

**Contract for Personal Services  
for the Vermont Legislative Joint Fiscal Office**

This is a Contract for personal services between the State of Vermont Legislative Joint Fiscal Office (hereafter “**State**” or “**JFO**”) and CGL Companies (hereafter “**Contractor**”), a firm with its principal place of business at 158 West 27th Street, 10th floor, New York, NY 10001 (each a “**Party**” or collectively, the “**Parties**”).

The Parties agree as follows.

**Section 1  
Terms**

1.1. **Contract Term.** The term of this agreement begins on the date of this September 1, 2018 and terminates on March 1, 2019.

1.2. **Delivery of Services.** Performance under this agreement shall be completed no later than March 1, 2019, except when an extension is authorized in writing and signed by both Parties.

1.3. **Payment.** The maximum allowable amount payable by the State under this agreement is \$135,817.

1.4. **Invoices.**

- (a) The Contractor shall be paid based on documentation and itemization of work performed and included in invoicing.
- (b) All invoices presented for payment shall be fully itemized and shall contain sufficient detail of services and expenses.
- (c) Charges by the Contractor for late payment of invoices are prohibited.
- (d) The Contractor shall be paid no later than 30 days after receipt of an invoice to the designated State Point of Official Contact, as defined in section 1.15 of this agreement.
- (e) Payments shall be made only upon approval and acceptance by the State.

1.5. **Payment Schedule.** The Parties agree to the payment schedule as follows:

- |  |          |
|--|----------|
| (a) Execution of the agreement                             | \$20,000 |
| (b) Approved Status Report (on or before November 6, 2018) | \$30,000 |
| (c) Approved Draft Report (on or before December 28, 2018) | \$30,000 |
| (d) Approved Final report (on or before January 22, 2019)  | \$30,000 |
| (e) Project Completion (on or before March 1, 2019)        | \$25,817 |

1.6. **Unrestricted Termination.** Either Party may terminate this agreement for any reason by giving at least thirty (30) days’ prior written notice.

1.7. **Termination for Breach.**

- (a) Either Party may terminate this agreement if the other Party commits a Material Breach of its obligations and fails to cure the default within thirty (30) days after receipt of written notice from the terminating Party specifying in detail the nature and extent of the breach.

For purposes of this agreement, a “Material Breach” means, with respect to a given breach, a level of significance that would have affected any decision of a reasonable person in that person’s position regarding whether to enter into this agreement or complete the work contemplated by this agreement.

- (b) The Parties acknowledge that due to the known timeline, if Contractor has not completed performance of work under this agreement pursuant to the scope of work and other time provisions of this contract, the terminating Party will not be required to give the Contractor any time beyond that specified in the contract to allow the Contractor to satisfy any condition or perform any obligation under this agreement.

1.8. **Public Records.** The report and other materials delivered by the Contractor in fulfillment of the agreement will become a matter of public record under the Vermont Public Records Act, 1 V.S.A. chapter 5, subchapter 3, unless identified by the state as proprietary or confidential.

1.9. **Confidentiality.** In performance of the agreement, the Contractor may have access to information, communications, or data that are confidential under 2 V.S.A. § 404(c) or the attorney-client privilege or as otherwise confidential by law. Contractor shall be required to maintain the confidentiality of any information accessed in its performance of the agreement. Contractor shall refer all requests for information acquired under the agreement to the State.

1.10. **Disclosure.** Contractor shall not release, disclose, or make statements to third persons regarding any materials generated, compiled or maintained in connection with the agreement, including any media, data, files, or documents.

1.11. **Rights in Documents and Data.** The Contractor agrees that the data, reports, studies, and specifications, prepared by the Contractor under the terms of this agreement shall be the property of the State upon termination or completion of the work. The State shall have the right to use all work products without restriction or limitation and without compensation to the Contractor other than that provided for in this agreement. Any data or information provided by the State shall remain the property of the State unless otherwise specified. If requested by the State the Consultant shall delete any data or information provided by the State from all computers owned or used by the Consultant, including backup copies. Reports and other work products developed by the Consultant under this contract shall be the property of the State, and will not be released in any form by the Consultant without permission from the State.

1.12. **Warranties and Representations.**

- (a) The State and Contractor represent to each other that each has full capacity and authority and all necessary corporate licenses, permits, and consents to enter into and to perform this agreement.
- (b) The State and Contractor warrant to each other that each will act in good faith and professionally.

1.13. **Limitation on Indemnification; Liability.**

- (a) State has no legal authority to indemnify Contractor.

- (b) The Contractor will act in an independent capacity and not as officers or employees of the State.
- (c) The Contractor shall defend the State and its officers and employees against all claims or suits arising in whole or in part from any act or omission of the Contractor or of any agent of the Contractor. The State shall notify the Contractor in the event of any such claim or suit, and the Contractor shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit.
- (d) After a final judgment or settlement the Contractor may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Contractor shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Contractor.
- (e) The Contractor shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the contractor.

1.14. **Modifications.** No amendment of this agreement will be effective unless it is in writing and signed by the Parties.

1.15. **Notice.**

- (a) For a notice or other communication under this contract to be valid, it must be in writing, delivered by hand, first class mail or electronic mail.
- (b) A valid notice or communication under this agreement will be effective when received by the party to which it is addressed. It will be deemed to have been received as follows:

By first class mail. Three days from the date of posting.

By electronic mail. On the date the party sending such communication receives confirmation of such delivery by electronic mail.

- (c) If a notice or other communication addressed to a party is received after 5:00 p.m. on a business day at the location specified in the address for that party, or on a day that is not a business day, then the notice will be deemed received at 9:00 a.m. on the next business day.
- (d) For a notice or other communication to a party under this agreement to be valid, it must be addressed by that party in accordance with the information specified below.

To Contractor: Karl Becker  
CGL Companies  
2485 Natomas Park Drive, Suite 300  
Sacramento, CA 95833  
kbecker@cglcompanies

To State: Nolan Langweil  
Legislative Joint Fiscal Office

1 Baldwin Street  
Montpelier, VT 05633-5701  
nlangweil@leg.state.vt.us

Invoices shall be submitted to Nolan Langweil (nlangweil@leg.state.vt.us) and Daniel Dickerson (ddickerson@leg.state.vt.us)

1.16. **Governing Law.** The laws of the state of Vermont, without giving effects to its principles of conflicts of law, govern all adversarial proceedings arising out of this agreement. Washington County, Vermont will be the proper place of venue for State and federal courts in any action for suit to enforce or in respect to this agreement.

1.17. **Scope of Agreement; Entire Agreement.** This agreement constitutes the entire understanding between the Parties with respect to the subject matter of this agreement and supersedes all other agreements, whether written or oral, between the Parties.

1.18. **Effectiveness; Date.** This agreement will become effective when all Parties have signed it. The date of this agreement will be the date that this agreement is signed by the last Party to sign it (as indicated by the date associated with that Party's signature).

## Section 2 Scope of Work

### 2.1. Work to be Conducted.

- (a) The contractor will conduct research on approaches to managing correctional health care services and costs in eight to ten states for comparison to Vermont. Comparison states will include Alaska, Connecticut, Delaware Hawaii, Rhode Island, Massachusetts, Maine, and New Hampshire. Additional or substitute states for comparison may be added, with the permission of the JFO. The research will include an analysis of health care service cost drivers, approaches to reduce cost, and a qualitative assessment of corrections health care service model performance in each state.
- (b) The contractor will assess the cost of providing correctional health care services in the Vermont correctional system. The analysis will identify key cost drivers, opportunities to control costs, and an assessment of overall system performance
- (c) The contractor will review current and past approaches to the procurement and management of health care services in the state correctional system. The analysis will include a review of RFP development, proposal evaluation, and contract management systems.
- (d) The contractor will submit a draft report and a final report to the JFO that summarizes key project findings and analysis. Consistent with this analysis, the report will provide recommendations to manage state correctional system health care costs.

- (e) The Parties will conduct bi-weekly conference calls on project status and at other mutually agreed upon times.
- (f) The contractor will be available, either in person or by phone, to provide an update at the November 2018 Joint Justice Oversight Committee (JJOC) if requested by the JFO. Between January 15 and March 1, 2019, the contractor will be available for up to three days for presentations of the report to legislative committees and other stakeholders, and the public.


