2024 Special Session I
Chapter 2 Item C-48 J.1
Workgroup Report

The Honorable Terrence C. Cole

Secretary of Public Safety and Homeland Security

November 1, 2024

J.1. The Secretary of Public Safety and Homeland Security shall continue the workgroup established pursuant to Item C-66, paragraph H. of Chapter 1, 2022 Acts of Assembly, Special Session I. The Secretary or his designee shall present the workgroup's assessment, including its recommendations for future utilization of the Beaumont property, the medical facility at Deerfield Correctional Facility, and Powhatan Infirmary, to the Six-Year Capital Outlay Plan Advisory Committee (Committee) and include feedback from the Committee in the workgroup's final report. The workgroup shall report its recommendations to the Governors and Chairs of the House Committee on Finance and Appropriations no later than November 1, 2024.

H.1. The Secretary of Public Safety and Homeland Security shall convene a workgroup to assess and provide recommendations for a long-term operating and capital plan for the provision of health care services to inmates held in secure correctional facilities operated by the Department of Corrections. The workgroup shall be comprised of the Secretary of Public Safety and Homeland Security or their designees; the Secretary of Health and Human Resources or their designees; the Director, Department of Planning and Budget or their designees; the Staff Directors of the House Appropriations Committee and Senate Finance and Appropriations Committee or their designees; the Director, Department of Corrections or their designees; and the Director, Department of General Services or their designees.

2. The workgroup shall assess plans produced by the Department of Corrections to provide health services to inmates held in secure correctional facilities operated by the Department. This shall include an assessment of plans produced by the Department to assume operation of all health care services provided in facilities, necessary services to be provided by contract either on-site or off-site, and the long-term capital needs for the Department to effectuate such operating plans. The assessment shall also consider the costs and benefits of the provision of health care services within secure correctional centers by vendors contracted by the Department, to include: i) an analysis of the transition from management by a third-party vendor to management directly by the Department for facilities that transitioned management in fiscal year 2022 and fiscal year 2023, including actual and projected costs, as well as filled and vacant positions; and, ii) an analysis of cost drivers for the provision of inmate healthcare, including factors such as inflation, utilization, compensation, and the costs of goods and services.

The assessment shall include consideration of the Department's plan for using the 722-acre property at 3500 Beaumont Road in Powhatan County, previously known as the Beaumont Juvenile Correctional Center, as a consolidated medical facility for state responsible inmates and describe how the facility will support the planned transition of medical service delivery to a state-managed model. The assessment shall also include information on other potential state needs and uses for the Beaumont property, and justification stating the reasons the expansion of the medical facility at Deerfield Correctional Facility and the replacement of Powhatan Infirmary (authorized in Chapter 552, 2021 Acts of Assembly, Special Session I) are no longer feasible to address the Department's infirmary and long-term care needs.

3. The Secretary or his designee shall present the workgroup's assessment, including its recommendations for future utilization of the Beaumont property, the medical facility at Deerfield Correctional Facility, and Powhatan Infirmary, to the Six-Year Capital Outlay Plan Advisory Committee (Committee) and include feedback from the Committee in the workgroup's final report.

4. The workgroup shall report the findings of its assessment, and its recommendations, to the Governor and Chairs of the House Committee on Appropriations and Senate Committee on Finance and Appropriations no later than November 15, 2022.

5. The Department shall not proceed with the Deerfield Correctional Center Expansion or Powhatan Infirmary Replacement planning projects.

Legislative Workgroup

Workgroup discussions included active participation from the offices of the Secretary of Public Safety and Homeland Security, the Secretary of Health and Human Resources, the Department of Planning and Budget, the House Appropriations Committee, Senate Finance and Appropriations Committee, the Department of General Services, and the Virginia Department of Corrections.

While actively participating in the workgroup discussions, the legislative committee members abstained from endorsing this report or recommendations herein.

VADOC Medical System Overview

Constitutional Requirement of Inmate Medical Care

Federal case law has established inmates as the only population in the United States with a constitutional right to health care. This was established by *Estelle v. Gamble* (1976) in which the court found that "deliberate indifference to serious medical needs of prisoners was indeed inconsistent with Eight Amendment guarantees against cruel and unusual punishment".

VADOC Medical Services and Facilities

VADOC inmates are entitled to a "community standard of care". This means the full range of medical care found in the surrounding community must be available to inmates. Some of these services are performed on-site like:

- primary care services
- sick call and urgent care evaluations
- preventative and treatment based dental services
- mental health treatment, psychiatric services
- long-term care, assisted living and skilled nursing care
- dialysis services
- dental services
- infirmary level of care
- in-patient psychiatric care
- specialty care
- mammography, radiology and fibroscan imaging
- durable medical equipment (DME) provision

When more specialized care is needed than can be provided by staff on-site, inmates are taken off-site for medical care provided by community resources, such as community medical specialists, emergency room care, in-patient hospital care, dental surgery, ambulatory care surgery, higher-level imaging, pathology, and ancillary medical services.

The VADOC leverages different types of facilities and medical beds to manage on-site and off-site care. On-site care is provided through designated medical spaces: medical observation units, infirmary units, clinic spaces, dental suites, long-term care beds, and licensed in-patient psychiatric beds. For off-site medical care, VADOC has secure units at Virginia Commonwealth University Health (VCUH) for inmates with high-acuity medical needs, as well as a secure unit at Southampton Medical Center for inmates needing higher-level skilled nursing care. In addition to these off-site secure units, the VADOC utilizes provider clinics and hospitals across the entire

Commonwealth for inmate medical needs. During Fiscal Year 24 (FY24), over 3,700 community providers delivered off-site medical care to inmates residing in a state correctional facility.

The VADOC's inmate medical system is based on a primary care model. Each inmate has an assigned on-site provider located at the inmate's facility who manages the inmate's medical care. The on-site providers see inmates through medical clinics, order medications for care management and direct all treatment plans. If the inmate needs medical care not provided on-site, then the inmate is referred to an off-site community specialist for services. For example, if an inmate needs a cardiology consult the on-site provider will refer the inmate to a local cardiologist in the community. An appointment is scheduled with the cardiologist and the inmate is transported, and accompanied by two correctional officers, to the off-site physician. The off-site physician will conduct an evaluation and visit, like they would for any other individual in the community, and will make recommendations for treatment and follow up to the on-site provider. Off-site imaging and procedures are routinely done for inmates, when these services cannot be performed on-site.

The VADOC utilizes a Third Party Administrator (TPA) to receive and process payments for medical claims submitted for off-site provider reimbursements. For in-patient medical care, the VADOC is able to utilize Medicaid for provider reimbursements. However, Medicaid use is limited to inmates voluntarily submitting an application for coverage, the inmate fully qualifying after the application is submitted, and the hospital visit being reimbursable according to Medicaid guidelines. The VADOC has a unit that actively monitors and prompts applications for inmates who have had an in-patient hospitalization and work closely with all community providers to ensure billing is processed and received appropriately. During Fiscal Year (FY) 2024, the TPA has processed over 61,000 claims for inmates receiving medical care from community providers for a reimbursement value of approximately $65 million directly to these providers. This covers all off-site medical care for any inmate residing in a VADOC facility, regardless of the party responsible for managing medical care on-site.

The VADOC has staff both on-site and off-site managing the care coordination of all these medical visits. Each facility has on-site staff managing off-site evaluation visits and coordinating these visits with the security facility staff for correctional officer scheduling and vehicle arrangements. The infirmaries have additional staff to facilitate movement into and out of the infirmary beds, including coordination of inmates being discharged from local hospitals. More global care coordinators are located regionally and centrally to oversee inmate movements and ensure appropriate location of inmates based on medical needs is being achieved. Because of the volume of medical services provided by VCU Health, the VADOC funds a care coordinator position located at the VCUH secure unit to act as a liaison between the hospital and the care coordination staff mentioned prior, especially with regards to hospital discharge planning and appropriation housing assignment upon hospital discharge.

Current Inmate Medical Care Model

The VADOC manages complete and comprehensive medical care at all correctional facilities stretching from far western Virginia to the Atlantic Shore, including the management of all medical at our largest female prison, Fluvanna Correctional Center for Women (FCCW). The large female medical facility includes an infirmary, inpatient mental health unit, dialysis, OB/GYN care, mammography, physical therapy and other high levels of care for the female prison population. Previously, a private vendor managed comprehensive medical care at the male infirmaries and a few other facilities, predominantly located in the eastern portion of Virginia (six facilities) with three

facilities located in the central region and one located in the western region. These facilities came under state management in two phases: May 2023 (Augusta Correctional Center, Coffeewood Correctional Center) and October 2023 (remaining facilities). One facility is entirely privatized (Lawrenceville Correctional Center; The GEO Group) and medically managed by that private vendor. As of August 2024, this facility will be under full state management.

System-Wide Medical Bed Capacity

The below table outlines the current system-wide medical bed capacity across all VADOC facilities. Nearly all facilities have beds within a "Medical Observation Units" (MOU). These beds are intended for observation purposes to determine if outside or higher-level medical care is required, as well as more benign illnesses that can be managed at a "school nurse" type level of care. These beds are not designed for long-term medical care and individuals should not be housed in these beds for extended periods of time. These beds have no assigned medical equipment, assigned nursing staff or assigned security staff. They are within the general population medical building with access to these items but are not equipped to be managed independently as very little medical care should be provided for inmates in these beds. Across the system, there are 132 MOU beds.

For inmates requiring higher level of medical care, the DOC has some facilities with "Infirmary" beds. These are for more medically needy individuals and individuals recovering from a recent hospitalization or recovering from more severe illness. These facilities include State Farm Infirmary (formerly PMU), Greensville Correctional Center, Deerfield Correctional Center, and Fluvanna Correctional Center for Women. State Farm Infirmary Annex (formerly DMI) is also used for infirmary care, along with long-term care medical services. This infirmary is a dormitory style infirmary that is not ideal for infirmary care. Individuals requiring hospital care will be transported to either VCU Health hospital, which has a secure inpatient unit, or another community hospital for hospitalization. Across the system, there are 163 infirmary beds.

For inmates requiring assisted living or skilled nursing care, the DOC has units at State Farm Infirmary Annex (formerly DMI and used as both a LTC and infirmary location) and Deerfield with beds. Both locations are open dormitory style units that is not ideal for management of contagious infections. Additionally, the DOC utilizes a secure unit at Southampton Medical Center for overflow inmates requiring assistance with Activities of Daily Living (ADLs) and cognitive impairment preventing the individual from being appropriate for a General Population assignment. Across the system, there are a maximum of 80 beds that can be used for this purpose.

Lastly, the DOC has beds within mental health units at State Farm Infirmary, Fluvanna Correctional Center for Women and Marion Correctional Treatment Center. These beds are specialized and licensed for only mental health inmates.

TABLE #1: VADOC Medical Bed Capacity by Facility at End of FY24

Facility Medical Beds	MOU[1]	Infirmary	LTC	Total
Baskerville	0	0	0	0
Beaumont[2]	0	0	0	0
Bland	12	0	0	12
Buckingham	5	0	0	5
Coffeewood	6	0	0	6
Deerfield	0	18	47	65
Dillwyn	6	0	0	6
Fluvanna	0	27	0	27
Green Rock	6	0	0	6
Greensville	0	46	0	46
Haynesville	6	0	0	6
Indian Creek	6	0	0	6
Keen Mountain	6	0	0	6
Lawrenceville	6	0	0	6
Lunenburg	6	0	0	6
Marion	2	0	0	2
Nottoway	5	0	0	5
Pocahontas	6	0	0	6
Red Onion	11	0	0	11
River North	6	0	0	6
St. Brides	14	0	0	14
State Farm Infirmary Annex[3]	0	33	0	33
State Farm Infirmary [4]	0	39	0	39
Sussex I	8	0	0	8
Virginia Correctional Center	6	0	0	6
Wallens Ridge	9	0	0	9
Field Units	0	0	0	0
Work Centers	0	0	0	0
CCAPs	0	0	0	0
Total Facility Beds[5]	**132**	**163**	**47**	**342**

[1] MOU beds are intended for short, low-acuity medical needs and are not intended for inmates to stay in them long-term.

[2] BMCC main building can accommodate 96 infirmary beds plus 6 negative pressure beds. When BMCC main building opens, SFIA and SFI will be closed, and inmates moved to BMCC. After this move, a net of 24 infirmary beds will become available within the DOC medical system. See Tables 17 and 18.

[3] With opening of BMCC main building, inmates from SFIA will be moved into BMCC and SFIA will be closed.

[4] With opening of BMCC main building, inmates from SFI will be moved into BMCC and SFIA will be closed.

[5] Capacity also includes additional beds in a secure unit at Southampton Medical Center for individuals needing long-term care requiring significant assistance with ADLs. Southampton has a capacity of 9 individual beds. However, Southampton is unable to care for inmates with behavioral issues. These inmates are moved to single-cell infirmary rooms at Greensville or State Farm Infirmary.

Institutional Hospital Capacity	
VCU Secure Unit	A hardened unit to provide a secure location for individuals needing inpatient hospitalization. One of many hospitals used around the Commonwealth for inpatient medical care.
Southampton	Unit to provide a secure location for individuals needing long-term care requiring significant assistance with ADLs. Has capacity of 9 beds.

The current state of male higher level medical beds within the VADOC system includes two infirmary locations on the State Farm Correctional Center Complex property, one infirmary at Greensville Correctional Center and one infirmary at Deerfield Correctional Center. Female inmates requiring higher level medical beds are managed at Fluvanna Correctional Center for Women. Additionally, the VADOC has a long-term care unit at Deerfield Correctional Center and uses a secure unit at Southampton Medical Center for inmates needing nursing home level of care. Table three outlines the current higher level medical beds for male inmates that exist within the VADOC medical system. Table four outlines the current higher level medical beds for females that existing within this same system.

