaign, to fill both security and non-security positions at the facility, will require approximately 3 – 6 months to complete. This process will begin with advertising for all categories of positions, including correctional officers, command staff, healthcare workers, counselors, program staff, educators, and facility support staff. This will be followed by screening and interviewing applicants, conducting background checks, and preparing conditional job offers. The Department indicates a need to bring on three additional Humans Resource staff to support this process.

Filling correctional officer positions generally requires interviewing 5 persons for every one that passes a screening and is hired. With a need for 245 correctional officers, this could dictate screening approximately 1,225 candidates to fill the LVCC correctional officer staffing complement.

For positions that can be difficult to fill, such as healthcare staff, the Department can offer a sign-on bonus and one year service incentive. This program provides a small upfront payment at the initial hiring date, with the remaining bonus amount paid after one year of employment. This program has improved the Department's performance in recruiting, hiring, and retaining staff in difficult-to-fill job categories.

Assuming that many current vendor staff at LVCC would transition to state employment if offered, VADOC Human Resource staff indicate that the hiring and onboarding of these employees could shorten the transition process by two months. This process would entail assessing candidates against current VADOC selection criteria and guidelines for each position title, verifying staff credentials, and conducting background checks.

At this time there is no way of knowing how many staff at LVCC would have interest in staying at the facility under state management and would pass the VADOC screening process. Once

a decision upon the future of the facility is made public, Human Resource staff can conduct Transfer Interest Meetings at the facility. Interested staff can then be interviewed and screened, with an expedited onboarding and orientation process.

Training

GEO correctional officers are not certified under Virginia Department of Criminal Justice standards for correctional officer training. Accordingly, any staff hired from GEO would be required to undergo required training and certification prior to deployment. Generally, correctional officers can transfer to VADOC by receiving (40) hours of in-service training if they are still within 24 months of certification. If their certification has lapsed past 24 months, they will be required to complete the entire course of Phase training.

Newly hired corrections officers go through an initial training that consists of four phases:

- Phase 1 – Facility-based training, 80 hours (all new facility employees receive this program both security and non-security)
- Phase 2 – Facility-based training, 120 hours (security only)
- Phase 3 – Academy-based training, 200 hours (security only)
- Phase 4 - Field Training, 200 hours (security only)

The 600 hours of training outlined above meets all required ACA initial training standards.

Without knowing the number of current staff at LVCC that would transfer to the VADOC or the number that would require Phase I-IV training, the Training Academy will make plans for training the entire complement of LVCC staff. This will necessitate identifying classrooms and or sites to accommodate (6) concurrent cohorts of 30 people per class to complete Phase II-IV training. Academy staff will also need to obtain access to firing ranges to accommodate required firearms training.

Department Training Academy administrators indicate that in a “best case” scenario, trainees for LVCC will attend Phase training at another facility, such as Greensville, Lunenburg, or Deerfield. This would reduce the time frame for training correctional officers. They further note that the number of onboarding correctional officers who could attend Phase training cannot be verified until the training schedule is available for those supporting facilities. The logistics of arranging this training is complicated and must be carefully planned.

Staff will complete orientation and training at LVCC. This will require extended phasing due to the necessity of maintaining full facility operations during the training process. In total, we project up to 15 months to complete training of all staff for the facility.

Table 10 summarizes the implementation schedule for hiring and training outlined here.

Table X: Implementation Schedule

TASKS	START DATE	END DATE	ASSIGNED TO	STATUS
Kick - Off				
Recruit - "Recruitment Support Staff"	Month 1	Month 2	Recruiting Dept	
Hire "Recruitment Support Staff"	Month 2	Month 3	Recruiting Dept	
New Recruitment Support Staff Onboarding/Orientation	Month 2	Month 2	Recruiting Dept	
New Support Staff Training & Assignments	Month 2	Month 2	Recruiting Dept	
Facility Staff "Transfer" Announcement				
Facility On-site Visit	Month 2	Month 2	Recruiting Dept	
Schedule Staff Interests Meetings	Month 2	Month 2	Recruiting Dept	
Review VADOC Transition Process, Requirements, In-Service Training w/ Facility Staff	Month 3	Month 4	Recruiting Dept	
Conduct Interview w/ Facility Transition Staff	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - Interviews	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - Job Offers	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - Background Checks	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - Onboarding/Orientation Training	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - Onboarding/Orientation Training	Month 3	Month 4	Recruiting Dept	
Facility Transition Staff - CO's *In-Service Training	Month 3	Month 4	Training Dept	
Recruit - Hire Campaign				
LC Recruitment - Hire Campaign	Month 2	Month 4	Recruiting Dept	
LC Recruitment Campaign - CO's	Month 2	Month 3	Recruiting Dept	
LC Recruitment Campaign - Sup. CO's	Month 2	Month 3	Recruiting Dept	