Below is the schedule of work. Changes can be made upon mutual agreement of the parties:

MILESTONES	TARGET DATE
1. Work plan submitted	September 14, 2018
2. Comparative analysis methodology submitted	September 21, 2018
3. Analysis of DOC health care costs completed	October 15, 2018
4. Comprehensive report status, including updated timeline and performance schedule	October 30, 2018
5. Comparative analysis of target states completed	November 15, 2018
6. Review DOC contract model completed	November 30, 2018
7. Draft report completed	December 15, 2018
8. Final report completed	January 15, 2019
9. Final report presented	On or before February 22, 2019

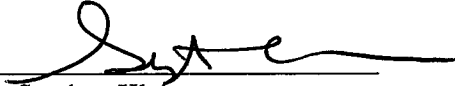
2.2. **Format of Deliverables.** For the Final Report as outlined in in Sec. 2.1 Scope of Work, deliverables will be submitted to the State in one (1) hard copy plus electronic media, as applicable. There shall be no proprietary information or trade secrets in any of the deliverables unless preapproved by the State.

3. **Attachments:** This contract includes the following attachments which are incorporated herein:
- 3.1. Attachment A – General Provisions for Contracts and Grants
  - 3.2. Attachment B – Enacted Language
  - 3.3. Attachment C – Proposal submitted by CGL (with proprietary information redacted)

We the Undersigned Parties Agree to be Bound By This Contract.

By:   
W. Robert Glass  
Executive Vice President, CGL Companies

Date: 9.6.18

By:   
Stephen Klein  
Chief Fiscal Officer, Vermont Legislative Joint Fiscal Office

Date: 9/5/13

**ATTACHMENT A: STANDARD STATE PROVISIONS  
FOR CONTRACTS AND GRANTS  
REVISED DECEMBER 15, 2017**

**1. Definitions:** For purposes of this Attachment, “Party” shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement. “Agreement” shall mean the specific contract or grant to which this form is attached.

**2. Entire Agreement:** This Agreement, whether in the form of a contract, State-funded grant, or Federally-funded grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.

**3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial:** This Agreement will be governed by the laws of the State of Vermont. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State with regard to its performance under this Agreement. Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.

**4. Sovereign Immunity:** The State reserves all immunities, defenses, rights or actions arising out of the State’s sovereign status or under the Eleventh Amendment to the United States Constitution. No waiver of the State’s immunities, defenses, rights or actions shall be implied or otherwise deemed to exist by reason of the State’s entry into this Agreement.

**5. No Employee Benefits For Party:** The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the State withhold any state or Federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.

**6. Independence:** The Party will act in an independent capacity and not as officers or employees of the State.

**7. Defense and Indemnity:** The Party shall defend the State and its officers and employees against all third party claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.

After a final judgment or settlement, the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party in connection with the performance of this Agreement.

The Party shall indemnify the State and its officers and employees if the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party or an agent of the Party in connection with the performance of this Agreement.

Notwithstanding any contrary language anywhere, in no event shall the terms of this Agreement or any document furnished by the Party in connection with its performance under this Agreement obligate the State to (1) defend or indemnify the Party or any third party, or (2) otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or other costs of the Party or any third party.

**8. Insurance:** Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the State through the term of this Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

*Workers Compensation:* With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont. Vermont will accept an out-of-state employer's workers' compensation coverage while operating in Vermont provided that the insurance carrier is licensed to write insurance in Vermont and an amendatory endorsement is added to the policy adding Vermont for coverage purposes. Otherwise, the party shall secure a Vermont workers' compensation policy, if necessary to comply with Vermont law.

*General Liability and Property Damage:* With respect to all operations performed under this Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

- Premises - Operations

- Products and Completed Operations

- Personal Injury Liability

- Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

- \$1,000,000 Each Occurrence

- \$2,000,000 General Aggregate

- \$1,000,000 Products/Completed Operations Aggregate

- \$1,000,000 Personal & Advertising Injury

*Automotive Liability:* The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than \$500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than \$1,000,000 combined single limit.

*Additional Insured.* The General Liability and Property Damage coverages required for performance of this Agreement shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, then the required Automotive Liability coverage shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

*Notice of Cancellation or Change.* There shall be no cancellation, change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without thirty (30) days written prior written notice to the State.



**9. Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all representations made by the Party in accordance with this Agreement, including but not limited to bills, invoices, progress reports and other proofs of work.

**10. False Claims Act:** The Party acknowledges that it is subject to the Vermont False Claims Act as set forth in 32 V.S.A. § 630 *et seq.* If the Party violates the Vermont False Claims Act it shall be liable to the State for civil penalties, treble damages and the costs of the investigation and prosecution of such violation, including attorney's fees, except as the same may be reduced by a court of competent jurisdiction. The Party's liability to the State under the False Claims Act shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability.

**11. Whistleblower Protections:** The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

**12. Location of State Data:** No State data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the continental United States, except with the express written permission of the State.

**13. Records Available for Audit:** The Party shall maintain all records pertaining to performance under this agreement. "Records" means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

**14. Fair Employment Practices and Americans with Disabilities Act:** Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.

**15. Set Off:** The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

**16. Taxes Due to the State:**

- (a) Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- (b) Party certifies under the pains and penalties of perjury that, as of the date this Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

- (c) Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- (d) Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

**17. Taxation of Purchases:** All State purchases must be invoiced tax free. An exemption certificate will be furnished upon request with respect to otherwise taxable items.

**18. Child Support:** (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, he/she:

- (a) is not under any obligation to pay child support; or
- (b) is under such an obligation and is in good standing with respect to that obligation; or
- (c) has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

**19. Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party shall be responsible and liable to the State for all acts or omissions of subcontractors and any other person performing work under this Agreement pursuant to an agreement with Party or any subcontractor.

In the case this Agreement is a contract with a total cost in excess of \$250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54).

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 ("False Claims Act"); Section 11 ("Whistleblower Protections"); Section 12 ("Location of State Data"); Section 14 ("Fair Employment Practices and Americans with Disabilities Act"); Section 16 ("Taxes Due the State"); Section 18 ("Child Support"); Section 20 ("No Gifts or Gratuities"); Section 22 ("Certification Regarding Debarment"); Section 30 ("State Facilities"); and Section 32.A ("Certification Regarding Use of State Funds").

**20. No Gifts or Gratuities:** Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

**21. Copies:** Party shall use reasonable best efforts to ensure that all written reports prepared under this Agreement are printed using both sides of the paper.

**22. Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or

partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.

Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>

**23. Conflict of Interest:** Party shall fully disclose, in writing, any conflicts of interest or potential conflicts of interest.

**24. Confidentiality:** Party acknowledges and agrees that this Agreement and any and all information obtained by the State from the Party in connection with this Agreement are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq.

**25. Force Majeure:** Neither the State nor the Party shall be liable to the other for any failure or delay of performance of any obligations under this Agreement to the extent such failure or delay shall have been wholly or principally caused by acts or events beyond its reasonable control rendering performance illegal or impossible (excluding strikes or lock-outs) ("Force Majeure"). Where Force Majeure is asserted, the nonperforming party must prove that it made all reasonable efforts to remove, eliminate or minimize such cause of delay or damages, diligently pursued performance of its obligations under this Agreement, substantially fulfilled all non-excused obligations, and timely notified the other party of the likelihood or actual occurrence of an event described in this paragraph.

**26. Marketing:** Party shall not refer to the State in any publicity materials, information pamphlets, press releases, research reports, advertising, sales promotions, trade shows, or marketing materials or similar communications to third parties except with the prior written consent of the State.

**27. Termination:**

- (a) **Non-Appropriation:** If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by Federal funds, and in the event Federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.
- (b) **Termination for Cause:** Either party may terminate this Agreement if a party materially breaches its obligations under this Agreement, and such breach is not cured within thirty (30) days after delivery of the non-breaching party's notice or such longer time as the non-breaching party may specify in the notice.
- (c) **Termination Assistance:** Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.

**28. Continuity of Performance:** In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.

**29. No Implied Waiver of Remedies:** Either party's delay or failure to exercise any right, power or remedy under this Agreement shall not impair any such right, power or remedy, or be construed as a waiver of any such right, power or remedy. All waivers must be in writing.

**30. State Facilities:** If the State makes space available to the Party in any State facility during the term of this Agreement for purposes of the Party's performance under this Agreement, the Party shall only use the space in accordance with all policies and procedures governing access to and use of State facilities which shall be made available upon request. State facilities will be made available to Party on an "AS IS, WHERE IS" basis, with no warranties whatsoever.