TABLE #3: The current state of infirmary capacity within the VADOC male facilities:

Facility	Medical Bed Type	Number
State Farm Infirmary (PMU)[6]	Infirmary	39[7]
State Farm Infirmary Annex (DMI)[8]	Infirmary/Long-Term Care[9]	33
Greensville Infirmary	Infirmary	46
Deerfield Infirmary	Infirmary	18
Deerfield Long-Term Care	Long-Term Care	47
Total Infirmary		**136**
Total Long-Term Care		**47**
TOTAL MALE BEDS		**183**

TABLE #4: The current state of infirmary capacity within the VADOC female facilities:

Facility	Medical Bed Type	Number
Fluvanna Infirmary	Infirmary	27
TOTAL FEMALE BEDS		**27**

[6] State Farm Infirmary (SFI) was previously denoted as Powhatan Medical Unit (PMU) in prior publications. The location of this infirmary is on the grounds of the prior Powhatan Correctional Center.

[7] The previous capacity of SFI was 46 infirmary beds. This number has been referenced in all prior publications of SFI. However, seven infirmary beds were taken offline due to concerns proximity to the toilet and proper infirmary care. The current capacity of SFI infirmary beds is 39.

[8] State Farm Infirmary Annex (SFIA) was previously denoted as Deep Meadow Infirmary (DMI) on prior publications. The location of this infirmary ins on the grounds of the prior Deep Meadow Correctional Center.

[9] State Farm Infirmary Annex being designed to accommodate both inmates needing infirmary care and long-term care, such as skilled nursing or assisted living.

Analysis Part 1: Transition to System Wide State-Managed Medical Units

In March 2021, the VADOC created an internal workgroup to review and assess the existing medical system structure. The internal workgroup reviewed the Joint Legislative Audit and Review Committee's (JLARC) 2018 report "Spending on Inmate Health Care", the Pew Charitable Trust's 2017 report "Prison Health Care Costs and Quality", reports produced by Dr. Cindy Watts with Virginia Commonwealth University on behalf of the VADOC, comprehensive medical contracts used by other state departments of corrections, and direct interviews and discussions with health-related department leads in other state departments of corrections. In addition, the committee reviewed the existing internal capabilities within the HSU, the legal liability that will always rest with the state for inmate medical care, and the historical experience of using private vendors to manage some facilities within the hybrid system.

Upon review and assessment of this information, the internal workgroup recommended finishing out the current comprehensive medical vendor contract, but not soliciting for a new contract after the natural end of the current contract. Some considerations that contributed to this recommendation are listed below. This list is not all inclusive but intended to provide examples of considerations used by the internal workgroup.

- The VADOC has used private vendors at a sampling of facilities since 1998. Since the inception of using private vendors, the internal medical leadership expertise and capacity has increased. The HSU has become well developed with recruiting clinical chiefs of all medical disciplines, a regional reporting structure that manages groups of facilities for efficiencies, and regional clinical oversight to include representation from each clinical discipline, as well as, regional health care administrators that assist with the business aspect of medical management at the facilities.
- There is a lack of evidence in the literature, including the JLARC study, to indicate that a privately run medical system provides enhanced efficiencies. The cost to manage medical care through a private vendor reflects the same cost factors as state-run medical systems (to include personnel cost, off-site cost, pharmacy costs, consumable supply cost, etc.) and experiences of cost savings potentially reflect a risk of the private vendor using less staff or less off-site specialist utilization. The JLARC study recommended state leadership at vendor sites due to the high turnover.
- For VADOC, one of the catalysts for privatizing a subset of medical facilities was the flexibility a private vendor has to recruit and hire medical staff, especially in areas with highly competitive markets. In the most recent history reviewed by the internal workgroup, it was found the private vendor was no better off than the state in trying to recruit and retain staff. Whereas the VADOC actively brought on temporary medical contractors to fill in for vacant positions or expand the staff at a medical unit, especially during the first year of the pandemic, the private vendor did not seem to be as flexible in this capacity. At one point in time, the VADOC took over the responsibility of recruiting temporary medical contractors for a vendor managed location to ensure staff were present to provide the appropriate level of medical care to inmates at the location.
- At times, using a private vendor to manage a subset of the VADOC locations hindered obtaining state-wide efficiencies. This became especially evident during the first year of COVID. During that time, the VADOC took over all coordination of COVID management, including management at the vendor managed infirmaries, due to the vendor's inability to adapt. Additional funding was provided to the VADOC to cover the COVID response and this funding was used to cover the cost of the COVID response for the comprehensive medical vendor as well. However, the private vendor was less able to quickly respond to the new risks and needs for medical services. The VADOC was able to quickly coordinate

with other partners, such as the Virginia Department of Health (VDH), Virginia Department of Emergency Management (VDEM), VCUH, U.S. National Guard, University of Virginia Health (UVAH), The Division of Consolidated Laboratory Services (DCLS), The Centers for Disease Control & Prevention (CDC), and many others. This government-to-government collaboration was instrumental in our successful management of the COVID response.

Transition to a fully state-run medical system was not a decision taken lightly by the agency. The VADOC understood that to convert the facilities, a significant amount of work will need to be done. The VADOC had recent experience in transition facilities from vendor managed to both state management and new vendor management. In March 2021, Sussex I State Prison was transitioned in 7 days to state management after the vendor indicated abruptly they could no longer provide medical services at that facility. In November 2021, Sussex II State Prison was converted to state management as a planned transition. In December 2021 due to the failure of the vendor, all remaining managed facilities were transitioned from the previous vendor to the current vendor under an emergency contract. The VADOC was the primary coordinator of all three of these transitions within that last year. The largest transition that occurred in December 2021 of all facilities transitioning medical vendors at midnight on Dec 12, 2021 was very successful. This is attributed to the use of internal discipline teams that systematically planned and coordinated each aspect of the transition. These teams included all medical chiefs, each facility's warden, each facility's business office, VADOC Information Technology (IT), and all the leadership of the new vendor. Each facility had VADOC medical and operational security staff present on-site for the midnight transition to ensure a smooth and appropriate transfer of leadership. Each facility transitioned without issue.

The transition of facilities with privately managed medical units was executed during calendar year 2023. Augusta Correctional Center and Coffeewood Correctional Center became entirely state-managed on May 25, 2023. Beamont Correctional Center, Deerfield Correctional Center and Work Center, Greensville Correctional Center and Work Center, Indian Creek Correctional Center, Lunenburg Correctional Center, St. Brides and the State Farm Infirmaries (SFI and SFIA) became entirely state-managed on October 25, 2023. The transition was performed using a systematic plan managed through certified project management strategies and was very successful. Appendix A outlines the Details of the Transition Plans used.

TABLE #5: VADOC facilities by medical management classification at time of transition.

State Managed Medical	
Appalachian CCAP	Keen Mountain
Baskerville	Marion
Bland	Nottoway
Brunswick	Patrick Henry
Buckingham	Pocahontas
Caroline	Red Onion
Central Virginia	River North
Chesterfield CCAP	Rustburg
Cold Springs	St. Brides
Dillwyn	Stafford CCAP
Fluvanna	State Farm Correctional
Green Rock	Sussex I
Halifax	Sussex II
Harrisonburg CCAP	Virginia Correctional Center
Haynesville	Wallens Ridge
Haynesville CU	Wise
James River Work Center	

Vendor Managed Medical
Augusta
Beaumont (SFEU)[10]
Coffeewood
Deerfield w. Work Center
Greensville w. Work Center
Indian Creek
Lunenburg
St. Brides
State Farm Infirmaries[11]

Transition Resource Impact Analysis

Prior to the transition, the VADOC performed financial analysis of past spend by facility along the discrete spend categories with the best available information. Not all information was available for estimation. In those circumstances, an estimated proxy number was used based of comparable facilities within the VADOC system already. Below outlines the medical spend at each facility transitioned for FY22, FY23 and FY24. Augusta Correctional Center and Coffeewood Correctional Center transitioned during FY23 and that is noted. The remaining units were transitioned during FY24. The resource requirements that had been projected for the transition year, FY24, are provided to the far right as a comparison of what was expected to be needed and what resources were actually needed for the transition period.

TABLE #6: Spend at Transitioned Facilities

Augusta (754)	FY22	FY23*	FY24	FY24 Proj. Need
Personal Services (Major 11)	$ 210,221	$ 359,545	$ 2,199,153	$ 3,120,113
Medical (Majors 12 & 13)	$ 6,456,655	$ 4,470,017	$ 2,385,034	$ 3,794,273
Other Medical (Majors 15 & 22)	$ 9,497	$ 6,577	$ 27,003	$ 1,810,671
Total	**$ 6,676,373**	**$ 4,836,139**	**$ 4,611,190**	**$ 8,725,057**
				From Decision Package
ADP (end of FY)	1,194	1,025	452	989
Total Per Capita	$ 5,592	$ 4,718	$ 10,202	$ 8,822
Variable Medical Only Per Capita	$ 5,408	$ 4,361	$ 5,277	
		*Transitioned 5/25/2023	Closed during FY24	

[10] State Farm Enterprise Unit inmates were moved to general population housing at Beaumont Correctional Center on June 1, 2022.

[11] State Farm Infirmaries includes the 39 beds at SFI and 33 beds at SFIA.

Coffeewood (773)	FY22	FY23*	FY24	FY24 Proj. Need
Personal Services (Major 11)	$ 349,252	$ 443,025	$ 2,660,277	$ 2,692,424
Medical (Majors 12 & 13)	$ 5,611,311	$ 5,431,714	$ 5,308,434	$ 5,248,567
Other Medical (Majors 15 & 22)	$ 5,142	$ 71,333	$ 18,691	$ 1,229,019
Total	**$ 5,965,704**	**$ 5,946,072**	**$ 7,987,402**	**$ 9,170,010**

				From Decision Package
ADP (end of FY)	846	872	929	917
Total Per Capita	$ 7,052	$ 6,819	$ 8,598	$ 10,000
Variable Medical Only Per Capita	$ 6,633	$ 6,229	$ 5,714	

*Transitioned 5/25/2023

Deerfield with WC (753)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 541,869	$ 455,131	$ 3,686,823	$ 4,457,763
Medical (Majors 12 & 13)	$ 19,507,251	$ 17,126,296	$ 14,758,006	$ 10,199,264
Other Medical (Majors 15 & 22)	$ 35,032	$ 84,398	$ 92,432	$ 1,602,805
Total	**$ 20,084,152**	**$ 17,665,825**	**$ 18,537,261**	**$ 16,259,832**

				From Decision Package
ADP (end of FY)	976	1,006	1,140	1,077
Total Per Capita	$ 20,578	$ 17,560	$ 16,261	$ 15,097
Variable Medical Only Per Capita	$ 19,987	$ 17,024	$ 12,946	

*Transitioned 10/25/2023

Greensville with WC (769)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 1,086,355	$ 1,003,505	$ 6,532,085	$ 7,675,190
Medical (Majors 12 & 13)	$ 31,383,589	$ 28,293,656	$ 22,670,256	$ 14,527,342
Other Medical (Majors 15 & 22)	$ 9,386	$ 130,615	$ 140,491	$ 3,729,004
Total	**$ 32,479,330**	**$ 29,427,775**	**$ 29,342,832**	**$ 25,931,536**

				From Decision Package
ADP (end of FY)	2,457	2,533	2,367	2,496
Total Per Capita	$ 13,219	$ 11,618	$ 12,397	$ 10,389
Variable Medical Only Per Capita	$ 12,773	$ 11,170	$ 9,578	

*Transitioned 10/25/2023

Indian Creek (771)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 238,870.83	$ 292,985.13	$ 1,190,252.95	$ 1,240,353
Medical (Majors 12 & 13)	$ 5,986,782.17	$ 5,336,479.00	$ 4,184,741.16	$ 2,728,124
Other Medical (Majors 15 & 22)	$ 4,233.38	$ 30,796.58	$ 19,411.07	$ 732,658
Total	**$ 6,229,886.38**	**$ 5,660,260.71**	**$ 5,394,405.18**	**$ 4,701,135**

				From Decision Package
ADP (end of FY)	743	669	769	722
Total Per Capita	$ 8,385	$ 8,461	$ 7,015	$ 6,511
Variable Medical Only Per Capita	$ 8,058	$ 7,977	$ 5,442	

*Transitioned 10/25/2023

Lunenburg (774)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 142,089	$ 155,813	$ 1,606,625	$ 1,353,465
Medical (Majors 12 & 13)	$ 7,668,970	$ 6,790,091	$ 5,903,062	$ 4,042,083
Other Medical (Majors 15 & 22)	$ 23,079	$ 20,782	$ 52,859	$ 824,007
Total	**$ 7,834,138**	**$ 6,966,686**	**$ 7,562,546**	**$ 6,219,555**
				From Decision Package
ADP (end of FY)	824	846	896	887
Total Per Capita	$ 9,507	$ 8,235	$ 8,440	$ 7,012
Variable Medical Only Per Capita	$ 9,307	$ 8,026	$ 6,588	

*Transitioned 10/25/2023

St. Brides (737)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 440,386	$ 467,554	$ 1,504,694	$ 1,436,773
Medical (Majors 12 & 13)	$ 4,347,846	$ 4,077,425	$ 3,569,103	$ 1,920,894
Other Medical (Majors 15 & 22)	$ 7,174	$ 12,690	$ 27,469	$ 1,037,466
Total	**$ 4,795,406**	**$ 4,557,669**	**$ 5,101,266**	**$ 4,395,133**
				From Decision Package
ADP (end of FY)	1,046	1,097	1,140	1,136
Total Per Capita	$ 4,585	$ 4,155	$ 4,475	$ 3,869
Variable Medical Only Per Capita	$ 4,157	$ 3,717	$ 3,131	

