

Jail Health Services

What Is. What Could Be. What Should Be.



What Is:

Nursing contract expires on June 30, 2025



Main Jail

Average daily population of 180

Will increase in 2025 due to modified booking restrictions

Services 7 days
7am – 9pm



Work Center

Average daily population of 95

Will increase in 2025 due to modified booking restrictions

Services Tues-Fri
4-6 hours per day



Juvenile Detention

Average daily population of 7.2

Could increase with pending State legislation

Service hours not consistent

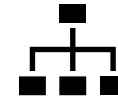


Cost

2025 County budget= \$3,661,492

\$13,622 per inmate

Nursing contract=
\$2,136,363



Decentralized structure

County self manages 16 separate contracts to provide health services



- Satisfies RCW 70.48.130 and “community standard of care”
- No gap in services
- Solution considers new jail project
- Fits into adopted 2025 budget
- Maintains NCCHC accreditation standards
- Minimizes risk to County
- Achieves collaboration within County services
- Improves care to Juvenile Detention
- 24/7 coverage



Priority Outcomes





- Oversight by internal employee – the Jail Health Services Manager
- Contractor must maintain NCCHC standards and accreditation
- Tangible evidence of a standards-based system of care
- Reduced risk of adverse events and health care-related litigation and liability



Juvenile Detention:

- Need consistent 7 days a week service
- Care oriented to youth
- Shorter stays than adult – limited opportunity for engagement
- Population has increased
- Increased complexity for medical, behavioral health and substance abuse



Juvenile Detention:

Current budget expenditures by Juvenile Detention for medical = \$76,919 (does not include behavioral health)

Behavioral health services tied into large Lifeline contract that includes all court involved youth – not just detention.



	Whatcom	Snohomish	Chelan	Skagit	Kitsap	Clark
In house or 3rd party	In house	In house	In house	3rd party	3rd party	3rd party
Average daily population	268ish with restrictions, unknown if there is a cap due to capacity issues - about 180 main jail 71 work center 22 on electric home monitoring	550	276 - average currently is 170	274	325	*information based on proposal in 2023. ADP of 500 for adults and juveniles combined Main Jail ADP of 421 Juvenile ADP of 25 Work Center ADP of 74 Final contract amount of \$5,874,049 and unclear if it includes juvenile detention services
Average daily population JUVENILE DETENTION	6					25
2025 total health budget	\$3,651,492	\$6,939,061	\$1,429,900	\$3,293,978 + County employee \$164,710 (full cost) = \$3,458,688	\$5,756,798	2023 proposal Main Jail \$5,367,071 for 22.875 FTE Juvenile \$169,185 for 7.75 FTE Work Center \$762,908 for 4.20 FTE 2025 budget: \$6,851,491
Per inmate cost	\$13,662	\$12,616	\$8,411	\$12,622	\$17,538	\$13,702* based on actual 2025 budget not proposed
Staff Hours	Main Jail= 7 days/ 7am-9pm Work Center= Tues-Fri clinic/4-6 hours Juvenile Detention= flex	moving to 24/7 and 12 hours shifts - union is voting this month	24/7 and 12 hour shifts	24/7 and 12 hour shifts	24/7 and 12 hour shifts	24/7 and 12 hours shifts
Medical	yes	yes	yes	yes	yes	yes
Dental	weekly clinic up to 266.5 hours per year	yes. 1x per week. No cleanings, just emergent needs.	no	weekly clinic + additional hours if needed	no	yes
Psychiatric services	.45 FTE	1.3 FTE		.4 FTE	.9 FTE	1.025 FTE
LCSW - mental health professional certified		5	1 FTE	1 FTE	2 FTE	2 FTE
Mental health director		1 FTE	1 FTE		1 FTE	1 FTE
Virtual support	no	no		24/7	24/7	24/7
MAT	yes	yes	yes	yes	no. Paid for and tied to outside grant. But can provide services	yes
Accredited	yes. National Center for Correctional Healthcare Resources (NCHC)	yes. only through WASPC	no	yes. National Center for Correctional Healthcare Resources (NCHC)	yes. National Center for Correctional Healthcare Resources (NCHC)	yes. National Center for Correctional Healthcare Resources (NCHC)
Specific clause for womens healthcare	sort of	no	no	no	yes	yes
Mgmt of withdrawal	yes	yes	yes	yes	yes	yes
Medical diets	yes	yes			yes	yes
Health Care Authority position	NWRC for nursing staff only	Snohomish County employee	Chelan County employee	Skagit County employee	3rd party employee	unclear but one exists. County did RFP for 3rd party.
FTE Nursing	12.63	18. only have 9 current County FTE due to difficulty in hiring. Uses travelling nurse agency to fill gap	6	10.2	12.5	18.2
Total FTE			9	13.6	19.4	22.875
Wages RN	\$42.89-\$58.19 per hour	\$53.02-\$64.47 per hour	\$46.33-\$50.63 per hour	\$45-\$50 per hour	\$51-\$54. contractually tied to area CPI	Prevailing wage provision
Wages LPN	\$33.70-\$43.97 per hour	\$39.56-\$48.13 per hour	\$37.92-\$41.43	\$40-\$45 per hour	contractually tied to area CPI	Prevailing wage provision
Civil Service	no	yes	no	no	no	no
Represented	no	yes - WSNA - reduction in force language in contract	yes	no	no	no