**31. Requirements Pertaining Only to Federal Grants and Subrecipient Agreements:** If this Agreement is a grant that is funded in whole or in part by Federal funds:

**A. Requirement to Have a Single Audit:** The Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in Federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

**B. Internal Controls:** In accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States and the "Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

**C. Mandatory Disclosures:** In accordance with 2 CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

**32. Requirements Pertaining Only to State-Funded Grants:**

**A. Certification Regarding Use of State Funds:** If Party is an employer and this Agreement is a State-funded grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

**B. Good Standing Certification (Act 154 of 2016):** If this Agreement is a State-funded grant, Party hereby represents: (i) that it has signed and provided to the State the form prescribed by the Secretary of Administration for purposes of certifying that it is in good standing (as provided in Section 13(a)(2) of Act 154) with the Agency of Natural Resources and the Agency of

Agriculture, Food and Markets, or otherwise explaining the circumstances surrounding the inability to so certify, and (ii) that it will comply with the requirements stated therein.

(End of Standard Provisions)

**ATTACHMENT B: ENACTED LANGUAGE****Act 11 (H.16) of the 2018 Special Session****An Act Relating to Making Appropriations for the Support of Government, Financing Education and Vital Records.****Sec. E.127 REVIEW AND EVALUATION OF DEPARTMENT OF CORRECTIONS HEALTH CARE SERVICES**

(a) The Joint Fiscal Office (JFO), in coordination with the Office of Legislative Council, shall review and evaluate the policies, contracts, and processes the Department of Corrections (DOC) uses to deliver health care services to assess whether current costs are excessive. The evaluation shall include a review of whether there is potential for the State to achieve savings in providing health care services to inmates and whether the State is contracting for appropriate services.

(b) The JFO is authorized to contract for all or part of the review and evaluation described in subsection (a) of this section. The JFO shall also receive the assistance of the Agency of Human Services and any other relevant State government entity, as needed.

(c) On or before November 1, 2018, the JFO shall submit an update on the review and evaluation described in subsection (a) of this section to the Joint Legislative Justice Oversight Committee. On or before January 15, 2019, the JFO shall submit a final report to the House Committees on Appropriations, on Corrections and Institutions, and on Health Care, and the Senate Committees on Appropriations, on Institutions, and on Health and Welfare.

**ATTACHMENT C: PROPOSAL SUBMITTED BY CSG**

REQUEST FOR PROPOSALS

# Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

---

Montpelier, Vermont

## ELECTRONIC COPY



**Submitted by:**  
CGL Companies  
158 West 27th Street  
10th Floor  
New York, NY 10001

**Submitted to:**  
Nolan Langweil  
Legislative Joint Fiscal Office  
1 Baldwin Street  
Montpelier, Vermont 05633





CGL Companies  
158 West 27th Street, 10th Floor  
New York, NY 10001

August 10, 2018

Legislative Joint Fiscal Office  
1 Baldwin Street  
Montpelier, Vermont 05633

## RE: RFP, Vermont - Provision of Corrections Health Care

Dear Nolan Langweil,

CGL Companies is pleased to present this response to Vermont's solicitation for the Provision of Corrections Health Care.

CGL has been focused on criminal justice for over 40 years. We are the largest exclusive criminal justice planning firm in the country and have successfully provided services to over 1,700 satisfied clients. Our scope of skills span the full range of correctional operations from organizational reviews, policy and procedure assessments, national standards compliance, staffing analysis, security evaluations and appraisals of law enforcement practices and offender programs. We employ our extensive knowledge of best practices and national standards in all of our work.

CGL has recently provided justice system analysis and support to Montgomery County, Ohio, the City of Philadelphia Prison System, Sonoma County, California, Benton County, Oregon, Maricopa County, Arizona and Sacramento County, California. CGL's highly qualified team will bring this same knowledge and expertise to the State of Vermont. This experience will be vital to providing informed advice and oversight for the County and its citizens.

The CGL Project Manager and primary contact for this project will be Senior Vice President Karl Becker, who may be reached at (217) 414-9895, or [kbecker@cglcompanies.com](mailto:kbecker@cglcompanies.com).

We greatly appreciate your consideration of our proposal and look forward to the opportunity to work further with you.

Sincerely,

Karl R. Becker  
Senior Vice President | Planning & Design  
Phone: (217) 414-9895  
Email: [kbecker@cglcompanies.com](mailto:kbecker@cglcompanies.com)

**A WORLD OF SOLUTIONS**

[CGLcompanies.com](http://CGLcompanies.com)

Planning | Design | Program Management | Facility Management | Development and Finance

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

# Background and Experience



# BACKGROUND AND EXPERIENCE

## TECHNICAL EXPERIENCE AND QUALIFICATIONS

At CGL, we use our decades of experience to create a well-rounded program for each challenge. Our personalized service approach ensures that every client's needs are answered with dynamic, creative, and practical solutions that serve the public need and last for generations.

Our experts provide undivided attention to each project, taking into consideration the surrounding community and ensuring each result serves the public need beyond expectation. With a single point of contact from project launch to completion, we provide efficient and consistent communication in order to develop superior solutions to our clients' specific needs.

This attention to detail and community involvement creates inherent value in our projects, while helping clients pinpoint cost-saving opportunities. The end result is a reliable, useful, and high-quality facility or operation. CGL has carefully defined a proven process for planning, designing, managing and maintaining public facilities using over forty years of experience in serving government agencies. We help to shape and create beneficial criminal justice systems and buildings that provide unparalleled functionality for generations to come.

Our approach to planning carefully guides a client through this complex decision-making process. Our comprehensive array of services can be applied totally or selectively in the development of flexible, cohesive, and realistic plans.

CGL's planning team specializes in both strategic system planning and facility development consulting for corrections, justice, and government administration. Our method embodies the functional aspects of system components to systematically define needs, resources, and solutions in a manner that permits accountability at all levels of decision-making.

Recent CGL projects that have featured analysis of correctional system health care costs include:

- **Philadelphia Department of Prisons Cost Analysis.** This ongoing project includes an in-depth review of key factors driving inmate health care costs for the City's 5,000 inmates. The project is also reviewing the contract model used by the City to procure health care services, as well as QA systems and overall performance the health care delivery system. The project objective is to identify alternatives to reduce the cost of health care services while meeting performance goals.
- **Sacramento County Jail Health Care Review.** This ongoing project is assessing the performance, cost, and opportunities for improvement in the operations of Sacramento County Jail Health Services. The County recently transferred management of the jail health care for the 4,000 inmates held in the county jail system from the Sheriff's Office to the County Health Department. The project is reviewing the impact of this change on service delivery and cost. Other project goals include analysis of the factors that contribute to health care costs and development of alternatives to reduce health care spending.

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

## BACKGROUND AND EXPERIENCE

- **Alaska Department of Corrections.** As part of a comprehensive performance review of the state, CGL conducted a review of health care staffing and costs for the state correctional system. The analysis highlighted the unique factors that result in very high per diem costs for the system and the challenges associated with delivery of health care services to the state's approximately 5,000 inmates. The study also produced an alternative approach to staffing facility health care services.
- **Fulton County (Georgia) Health Care Procurement Review.** CGL assisted the Fulton County Sheriff's Department in evaluating different models for procuring a contract to provide health care services for the 2,500 inmates housed in the county jail system. The project included drafting alternative language for the RFP, based on our recommended approach to contracting for service.

Moreover, the members of our proposed project team have extensive experience in the analysis and management of correctional system health care costs over the course of their careers. We describe this experience in detail in the **PROJECT STAFFING** section of this proposal.

## VERMONT ENTITIES PRIOR WORK

In 1999, CGL worked with the Vermont Department of Corrections to develop the facility program for the Southern State Corrections Facility.

## VERMONT CURRENT OR PLANNED CONTRACTS AND RELATIONSHIPS

CGL does not have other current or planned contracts or relationships with any Vermont State agencies or departments or other entities that may be directly or indirectly relevant to this work.

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

# Project Plan



# PROJECT PLAN

## PROJECT MANAGEMENT STRUCTURE

The most critical element of the project-management process is the development, refinement, and maintenance of a dynamic work plan that is consistent with the scope of work specified in this RFP. As such, the work plan provides the foundation for tracking project progress, coordinating with Joint Fiscal Office staff, and ensuring timely achievement of project milestones. The following draft work plan includes our preliminary assessment of how to meet scope requirements. During the project kick-off meeting we will work with Joint Fiscal Office staff to finalize this work plan based on our mutual understanding of project objectives; populate the schedule with subtasks; identify staff assigned to each task; and revise timelines as needed.