*Transitioned 10/25/2023

State Farm Infirmaries (709)	FY22	FY23	FY24*^	FY24 Proj. Need
Personal Services (Major 11)	$ 13,574	$ -	$ -	$ 3,166,023
Medical (Majors 12 & 13)	$ 11,479,679	$ 9,262,570	$ -	$ 4,197,584
Other Medical (Majors 15 & 22)	$ 20,013	$ 49,091	$ -	$ 92,281
Total	**$ 11,513,265**	**$ 9,311,661**	**$ -**	**$ 7,455,888**
				See SF+BM below.
ADP (end of FY)	79	79	0	72
Total Per Capita	$ 145,738	$ 117,869	n/a	$ 103,554
Variable Medical Only Per Capita	$ 145,312	$ 117,248	n/a	

*Transitioned 10/25/2023

^ Combined with BMCC FY24

Beaumont (713)	FY22	FY23	FY24*	FY24 Proj. Need
Personal Services (Major 11)	$ 323,443	$ 454,702	$ 3,035,696	$ 1,369,333
Medical (Majors 12 & 13)	$ 217,313	$ 2,094,582	$ 5,135,606	$ 1,560,681
Other Medical (Majors 15 & 22)	$ 193,283	$ 74,435	$ 42,513	$ 344,890
Total	**$ 734,038**	**$ 2,623,719**	**$ 8,213,816**	**$ 3,274,904**
				See SF+BM below.
ADP (end of FY)	48	164	268	166
Total Per Capita	$ 15,292	$ 15,998	$ 30,649	$ 19,728
Variable Medical Only Per Capita	$ 4,527	$ 12,772	$ 19,163	

*Transitioned 10/25/2023

State Farm + Beaumont	FY22	FY23	FY24*	FY24 Proj. Need
State Farm Total	$ 11,513,265	$ 9,311,661	$ -	$ 7,455,888
Beaumont Total	$ 734,038	$ 2,623,719	$ 8,213,816	$ 3,274,904
Total	**$ 12,247,304**	**$ 11,935,380**	**$ 8,213,816**	**$ 10,730,792**

From Decision Package

ADP (end of FY)	127	243	268
Total Per Capita	$ 96,435	$ 49,117	$ 30,649
Variable Medical Only Per Capita	$ 5,780	$ 10,797	$ 30,649

TOTAL SPEND	FY22	FY23	FY24*	FY24 Proj. Need
Transition Facilities	$ 96,312,294	$ 86,995,809	$ 86,750,718	$ 86,133,050
Central HSU Support to Vendor	$ 568,228	$ 3,938,224	$ 840,044	$ 2,990,148
Grand Total	**$ 96,880,522**	**$ 90,934,033**	**$ 87,590,762**	**$ 89,123,198**

Notes from tables above:

- During FY24, the State Farm Infirmaries and Beaumont (previously the State Farm Enterprise Unit population) were combined. The above reflects each individually, as well as a total of the combination for each year and projection to allow easier evaluation of resource needs and projection for those inmates.

- The last table provides the total spend for all facilities transitioned as well as the support central medical funds provided to the private vendor for each year. The total medical expenditure for transition facilities during the transition year totaled $87.6 Million. The decision package outlined a projected resource need of $89.1 Million for the transition year. The VADOC expenditures came in $1.5 Million under the expected resource need for these facilities.

Personal Services Percentage of Filled APL at VADOC Medical Units

Across the state, the VADOC medical units do exhibit a vacancy rate from time to time, like all medical systems. As of August 22, 2024, the below table outlines the current APL for each facility's medical unit, the number of state fulltime staff hired at each facility, the percent fill of APL, an adjustment of percent fill to account for wage positions established and filled to fill in the gaps presented by vacant state positions, and the current vacancy rate. It is important to note that all VADOC medical units are fully staffed to ensure the constitutional required medical care is always provided. The vacant positions are filled with temporary medical staff on contract through staffing agencies.

For August 2022, the VADOC medical unit medical positions across all facilities average being 79% filled with full time state employees. An additional 5% (total adjusted fill percent of 84%) are covered using wage medical staff. For facilities that transitioned, the medical units average being 74% filled for state employees and 78% percent filled when adjusted to include wage staff. These facilities utilize temporary medical contractors to fill in the vacant medical positions.

TABLE #7: Facility APL Filled Rates across VADOC Medical Units

Facility	Medical APL	Filled State FT APL	State APL Fill %	Adjusted Fill %	Vacancy %
Baskerville Correctional Cntr	13	9	69%	75%	25%
Bland Correctional Center	16	16	100%	100%	0%
Buckingham Correctional Center	22	16	73%	93%	7%
Coffeewood Correctional Center	22	21	95%	100%	0%
Deerfield Correctional Center	78	51	65%	72%	28%
Dillwyn Correctional Center	28	18	64%	69%	31%
Fluvanna Corr Ctr for Women	113	46.5	41%	41%	59%
Green Rock Correctional Center	23	22	96%	100%	0%
Greensville Correctional Ctr	104	65	63%	64%	36%
Haynesville Correctional Ctr	26	25	96%	100%	0%
Indian Creek Correctional Ctr	20	13	65%	65%	35%
Keen Mountain Correctional Ctr	17	16	94%	100%	0%
Lawrenceville Correctional Center	32	18	56%	61%	39%
Lunenburg Correctional Center	21	18	86%	96%	4%
Marion Correctional Center	37	32.8	89%	100%	0%
Nottoway Correctional Center	32	20	63%	63%	38%
Pocahontas St Correctional Ctr	22	21	95%	100%	0%
Red Onion State Prison	25	24	96%	100%	-8%
River North Correctional Ctr	21	18	86%	100%	0%
St. Brides Correctional Center	23	17	74%	74%	26%
State Farm Complex	87	59	68%	74%	26%
Sussex State Prison Complex	29	19	66%	71%	29%
VA Correctional Ctr for Women	34	30.5	90%	100%	0%
Wallens Ridge State Prison	26	24	92%	100%	0%
Western Region Corr FieldUnits	18	15	83%	87%	13%
Grand Total	**889**	**634.8**			

*Adjusted fill percentages include wage staff hired at each medical unit that fulfills the duties of vacant state positions.

*State Farm Complex includes the entire campus and Beaumont.

*All vacancies are filled by temporary medical nurses on travel assignment.

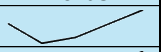
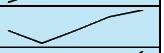
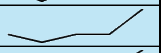
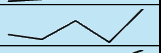
Average Fill Percent	**79%**
Adjusted Avg Fill Percent	**84%**

Average Fill % Transition Facilities	**74%**
Adjusted Avg Fill % Transition Facilities	**78%**

Medical Cost Drivers

Primary cost drivers for the VADOC medical system include the cost of offsite outpatient medical expenditures, pharmacy costs, offsite outpatient dental care, cost of supplies and replacement of aging medical and dental equipment. These hold true for transition facilities as well. The table below outlines the cost impact of accounts that reflect increases over the last five fiscal years. The Anthem information reflects expenses across all facilities, including those that were privately managed during the fiscal years identified.

Table #8: Impact of Cost Drivers on 397 Program Expenditures

Account Code	Description	FY20	FY21	FY22	FY23	FY24	Trends
Anthem	Outpatient Costs	$ 35,764,404	$ 30,882,619	$ 32,312,286	$ 35,732,641	$ 39,251,762	
5013440	Pharmacy	$ 10,359,913	$ 15,423,360	$ 15,771,182	$ 16,557,730	$ 25,860,341	
Anthem	Dental	$ 1,624,394	$ 1,008,239	$ 1,621,739	$ 2,243,713	$ 2,596,566	
5013420	Medical & Dental Supplies	$ 2,221,867	$ 1,683,049	$ 2,201,440	$ 2,177,302	$ 3,933,186	
5012360	X-Ray & Laboratory Services	$ 1,892,834	$ 1,684,193	$ 2,259,044	$ 2,141,839	$ 2,844,504	
5022420	Medical & Dental Equipment	$ 671,211	$ 982,244	$ 507,118	$ 828,512	$ 1,009,598	
5012530	Equipment Repair & Maint Srvc	$ 59,514	$ 59,514	$ 59,514	$ 154,036	$ 216,496	
5013120	Office Supplies	$ 87,440	$ 102,817	$ 97,092	$ 109,259	$ 122,007	
5015430	Refuse Service Charges	$ 53,134	$ 58,379	$ 63,094	$ 86,962	$ 170,053	
5012680	Skilled Services	$ 110,101	$ 88,841	$ 174,372	$ 75,492	$ 230,888	
5013520	Custodial Repair & Maint Matrl	$ 23,541	$ 17,006	$ 11,388	$ 44,734	$ 62,194	

Analysis Part 2: Long-Term Plans for Operation of Inmate Medical Care

The VADOC's long-term medical plan is structured around the below primary initiatives to gain efficiencies across the state system:

- Manage a full state-run medical system using a regional oversight model that emphasizes quality and efficiencies across medical processes and procedures.
- Increase capacity of infirmary and long-term care beds and decrease use and reliance on MOU beds for these inmates.
- Expand medical partnerships with sister agencies, VCU Health and UVA Health.

As indicated in Part 1 of the report, the VADOC is now at an entirely state-run medical system across all medical units. The facility medical units and central health services are already seeing benefits of this change.

The VADOC medical system still requires the expansion of infirmary and long-term care beds. Tables 3 and 4 from page 9 outlines the current DOC infirmary and long-term care bed capacity. The system currently has 136 male infirmary beds and 27 female infirmary beds. The male infirmary beds are limited to State Farm Infirmaries, Greensville Correctional Center and Deerfield Correctional Center. Because Deerfield Correctional Center also has the long-term care unit at that campus, the primary use of the infirmary at that facility is for inmates requiring the lowest level of infirmary care and generally act as a step up in care level from the Long-Term Care unit beds. The infirmary at Greensville Correctional Center is primarily used for inmates requiring moderate infirmary care. The State Farm Infirmary (SFI) on the old Powhatan campus of State Farm Correctional Complex is primarily used for the highest acuity infirmary care. The proximity of VCU Health and UVA Health to the State Farm Infirmary location make it that infirmary the most accessible for inmates requiring higher level specialty care while infirmed. State Farm Infirmary Annex is used as a bridge between infirmary care needs for long-term care patients from facilities other than Deerfield.

However, the SFI is very outdated, lacks accessibility features, lack privacy for medical care given in the rooms, lack space for nursing and physician charting, and the close proximity of open beds increases the risk of contagion between the medically compromised inmates.

State Farm Infirmary

The SFI location is the primary location VADOC uses for the most acute inmates. At this time, the State Farm Infirmary is on fire watch with the approval of the Fire Marshall due to malfunctioning fire suppression systems. Because of deficiencies in its fire systems, SFI has been on fire watch whereas staff must continuously patrol affected areas to monitor signs of fire and ensure the safety of the inmates and staff. Moreover, the SFI location is one of the oldest infirmaries within VADOC and requires significant ongoing maintenance to continue functionality of the unit.

State Farm Infirmary is predominantly made up of 7-bed wards with a shared toilet in the ward for the patients. There are a few single-cell rooms used for inmates needing more privacy or those that have disruptive behavior and cannot reside within the shared ward. This infirmary cares for the sickest inmates that are do not require in-patient hospital care. The facility has a very limited number of isolation cells. Image #4 depicts an inmate receiving care in one of the few isolation cells available.

Image #1: A 7-Bed Infirmary Ward at State Farm Infirmary

Image #2: Shared Toilet within SFI 7-Bed Infirmary Ward

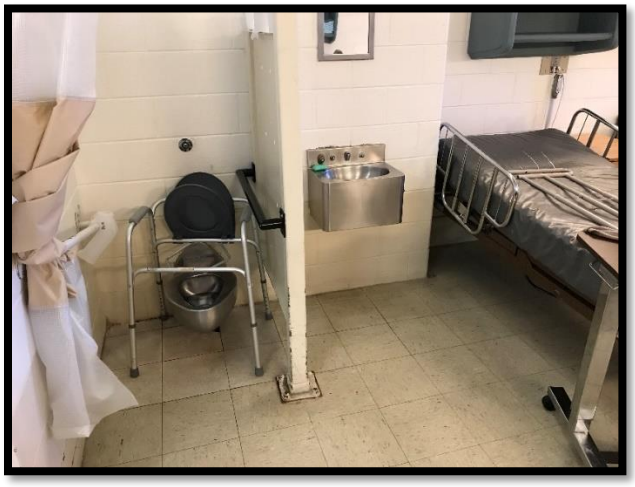
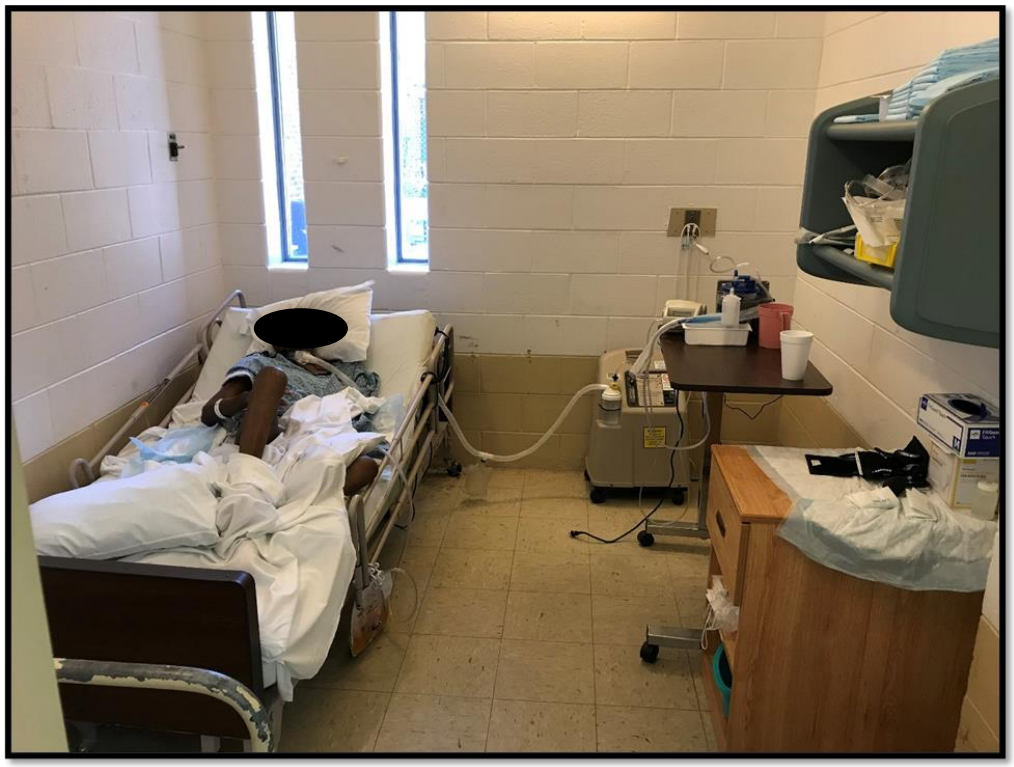


Image #3: Shower Setup at SFI

Image #4: An Infirmary Patient at SFI



State Farm Infirmary Annex

SFIA was opened because of overflow needs at SFI. The unit is a dormitory style housing unit converted to an infirmary/LTC by placing 33 medical beds throughout the unit and configuring a nursing station in the back corner and an exam space in the other back corner. The front of the unit is lined by the showers, toilets and laundry for the unit. The remainder of the infirmary has a single room for a pharmacy and a single room for supply storage and medical staff workstations. Due to space constraints, nearly all medical care is given within the dormitory room with all patients present. Privacy and confidentiality is protected as best as possible, but difficult to fully ensure given the room.