Researched
other
jurisdictions



Peer jurisdictions with in-house model

Snohomish County

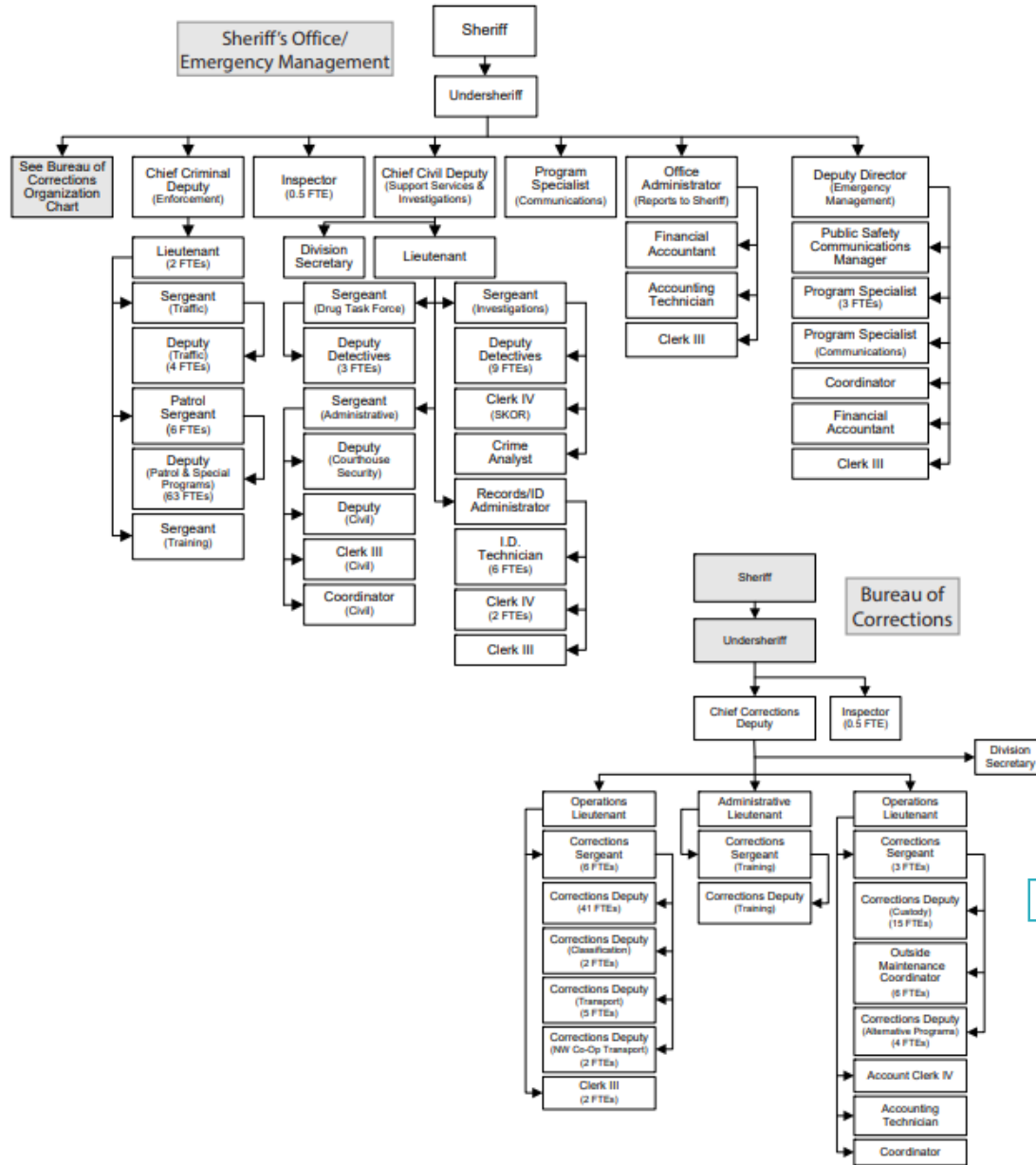
- \$6,939,061
- Average daily population served = 592
- \$12,616 per
- 24/7 coverage
- Virtual support 24/7
- County employee for HCA
- Accredited WASPC