### TASK 1: INITIATE EVALUATION

#### OBJECTIVES:

- Gain a comprehensive understanding of the project's background and goals.
- Determine logistical arrangements in support of project activities.
- Reach agreement on project communications, updates, and reporting.
- Finalize work plan and project schedule.

#### WORK ACTIVITIES:

1.1 Meet with the project manager to establish working relationships, determine communication lines, and finalize contractual arrangements.

1.2 Review the goals of the project with Joint Fiscal Office management. Identify any concerns to be addressed while conducting the review.

1.3 Establish agreed methodology for comparative cost and service analysis.

1.4 Reach agreement on project communication and status update formats.

#### MILESTONES:

- Approved project work plan.
- Comparative analysis methodology.

## TASK 2: COLLECT DEPARTMENT OF CORRECTIONS (DOC) DATA FOR ANALYSIS

#### OBJECTIVE:

- Review DOC health care cost data required to support study objectives.

#### WORK ACTIVITIES:

2.1 Conduct fiscal analysis of current services. Establish total and unit costs for current medical service delivery system. Identify key service components of medical spending. Identify indirect costs in managing the current medical services contract. Determine the availability of the following:

- current and prior year health care budget and expenditure data by function and/or service area;



- current medical program staffing levels by function and position;
- medical program policies and procedures;
- current contract for medical services and contract monitoring reports;
- subcontractor service agreements;
- healthcare utilization data, including inmate hospital days, outpatient treatments, and pharmaceuticals dispensed;
- administrative oversight and contract monitoring reports; and
- program descriptions, associated activity measures, and other performance indicators.

2.2 Review contract monitoring and expenditure data to develop unit service output measures.

2.3 Interview DOC managers and health care service providers regarding cost and contract issues in the delivery of health care.

2.4 Establish administrative costs required to provide effective oversight of healthcare service delivery and assess management infrastructure to determine the effectiveness of current oversight systems, including the capacity for conducting effective utilization review and contract management, as well as the system's performance in procuring and managing pharmaceutical, medical commodity, and equipment purchases at competitive prices.

2.5 Identify issues associated with the current management and delivery of medical services, including the distribution of on-site health services at facilities and evaluation of their service capacity in relation their specific populations, possible options for consolidation of chronically ill and high-need inmates to facilities closer to specialty services and opportunities for improved coordination and delivery of services.

2.6 Assess the fiscal and programmatic impact of different management systems and models for health care delivery.

## TASK 3: INTERVIEW STAKEHOLDERS AND STAFF

### OBJECTIVES:

- Develop initial profile descriptions of health care service organization, policy systems, and management practices.
- Examine overall service delivery structure and operations.

### WORK ACTIVITIES:

3.1 Interview selected health care service administrators and staff related to service delivery systems, performance, and cost issues.

3.2 Determine how the various stakeholders define and measure success, and obtain feedback on major issues such as cost, program delivery, accountability, etc.

### MILESTONES:

- Analysis of DOC health care costs.
- Analysis of DOC health care model performance.

## TASK 4: CONDUCT MULTI-STATE COMPARISON

### OBJECTIVES:

- Collect data that captures the total cost of correctional health care delivery in target states and provides a basis for evaluation.
- Collect information on the health care delivery model used by the target states and their relative levels of performance.

### WORK ACTIVITIES:

4.1 Develop data collection template and interview protocol to guide collection of data from each target jurisdiction. Identify key operational, administrative, and cost areas where peer comparisons are appropriate.

4.2 Identify points of contact in each state correctional agency targeted for analysis.

4.3 Contact peer states to obtain targeted data and interview program administrators.

**PROJECT PLAN****PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT**

4.4 Verify completeness and validity of data collected.

4.5 Organize data for comparative assessment of correctional health care costs and models.

4.6 Conduct analysis of health care costs and delivery models in target states, resulting in a rank ordering of the most effective and efficient approaches.

**MILESTONE:**

- Comparative analysis of target state health care costs and service delivery models.

**TASK 5: REVIEW HEALTH CARE CONTRACTING APPROACH****OBJECTIVE:**

- Conduct a comprehensive review of DOC health care service contracting to identify opportunities to achieve cost and operational efficiencies.

**WORK ACTIVITIES:**

5.1 Conduct a comprehensive review of existing contracts, monitoring reports, corrective action recommended and taken, and past requests for proposals.

5.2 Assess the processes employed to evaluate contractor performance and maintain contract oversight. Conduct detailed reviews of the cost of contract services.

5.3 Interview DOC contract managers to identify issues and potential cost savings in contracted services.

5.4 Review alternative contract approaches for applicability to services required in the DOC, and assess the potential for achieving increased cost efficiencies.

5.5 Assess contract monitoring process and systems in place to assure that vendor payments align with the level of services provided.

5.6 Identify alternative approaches to contracting for services to reduce overall costs.

**MILESTONE:**

- Review of DOC contract model.

**TASK 6: IDENTIFY POLICIES, OPERATIONAL CHANGES, AND IMPROVEMENTS REQUIRED TO IMPROVE EFFICIENCY AND QUALITY OF SERVICE****OBJECTIVE:**

- Identify desired features, processes, and components that will assure cost-effective, efficient delivery of service.

**WORK ACTIVITIES:**

6.1 Identify desired features, processes, and components of a management system that will effectively assure efficient delivery of service, while still providing accountability and desired levels of service quality.

6.2 Identify alternative service delivery models that will sustain an effective health care system in the most efficient manner possible.

6.3 Assess the costs and benefits of each model.

**MILESTONE:**

- Changes and improvements for a more efficient system.

**TASK 7: SUBMIT PROGRESS REPORTS****OBJECTIVE:**

- Keep the Joint Fiscal Office fully informed regarding project progress and issues identified throughout the duration of the project.

**WORK ACTIVITIES:**

7.1 Submit bi-weekly updates that provide summary information on project activities, issues noted, and next steps.

**MILESTONES:**

- Consistent communication of project process.
- Bi-weekly progress reports.



## TASK 8: DEVELOP DRAFT REPORT

### OBJECTIVES:

- Identify current operational, cost, and management performance issues in the key areas identified in the study. Document those specific programs, policies, or operations that drive system costs.

### WORK ACTIVITIES:

8.1 From the data and analysis of the major areas of the study, combine the findings into one overall report. Recommend changes that, if implemented, will increase efficiency and effectiveness through changes in policy, operations, systems, and processes.

8.2 Prepare a detailed written outline of the report that will include:

- Executive summary.
- Background information, in lay terms, explaining the system's:
  - Organizational structure.
  - Programs and operations.
  - Key issues facing the system.
  - Key performance measures.
  - Methodology used.
- Explanation of supported documented findings.
- Results, in both detail and summary form, including narrative and quantitative information.
- Detailed systematic, action-oriented recommendations, including a discussion of financial impact and operational implications.
- Strengths and weaknesses of system operations, and develop of specific recommendations for improving the efficiency and effectiveness of the system's performance.
- Potential implementation strategies for recommendations, as well as procedures for a transition process to achieve recommendations, as appropriate.

8.3 Based on the consolidated findings, identify recommendations to improve performance and reduce costs.

8.4 Collect comments and suggestions from the Joint Fiscal Office review of the Draft Report.

8.5 Assess these comments and suggestions with staff, providing additional information or context where necessary.

8.6 Reach agreement with staff on changes required to finalize the Report.

### MILESTONE:

- Draft report.

## TASK 9: SUBMIT FINAL REPORT

### OBJECTIVE:

- Produce a Final Report that achieves the objectives of the project to the satisfaction of the department.

### WORK ACTIVITIES:

9.1 Incorporate all changes to the Draft Report into a Final Report.

9.2 Deliver the Final Report to the Joint Fiscal Office.

### MILESTONE:

- Final report.

## TASK 10: PRESENT FINAL REPORT

### OBJECTIVE:

- Present the Final Report to the Joint Fiscal Office and State Legislature, as appropriate.

### WORK ACTIVITIES:

10.1 Present Final Report to members of the State Legislature, as directed by the Joint Fiscal Office.

### MILESTONE:

- Report presentation.