Image #5: State Farm Infirmary Annex

Use of Beaumont Correctional Center

The acquisition by VADOC of Beaumont Correctional Center (BMCC) from the Department of Juvenile Justice (DJJ) has provided the Department with the ability to continue to centralize higher level medical care to Powhatan County.

In October of 2018, the Department of General Services (DGS) conducted an evaluation of the BMCC property to determine best use of the campus. As part of the evaluation, DGS met with surrounding counties, the Department of Conservation and Recreation, the VADOC and the Department of Juvenile Justice. After consideration, DGS recommended transfer of the property to VADOC.

> Per the DGS report: *Taking into consideration demolition costs to prepare the property for market and satisfaction of outstanding debt, sale of the property is not likely to net positive return to the Commonwealth. Transfer of the property to DOC would not disrupt its agribusiness activities on the property, and would ensure uninterrupted water and sewer utility services to the JRJDC facility as well as water service to residents of Goochland and Powhatan counties. A property transfer to DOC could also accommodate DCR's desire to create a second entrance to Powhatan State Park along Beaumont Road, and development of additional trails along the James River. For the reasons stated, DGS recommends transfer of the entire Beaumont property to DOC, subject to DCR's requested vehicular access and trail development, to be the most viable use for the property.*

In April 2020, the Beaumont property was officially transferred over to the VADOC. In April of 2021, the VADOC was granted approval of a Decision Brief to occupy the BMCC property for inmates housed in the State Farm Enterprise Unit (SFEU), move inmates from the State Farm Infirmary into BMCC, and use the property for further collaboration with university partnerships.

Between April 221 and June 2022, the inmates from SFEU were moved into BMCC and the housing buildings on the old Powhatan campus were closed. After this move, the only occupation of the old Powhatan Correctional buildings are inmates in the State Farm Infirmary.

At BMCC, the main building on the campus operates the campus' laundry services, visitation for all inmates on campus, locates the facility's operational leadership offices, provides the gymnasium for the campus, and currently operates the staff dining hall. These items are currently up and running since the State Farm Enterprise Unit inmates was moved into BMCC. Two housing units on the campus are used for living spaces of the Enterprise Unit shops on the old Powhatan facility campus.

The main building also has the capability to be transformed into a medical building with infirmary and specialized medical pods. Overall, the main building at BMCC would accommodate 96 single medical isolation and infirmary beds, six negative pressure beds to be used for tuberculosis outbreaks or management of other contagious outbreaks, six single cells for high security inmates needing transport for medical care at BMCC or a nearby community provider and ten licensed mental health beds that will replace the current mental health beds at State Farm Infirmary.

Due to the significantly aging infrastructure of the buildings used to house the State Farm Enterprise Unit inmates, as well as the State Farm Infirmary patients, the VADOC must move these individuals to another location. In June of 2022, State Farm Enterprise Unit inmates were moved from the old Powhatan reception housing units into housing units on BMCC property. This move was necessitated due to extreme living conditions including no air conditioning and a failing plumbing and steam heating systems. In order to heat the remaining operational State Farm Enterprise Unit and SFI, heat must run through two housing units that were closed in 2014 along with the rest of the Powhatan campus. Because of these conditions, the Enterprise Unit population and security staff moved over to the BMCC property. The next recommendation for closing the remaining units used to house inmates in those old buildings is to move the State Farm Infirmary over to BMCC. To best leverage economies of scale, movement of State Farm Infirmary Annex into BMCC would fully consolidate these medical beds into one building that is equivalently close to both VCU and UVA.

Table #9: Distance from infirmary locations and VCU, UVA by miles; sorted by distance from VCU.

Facility	Distance to VCU	Distance to UVA
Beaumont Correctional Center[12]	34	51
State Farm Complex[13]	36	59
Greensville Correctional Center	57	134
Fluvanna Correctional Center for Women[14]	58	16
Deerfield Correctional Center	66	144

Image #6: Entry to State Farm Infirmary on old Powhatan Campus

[12] Currently, VCU Health provides a large portion of our in-patient acute care, as well as our specialty community care. The VADOC has strong partnerships with VCU Health for telehealth provision and the 340B medication program. The telehealth program helps reduce the number of trips inmates and officers are on the road for specialty care. The 340B program allows the VADOC to save millions of dollars each year on HIV, Hep C and specialty medications. Proximity to VCU Health is a very important factor with regards to infirmary bed location. As noted in Table 9, Deerfield Correctional Center is the farthest from VCU Health. With Deerfield housing our aging population and our LTC patients, the distance to VCU creates difficulties and inefficiencies with using their specialties for these patients. On the other hand, Beaumont and State Farm Complex are the closest to VCU Health and would be the most desirable locations to expand medical beds.

[13] Deep Meadow Correctional Center and Powhatan Correctional Center were combined to create the State Farm Correctional Complex. At that time, PMU was converted to SFI and DMI was converted to SFIA. Both are within the overall complex structure and are reasonably close together in proximity.

[14] Fluvanna Correctional Center for Women (FCCW) predominantly manages specialty care and telemedicine visits with UVA Health due to proximity.

Image #7: Old Powhatan Building on Powhatan Campus

To continue to use the old buildings on the prior Powhatan Reception part of the State Farm Correctional Center Complex, significant infrastructure work would need to be done. Images 8, 9, and 10 depict the conditions of the old Powhatan campus. Table 10 below outlines the required infrastructure work to keep this portion of the complex operational. As noted in the table, the extensive work required would require over $50 million to complete just to accommodate general population housing on the campus. This work would take over a year to complete.

Image #8: Sally Port at old Powhatan Campus

Image #9: Air Circulation System in Old Powhatan Housing Buildings

Image #10: Air Circulation System in Old Powhatan Housing Buildings

Table #10: Infrastructure Work Required to Continue old Powhatan Buildings Operational

Infrastructure Requirements	Estimated Replacement Cost
Sallyport/Front Gate Building and Shakedown Bldg. - replace all the existing gates; enclose building do to climate exposure; replace heat and add AC	$ 600,000
Securty Controls and Cameras - the system is old and failing	$ 1,500,000
Fire Alarm System Replacement	$ 800,000
Fiber Upgrade - will need to be upgraded for security and fire alarms	$ 200,000
Generators Replacement	$ 600,000
Roof Replacements- C3, C4, and R&C	$ 1,340,000
Electrical Upgrade - Replace lighting, replace electrical panels, low voltage wiring, provide receptables in cells	$ 7,000,000
Water Lines - Interior Bldg. - lines are leaking and corroded	$ 3,000,000
Water Lines - Exterior Bldg. - existing main water lines are original to construction and are leaking	$ 2,500,000
Sewer Lines - Interior Bldg- lines are leaking into the building and are collasped in areas	$ 5,000,000
Sewer Lines and Manholes - original lines need to be replaced do to age	$ 5,000,000
Steam Lines/Radiator System - Interior Bldg.	$ 5,000,000
Steam Lines- Exterior Bldg.	$ 5,000,000
C-4 Kitchen - replacement of floor due to sewer line replacement; overall renovation	$ 1,500,000
Plumbing - replacement of hot water tanks do to not maintaining temperatures	$ 250,000
Windows	$ 2,000,000
Install New AC for conditioned air	$ 10,000,000
Boiler repair	$ 200,000
Showers - replacement of floors and wall recoating	$ 100,000
Fencing - repairs	$ 125,000
Addition of Laundry	$ 150,000
Total Estimated Cost	**$ 51,865,000**

Because of the deteriorating conditions in the housing units of the old Powhatan Campus buildings which would require significant resource investment, the VADOC instead moved the Enterprise Unit inmates housed in those buildings into Beaumont Correctional Center once that campus was updated with required security features. The resources invested into BMCC to update the security and building infrastructure are outlined in Table 11 below. This table specifies

the actual spend at Beaumont to date by project. The vast majority of the spend on BMCC facility changes are to align the facility with VADOC security requirements or ensure infrastructure safety. All projects below allow for the campus to be used for general population purposes. The only item that is specifically for the medical unit is the cost of design work for the medical building's dialysis and negative pressure space, as well as the dental clinic created. A portion of the Main Building renovation included infrastructure support that medical would benefit from because of being placed in this building. However, the main building is also used for front entry to the campus, staff dining, inmate visitation, inmate laundry, and facility staff offices.

To fully be able to utilize the main building at BMCC, including housing any inmates, a generator, control panel and two transfer switches will need to be installed. To accommodate acute medical inmates in the building, the generator is the last component that would need to be done. All parts are on premises at this time and ready for work to be performed. Once completed, no additional infrastructure work is required for BMCC to be able to house medical inmates.

Table #11: Actual Resource Spend for BMCC to be Usable by VADOC

BMCC Project	PROJECT SPEND	Comments
Beaumont CC Security Fence and Electrical HU C-D	$ 1,829,010	CCU
Beaumont Spradlin Office Renovation	$ 478,426	CCU
Beaumont Staff Houses 10A,B,C,D Renovation	$ 420,275	CCU
Beaumont Parking Lot Asphalt Paving Replacement	$ -	CCU
Beaumont Caskie/Beatti Cottages for HU E-F	$ 269,450	CCU
Beaumont Main Bld Renovation	$ 3,126,647	CCU
Beaumont Kiser Bld Renovation	$ 1,496	In Design/CCU
Beaumont Rudd Staff House Renovation	$ 57,591	CCU
Beaumont Copeland Admin Renova	$ 949,450	CCU
Beaumont Sallyport Inmate Intake Building	$ -	In Design/CCU
Beaumont Kitchen Roof Replacement	$ -	CCU
Beaumont Warehouse Renovation	$ -	Pending Design/CCU
Beaumont Added Fence Razor Wire and Kitchen HVAC RTU 1 Replacement	$ 267,407	CCU
Subtotal	**$ 7,399,752**	
Project Title - MR Projects		
BEAUMONT CC FIRE ALARM PANEL REPLACEMENT HSg Unit C	$ 84,407	
BEAUMONT CC REPLACE CCTV SYSTEM	$ 489,255	
BEAUMONT CC REPLACE SPRINKLER HEADS	$ 186,845	
BEAUMONT CC SECURITY DOOR CONTROLS	$ 1,928,754	
BEAUMONT CC BUILDING AUTOMATION HVAC CONTROLS AC/HEAT DESIGN	$ 184,591	Contract has not been issued
BEAUMONT MAIN BLD METAL ROOF WATERPROOFING	$ 90,000	Under contract
BEAUMONT DOMESTIC WATER HEATER REPLACEMENTS	$ 175,000	Under contract
BEAUMONT FIRE SUPPRESSION PIPE REPLACEMENT	$ -	Contract has not been issued
MR Subtotal	**$ 3,138,852**	
Design Projects		
Med Bld Dialysis/Neg Pressure	$ 88,293	
Perimeter Lights	$ 34,658	
Copeland Renovation	$ 54,225	
Perimeter Road	$ 35,440	
Electrical Upgrade	$ 46,783	
Recycle Program Space	$ 45,000	
PER and Sewer Evaluation and Fire Hydrant Relocation	$ 177,763	
Kiser Renovation	$ 109,326	
VCE Gym and Old Dining Hall Space Evaluation	$ 37,097	
Replace Roof at Jordan Dining Hall	$ 24,412	
Beaumont Sallyport Bldg.	$ 161,142	
Design Projects Subtotal	**$ 814,138**	
TOTAL BMCC RESOURCES	$ 11,352,742	

At current state, the VADOC is using BMCC to house inmates that work at the State Farm Enterprise Shops and transport these individuals to/from the shops each day. The old Powhatan Campus is still used to house the inmate patients at State Farm Infirmary. Like the other Powhatan buildings, in order to continue to use the current building for SFI, additional infrastructure work would be required. Table 12 below outlines the resource requirements needed in order to continue to use the current Powhatan building for SFI in any long-term fashion.

If SFI were to be vacated with inmates moved into BMCC, the buildings on the old Powhatan campus would be demolished. There is no plan to continue to use the closed infirmary space or the closed housing buildings after SFI moves out.