Chelan County

- \$1,429,900
- Average daily population served = 170
- \$8,411 per
- 24/7 coverage
- Virtual support 24/7
- County employee for HCA
- No accreditation



Potential in-house structure



Correctional Health
Services Director -
WCSO employees

Jail Health RN
Supervisor

Jail Health RN Lead

Jail Health RN
(6.63 FTE)

LPN (3 FTE)

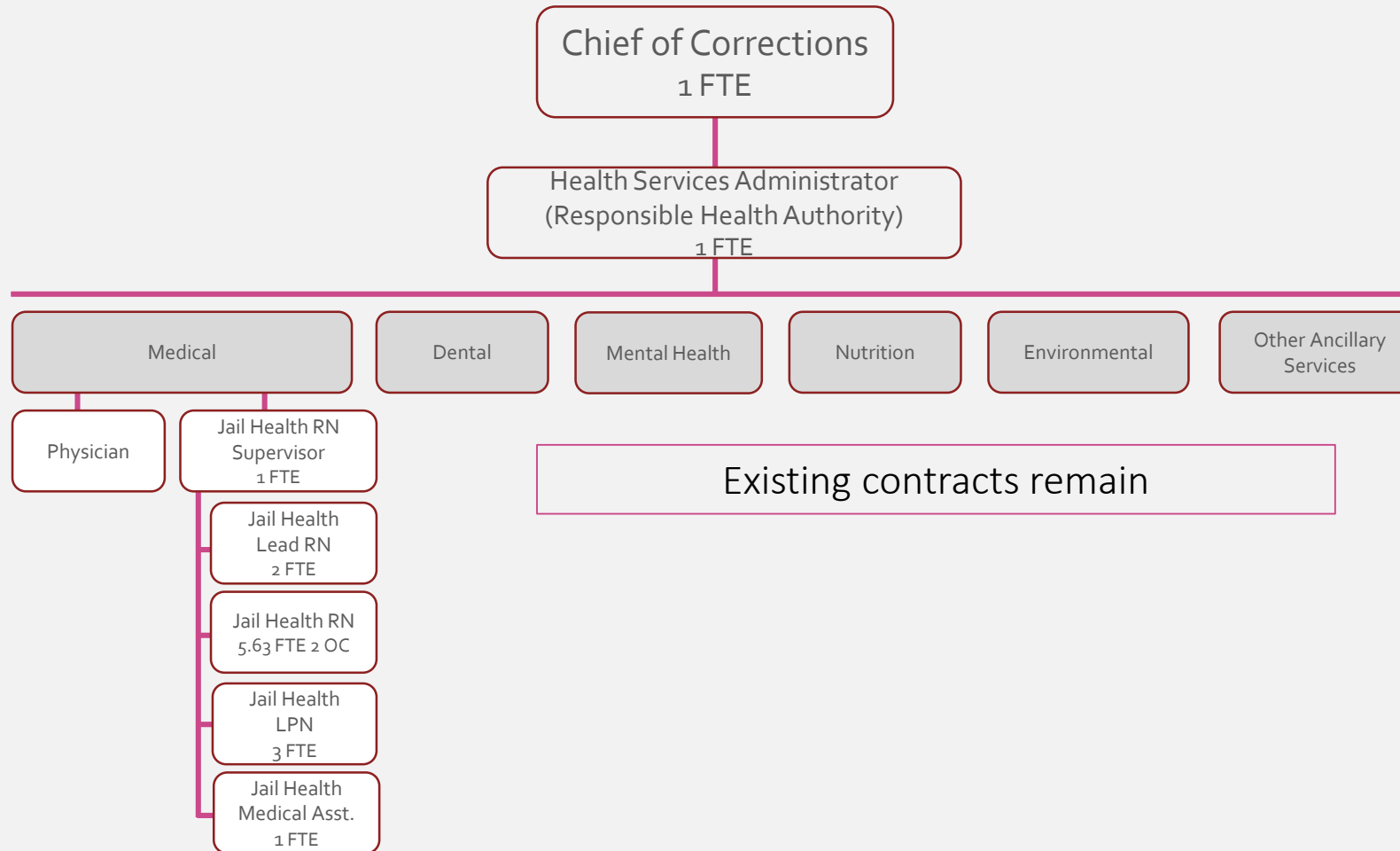
Medical Assistant
(1 FTE)

Admin & Contracts
Support (.5 FTE)

3rd party contract exclusively for juvenile detention needs



JAIL HEALTH NURSING SERVICES Organizational Chart



In House – Nursing Staff

Limited Term, Civil Service process

With new jail project underway, the County may decide another health structure will be implemented with new facility. Employees would be civil service structure

Risk

Mitigate some risk with new position of "Correctional Health Services Manager"

Continue 16 contracts as currently functioning for services such as medical record system, pharmaceutical, physician, etc.

Recruiting and filling vacant positions

Budget

Potentially higher cost than 3rd party

Timeframe

Hiring will include civil service, impact to HR. 10 months to implement.

Health Care Authority oversight

County must designate FTE either inhouse or contracted to function as responsible authority "Correctional Health Services Manager"

Continuity

Current staffing interested in staying on

Implementation

Significant impact to HR to onboard 14 employees in new group.

Schedule change, retention, background checks, equipment, union, civil service, management,

Ensure consistent service to Juvenile Detention

Employee retention concerns

Expand to 24/7 in 2026 with proper planning

Need for staffing agency contract for gaps* (Snohomish County example)