TASKS	START DATE	END DATE	ASSIGNED TO	STATUS
LC Recruitment Campaign - Medical Staff	Month 2	Month 3	Recruiting Dept	
LC Recruitment Campaign - Support Staff	Month 2	Month 3	Recruiting Dept	
Screening Applications - CO's	Month 2	Month 4	Recruiting Dept	
Screening Applications - Sup. CO's	Month 2	Month 4	Recruiting Dept	
Screen Application - Medical Staff	Month 2	Month 4	Recruiting Dept	
Screening Applications - Facility Support Staff	Month 2	Month 4	Recruiting Dept	
Conduct Interviews - CO's	Month 3	Month 5	Recruiting Dept	
Conduct Interviews - Sup. CO's	Month 3	Month 5	Recruiting Dept	
Conduct Interviews - Medical Staff	Month 3	Month 5	Recruiting Dept	
Conduct Interviews Support Staff	Month 3	Month 5	Recruiting Dept	
Job Offers	Month 4	Month 6	Recruiting Dept	
Background Checks	Month 4	Month 6	Recruiting Dept	
Compliance & Onboarding Training				
Schedule Compliance Training	Month 6	Month 6	Recruiting Dept	
Schedule Onboarding/ Orientation Training	Month 6	Month 6	Recruiting Dept	
Face to Face Onboarding Orientation Training	Month 6	Month 6	Recruiting Dept	
All Staff - Phase 1	Month 6	Month 7	Training Dept	
Security Phase 2	Month 7	Month 8	Training Dept	
CO1	Month 7	Month 8	Training Dept	
CO2	Month 7	Month 8	Training Dept	
CO3	Month 7	Month 8	Training Dept	
CO4	Month 7	Month 8	Training Dept	
CO5	Month 7	Month 8	Training Dept	
CO6	Month 7	Month 8	Training Dept	
Security Phase 3	Month 9	Month 10	Academy Training	

TASKS	START DATE	END DATE	ASSIGNED TO	STATUS
CO1	Month 9	Month 12	Academy Training	
CO2	Month 9	Month 12	Academy Training	
CO3	Month 9	Month 12	Academy Training	
CO4	Month 9	Month 12	Academy Training	
CO5	Month 9	Month 12	Academy Training	
CO6	Month 9	Month 12	Academy Training	
Security Phase 4	Month 12	Month 18	Training Dept	
CO1	Month 12	Month 18	Training Dept	
CO2	Month 12	Month 18	Training Dept	
CO3	Month 12	Month 18	Training Dept	
CO4	Month 12	Month 18	Training Dept	
CO5	Month 12	Month 18	Training Dept	
CO6	Month 12	Month 18	Training Dept	
VADOC FACILITY INSTALLATION PHASE				
Facility Installation of Personnel	Month 18	Month 21	VADOC	