Table #12: Resources Requirements to Continue SFI in Current Location

Resource Needs	Estimated Replacement Cost	
Fire Alarm System is failing - complete existing fire alarm system needs to be replaced.	$ 350,000	Currently replacing existing control panel and devices; costs being encumbered. Does NOT include wiring or fiber.
Fiber Upgrade	$ 500,000	
125kw Generator needs replaced - The existing generator is determined to be obsolete and parts are not available. No company will preform required load tests. Existing air handling units are not on generator backup power.	$ 550,000	Generator size will need to up upgraded to accomadate current electrical needs
Electrical System needs replacing - many of the electrical receptacles are not functional and the quanity is not sufficient to support current medical devices	$ 1,500,000	Replace and add additional electrical panels, upgrading wire, add occupancy sensors per code, will depend on final electrical requirements
Kitchen - there is no kitchen area within the building or at Powhatan CC since it is closed. The food has to be delivered from another institution. Existing site conditions makes it difficult to roll the food carts into PMU to deliver the food.	$ 500,000	
Sallyport - existing sallyport is so small that it is difficult getting an ambulance inside the sallyport. Also the gates are controlled manually	$ 550,000	Enlarge sallyport and add electronically controlled gates
Roof - existing roof is beyond its life expediency which was 2016.	$ 2,500,000	
Air Handling Units (air conditioning only) - last replaced in 2010 (four units)	$ 1,000,000	In design phase and expenditures to begin being encumbered.
Boiler - provide building on stand alone boiler. This building is the last building in the steam loop. Other buildings have been shut down and the existing Central Plant is to large to provide service to this building only	$ 1,000,000	
Building Automatation System - the existing BAS system is control by the administration building which is outdated and does not control well. PMU needs to be control by a system that is located within the building	$ 250,000	
Hot Water Temp Control Issues	$ 150,000	
Sewer grinders in building needs replacing (2016) 2 grinders	$ 200,000	
Chiller replaced 2016	$ 500,000	
Total Estimated Cost	**$ 9,550,000**	

Cost Impact of Using Beaumont Correctional Center

Upon acquiring BMCC, the financial management of that facility has been part of the State Farm Correctional Complex. The State Farm Correctional Complex is made up of the old Deep Meadow Correctional Center campus, the old Powhatan Reception Center campus, the Enterprise Unit shops, and Beaumont Correctional Center. This complex uses shared resources of business office management, funding, human resource management, utility costs, etc. Image 7 below reflects the location of each of the three campuses that are part of the State Farm Complex. The only active portions of the closed Powhatan campus are the SFI building, the Enterprise Shops, and the admin building that provides centralized support to SFI, SFIA, BMCC and the rest of the State Farm Correctional Complex. The Enterprise Shops include the James River Dairy Operation, the VCE Tag Shop, the VCE Print Shop, the VCE Silk Screen, and the VCE Sign Shop. Image 8 below depicts the distance between the old Powhatan Reception Center campus and the State Farm Correctional Center campus.

Image #7: Campuses Within the State Farm Correctional Complex

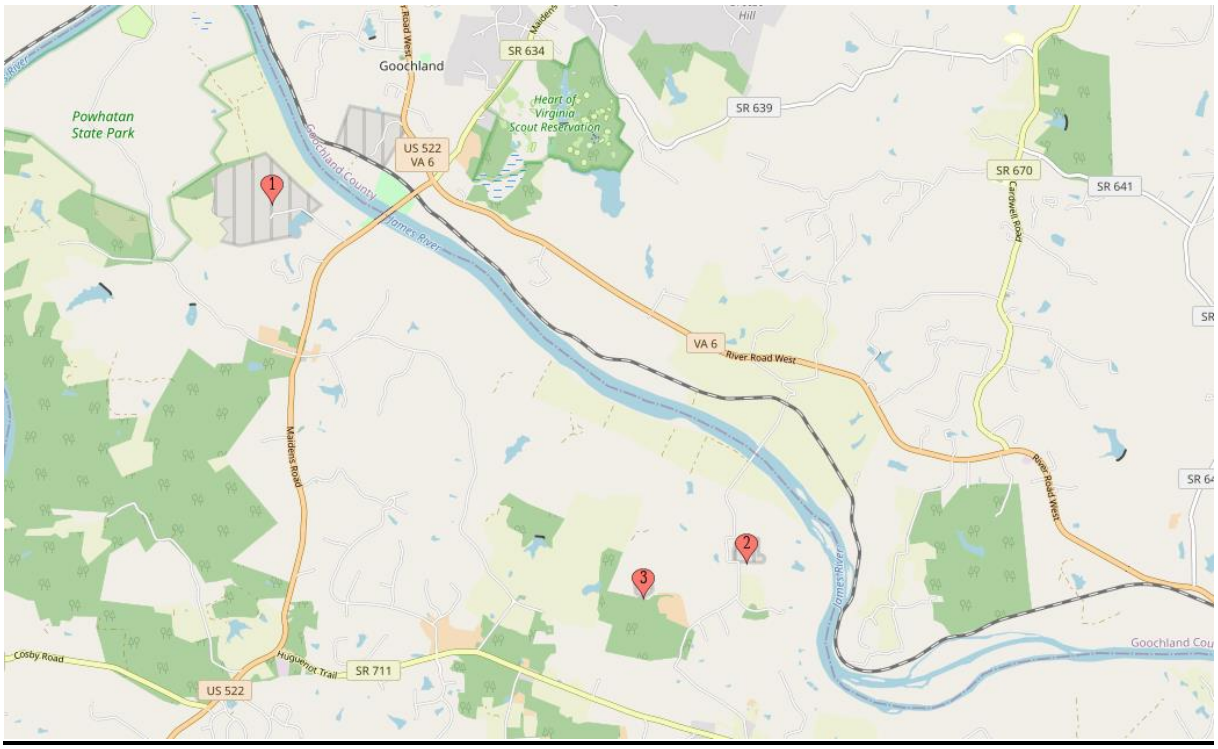
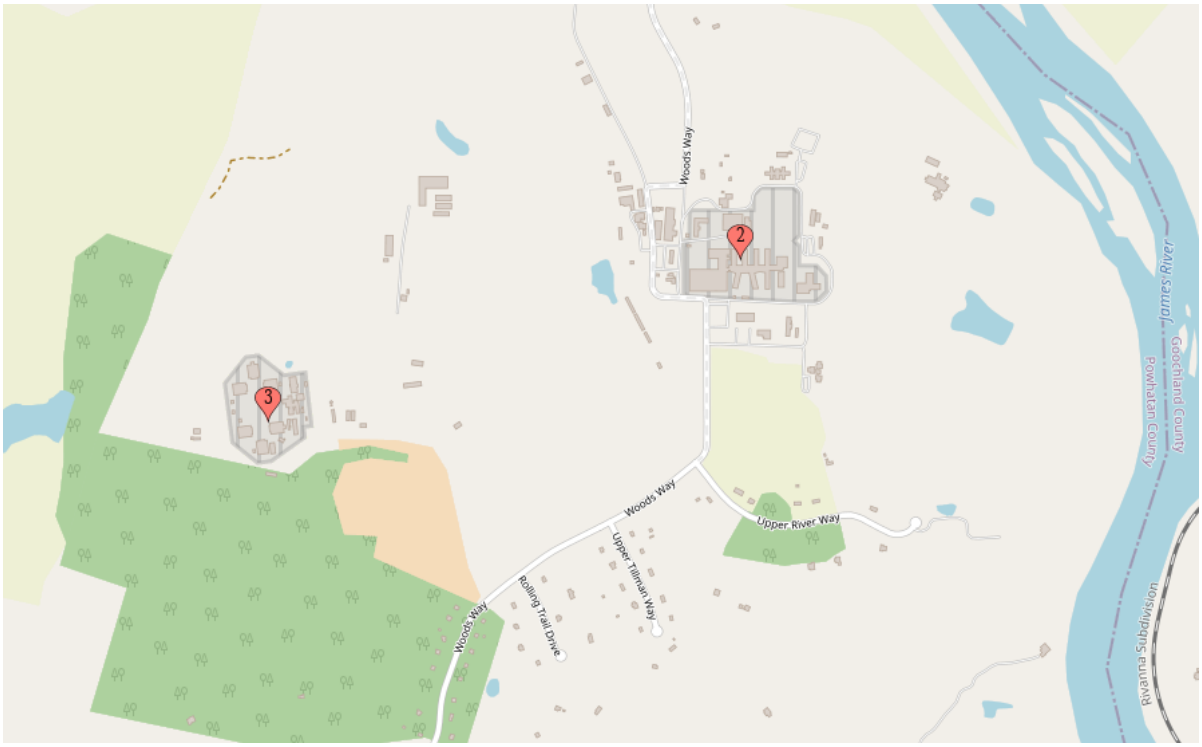


Image Notes:
Location 1: Beaumont Correctional Center (now houses SFEU inmates; 9 miles from SFCC)
Location 2: Closed Powhatan Reception Center (SFI and Enterprise Shops Currently; 1 mile from SFCC)
Location 3: State Farm Correctional Center (SFIA located here)

Image #11: Distance Between the Powhatan Campus and the State Farm Correctional Center



The below table outlines the expenditure impact of moving the SFEU inmates to BMCC in June 2022 and consolidating SFI expenditures into BMCC expenditures during FY24. The expenditures include all operational cost across these three locations. As noted in FY23, the Department received funding to increase the minimum Correctional Officer salary level with corresponding increases for supervisors and compression adjustments. The increase in Personal Services costs for FY23 and after including this increase. Additionally, the average daily population (ADP) dropped over time due to a decrease in the level of inmates that are appropriate for this level of work. With consideration of the non-medical changes in expenditure cost which was equivalent across all campuses (i.e. CO salary increases, etc.), the movement of SFEU inmates onto the BMCC campus has had a marginal impact on the operational expenditures of managing the State Farm Complex. The expectation is that movement of SFI patient inmates into BMCC will also have an estimated $1.3 million impact on the operational costs of the campuses.

Table #13: SFEU, SFI and BMCC Operational Expenditures FY18-FY24

Total Historical Expenditures - State Farm Enterprise Unit, PMU Infirmary, and Beaumont CC - FY2020 through FY2024

	FY2018 Expenditures	FY2019 Expenditures	FY2020 Expenditures	FY2021 Expenditures	FY2022 Expenditures	FY2023 Expenditures	FY2024 Expenditures
SFI/SFIA - Dept. 709 [1]							
Nonpersonal Services	$ 9,706,463	$ 9,765,373	$ 9,344,947	$ 9,059,572	$ 8,973,983	$ 9,198,738	$ 3,044,698
Site Imp/Equipment	$ 15,126	$ 15,593	$ 9,885	$ 19,720	$ 11,463	$ 49,091	$ -
Total Expenditures	**$ 9,721,589**	**$ 9,780,966**	**$ 9,354,832**	**$ 9,079,292**	**$ 8,985,446**	**$ 9,247,829**	**$ 3,044,698**
Beaumont - Dept. 713							
Personal Services [2]			$ -	$ 853,880	$ 11,792,202	$ 13,687,453	$ 16,995,032
Nonpersonal Services			$ -	$ 141,413	$ 2,452,276	$ 5,063,831	$ 6,238,203
Site Imp/Equipment			$ -	$ 1,437,221	$ 593,709	$ 478,947	$ 69,124
Total Expenditures			**$ -**	**$ 2,432,514**	**$ 14,838,187**	**$ 19,230,231**	**$ 23,302,359**
Enterprise Unit - Dept. 721 [3]							
Personal Services	$ 1,859,612	$ 2,246,920	$ 11,934,716	$ 11,526,729	$ 502,325	$ -	$ -
Nonpersonal Services	$ 9,865,713	$ 8,383,441	$ 2,629,124	$ 2,616,576	$ 2,466,057	$ -	$ -
Site Imp/Equipment	$ 19,781	$ 29,905	$ 50,827	$ 31,635	$ 22,654	$ -	$ -
Total Expenditures	**$ 11,745,106**	**$ 10,660,265**	**$ 14,614,667**	**$ 14,174,940**	**$ 2,991,036**	**$ -**	**$ -**
Total Expenditures for Enterprise Unit, SFI/SFIA, and Beaumont CC	**$ 21,466,695**	**$ 20,441,231**	**$ 23,969,499**	**$ 25,686,745**	**$ 26,814,670**	**$ 28,478,060**	**$ 26,347,057**
Average Combined Daily Population (ADP)	**379**	**403**	**398**	**353**	**266**	**233**	**253**
Authorized Position Level (APL)	**193**	**192**	**192**	**192**	**192**	**196**	**210** [4]

Footnotes

[1] *The State Farm Infirmary and Annex operated under department code 709 until the transition to DOC run medical in the beginning of FY24, the only expenditures recorded in department code 709 in FY24 are final payments to the contract vendor, Vitalcore. Expenditures for both units are now captured in department code 713 for Beaumont Correctional Center.*

[2] *IN FY23 the Department received funding and approval to increase minimum salary levels for security staff, compression adjustments, and a 5% across the board state employee raises. In additional the Department utilized a preminum pay program to incentivize staff to work additional hours to support facilities experiencing critical staffing shortages. The overtime payments for work performed at critical facilities is paid by the employees "home" facility, therefore personal service expenditures increased at Beaumont for security coverage worked at other facilities.*

[3] *The Enterprise Unit inmates transferred to Beaumont Correctional Center in June, 2022.*

[4] *Medical Services for SFI and Beaumont were transitioned from contractual to DOC managed medical care on 10/25/2023. The increase in APL is a reflection of the medical positions added for DOC management.*

Note: The expenditures listed in SFI - Dept 709 in FY2024 represent the final payment for VitalCore management of SFI and SFIA units.

Note: Other variables contributed to the fluctuation in annual expenditures including state employee compensation increases, higher cost of contractual services during COVID, and fluctuating vacancy levels. All of these facilities receive administrative support from State Farm Correctional Center (Human Resources, Business Office, etc.), relocation of these inmate populations to Beaumont does not impact the source or cost of this support.

Should SFI be closed, and those inmates moved off that campus, the Enterprise shops would remain there and continue to be operational. In this case, the VADOC would shut down the large heating units used for the campus and purchase steam boilers to heat the Administration building and milk plant solely. The table below outlines the expected cost to update these locations as stand-alone buildings.