## PROJECT PLAN

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

Based on the tasks outlined above, we proposed the following schedule:

TASKS	3 Sep	17 Sep	1 Oct	15 Oct	29 Oct	12 Nov	26 Nov	10 Dec	24 Dec	7 Jan	21 Jan	4 Feb
1. Initiate project												
2. Review DOC data												
3. Stakeholder meetings												
4. Comparative analysis of target states												
5. Review contract approach												
6. Identify improvements												
7. Submit progress reports												
8. Develop draft report												
9. Submit final report												
10. Present final report												

## PROJECT MILESTONES AND TIMING

MILESTONES	TARGET DATE
1. Work plan approved	September 7, 2018
2. Comparative analysis methodology approved	September 7, 2018
3. Analysis of DOC health care costs completed	September 28, 2018
4. Comparative analysis of target states completed	October 30, 2018
5. Review of DOC contract model completed	October 30, 2018
6. Draft Report completed	November 30, 2018
7. Final Report completed	January 15, 2019
8. Final Report presented	February 15, 2019

## KEY STAKEHOLDER INVOLVEMENT PLAN

CGL's approach to soliciting information required from other states rests upon our contacts in these systems. In our experience, cold calls or email inquiries to state correctional departments in the absence of some prior relationship or contact are seldom effective in obtaining meaningful information. The members of the project team have specific, extensive experience in working with the current senior managers in state correctional systems targeted for review in this study. Our contacts with staff in these systems means we know who to approach to get the information needed for this study. Just as important, we will also have personal discussions with staff in these systems to ensure that they understand what we are requesting and that we understand and limitations or qualifications associated with the data provided. Our relationships enable us to engage with administrators in target states, allowing for a better understanding of the different facets of their health service delivery models.

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

## PROJECT PLAN

Examples of our relationships with these states include:

- **Rhode Island:** CGL team member Brad Sassatelli is directing development of a master plan for future facility development for the Department of Corrections. Our work places us in regular contact with the Director of Corrections and her senior staff. Additionally, project team member George Vose is a former Director of Corrections for the state and retains contact with senior administrators there.
- **Hawaii:** CGL has conducted two projects for the Department of Public Safety Corrections Division and is currently planning the development of a new correctional facility for female offenders. We work directly with Deputy Director of the Division and his senior staff. Team member Dr. Ron Shansky has participated in federal court monitoring of Hawaii correctional health services and is familiar with their programs.
- **Alaska:** CGL project manager Karl Becker has performed two major projects for the Alaska Department of Corrections in the last three years and remains in personal contact with senior system administrators.
- **Massachusetts:** CGL project manager Karl Becker has directed two major studies for the Department of Correction (one focused on health care costs). Team member George Vose spent over 25 years working in the Massachusetts correctional system and ultimately served as Director of Corrections.
- **Maine:** CGL project manager Karl Becker directed a review of Department of Corrections health care contracting.
- **New Hampshire:** CGL team member Brad Sassatelli directed a feasibility study of correctional facility privatization for the state, and worked closely with DOC administrators.
- **Delaware:** Project team member Dr. Ron Shansky has worked as a federal monitor for health care services provided in the state and is familiar with current DOC administrators. In addition, CGL team members have worked with and maintain contact with the former medical director for the state correctional system.

In addition, CGL is a sponsor for the Association of State Correctional Administrators (ASCA), which provides us with direct access to senior leadership in state correctional systems. We are attending the Northeast Corrections Directors meeting September 28-30, which will provide an opportunity to follow-up on any information issues or additional needs the Directors of the target states. Because of this approach, we believe the information we collect from target states will be more reliable, comprehensive, and qualitatively better than can realistically be expected from standard survey approaches from researchers with no connections to these agencies.

We will approach internal Vermont DOC stakeholders in the same manner, as professional peers who understand the challenges of correctional system management, and have examined these issues in other states. We will request interviews with the key administrators, with follow-up sessions as necessary to ensure that we understand their perspective on any issues underlying Vermont's current approach to managing inmate health care. These interviews will include the Director of the DOC and members of the Department's executive management team with responsibility for facility operations, program services, financial management, and procurement.

Finally, we will also interview any external Vermont stakeholders that the Joint Fiscal Office identifies as contributing significant information or background for the project.

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

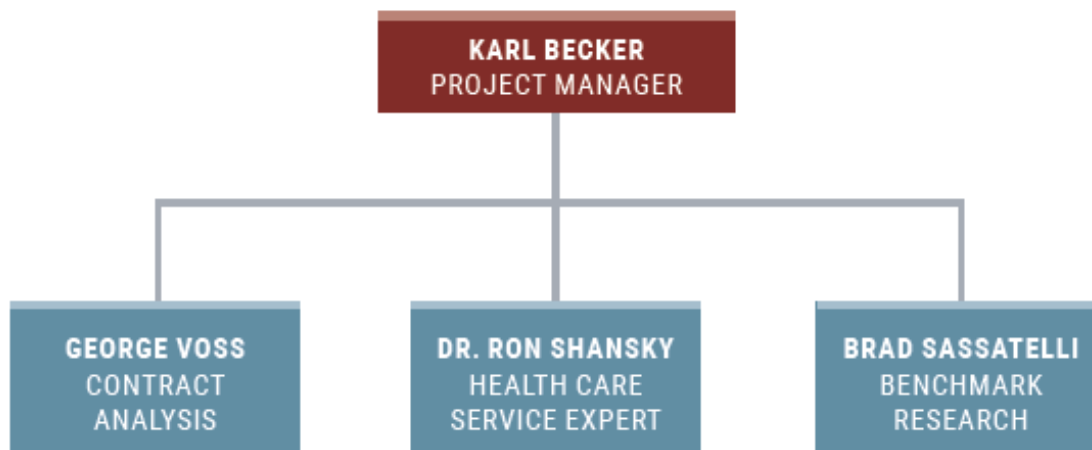
# Project Staffing



## PROJECT STAFFING

---

The organization of our project team is summarized in the following chart. As a small team, we will work cooperatively on all aspects of the project. However, in terms of primary assignments, Karl Becker will direct the project team and lead the analysis of potential cost savings. George Vose will have primary responsibility for analysis of contract service models, Dr. Shansky will conduct the qualitative assessment of Vermont correctional health care and that of comparison states, and Brad Sassatelli will coordinate collection and review of data for the multi-state comparison of health care delivery.



## KEY PERSONNEL ROLES

**KARL BECKER:** Our project team is led by Karl Becker, a nationally recognized expert in correctional system management. Karl served as the Chief Financial Officer for the Illinois Department of Corrections for 12 years. In that position, he was responsible for managing a budget of \$1.5 billion that supported 30 correctional institutions and 45,000 inmates. During his tenure, the Department implemented new approaches to medical service contracting that resulted in Illinois achieving one of the lowest per capita inmate health care costs in the United States, while continuing to meet required standards. Karl is currently directing reviews of correctional health care service cost in Philadelphia and Sacramento County. He has reviewed correctional health care system performance and costs for state correctional systems in California, Alaska, Maine, Massachusetts, Florida, Virginia, Louisiana, Oklahoma, North Dakota, and number of major county jail systems.

**GEORGE VOSE:** Team member George Vose will review contract service models and assist in the multi-state comparison. He served as Director of the Rhode Island and Massachusetts prison systems, as well as Director of the Bristol County House of Corrections, a 1,500-bed jail in Massachusetts. This gives him extensive experience with the management of correctional health care in both states. George also participated in a review of staffing for the Vermont DOC, and has provided technical assistance to the state correctional system through the National Institute of Corrections. As senior administrator for Community Education Centers and Civigenics, George was responsible for contracting medical services for inmates in private correctional facilities managed by these companies.

**DR. RONALD SHANSKY:** Dr. Shansky will review the overall performance of health service delivery in Vermont. Dr. Shansky is recognized as a national expert in correctional health care delivery. He has served as medical director for the Illinois Department of Corrections, been appointed by the federal court as Receiver of the District of Columbia's correctional health care system, served as a staff physician for the Cook County (Chicago) correctional system, and has provided correctional health care consulting services to dozens of local governments and states. Dr. Shansky served

on the Board of Directors of the National Commission on Correctional Health Care and is a leader in the development of national standards for correctional health care delivery. He has worked most recently with CGL on corrections health care assessments for the Alaska Department of Corrections, Alabama Department of Corrections, and Sacramento County, California.

**BRAD SASSATELLI:** Brad will lead the multi-state comparison of correctional system costs and performance. He has over 30 years' experience in the corrections field. He has been involved in nearly every facet of correctional and detention management including serving as a senior administrator in several prisons with responsibility for overseeing health care services. As a consultant he also directed an inspection program that monitored the performance of key programs, including health care, in over 200 jails across the United States.