APPENDIX A: PROPOSED LVCC STAFFING PLAN

Title	Count	Salary	Fringes	Health	Total
ACCOUNTANT	1	\$43,126	\$10,915	\$12,482	\$66,523
ADULT ED TCHR	15	\$788,050	\$199,455	\$187,230	\$1,174,735
Assistant Principal	1	\$73,000	\$18,476	\$12,482	\$103,958
BUS MGR	1	\$61,834	\$15,650	\$12,482	\$89,966
CASEWORK CNSLR	13	\$528,231	\$133,695	\$162,266	\$824,192
EXEC SECRETARY	2	\$76,052	\$19,249	\$24,964	\$120,264
FISCAL TECH	3	\$100,195	\$25,359	\$37,446	\$163,001
FOOD OPER DIR	1	\$52,645	\$13,325	\$12,482	\$78,452
FOOD OPER SUPV	9	\$316,426	\$80,087	\$112,338	\$508,851
LAUNDRY MGR	1	\$38,724	\$9,801	\$12,482	\$61,006
OFFENDER GRIEV COORD	1	\$40,715	\$10,305	\$12,482	\$63,502
OFFICE SRVS ASST	2	\$58,806	\$14,884	\$24,964	\$98,654
OFFICE SRVS SPEC	1	\$32,797	\$8,301	\$12,482	\$53,579
PERSONNEL ANALYST	2	\$95,805	\$24,248	\$24,964	\$145,017
POSTAL ASST	3	\$92,111	\$23,313	\$37,446	\$152,871
PRINCIPAL	1	\$82,927	\$20,989	\$12,482	\$116,398
PROG SUPP TECH	2	\$70,602	\$17,869	\$24,964	\$113,435
REC SUPV	3	\$123,569	\$31,275	\$37,446	\$192,290
RECORDS MANAGER	1	\$40,582	\$10,271	\$12,482	\$63,336
SAFETY SPEC	1	\$44,772	\$11,332	\$12,482	\$68,586
SECRETARY SR.	12	\$399,240	\$101,048	\$149,784	\$650,072
WAREHOUSE SUPERVISOR	1	\$38,275	\$9,687	\$12,482	\$60,445
COGNITIVE COUNS	2	\$90,063	\$22,795	\$24,964	\$137,822
DENTAL ASST	1	\$37,522	\$9,497	\$12,482	\$59,501
DENTIST	1	\$136,597	\$34,573	\$12,482	\$183,651
LAB TECH	1	\$38,980	\$9,866	\$12,482	\$61,328
LICENSED PRACTICAL NURSE	14	\$641,709	\$162,417	\$169,755	\$973,881
PHYSICIAN	1	\$217,975	\$55,169	\$12,482	\$285,626
PSYCHOLOGY ASSOCIATE	1	\$53,306	\$13,492	\$12,482	\$79,280
PSYCHOLOGY ASSOCIATE SR	1	\$70,287	\$17,790	\$12,482	\$100,559
REG NURSE	7	\$429,831	\$108,790	\$87,374	\$625,995
REG NURSE SUPV	1	\$74,001	\$18,730	\$12,482	\$105,213
REG NURSE SUPV SR	2	\$154,655	\$39,143	\$24,964	\$218,762
ASST WARDEN	1	\$72,084	\$23,607	\$12,482	\$108,173

Title	Count	Salary	Fringes	Health	Total
CAPTAIN	5	\$273,524	\$89,579	\$62,410	\$425,513
CHIEF OF HOUSING & PROGS	1	\$61,395	\$20,107	\$12,482	\$93,984
CORR OFF	245	\$8,946,516	\$2,929,984	\$3,058,090	\$14,934,590
HEARING OFF	1	\$42,480	\$10,752	\$12,482	\$65,713
HUMAN RES OFF	1	\$64,649	\$16,363	\$12,482	\$93,494
INST OPS MGR	1	\$50,641	\$12,817	\$12,482	\$75,940
INST PROG MGR	1	\$50,029	\$12,662	\$12,482	\$75,173
LIEUTENANT	5	\$236,975	\$77,609	\$62,410	\$376,995
LIEUTENANT (ITO)	1	\$47,540	\$15,569	\$12,482	\$75,591
SERGEANT	39	\$1,679,110	\$549,909	\$490,043	\$2,719,062
SERGEANT (ASST ITO)	1	\$43,118	\$14,121	\$12,482	\$69,722
SERGEANT (INST INVEST)	3	\$126,806	\$41,529	\$37,446	\$205,781
UNIT MANAGER	7	\$375,668	\$95,082	\$87,374	\$558,124
WARDEN	1	\$97,402	\$31,899	\$12,482	\$141,784
TOTAL	422	\$17,311,345	\$5,243,386	\$5,265,657	\$27,820,388