Table #14: Resource Need to Close all Powhatan Except for Admin and Milk Plant

Resource Need	Estimated Cost
Milk Plant - closing the remaining buildings at Powhatan (PMU, HU C3 and C4, and R&C) which is currently served by steam will require the Milk Plant to install a stand-alone boiler system. The existing milk plant equipment was designed to operate on steam and threrefore it would be more econimical to provide the stand-alone system	$ 2,210,000
Administration - this building services as the business office, warden office, security control for State Farm Complex. The administration building is in need of a renovation to include replacement of the aging HVAC system, plumbing, electrical upgrade do to age of existing panels, lighting and ancillary items. As part of the renovation a New stand-alone boiler system will be installed with the proposed closing of the boiler plant. This will alleviate the requirment to replace the leaking steam lines to the building.	$ 1,750,000
Total Estimated Cost	**$ 3,960,000**

The Beaumont campus is now equipped to house the SFI patient inmates with the exception of a generator as backup for infirmary needs. The generator and all connection wires are onsite at Beaumont but has not yet been installed. Once installed, moving SFI to BMCC makes operational sense. The operational and medical cost of SFI is already managed in a complex that includes SFI and BMCC sharing costs and resources. Movement of the patient inmates will have little impact on the cost of operations of the complex. If SFI were to be moved, the Department has a choice on continued heating of the remaining portions of the old Powhatan campus. The Department can continue to heat all portions of the campus, including the portions that have been continued to be heated since closure in 2014 to allow SFI to receive heat. The alternative is to shut off this system and fully close the aging buildings on that campus. Once closed, the Department would make improvements to the remaining locations staying open on that campus for a one-time upgrade cost of just under $4 million.

Should the Department not be able to move the SFI patients into BMCC, the patients in this infirmary would ultimately need to be moved elsewhere, either permanently or during the renovations of the unit that are required. In reviewing the medical system across the state, the next best place to put these patient inmates would be at Greensville Correctional Center. This location already has an infirmary and medical staff that know how to manage infirmary patients. However, the current infirmary bed census would not be able to absorb any of the 39 beds from SFI. To accommodate these patient inmates, two bottom tiers of two housing units would need to be converted into infirmaries. The cost of conversion is listed in Table #15 below.

Table #15: Resource Needs to Expand One Housing Unit to Infirmary Beds at Greensville

Construction Modifications Required for One Unit Converstion	Resource Cost Need
New Cell Doors and devices for entire run	$ 840,000
Mechanical for Shower and Combi Units	$ 315,000
New Lights and Receptacles (dedicated circuits and dedicated neutral)	$ 126,000
Nurse Call System (lanyard to existing intercom, light over door, reports to	$ 53,000
Structural Analysis of cell weight and roof	$ 200,000
Construction Work and Escalation Factors	$ 500,000
Grand Total	$ 2,034,000

Note: Above work would take 2.5 - 5 years for design, funding and construction

This conversion of each bottom tier would only accommodate 21 infirmary beds. With SFI having 39 census capacity, the VADOC would need to convert two sections to accommodate the patient census. Currently each housing unit at Greensville can hold 84 inmates. By converting each to an infirmary with only 21 available beds, the Department would lose 126 general population beds at Greensville Correctional Center. Additionally, this move would double the distance between these patients to VCU and UVA, causing sick inmates and correctional officers to be on the road longer. With more infirmary patients at Greensville, the facility would need to increase its Correctional Officer Posts to provide enough officers to manage the increase in transport time. Table #16 outlines the number of medical transports by facility from January 2023 – May 2024. Greensville Correctional Center manages, on average, 240 medical transports each month. Movement of SFI to Greensville would increase medical transportation by an additional 54, on average, each month. The Department is working diligently to increase telemedicine and onsite specialty clinics, but even with great strides, the medical transports continue to be high.

Table #16: Monthly Medical Transportation Runs by Facility

Facility	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Avg Monthly Transport
Augusta Correctional Center	92	100	124	98	100	103	85	100	80	67	51	58	34	26	15			76
Baskerville Correctional Center	10	13	29	24	15	23	12	22	25	28	24	17	33	46	37	46	54	27
Beaumont Correctional Center	37	37	70	68	70	74	44	58	42	37	44	52	48	62	53	69	75	55
Bland Correctional Center	67	55	62	50	49	51	34	56	38	44	54	42	73	50	51	51	57	52
Buckingham Correctional Center	96	91	96	101	105	111	98	117	132	126	79	95	85	90	80	102	123	102
Caroline Correctional Unit	4	12	14	2	8	5	4	9	13	13	8	1	11	10	12	6	4	8
Central Virginia Correctional Unit	6	11	9	19	8	12	22	11	12	5	14	16	17	16	14	19	26	14
Coffeewood Correctional Center	53	59	66	51	57	77	68	75	60	70	55	65	65	67	88	86	86	68
Cold Springs Correctional Unit	12	2	7	12	10	11	6	18	14	11	10	11	3	6	7	6	4	9
Deerfield Correctional Center	141	168	217	212	199	273	170	219	186	177	161	134	183	187	191	224	217	192
Deerfield Mens Work Centers	1				3	1	2	2	3	1	3	2	9	6	11	10	10	5
Dillwyn Correctional Center	54	57	60	57	84	55	42	72	67	62	71	60	73	63	82	81	100	67
Fluvanna Correctional Center	133	165	159	136	148	157	138	141	131	145	126	134	152	143	111	191	188	147
Green Rock Correctional Center	83	75	95	91	97	125	99	98	73	72	79	90	83	97	97	104	106	92
Greensville Correctional Center	199	238	236	244	266	261	222	268	199	224	215	196	254	249	247	299	259	240
Halifax Correctional Unit	5	3	6	3	1	2	2	2	3	4	7	2	4	2	6	4	2	3
Haynesville Correctional Center	105	110	113	83	104	114	90	81	98	87	88	72	95	79	95	101	107	95
Indian Creek Correctional Center	45	52	48	39	44	51	34	61	54	64	48	38	26	41	25	40	45	44
Keen Mountain Correctional Center	36	40	38	37	51	39	29	43	59	53	30	24	47	43	35	54	32	41
Lawrenceville Correctional Center	109	95	108	95	112	95	94	140	128	81	104	76	121	87	95	106	75	101
Lunenburg Correctional Center	95	91	97	114	106	119	100	135	109	98	73	88	106	96	86	88	103	100
Marion Correctional Treatment Center	28	31	29	31	26	20	21	34	28	25	16	21	18	26	25	45	33	27
Nottoway Correctional Center	76	75	86	81	94	95	97	112	91	94	91	63	68	78	84	76	80	85
Patrick Henry Correctional Unit	2	1	4	1	4	5	2	1	1	4	8	1	2		6	9	6	4
Pocahontas State Correctional Center	49	40	47	67	55	60	66	71	76	77	36	43	54	39	46	50	47	54
Red Onion State Prison	32	20	35	27	25	27	19	20	18	13	22	25	29	38	31	42	37	27
River North Correctional Center	66	69	75	53	61	53	75	70	57	83	71	61	64	56	65	84	68	67
Rustburg Correctional Unit	9	14	18	7	17	14	8	14	15	16	11	8	2	6	8	5	2	10
St. Brides Correctional Center	13	18	40	30	32	58	35	64	52	57	41	44	31	41	51	38	59	41
State Farm Correctional Center	79	87	88	112	100	111	114	139	107	141	107	98	105	108	97	85	87	104
State Farm Infirmary	32	49	62	62	76	59	56	56	50	43	29	35	47	55	58	85	62	54
State Farm Work Center	16	22	19	32	36	33	20	30	15	36	17	22	10	3	5	8	15	20
Sussex I State Prison	103	103	124	112	121	115	105	140	93	104	111	151	174	191	168	142	171	131
Virginia Correctional Center For Women	29	29	37	31	26	38	23	25	28	28	19	34	39	48	59	47	66	36
Wallens Ridge State Prison	35	57	61	44	50	53	45	56	37	59	39	60	7	9	5	10	8	37
Wise Correctional Unit	5	4	4	6	5	4	9	5	10	3	6	2						5
Grand Total	**1,957**	**2,093**	**2,383**	**2,232**	**2,365**	**2,504**	**2,090**	**2,565**	**2,204**	**2,252**	**1,968**	**1,941**	**2,172**	**2,164**	**2,146**	**2,413**	**2,414**	2,227

The BMCC campus offers newer buildings, single cell rooms, additional cottage that can be used for other medical clinics and a desirable location between VCU and UVA. Image 9 below provides an aerial view of the proposed Beaumont Medical Building.

Image #12: Aerial View of the Beaumont Medical Building

The BMCC medical building would be able to accommodate eight pods of 12 single cell infirmary spaces, a pod for negative pressure care, a pod for high security medical transport cells and a pod for the mental health beds. Negative pressure beds and high security medical transport cells would be used as needed for those purposes and are not intended to be utilized for inmates needing just infirmary level medical care. The total number of medical beds that could be created within this building comes to 118 medical beds. Table 17 outlines the number of each type of bed that could be accommodated.

Image #13: Floor Plan for Medical Unit within Beaumont's Existing Building

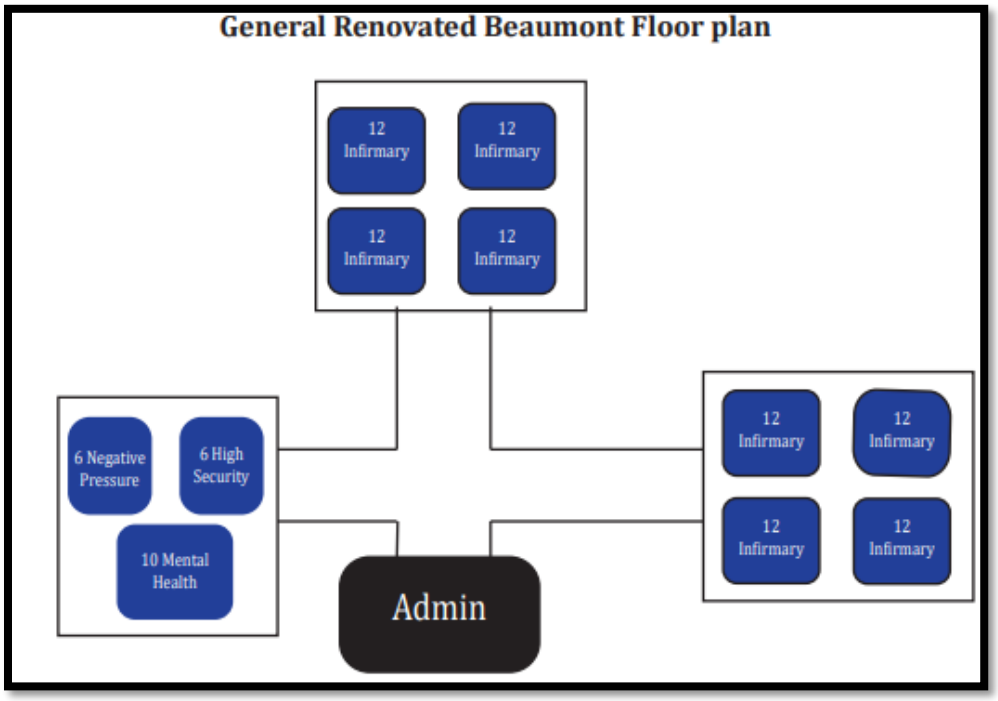


TABLE #17: The current Beaumont medical building can accommodate the below.

Medical Bed Type	No. Beds
Infirmary Care	96
High Security Transports	6
Negative Pressure	6
Mental Health[15]	10
Total Single-Cell Beds	**118[16]**

Use of the BMCC Medical Building

The Beaumont medical building will provide 96 single-cell infirmary beds. To capitalize on economies of scale and efficiencies in the best possible way, the Department proposes to consolidate the infirmaries at State Farm into the one building on the Beaumont campus. Rather than medical and security staff stretching among three locations for medical services and medical runs, this would consolidate the high use of resources to two campuses instead of the three present. Currently, medical resources and correctional staff are used at State Farm Infirmary located on the old Powhatan campus, State Farm Infirmary Annex located on the old Deep Meadow Correctional Center campus and the general population cared for on the Beaumont

[15] The 10 current Mental Health Beds at State Farm Complex will be transferred to BMCC when open.

[16] BMCC has the capacity to provide 118 single cell medical beds. The facility does have the ability to increase capacity using "hallway" beds by setting up three medical beds in the common area of each of the eight pods (24 "hallway" bed flexibility capacity) should a significant need exist at some point in the future.

property. The 39 infirmary beds from State Farm Infirmary and the 33 beds from State Farm Infirmary Annex will be moved into the BMCC medical building.

Additionally, because of the single cell space provided in the new Beaumont medical building, the Department could further consolidate inmates with high infirmary needs to this location by moving the nine medical beds from Southampton Medical Center into the BMCC medical building. The VADOC has a secure unit with Southampton that can house up to 9 individually roomed inmates requiring high levels of assistance with Activities of Daily Living (ADLs). These beds are paid for at a per diem rate with additional costs for DME and medications. Should an inmate housed in that unit require additional provider or nursing care above ADL assistance, the inmate is moved into the Intensive Care Unit by hospital staff instruction. This transfer is not an inpatient admission and results in very high daily cost of care to the Department without the ability to use Medicaid to cover the cost. Ideally, these inmates would be moved to Beaumont which would be equipped with the highest level of skill nursing and physician staff, eliminating the need for high-cost care assistance at Southampton.

If SFI, SFIA and the Southampton inmates are moved into the BMCC medical building, the fifteen remaining beds would be filled with the higher-acuity patients from Greensville Correctional Center and Deerfield Correctional Center infirmaries. Table 18 below outlines the proposed use of infirmary medical beds that would be available within the BMCC medical building.