KEY PERSONNEL QUALIFICATIONS

KARL BECKER PROJECT MANAGER

Mr. Becker has more than 30 years of experience in criminal justice system planning for federal, state, and local criminal justice agencies. He has played a leading role in conducting needs assessments and evaluation of alternatives to incarceration for local justice systems, including DuPage County, Illinois; Wake County, North Carolina; Santa Clara County, California; and Thurston County, Washington. His analyses have helped to frame key policy choices for decision-makers faced with growing detention populations and limited resources. Particular areas of expertise include program and operational performance assessment, cost-benefit analysis, and system master planning.

Relevant Work Experience

- Massachusetts Department of Correction Health Care Program Review, Various Location, Massachusetts  
Directed a comprehensive analysis of the current delivery of health services within the Massachusetts Department of Correction. The project analyzed the current system for the provision of health services, reviewed, and evaluated the current services provided and all fiscal and utilization data associated with the current provision of services. In addition, the project evaluated the major contributors to the cost of health services and made recommendations as to how DOC could achieve substantial cost savings while still maintaining a level of service that comports with all applicable standards, including constitutional requirements.
- California Correctional Health Care Services Organizational Assessment, Sacramento, California  
Conducted an organizational assessment of the staffing and organizational structure of the California Correctional Health Care Services administrative operations and recommended a structure for the management of inmate medical services and the functions that should be provided by headquarters in the future, presuming that the Receivership would be terminated and its functions and responsibilities would be turned back to the California Department of Corrections and Rehabilitation.
- California Department of Corrections and Rehabilitation Health Care Program Review, Sacramento, California  
Conducted a study for the California Department of Corrections to develop a comprehensive healthcare cost model that will perform three critical functions: 1) identify key cost drivers 2) monitor ongoing system spending utilization trends, and 3) project future system costs. In order to support the development of such a model, the project team conducted an intensive review of existing Cal DOC and external healthcare/expenditure data to assess the complex array of factors that underlay correctional healthcare spending trends. The project resulted in a comprehensive review of prison healthcare costs in California as well as an assessment of potential cost containment initiatives and programmatic impacts.



Firm

CGL

Education

Degree: Masters

Year: 1981

School: University of Illinois, Urbana, Illinois

Specialization: Public Administration, Charles B. Merriam Fellow

Degree: Bachelors

Year: 1979

School: Knox College, Galesburg, Illinois

Specialization: Political Science

Magna Cum Laude, Phi Beta Kappa

Years of Experience

With the Firm: 4

With Other Firms: 31

**KARL BECKER** CONTINUED

- **Dallas County Jail Healthcare Operations Review, Dallas, Texas**  
Conducted a review of security staffing resources required to ensure that Dallas County Jail inmates receive medical services mandated by the U.S. Justice Department. The project team conducted an extensive review of the Jail facilities and reviewed documentation of inmate medical utilization, transportation records, staffing rosters, and other data associated with escort and supervision of inmates receiving medical care. The study resulted in a revised correctional officer staffing plan that met Justice Department requirements in an efficient, economical manner.
- **Kern County Jail Healthcare Services Review, Bakersfield, California**  
Directed a correctional health services evaluation for Kern County, California. The project assessed the efficiency and effectiveness of current policies, practices, and methods used to deliver health care to inmates and detainees in the county jail and detention facilities. The project provided the county with an assessment of risks associated with current correctional health care management practices, policies and facilities.
- **Maine Department of Corrections Health Care Program Review, Various Locations, Maine**  
Reviewed health care services for inmates at adult and juvenile facilities operated by Maine's Department of Corrections for the state's Office of Program Evaluation and Government Accountability. The project assessed how well the Department of Corrections manages its contracts for medical, dental, pharmaceutical, and adult mental health services to ensure compliance with contract terms, conditions and expectations with regard to performance, quality and cost. The project also evaluated contractor compliance with key contract terms and accepted standards of care.
- **District of Columbia Department of Corrections Health Contract Review, Washington, DC**  
Provided technical assistance to the Department of Corrections in the development of an RFP for correctional health care services and the contract monitoring tools.
- **National Commission of Correctional Health Care Review of Health Care Service in the Michigan Department of Corrections, Chicago, Illinois**  
Conducted an Internet survey of custody and health personnel working in the Michigan Department of Corrections for the National Commission on Correctional Health Care. The survey identified the informal belief systems that staff shares with regard to their jobs, the activities resulting from these beliefs, and their impact upon the delivery of health care services. The project's analysis established key organizational, attitudinal and cultural barriers to effective health care in the relationships among custody, health care and mental health care staff.
- **Alaska Department of Corrections Operational Staffing Review, Anchorage, Alaska**  
Assessed the adequacy of current staffing at the facilities, programs, and administrative offices of the Alaska Department of Corrections, assessed operational issues, and determined the number and deployment of staff required to effectively operate the state correctional system. The study specifically examined facility health care staffing needs, health care system performance, and costs



**PROJECT STAFFING****PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT****KARL BECKER** CONTINUED

- **Florida Department of Corrections Performance Review, Various Locations, Florida**  
Provided an agency-wide operational analysis for the Florida Department of Corrections. The project team made recommendations for improving overall Department performance. The study examined the Department's organization and model for health care service delivery.
- **Puerto Rico Administration of Corrections Operational Compliance Review, Various Locations, Puerto Rico**  
Assisted the Commonwealth of Puerto Rico's Administration of Corrections with the development of an RFP and contract for health service delivery throughout all correctional system facilities.
- **Virginia Department of Corrections Performance Review, Various Locations, Virginia**  
Assessed the Virginia Department of Corrections' facility, program, and community operations in order to assist in attaining optimal efficiency of these aspects of the agency. The focus of the assessment was on the department's overall organizational structure, medical and health care delivery systems, institutional operations, community diversion and detention centers, re-entry programs and services, and administrative functions. A major objective of the performance review was to identify efficiencies that would improve effectiveness and reduce costs.
- **Massachusetts Department of Correction Performance Review, Various Locations**  
Provided a comprehensive assessment of the administration and operations of the Massachusetts Department of Correction. The focus of the assessment was on the department's organizational efficiency, institutional operations, and programs. Department policies and work processes were evaluated, as well as internal policy compliance and quality assurance systems. The project examined the organizational structure of the department and key administrative processes and controls, resulting in recommendations to improve department performance, accountability, and effectiveness.
- **Louisiana Department of Public Safety Performance Review, Baton Rouge, Louisiana**  
Reviewed the operational, program, and administrative efficiency of the state adult and juvenile correctional systems. The review focused on the performance of the correctional system's delivery of health care services.

## GEORGE VOSE CONTRACT ANALYSIS

Mr. Vose has more than 39 years of experience in the corrections field. He served in a number of positions within the Massachusetts Department of Correction, including the commissioner, deputy commissioner, and as Superintendent/Warden of three facilities. He also served as the director of the Rhode Island Department of Corrections for nine years. Through these positions, Mr. Vose has been responsible for the development and allocation of programs and resources, as well as determination of agency objectives, goals, and internal organizational structure. He also served as first in command regarding correctional issues affecting public safety and was responsible for the safety and security of all state correctional facilities.

Mr. Vose also has extensive private sector experience. From 2002 through 2009, Mr. Vose was a senior executive with two private corrections companies. He has been directly involved in drafting and pricing proposals to governments to operate correctional facilities and is very familiar with the nuances of meeting detailed specifications and developing pricing strategy.

### Relevant Work Experience

- Alaska Department of Corrections, Anchorage, Alaska  
Participated in correctional operational assessment of facilities.
- Pierce County, Corrections Jail Study, Tacoma, Washington  
Participated in staff analysis and operational review.
- Community Resources for Justice, Boston, Massachusetts  
Conducted an assessment of five residential community corrections programs in Massachusetts, New Hampshire, and New York State.
- Center for Naval Analysis, Arlington, Virginia  
Participated as team leader/team member in assessment of United States Federal Bureau of Prisons segregation units at seven sites across the country.
- New Hampshire Department of Corrections, Concord, New Hampshire  
Evaluates correctional privatization proposals. Worked with a consultant team to evaluate correctional design, correctional operations, and finances associated with privatizing correctional operations.
- Miami-Dade County, Corrections and Rehabilitation Department, Miami, Florida  
Engaged in a project as a member of a team to analyze staffing needs of the correctional system for the County.
- Thurston County Department of Corrections, Olympia, Washington  
Engaged in a project as a member of the team to evaluate staffing and jail operations, as well as assist in designing a use plan for the newly constructed jail.
- Maricopa County Sheriff's Office, Phoenix, Arizona  
Engaged in a project to analyze staffing needs of jail system as a member of a team. Presented comprehensive report and staff analysis.