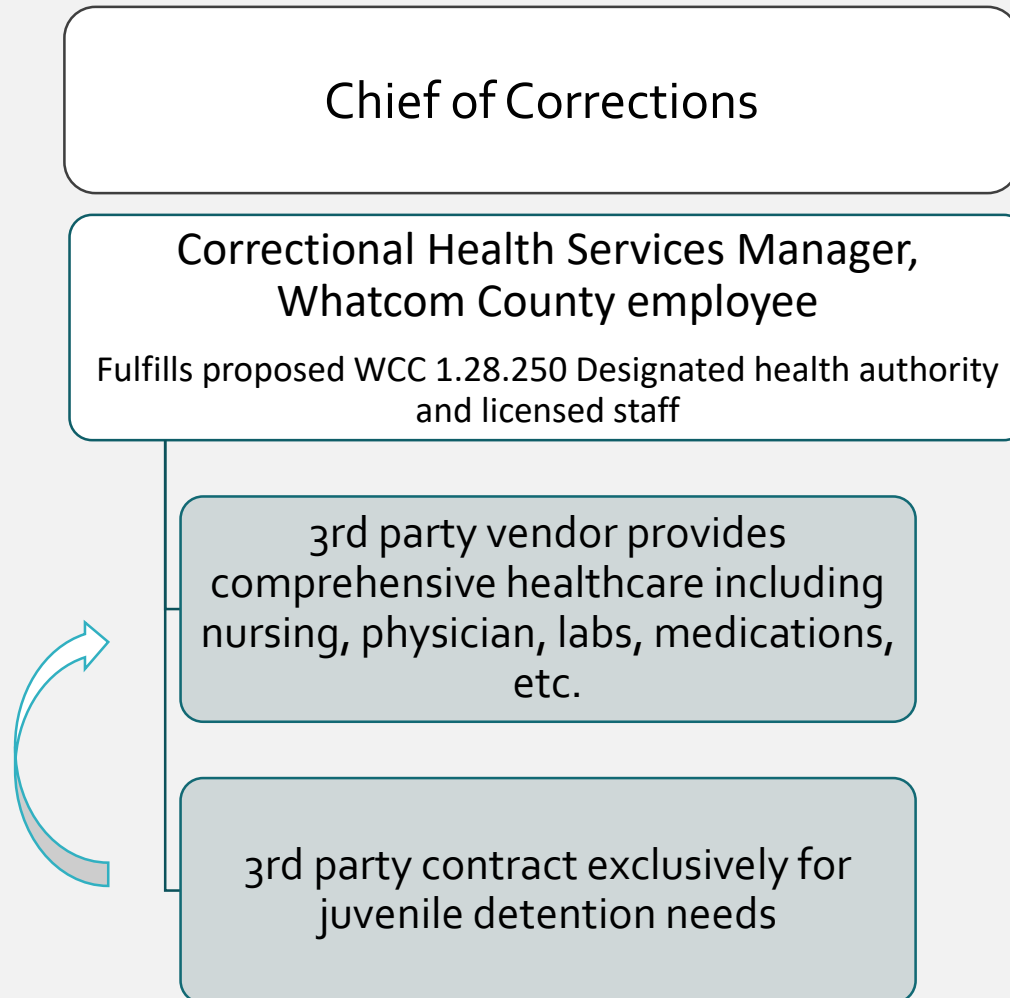
Recommended structure:

3rd Party Contract providing
comprehensive services

In house Jail Health Services Manager

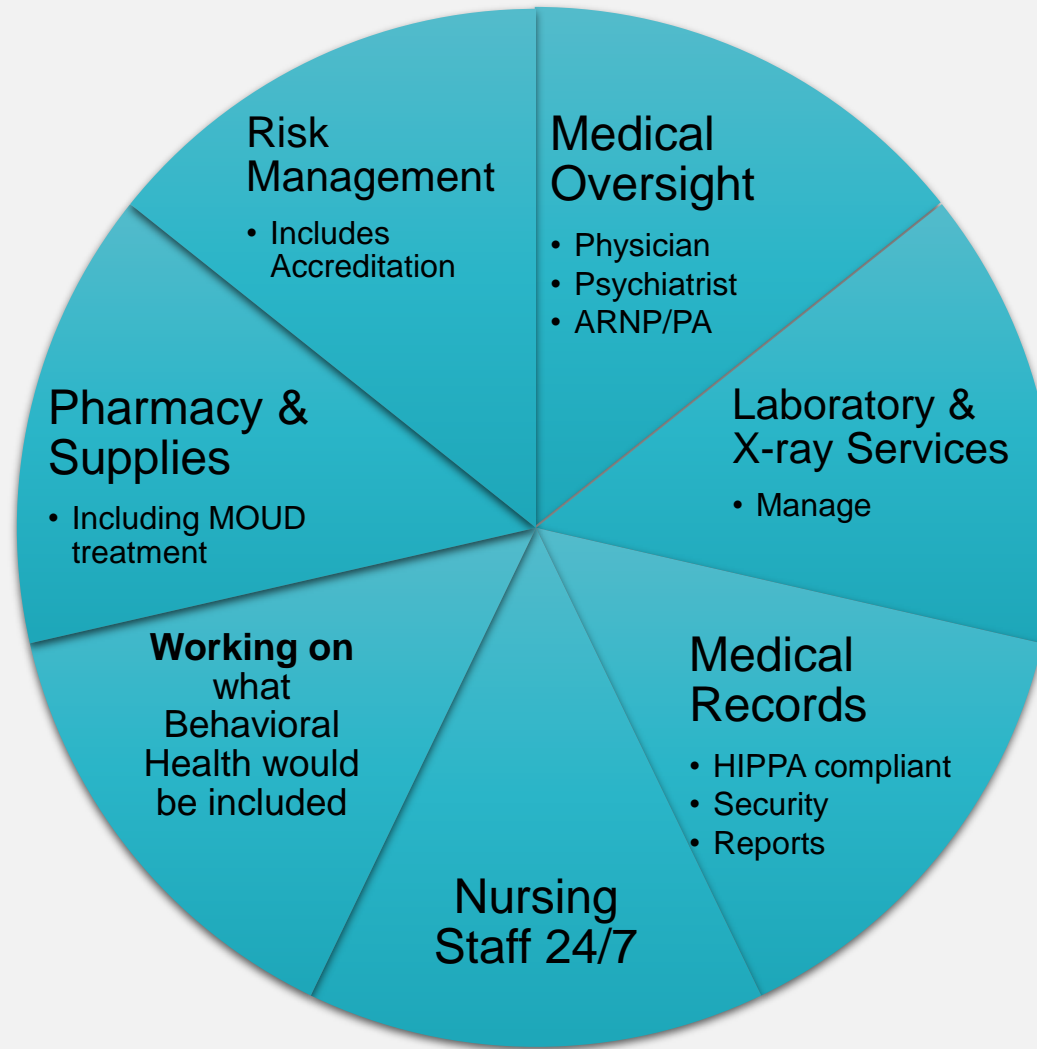


JAIL HEALTH 3rd Party Contract - Organizational Chart



Centralized model with
3rd Party

Customized contract
← Length of contract
Start up timeline
Behavioral Health



Peer jurisdictions with 3rd party contractor

Skagit County

- \$3.3 million
- Average daily population served = 274
- \$12,622 per
- 24/7 coverage
- Virtual support 24/7
- County employee for HCA
- Dental included
- Accredited NCCHC



Kitsap County

- \$5.7 million
- Average daily population served = 325
- \$17,538 per
- 24/7 coverage
- Virtual support 24/7
- Enhanced mental health team with 3.9 FTE
- Dental is separate
- 3rd party HCA included
- Accredited NCCHC



Clark County

- \$6.8 million
- Average daily population served = 500
- Includes main jail, work center, and juvenile detention
- \$13,702 per
- 24/7
- Enhanced mental health team with 4 FTE
- Accredited NCCHC



3rd Party – potentially one for both adults and juveniles OR 2 RFP's

Efficiency of all-in-one provider

Reduces risk of 16 contracts and decentralized system

Health Care Authority oversight

Recommend County hire in-house manager to oversee contract, manage quality assurance audits, assist in design of services, liaison with Health and Community Services, be part of Sheriff's administrative team.