Table #18: Proposed Use of Infirmary Beds at BMCC

Available Beds	#
BMCC Infirmary Beds	96
Moving SFI to BMCC	(39)
Moving SFIA to BMCC	(33)
Sub-Total Open Infirmary Beds	24
Move Southampton LTC to BMCC	(9)
Remaining Open Infirmary Beds	**15**
Highest Acuity Inmates from GCC & DFCC Infirmaries to fill remaining 15 beds.	

The current financial support for medical operations at SFI[17], SFIA, and the Southampton contract[18] covers the cost of personnel, pharmaceuticals, specialty visits, consumable supplies, equipment, etc for the 96 infirmary beds from Beaumont. Currently, SFI, SFIA and BMCC medical units share a Health Authority[19], supply inventory, medical personnel and scheduling/UM personnel. Consolidating these three units into BMCC would not cause any redundancies with regards to medical provision. In fact, consolidation would decrease the amount of time medical staff must take to travel between the three locations now. The transportation between the three locations causes stress to the staff and takes away valuable time that could have been spent providing direct medical care at any of the locations. The current medical staff would also be able to manage the additional infirmary beds added at BMCC. Because the single-cell infirmary beds are organized in pods with a centralized nursing station, the same nurses will be able to see and manage the additional infirmary inmates.

VCU and UVA Partnerships at Beaumont Correctional Center

The VADOC has long-standing partnerships with both the VCU Health System and UVA Health system. Both systems have partnered with VADOC to assist with Hepatis C management, telemedicine expansion, designated specialty clinics for DOC inmates, 340B benefits for specialty drugs, and care coordination services that greatly benefits both sides. In continuing this tradition, the VADOC is actively looking at creating pilot projects with both universities as supported in budget language. Both UVA and VCU have expressed interest in expanding medical services

[17] All personnel, pharmaceuticals, specialty visits, consumable supplies and equipment will be moved from SFI and SFIA to the BMCC building. Moving these two infirmaries will use the majority of Housing Unit A and Housing Unit B of the medical building at BMCC which would require the same resource needs as the units at SFI and SFIA. Importantly, the Health Authority, current medical staff, medical providers, supply inventory, utilization management and scheduling are shared between these two units. These two units also share coordination of all these resources to cover the General Population medical care living at BMCC at this time. Because of this, moving the units to BMCC would not result in a duplication or redundancy of any cost. Consolidation in the BMCC medical building will reduce the time of medical staff transporting between the three locations, however, and make it easier to share resources that currently are being transported from site-to-site.

[18] The VADOC has an agreement with the hospital to reimburse a per diem amount of $300 a day for bed only plus additional pass-through costs to cover all pharmacy, equipment, therapy and provider services used for the individual's care while in the unit. During FY2022, the VADOC reimbursed SMH over $2 million for the care and management of inmates needing long-term care within the secure unit. At the start of FY25, the VADOC currently has seven inmates utilizing these beds at Southampton. The BMCC medical building will be better equipped to manage these inmates compared to any other existing VADOC infirmary location, especially with the single cell environment and the spacious common area in the pod that will allow for ambulation. The facility will also have a large area for physical therapy and better accessibility features for these inmates. The cost avoidance of reimbursing a per diem amount can go to fully supporting the BMCC medical mission without having to request any additional state resources.

[19] The American Correctional Association (ACA) requires the Department's Health Services Unit to designate a Health Authority to ensure oversight of the medical units within prison locations. The Health Authority is usually the Head Nurse or Administrator of the facility medical department.

from their system into Beaumont due to the proximity of the campus. VCU oncology has visited the Beaumont campus and expressed enthusiasm in a potential oncology clinic being developed on the BMCC campus where VCU faculty and staff would perform services. The location of BMCC campus close to I-64 in Powhatan County significantly promotes accessibility of the faculty and medical staff to this location. VCU has also discussed and submitted a proposal to create an orthopedic clinic on the BMCC campus. UVA has also expressed interest in creating a clinic on Beaumont in addition to discussions of clinic and specialty expansion for the care of inmates at Fluvanna Correctional Center for Women. Both Health Systems would be able to create clinics on the Beaumont campus that would not be able to be created at either of the two other campuses that make up the State Farm Correctional Complex.

Long-Term Care Beds within VADOC

The VADOC has only one location with the sole purpose of providing Long Term Care (LTC) for inmates requiring assistance with three or more ADLs. ADLs include bathing or showering, dressing, getting in/out of bed or a chair, walking, using the toilet, and eating. A dormitory-style housing unit at Deerfield Correctional Center was reconfigured into a LTC unit. Some inmates at this location use other inmates as assistors for their daily activities and many may never be able to return to the General Population. Expansion of this unit into a second housing unit at DFCC or another unit next to SFIA may be required in the near future due to the aging DOC population.

Image #14: Deerfield's Long-Term Care Ward for Inmates Requiring Assisted Living

Frequently these inmates require specialty care from off-site providers at VCU Health. Transportation for such visits presents difficulty with ensuring appropriate vehicle is available (stretcher van, wheelchair van) and causes great discomfort to the aging and frail inmate. If there are no available DOC vehicles that can accommodate the transport, an ambulance service is used to ensure the inmate can make the appointment.

Long-Term Plans for Operation of Inmate Medical Care

Previous Capital Request

VADOC previously requested two capital projects submitted as Capital Budget Requests from 2017 through 2020 for Powhatan Infirmary (now part of the State Farm Complex) replacement and Deerfield Correctional Center expansion. The request to replace Powhatan Infirmary was phased. The first phase was to construct a new infirmary medical building. Phase two was to demolish the current infirmary construct a second medical building on the SFI site. All the construction was to be done at State Farm Complex at an estimated cost of $80 million. The second request was to expand Deerfield Correctional Center included the construction of a new medical building to accommodate assisted living, skilled nursing, and LTC patients. Estimated cost: $30 million. Previously, the VADOC received approval to begin planning and was allocated planning money.

At the time of this report, the use of planning money for these two construction projects is suspended pending the recommendations of this workgroup.

VADOC continues to experience the pressures reported previously throughout our prison medical system. The escalating need for infirmary and long-term care beds, driven by an aging incarcerated population and older and more medically compromised patients coming into the prison system, creates a reactive pattern resulting in inefficient use of current infirmary beds, extended reliance on the use of outside paid per diem beds at Southampton Medical Center and use of Medical Observation Units (MOU) when infirmary beds are unavailable. Each year, the average age of an inmate incarcerated in the VADOC gets older and the proportion of first-time new court commitments over 50 years of age increases. This compounds the urgency for optimal bed space to meet inmate medical needs. Eighty percent (80%) of inmates released during the summers of 2022 and 2024 as a result of Earned Sentence Credit legislation were under fifty years of age and have not substantially impacted average age of inmates. Most individuals requiring infirmary and long-term care have committed offenses which do not make them eligible for early or geriatric release. The cost of long-term care bed utilization at Southampton Medical Center alone has averaged greater than two million dollars per year for the last four years which does not include additional logistical and safety risk mitigation costs associated with this use.

For inmates needing long-term care that cannot continue in the general population, are placed in either an infirmary bed or Southampton Medical Center at a negotiated per diem rate plus all additional medical charges. Infirmary beds are intended for short-term, high turn-over medical care. Placing inmates needing long-term care in an infirmary bed, blocks that bed from being used by at least 4-5 acute care patients over the year and places long-term care patients in more expensive beds. Placement of inmates needing long-term care beds in an infirmary bed further exacerbates our need for infirmary beds and compromises availability and utilization of our medical system across the state. As a result, inmates requiring infirmary care may be kept at their home facility in an MOU bed due to constraints on available infirmary bed space

There continues to be a need for additional infirmary beds that are more specifically designed for infirmary needs. The medical beds consolidated within the current Beaumont buildings were not designed intentionally for infirmary care but are being retrofitted as best as possible to infirmary level of care. The original intention of the current Beaumont buildings was for housing and educating juvenile inmates. The characteristics of this design does afford some benefits, such as single-cell rooms, multiple clusters, larger rooms that can be used for dental, physical therapy,

dialysis, etc., but will not fill the true need of an appropriately modern and specifically designed medical unit for inmates with the highest acuity needs.

Ideally, a new infirmary plus LTC shared space would be designed to accommodate all inmate types under VADOC care (e.g., security levels and genders). A centralized location would provide equitable access and resources for all inmates. A combined facility also promises economies of scale for medical management, staffing, resource allocation, and integration of the most intense care provided by the VADOC. All levels of medical acuity could then be moved to this location and leverage these efficiencies. The facility could offer flexibility, space and ease for offsite providers to effectively conduct onsite consultations to larger numbers of patients. This model would result in better accessibility and could decrease burden on emergency medical services to transport patients to a higher level of care by consolidating medically complex patients and in house services to manage higher levels of acuity in place. Laundry, food service, and administrative offices would also be consolidated and would service all the units at the Beaumont site instead of each needing individual services.

VADOC's design of a new combined infirmary plus LTC facility would include manageable four-bed wards along with single cell infirmary beds for each security level and separated by genders. In addition, there would be space for clinics ranging from dermatology to orthopedics and physical therapy; flexible multipurpose procedural rooms to support on site diagnostic and treatment procedures; general health testing capability for laboratory, imaging, pulmonary function, sleep, neurologic and other assessments; onsite chemotherapy, antibiotic and intravenous infusions; and space for medical workspaces and administrative offices. These are all services VADOC must send inmates out for at this time. For inmates that require hospital or specialized offsite care, a vehicle sally port will control ambulance access allowing for secure transport and will have both adequate space and utility connections for mobile medical services, which may include radiography, ultrasound, magnetic resonance, computed tomography and other imaging modalities as well as interventional imaging procedures such as lithotripsy and echocardiographic testing, and endoscopic procedures.

Providing these diagnostics and procedures onsite eliminates the need to transport inmates to less secure public healthcare settings, reduces the need for duplicative staffing relative to a dispersed model, is more cost effective and provides the capacity for more consistent and higher quality care across all inmates.

The LTC portion of the facility could include accommodations for inmates that are geriatric or require long-term care. The building would contain manageably sized wards in combination with single cells (as will the infirmary). There would be specific clinic and procedure space to meet the needs across the entire spectrum of long-term care, including assisted living (ALF), skilled nursing (SNF) and memory care (inmates with dementia). A specific memory care wing would be included with an "endless hallway" (i.e., circle) providing a safe and secure space for inmates to ambulate while being monitored by staff, and appropriate physical therapy space. This unit would also benefit from an enclosed courtyard.

Analysis of Capital Build Need

A prior analysis conducted by VADOC suggested the future needs of infirmary and long-term care beds within the Department to be an additional 200 infirmary beds and between 300-400 long-term care beds.

The VADOC used the below assumptions to project the need for additional infirmary and LTC beds based on the aging trend of the DOC population and the backlog of beds experienced throughout the year.

- State responsible population aged 50 and over growing by 2% annually.
- 2.8% of inmates 50+ occupying a medical bed sometime during the year.
- 0.4% of inmates <50 occupying a medical bed sometime during the year.
- Survey of facilities with inmates needing an infirmary bed but not currently in that bed type assignment.

The below Table 19 outlines the high census use of MOU across the correctional facilities. Traditionally these beds should be used for quick turnover of very low acuity medical needs. However, MOUs are consistently used throughout the year. These locations are not staffed the same as infirmary settings and do not have the higher-level equipment that infirmaries have. Use of MOUs for long-term, higher acuity inmate medical needs is not the intended purpose and leads to many unintended consequences, such as staff burnout and onsite/offsite medical visit inefficiencies and possible other health outcomes. Table 19 depicts a consistently high use of MOU beds over the last two years. Additionally, Table 19 reflects the use of infirmary and ALF beds for this same time period. This reflects a near capacity, or at capacity, for each month from July 2022 – July 2024. In September 2024, the infirmaries have approximately 169 inmates at a capacity of 92% with 7 individuals housed in MOUs that would benefit from being placed in an infirmary setting. Due to the very limited single cell options of the infirmaries, inmates are kept in the lower level MOU that require single cells if no infirmary single cells are available.

TABLE #19: MOU Census Across State by Month-Year

Month-Year	MOU Bed Census (max 146)	% Fill of MOU Beds	Infirmary & ALF Census	Max Infirmary & ALF Beds in System	% Fill of Infirmary/ALF	
Jul-22	67	46%	150	150	100%	*SFIA Temporarily Closed
Aug-22	84	58%	150	150	100%	
Sep-22	75	51%	149	150	99%	
Oct-22	64	44%	150	150	100%	
Nov-22	83	57%	150	150	100%	
Dec-22	83	57%	154	160	96%	*SFIA Opened at capacity of 10
Jan-23	58	40%	158	160	99%	
Feb-23	71	49%	160	160	100%	
Mar-23	76	52%	158	160	99%	
Apr-23	77	53%	158	160	99%	
May-23	88	60%	160	160	100%	
Jun-23	87	60%	160	160	100%	
Jul-23	74	51%	171	183	93%	*SFIA capacity increased to 33 available beds
Aug-23	82	56%	182	183	99%	
Sep-23	76	52%	183	183	100%	
Oct-23	86	59%	173	183	95%	
Nov-23	74	51%	174	183	95%	
Dec-23	70	48%	174	183	95%	
Jan-24	89	61%	174	183	95%	
Feb-24	82	56%	175	183	96%	
Mar-24	71	49%	167	183	91%	
Apr-24	67	46%	169	183	92%	
May-24	66	45%	178	183	97%	
Jun-24	68	47%	178	183	97%	
Jul-24	73	50%	173	183	95%	

Continued Need for Analysis

Use and past projections indicate more medical beds are needed for the VADOC. However, further analysis is warranted to better understand the use of various medical beds within the VADOC system and the projected growth of medical bed need. The VADOC is currently implementing a new Electronic Health Record (EHR) system with deployment scheduled to start at the female facilities during the Fall of 2024 and end with the male facilities the spring of 2025. Until the EHR implementation, all medical records for inmate direct care and management records of infirmaries and the LTC space are paper or Excel-based. This has greatly limited the ability for robust analysis to be conducted in the past. The new EHR promises ease of retrieving and analyzing more robust data as early as next summer. Not all records will be digitized, however, the system will be seeded with basic historical health information and will collect all new medical management after deployment.

