

Dakota County Inmate Healthcare

Enterprise Risk Management Process



Efficient, Effective, Responsive

1. Establish a consistent and sustainable approach
2. Engage the right people and plan the process
3. Consider risks to the decision, objective, project...
 - a) Analyze and prioritize
 - b) Are additional treatments needed?
4. Identify risk owners and treat key risks (+/-)
5. Review process, improve and report

Dakota County Inmate Healthcare Background



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Current Solution: Advanced Correctional Healthcare (ACH)



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- National third party healthcare provider
- Contracted with since 2020
- Over the last 5 years, 44+ counties in the state of MN were contracting with ACH for healthcare in their jails.
- Dakota's contract with ACH expires in 2026

Purpose of Inmate Healthcare Review



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- What risks or opportunities does the current jail inmate healthcare solution pose?
- What options exist to consider as an alternative to the current solution?

Risk associated with Jail Healthcare



Components	Risk
Description of the risk	Injury to or alleged injury to an inmate related to healthcare in the jail.
Triggers and sources	<ul style="list-style-type: none">• Delayed response to provide medical care• Human error• Poor performance of medical care by medical staff• Unqualified medical staff• Malpractice
Potential consequences	<ul style="list-style-type: none">• Injury, permanent injury or death to inmate• Loss of public trust• Lawsuits/fines• Impact on reputation
Any current treatments?	<ul style="list-style-type: none">• Contract requirements• Indemnification• Insurance requirements• Background check on healthcare employees

Settlements/Verdicts in MN



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- 2025
 - Anoka: Opioid Withdrawal resulting in hospitalization
 - Settlement **\$2.75M**
 - Ramsey: Wrongful death of inmate with blood clotting disorder
 - Settlement **\$3.6M**
 - Ramsey: Inmate contracted bacterial infection of brain from missed dental appt
 - Settlement **\$460K**
 - **Dakota: Inmate alleging deliberate indifference to mental and physical health**
 - **Settlement \$1.5M**
- 2024
 - Hennepin: wrongful death of inmate with perforated bowel
 - Settlement **\$3.4M**
- 2023
 - Scott: Inmate contracted bacterial infection leading to double amputation & heart attack
 - Settlement **\$12.2M**
 - Ramsey: Inmate sustained compartment syndrome and leg disfigurement allegedly as a result of delayed medical care.
 - Settlement **\$3M**
 - Beltrami: wrongful death of inmate who was suffering from Guillain Barre Syndrome
 - Settlement **\$2.6M**

Inmate Healthcare-Potential Solutions



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- Federally Qualified Health Center (FQHC)
- Continue to contract with a third-party healthcare provider
- Enter into a JPA with other metro counties
- Stand up an In-house correctional health unit staffed with county staff

Federally Qualified Health Center (FQHC)



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- There are currently no FQHC facilities in Dakota County for partnership. A non-Dakota County FQHC could partner with us, but would have to get the addition of correctional health to their existing services approved.
- Long term inmates (greater than 90 days) are not be eligible for FQHC services.

Third Party Healthcare Providers



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- ACH – current provider
 - \$2,450,840 for Jail and JSC, not including the subcontracted services
- Well Path
 - \$3,246,738 w/ wrap around services (excludes Rx)
- Vital Core
 - \$3,098,723 w/ wrap around services
- Other options identified by Public Health
 - Yes Care
 - Centurion

Risks with third-party healthcare provider solution



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- High staff turnover
- Inconsistent accountability
- Longer response times
- Limited institutional knowledge
- Financial solvency
- Added complexity to litigation

Joint Powers Agreement with surrounding county (ies)



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- Economy of scale cost savings
- Potential to transfer liability exposures from county
- Too complex to establish in short term without resources or capacity to address

Benchmarking with metro counties



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- **Anoka, Washington, Scott:** Managing with county correctional health nurses and contracted medical director service
- **Ramsey:** Managing with county correctional health nurses and a county medical director.
- **Olmsted:** Contracting with third party vendor- Jay Kay Services (New relationship after moving away from ACH) & contracted medical director.

- Options with organizational alignment-outside of the scope of this project.
- Fully estimated costs-outside of the scope of this project.
- Used benchmarking from other counties to estimate pricing to inform consideration of option

Cost Comparison for In-house Unit



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	Current Vendor - ACH	Dakota County Estimate - Based on Anoka County Model	Dakota County Estimate - Based on Washington County Model
Average Daily Bed Count	208 (Jail+JSC)	208 (Jail+JSC)	208 (Jail+JSC)
Hours of Operation	24/7	24/7	24/7
Estimated Staffing Cost to Operate 24/7	\$2,128,981	\$3,640,107	\$4,020,312
Total Number of Staff	16	22.8	23.2
Staffing	1 Nurse Practitioner 1 Registered Nurse/HSA 8 RN Full-time 4 RN Part time 1 RN Full time at JSC 1 Mental Health Professional	14.4 FT Nurses 4.8 PT Nurses 1.2 FT Supervisor 1.2 FT Admin Assistant 1.2 FT Medical Manager	11.6 correctional health nurses 4.6 LPN 2.3 correctional nurse supervisor 2.3 health unit coordinator – medical assistant 2.3 PH Program Manager
Indirect Costs to consider	Medical Director/In-House Provider (ACH \$157,727) Electronic Medical Record (ACH \$30,873) Mental Health Provider (ACH \$133,260) TOTAL COST = (ACH = \$321,860)	Medical Director/In-House Provider (ACH \$157,727) Electronic Medical Record (ACH \$30,873) Mental Health Provider (ACH \$133,260) TOTAL COST = (ACH = \$321,860)	Medical Director/In-House Provider (ACH \$157,727) Electronic Medical Record (ACH \$30,873) Mental Health Provider (ACH \$133,260) TOTAL COST = (ACH = \$321,860)
Total Indirect Costs	\$321,860	\$321,860	\$321,860
Total Costs	\$2,450,841	\$3,961,967	\$4,342,172

Risks with In-House Solution



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- Administrative costs
- County stands alone on any liability exposure
- Labor market
- High staff turnover
- Performance management
- Quality assurance with training & oversight
- Time and capacity it will take to establish unit

Recommendation



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- Continue to explore cost impacts of developing an in-house correctional health unit as the best option to enhance care quality, reduce long-term costs, and reduce risks.
- Board direction will authorize staff to initiate detailed planning, secure necessary resources and return with an implementation roadmap.