Risk

Contractor assumes risk based on contract
Strong management from in house manager required and mitigates poor contract performance
Contractor maintains accreditation standards of care

Budget

Unknown until we received response to RFP. Data from other jurisdictions suggests cost could be similar to current structure

Timeframe

Shorter implementation than in house. Less than 6 months.

Implementation

RFP process
Contract negotiation
Contractor provides plan for implementation



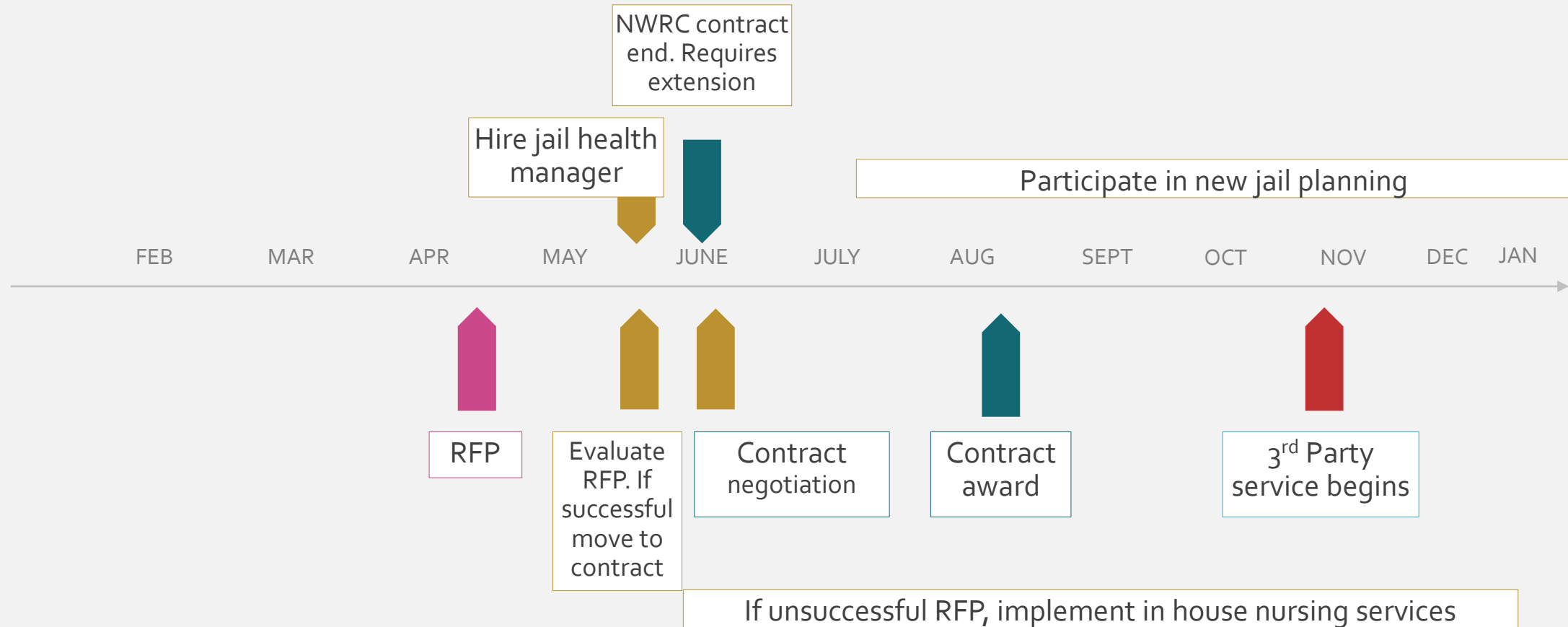
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What Should Be?

Priority Outcomes
Budget Reality
New Jail Project



Timeline 2025



Next steps:

Work towards releasing an RFP(s)

Work to reclassify existing position and hiring process for Manager FTE

Ongoing careful consideration:

Retention of nurses during transition

Contract extension with NWRC

What if no response to RFP