Topics Requiring Further Analysis

The below topics should be more thoroughly analyzed in order to better understand the medical bed landscape and needs:

- Use of MOU, Infirmary and LTC beds by medical need, length of stay, turnover rates, etc.
- Impact of changes in the population of state responsible inmates from 2020 to present on medical care needs
- Differential use of medical care and medical beds based on age, diagnoses, new commitments, etc.
- Evaluation of more specific medical bed specialty areas needed, such as memory care, palliative care, medically fragile, high security level beds, etc.
- Other options that exist to meet the need such as renovation of existing units to add additional large infirmary units, creating small infirmary units throughout the system, purchasing other vacant hospital buildings in Virginia that could be outfitted as an infirmary, or review of a capital build.

Table #20: Summary of Current Options for Consideration

Options for Consideration	Operational Cost	Construction Completed	Additional Construction Requirements	Medical Costs Difference	Total Cost Requirements	Difference from Current State	Considerations
1. Use BMCC to house SFEU inmates and continue to use Powhatan building to house SFI (CURRENT STATE and BASELINE)	$26,347,057	$11,352,742	$13,510,000	$ -	**$ 51,209,799**	**$ -**	Using FY24 Operational Costs from Table 13. Including the completed construction at BMCC. SFI, SFIA, and BMCC medical expenditures, management, resources and staff are shared entirely with no expectation of savings or increase. Inmate Patients in SFI would continue to be housed in a facility that hinders medical care provision while construction is being done. Would result in Powhatan campus having all closed correctional center buildings except for the one building housing SFI. This is considered the current state with the construction requirement to continue as is. Construction cost would include $9,550,000 to upgrade SFI unit and $3,960,000 for Milk Plant and Admin Building needs. Would require upgrades to the Milk Plant and Administration buildings on campus due to aging heating system on campus.
2. Continue to Use Powhatan campus of State Farm Complex to include SFI and SFEU on this property	$25,797,974	$11,352,742	$65,375,000	$ -	**$102,525,716**	**$51,315,917**	Using FY20 Operational Cost from Table 13 with increase for Staff Salaries and inflationary factors. Including the completed construction at BMCC. SFI, SFIA, and BMCC medical expenditures, management, resources and staff are shared entirely with no expectation of savings or increase. SFI inmate patients would continue to be housed in a failing building while all upgrades are being done. Would require years of construction for this to be completed. Construction costs to include $51,865,000 for Powhatan Campus requirements, $9,550,000 for SFI needed requirements, plus $3,960,000 for milk and admin building requirements.
3. Use BMCC to house both SFEU and SFI, SFIA inmates	$27,664,410	$11,352,742	$ 3,960,000	$ -	**$ 42,977,152**	**$ (8,232,647)**	Using FY24 Operational Cost from Table 13 with increase to accomodate potential increase in utilities, etc. SFI, SFIA, and BMCC medical expenditures, management, resources and staff are shared entirely so no expected medical cost difference. Including cost of resources spent on BMCC to date. Including cost of work to make the Admin Bldg and Milk Plant indepedently operational on that campus, $3,960,000.
4. Use BMCC to house both SFEU inmates, and SFI, SFIA and Southampton inmate patients	$27,664,410	$11,352,742	$ 3,960,000	$(766,500)	**$ 42,210,652**	**$ (8,999,147)**	Using FY24 Operational Cost from Table 13 with increase to accomodate potential increase in utilities, etc. Including cost savings from Southampton closure if BMCC medical building manages these patients. Including cost of resources spent on BMCC to date. Including cost of work to make the Admin Bldg and Milk Plant indepedently operational on that campus, $3,960,000. Savings included from Southampton of $300 per diem daily rate of 7 beds in the unit for 365 days of the year for a total of $766,500.
5. Use BMCC to house SFEU inmates but move SFI to GRCC.	$26,768,667	$11,352,742	$13,618,000	$ -	**$ 51,739,409**	**$ 529,610**	Using FY24 Operational Costs from Table 13 for SF Complex, but adding in the increased operational cost for GRCC to include additional officers. Including the completed construction at BMCC. Including the cost to construct two additional infirmary units at GRCC out of bottom tiers of two housing units (cost of one is $2,064,000 with a total need of $4,068,000 for the project). Each bottom tier would cover 21 infirmary beds, making a total of 42 for two units. This would increase GRCC medical transports by 20% and would result in approximately 300 medical transports total per month. Additional transport offices would be required at this facility. This would also result in the doubling of distance to VCU for all infirmary patients moved, increasing the time on the road for both the sick inmates and th e tranpsort officers. Will need to increase medical staff for GRCC since splitting the one infirmary into two units. This option would require additional APL provided and funded. Required construction is estimated to take 2.5-5 years to complete. Would require SFI to have construction requirements addressed in addition to construction changes to Greensville due to the time length to complete Greensville construction ($9,550,000 for SFI).

Six-Year Capital Outlay Plan Advisory Committee Feedback

On September 23, 2024, the Director of the VADOC presented to the Six-Year Capital Outlay Plan Advisor Committee (6-PAC) a brief summary of the language used to structure the workgroup and the highlights of the report created to date. Feedback on the workgroup items presented was solicited. Discussion from the 6-PAC members included the below questions and comments.

- Question: How much was spent at BMCC to date and what were the sources of the funds used?

  Answer: Table #11 of the report outlines the resources used at BMCC. The source of the funds was Maintenance Reserve as well as funds through the Correctional Construction Unit.

- Comment: Statement that operational cost of managing the infirmary inmates at BMCC was expected to be higher than managing the infirmary inmates at the current locations by approximately $1.5 million per year.

  Response: Tables #13 and #20 jointly outline the operational cost that is and could be projected for the management of the State Farm Correctional Complex, including BMCC. While operational costs may be higher after moving inmates, that view does not account for the resources that would be required to continue to stay in SFI. The maintenance of the SFI building is currently happening and will be ongoing for the next year or so while the work is being done.

- Comment: Requested confirmation that the SFI and SFIA buildings would not be used after the infirmary inmates were moved out of those locations and into BMCC. The expectation by the member was that SFI and SFIA would be moved into BMCC but not refilled with medical infirmary inmates again.

  Response: The SFI and SFIA buildings will not be used to manage any infirmary medical beds once infirmary inmates are moved out of those spaces and into BMCC.

- Question: Would capital funds be required to demolish the SFI building after infirmary inmates were moved out?

  Answer: A date and plan for demolition of the SFI building is not known at this time. There is no expected need for capital funding to assist with a demolition if and when that is done.

Report Recommendations

Based upon the high resource need to make the closed Powhatan campus operational, the VADOC utilized the Beaumont campus starting 2022 to house the Enterprise Unit inmates. The State Farm Infirmary continues to operate on this closed campus as the only building connected to the old housing units. Like the rest of the campus, the SFI building is in desperate need of additional repairs. The cost of repairs to continue to use the SFI building on Powhatan campus long term is nearly $10 million. With these costs in mind, consolidation of the State Farm Correctional Complex inmates into two campuses, State Farm Correctional Center and Beaumont Correctional Center, makes the most financial and operational sense compared to the alternatives. Additional medical use of the Beaumont medical building would allow for additional savings by closing the per diem medical beds at Southampton Medical Center. The consolidation of inmates to two housing locations instead of three can be done without additional capital resources to build medical beds. The prior request to build a new infirmary and new long-term care facility for the VADOC population has been placed on hold while further analysis can be done to better identify the discrete need of medical beds within the system and the best location for those beds to be located.

Administration Recommendations:

- Consolidate SFI and SFIA into the BMCC medical building due to the aging infrastructure and inefficient medical conditions of these two locations.
- Close Powhatan Correctional Center property except for the Milk Plant and VCE's Sign Shop, Tag Shop, Silk Screen and Print Shop.
- Continue evaluation of the capital request for additional Infirmary and long-term care beds VADOC inmates.

Appendix A: Detailed Transition Plans

The transition of the medical units was broken down into the operable parts of the medical units. This included the personal services, on-site contract specialists currently performing services prior to the transition, off-site specialist services used by the facilities prior to the transition, pharmacy services, and other ancillary medical items (e.g. consumable supplies, equipment, etc.).

Personal Services

The comprehensive medical care contract included a detailed listing of the minimum staffing levels by position was needed at each of the facilities for medical services to be performed. These are updated periodically as needs and operating procedures are changed. The most recent iteration of the minimum staffing did adjust nursing levels at some facilities. The medical decision package request provided by the VADOC has outlined these positions and projected the cost of hiring these staff as state positions.

Additionally, the VADOC requested the regional staff positions currently subsumed within the comprehensive medical contract to be allocated as part of the position level request. As discussed prior, the medical system is managed via a regional model. The current regional medical oversight positions for the facilities with vendor managed medical care units are all paid for and staffed by the medical vendor. At time of transition, these positions are still required. The regional oversight positions to cover the eastern region will need to become state positions, like all other vendor positions at the transition. The cost estimates of these positions were outlined and projected in the medical decision package request. Analysis of projections and assumptions for personal services is included in the preceding fiscal impact section.

Most transition activities happened during CY2022 are regarding human resources (HR) planning and communication to the current vendor medical staff regarding the transition plans. The VADOC and current comprehensive medical vendor have come together and conducted town hall meetings for vendor medical staff to receive information and ask questions. Additionally, HSU staff, the vendor's corporate staff and VADOC HR staff visited each vendor managed medical unit to personally discuss the transition and answer any HR questions the vendor staff may have regarding state positions and state benefits. Feedback from these visits have been positive and more are planned in the future.

Direct recruitment efforts with individual staff members occurred approximately three months prior to the transition date at each facility. Continual communication with the staff continued to occur to ensure staff were comfortable understanding the transition, the state positions they would be going into and all the state benefits they would receive. The current comprehensive medical vendor was vocally supportive of the staff on-site transitioning to state employment. Some of the staff had been working at the same facility for years or even decades. When medical vendors change at these facilities, they were are hired by the next vendor and continue to provide medical care. Staff continuity is very important, even generally for any medical care provision, and the VADOC was very interested in keeping these same individuals at those facilities.

One risk identified from past transition experiences was the movement of staff between facilities. Staff that are unsure or uncomfortable with change may be more apt to move to a location that is continuing the same management (e.g. another facility with a vendor managed medical unit) instead of transitioning to state employment. This may not have to do with state employment or state benefits, per se, but personal hesitancy about change. By transitioning all the facilities in the eastern region at once (i.e. on October 25, 2023), this eliminates the risk of individuals moving between facilities and having a surplus of staff at some facilities and vacancies at others.

On-Site Contract Specialist Services

Medical and financial efficiencies can be gained by bringing community specialist on-site to provide larger volume of specialty services to inmates at the facility. This is encouraged for multiple reasons. By bringing providers on-site, this eliminates the need for off-site medical transportation runs requiring two correctional officers for each inmate. This allows better utilization of security staff, as well as helping ensure public safety across the Commonwealth. More inmates at a facility can be seen in one designated on-site clinic by the specialist than could be seen in a community clinic where inmate appointments may be spread in between community patient appointments. Directly negotiating reimbursements with providers for guaranteed volume on-site volume can provide better value for money spent by the Department.

For these reasons, the VADOC currently contracts with community providers to set up on-site clinics for specialty care. Some examples include psychiatry, optometry, podiatry, obstetrics and gynecology and physical therapy.

The comprehensive medical vendor provided information on all currently contracted specialty services performing clinics on-site at the facilities they medically manage. This information was used to understand what specialty services are most beneficial to the inmate population at each facility and evaluation of the best way to move forward with filling these needs. The VADOC will follow all procurement policies and procedures as are followed for all other procurements and setting up these contracts can be done in advance of the transition to ensure continuity of services.

Off-Site Specialist Services

Inmates receive off-site services from community specialists when the primary care providers on-site refer them out for specialty care. These providers are reimbursed through the TPA contracted by the VADOC. This contract covers provider claim management and payment for all VADOC facilities, including those with vendor managed medical units and the private facility. The VADOC reimburses the TPA for the cost of the provider reimbursement and processing fee and is reimbursed for these costs from the comprehensive medical vendor and the vendor for the private prison. For in-patient hospital services, staff from the VADOC headquarters coordinates Medicaid enrollment and provider billing for these services.

Because the VADOC already contracts the TPA and manages off-site and in-patient provider billing, this category requires little preparation at the time of transition and community providers should not notice a difference.

Pharmacy Services

Likewise, for pharmacy services, the VADOC utilizes the same central pharmacy vendor as the comprehensive medical vendor. At the time of transition, the VADOC medical staff on-site at each facility would need to re-evaluate scripts only if a new medical provider is hired for the day of transition. Just like the transition of any inmate's prescriptions based on a new primary care provider taking over the medical care of the inmate, scripts will need to be re-evaluated and re-written as necessary. This will be known in advance and preparation and planning based on volume can be performed prior to the transition. This was not an issue at the time of the vendor-to-vendor conversion in December 2021.

The current pharmacy vendor is aware of the transition plans and is ready to move billing accounts from the comprehensive vendor accounts to the VADOC account.

Ancillary Medical Costs

The remaining transition activities include the ancillary medical items, such as setting up LabCorp accounts for laboratory services at each facility; setting up biohazard waste removal for each facility under the VADOC and not the comprehensive medical vendor; ordering consumable supplies under the VADOC account; and evaluating all current small and large durable medical equipment (DME) to determine the need for upgrade or replacement. In order to assist with the transition, VitalCore has moved to using the same vendors as the state. The VADOC expects to replace DME that has been at the facilities for a number of years or supplement the supply of DME to ensure enough is available for the medical units to run as efficiently as possible.