### Firm

CGL

### Education

**Degree:** BS, Honors, Criminal Justice

**School:** Northeastern University

**Degree:** MA, Criminal Justice/Criminology

**School:** Northeastern University

### Awards

2012, Association of State Corrections Administrators, Louis Wainwright Award

1997, Angelo Musto Award, Northeast Council on Crime and Delinquency

## PROJECT STAFFING

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

## RONALD MARK SHANSKY, M.D.

### HEALTH CARE SERVICE EXPERT

#### Employment

- Medical Director, Center for Correctional Health & Policy Studies, Washington, D.C. Jail – 2004 to 2006.
- Consultant, Corrections Medicine and Continuous Quality Improvement – 1993 to present on a full-time basis; and throughout career while holding other positions
- Medical Director, Illinois Department of Corrections – 1982-1993, 1998-1999
- Attending Physician, Department of Medicine, Cook County Hospital – 1978 to Present
- Surveyor (part-time), Joint Commission on Accreditation of Healthcare Organizations – 1993-1997
- Staff Physician, Metropolitan Correctional Center of Chicago – 1975-1982.

#### Consultations

- Condition of Confinement Reviews for PricewaterhouseCoopers, reviewing detention facilities housing federal detainees; 2000–Present
- Essex County Jail, Newark, N.J.
- Michigan Department of Corrections
- Montana Department of Corrections
- New Mexico Department of Corrections
- Polk Correctional Center, Raleigh, N.C.
- South Dakota Department of Corrections

#### Appointments

- Member of Medical Oversight Team reviewing the Ohio prison system – 2005 to present
- Court Monitor, De Kalb County Jail, Decatur, Georgia – 2002-2005
- Consultant, California Department of Corrections – 2000
- Court Monitor, Milwaukee County Jail – 1998 to present
- Court Monitor, Essex County Jail, Newark, NJ – 1995 to present
- Medical Expert, State of Michigan – 1995
- Consultant to Special Master, Madrid v. Gomez, Pelican Bay Prison, California Department of Corrections – 1995
- Medical Expert, State of New Mexico – 1994
- Consultant, Connecticut Department of Corrections – 1994
- National Advisory Board of the National Center for Health Care Studies – 1991
- Illinois AIDS Interdisciplinary Advisory Council – November 1985
- Illinois AIDS Caretaker Group – November 1985
- Task Force to Rewrite American Public Health Association Standards for Medical Services in Correctional Facilities – 1983

#### Firm

Consultant

#### Education

**Degree:** Bachelor of Science

**School:** University of Wisconsin, 1967

**Degree:** Doctor of Medicine

**School:** Medical College of Wisconsin, 1971

**Degree:** Master of Public Health

**School:** University of Illinois School of Public Health, 1975

#### Professional License

Licensed Physician (Illinois)  
No. 36-046042

#### Awards

Armond Start Award for Excellence in Correctional Medicine, Society of Correctional Physicians – 1999

American Correctional Health Services Association Distinguished Service Award – 1992

#### Professional Organizations

Society of Correctional Physicians – President, 93-95

American Public Health Association – 1974 to present

American Correctional Health Services Association – 1988

American Correctional Association – 1982

Federation of American Scientists – 1974-1981

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

## PROJECT STAFFING

**RONALD MARK SHANSKY** CONTINUED

- Corrections Subcommittee, Medical Care Section, APHA – 1983
- Preceptor, then Clinical Associate Professor, Department of Preventive Medicine and Community Health, Abraham Lincoln School of Medicine, University of Illinois, Chicago, Illinois – 1972-1979
- Clinical Associate Professor, Department of Medicine, Ravenswood Medical Center, Chicago, Illinois – 1979-1981
- Director, Phase 1 and 2 Program at Cook County Hospital for the Abraham Lincoln School of Medicine – 1976-1978
- Medical Director, Uptown People's Health Center – September 1978
- Director, General Medicine Clinic, Department of Medicine, Cook County Hospital – 1975
- Director, Clinical Services, Department of Internal Medicine, Cook County Hospital – 1975
- Associate Attending Physician, Department of Internal Medicine, Cook County Hospital – 1974-1975
- Instructor, Illinois College of Optometry, Chicago, Illinois – 1972-1974

## Civic

- Mutually agreed upon expert, Milwaukee County Jail – 2001
- Mutually agreed upon expert, Inmates v. Essex County Jail, 1995 to present
- Appointed Receiver by Judge William Bryant, Medical and Mental Health Programs, District of Columbia Jail, Campbell v. McGruder – 1995
- Mutually agreed upon neutral expert, State of Montana, Langford v. Racicot – 1995
- Mutually agreed upon neutral expert, State of Vermont, Goldsmith v. Dean – 1996
- Executive Committee Overseeing Health Care, Puerto Rico Administration of Corrections – 1993
- Appointed by Judge Gerald Jenks, District Court for the Central District of Utah, as Impartial Expert in the matter of Henry v. Deland – 1993
- Appointed by Magistrate Claude Hicks Jr., U.S. District Court in Macon, Georgia as Medical Expert in the matter of Cason v. Seckinger – 1993
- Appointed by Judge Owen M. Panner, District of Oregon, as Special Master in Van Patten v. Pearce involving medical services at Eastern Oregon Correctional Institution – December 1991
- Appointed by Allan Breed, Special Master, Gates case, as Medical Consultant regarding California Medical Facility in Vacaville
- Appointed by Judge M. H. Patel, Special Master, case involving San Quentin Prison – 1989 to 1995
- Selected as part of delegation to inspect the medical services provided to Palestinian detainees in the Occupied Territories and Israel by Physicians for Human Rights – 1989
- Appointed by U.S. District Judge Williams as member of medical panel monitoring medical services in Hawaii Prison System – 1985
- Appointed by U.S. District Judge Black to evaluate medical services in the Florida Prison System – 1983
- Appointed by U.S. District Judge Kanne as monitor to the Lake County, Indiana Jail in the litigation of the Jensen case (H74-230) – 1982
- Appointed by U.S. District Judge J. Moran as Special Master of the Lake County, Illinois Jail in the litigation of Kissane v. Brown – 1981
- Board Member, Health and Medicine Policy Research Group, Chicago, Illinois – 1980
- Appointed to Advisory Committee, State of Alabama, Department of Mental Health – 1980
- Appointed as consultant to the State of Alabama, Department of Mental Health – 1979
- Consultant, U.S. Department of Justice Civil Rights Division, Special Litigation Section – 1977
- Appointed by U.S. District Judge J. Foreman to a three-member panel of medical experts to advise on health conditions at Menard Correctional Center, Menard, Illinois – 1976



## PROJECT STAFFING

## PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT

**BRAD SASSATELLI** BENCHMARK RESEARCH

Mr. Brad Sassatelli has over 30 years of experience working in the justice field. He has been involved in nearly every facet of detention management including serving as a senior administrator in several correctional centers and as the chief executive officer of a state correctional industries division. He has extensive experience analyzing the performance of detention systems and providing practical recommendations for their improvement. He has outstanding knowledge of detention system standards and "best practices" and has experience assisting jurisdictions in practically and affordably implementing these standards. He has also developed short-term and long-term plans for state and local detention systems, and has strong knowledge of the interconnected processes within local criminal justice systems that can contribute to jail population growth.

For the last ten years, Mr. Sassatelli has served as both a project manager and consultant on many justice-related engagements. He has analyzed court security needs and recently he led an effort in Lake County Illinois, to develop a staffing and escort plan for monitoring jailed offenders who are transported to a new court building for their hearings. Additionally, he was the project manager in Santa Clara County, California to develop a jail needs assessment for the County's three detention centers. In this project he led a team of detention, engineering and architectural experts to identify the operational limitations of the County's three jails. He also recently completed managing a jail staffing and population assessment in Pinal County, Arizona. Mr. Sassatelli led a nationally recognized project in the State of Utah to develop a master plan for the relocation of the Draper prison. His leadership on that project led to an additional contract with Utah to identify and assess potential sites for a new prison. He also directed a staffing/operational review study for the Department of Corrections and Rehabilitation in Miami-Dade County, Florida. Mr. Sassatelli has worked as a detention consultant on a large variety of detention projects. This included projects to provide an agency-wide operational analysis for the Florida Department of Corrections and a comprehensive assessment of the administration and operations of the Massachusetts Department of Corrections. He also was a consultant on a project for the U.S. Department of Justice, Office of the Federal Detention Trustee and on a research study for the National Prison Rape Elimination Commission.

**Relevant Work Experience**

- Rhode Island Department of Corrections - Project planner for correctional master plan.
- Philadelphia Prison System - Project planner for system space needs analysis.
- Utah Department of Corrections - Developed a master plan for the relocation of the Draper prison.
- Santa Clara County, California - Project manager in to develop a jail needs assessment and identify operational limitations for the County's three detention centers.
- Pinal County, Arizona - Project Manager for a jail staffing and population assessment.
- Miami-Dade County, Florida - Directed a staffing and operational review study for the department of corrections and rehabilitation.
- Maricopa County, Arizona - project manager for 4 public safety staffing projects in the following functional areas; detention, law enforcement, administration and information technology staffing.
- Florida Department of Corrections - Provided an agency-wide operational analysis.
- Massachusetts Department of Corrections - Developed a comprehensive assessment of the administration and operations.

**Firm**

CGL

**Education****Degree:** Bachelor of Science**School:** University of

Illinois at Urbana Champaign

**Specialization:** Economics**Years of Experience****With the Firm:** 2**With Other Firms:** 32

**BRAD SASSATELLI** CONTINUED

- Sangamon County, Illinois - Analyst conducting a comprehensive assessment of the jail population focused on developing strategies to better manage jail crowding.
- Oklahoma Department of Corrections - Provided review of technology, correctional industries and facilities as part of a comprehensive performance review and its related programs for the Legislative Service Bureau of the Oklahoma Legislature
- Washington Department of Corrections - Led project to develop a master plan for the correctional industry program.
- City of Newport News, Virginia - Provided analysis of staffing and operations for the jail system.
- Fulton County, Georgia - Conducted an assessment of the current staffing and technology needs as well as the operational practices of the detention system.
- Lake County, Illinois - Project manager for analysis of jail detention practices and staffing needs as well as development of space program for its medical and laundry functions.
- State of New Hampshire - Led a comprehensive assessment and evaluation of prison privatization proposals.
- Commonwealth of Puerto Rico - Provided professional guidance and analysis regarding the management and operations of their correctional facilities.
- Immigration and Customs Enforcement Agency (ICE) - Senior project manager responsible for directing the completion of over 700 jail/detention center compliance inspections and more than 100 focused investigations of incidents/issues at facilities holding ICE detainees.
- Liberty County, Texas - Project manager of effort to conduct a cost/benefit analysis of jail privatization.
- Bexar County, Texas - Lead consultant for a jail population and needs assessment.
- Texas A&M's Board of Regents - Provided detailed information technology assessment.
- Belknap County, New Hampshire - Subject matter expert for the U. S. Department of Justice,
- Diagnostic Center's project to evaluate the prisoner transportation practices of sheriff's office.
- Illinois Department of Corrections - Analyst regarding implementation of new classification instrument.
- Wayne County, Michigan - Developed cost/benefit analysis of completing and operating partially constructed jail.
- University of Texas Medical Branch (UTMB) - Corrections subject matter expert on project in regard to developing space program for renovation of existing prison medical facility.
- Marion County, Oregon - Developed analysis of the operations and staffing needs of the jail .

**PROJECT STAFFING****PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT****VERMONT STATE EMPLOYEES  
ASSISTANCE AND  
PARTICIPATION**

Our expectation is that staff from the Joint Fiscal Office, the Department of Corrections, and the other stakeholders will primarily provide assistance as resources for information and data on the state's current service model. Vermont staff will be responsible for obtaining much of the information requested on correctional health care in the state correctional system through interviews and responses to information requests.

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

# Data Sets and Models





# DATA SETS AND MODELS

## DATA SETS AND MODELS

In conducting the research required for this project, our basic model will be one of comparative analysis. This model provides thorough analysis of the current health care service delivery model, identifying drivers of system performance and cost, and then comparing the performance of the system against the identified comparison systems and recognized best practices and professional standards.

The units of analysis in this model at their most general level are inputs to the health system in the form of resources invested in the system and the population treated, and outputs in the form of health outcomes and performance metrics. The data sets required for this type of analysis, consistent with the requirements of the RFP, will include:

### Quantitative Data Sets

- Health care spending for the current and three prior years, disaggregated by form of spending (contract, personnel, equipment, pharmaceuticals, etc.) and function of spending (type of service provided such as in-patient hospitalization, outpatient services, on-site clinics, specialty services such as dialysis and dentistry, etc.);
- Administrative costs for contract oversight and service management;
- Inmate population served during the same period. This will include documentation of the average daily population of the prison system, demographics of the population, annual admissions, and the actual number of inmates served in the health care system;
- Health care staffing by facility, position, FTE, and cost;
- Average staff vacancies by position;
- Annual grievances filed related to health care;
- Available performance metrics, including but not limited to:
  - morbidity rates,
  - sick call requests/rate,
  - wait time for service upon receipt of sick call request,
  - inpatient hospital days,
  - ratio of total inpatient hospital days to total inmate days,
  - emergency room visits,
  - average daily number of inmates receiving treatment,
  - average daily number of inmates seen by a physician,
  - average daily number of inmates seen by a dentist,
  - average daily number of inmates seen by a psychiatrist,
  - percent of inmate population receiving psychotropic medications,
  - prescriptions dispensed,
  - average number of prescriptions per inmate,
  - percent of admissions where medical screenings are completed within 24 hours,
  - percent of admissions where medical evaluations are completed within 36 hours.

**DATA SETS AND MODELS****PROVISION OF CORRECTIONS HEALTH CARE, STATE OF VERMONT****Qualitative Data Sets**

- Scope of health care services provided
- Description of the corrections health care service delivery model used
- Service contracts
- Contract monitoring documents
- State correctional health care system policies relating to care planning and continuity of care for offenders as they reenter the community
- Female offender health care program services,
- Medical records system used
- Utilization management protocols
- Quality assurance systems
- Status of the National Commission on Correctional Health Care (NCCHC) or ACA health care accreditation
- Internal and external audits of health care delivery systems
- Health care-related lawsuits filed against the DOC

**APPROACH AND PROJECT PLAN**

As indicated earlier, we will approach each comparison state through previous CGL team contacts. This will ensure prompt attention to our request for information, at an appropriate management level within the state DOC. After explaining the purpose of the project and our role, we will submit a request for the data summarized above, as well as a request to interview key personnel. These interviews will include the DOC medical director, the administrator responsible for adult institution operations and programs, the chief financial officer, and if appropriate, the chief purchasing officer (this may not be necessary for states that do not use a service contract model for health care such as Alaska). Where requested data is not available, we will work with the jurisdiction to identify alternative sources of information that may provide some understanding of the specific issue underlying the data request. Upon receipt of requested data we will conduct follow-up calls to clarify the sources of the data, their level of reliability, and identify any nuances in interpretation.

Zoom in (Ctrl+Plus)

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

# References



## REFERENCES

---

**Colonel Mark Adger**  
**Fulton County Sheriff's Office**

185 Central Ave S.W., 9th Floor  
Atlanta, GA 30303  
404-612-5100  
mark.adger@fultoncountyga.gov

YEAR: 2015

CGL assisted the Fulton County Sheriff's Department in evaluating different models for procuring a contract to provide health care services for the 2,500 inmates housed in the county jail system. The project included drafting alternative language for the RFP, based on our recommended approach to contracting for service.

**April Wilkerson, Director of Administrative Services**  
**Alaska Department of Corrections**

PO Box 112000  
Juneau, Alaska 99811  
907-465-3460  
april.wilkerson@alaska.gov

YEAR: 2016

As part of a comprehensive performance review of the state, CGL conducted a review of health care staffing and costs for the state correctional system. The analysis highlighted the unique factors that result in very high per diem costs for the system and the challenges associated with delivery of health care services to the state's approximately 5,000 inmates. The study also produced an alternative approach to staffing facility health care services.

Provision of Corrections Health Care, State of Vermont, Legislative Joint Fiscal Office

# Pricing



## PRICING

STAFF / ITEM	BILLING RATE	OVERHEAD COST MULTIPLIER	HOURS	COST
Karl Becker	\$89.51/hr.	3.24	172	\$49,882
Brad Sassatelli	\$77.16/hr.	3.24	164	\$41,000
SUBCONTRACTORS:				
Dr. Ron Shansky				\$20,000
George Vose				\$15,000
Travel & Reimbursables				\$9,935
TOTAL PRICE				\$135,817

**THIS PAGE INTENTIONALLY LEFT BLANK**