

To: County Board of Supervisors
From:
Date:
Re: Informational Overview of the Jail Medical Care Feasibility Study and County Participation

Recommended Action

Adopt the attached Memorandum of Understanding (MOU) with the Golden State Finance Authority (GSFA) to provide cost reimbursement for participation in a regional Jail Medical Care Feasibility Study focused on evaluating long-term, sustainable alternatives for jail medical service delivery.

Background and Rationale for County Participation

Counties throughout California are increasingly challenged by the rising cost and complexity of providing legally required medical care to individuals housed in county jails. Many face persistent staffing shortages, escalating contract and litigation costs, and increasing difficulty maintaining compliance with state and national care standards. These challenges are particularly pronounced in rural and mid-sized counties, where limited scale, geographic constraints, and workforce availability create additional barriers to service delivery.

Publicly available data and county experience indicate that contract costs for jail medical services have increased significantly from one contract period to the next, often alongside expanded regulatory requirements and heightened expectations for specialty and behavioral health care.^{1,2,3} At the same time, chronic workforce shortages have contributed to increased reliance on contract-based service models and temporary staffing arrangements, which can create operational instability and additional fiscal pressure.⁴ Limited service partner options amplify the counties' concerns should one partner no longer be available.

In parallel, counties have observed increased litigation and liability exposure related to jail medical care, underscoring the financial and risk management implications of existing delivery models. In discussions with regional working groups, PRISM, a member-directed risk management joint powers authority, noted recent cases involving in-custody deaths and medical care claims that resulted in multimillion-dollar settlement demands and increased county costs.

¹Fresno County Board of Supervisors. (2024, December 3). *Approval of amendment to jail medical services contract* (Agenda Item No. 8). County of Fresno Board of Supervisors meeting agenda.

²Lake County Board of Supervisors. (2025, June 10). *Jail medical services contract and associated cost increases* (Agenda Item No. 5.11). County of Lake Board of Supervisors meeting agenda.

³Monterey County Board of Supervisors. (2025, November 18). *Update and actions related to jail medical care services* (Agenda Item No. 15). Monterey County Board of Supervisors meeting agenda.

⁴California State Auditor. (December 2025). *State Health Care Staffing Contracts*.

In response to these shared challenges, the Rural County Representatives of California (RCRC), in partnership with PRISM, convened five regional task forces in early 2025 composed of County Executive and Administrative Officers (CEOs and CAOs). The purpose of these task forces was to explore long-term strategies for improving the delivery, quality, cost-effectiveness, and risk management of jail medical care, including the potential for regional collaboration.

Following a series of working group meetings with each region, the Golden State Finance Authority (GSFA), RCRC's affiliated public agency, issued Request for Proposals (RFP No. 2025-GSFA-001) on October 13, 2025. The purpose of the RFP is to procure a qualified consultant, or team of consultants, to conduct a feasibility study evaluating alternative models for jail medical care delivery across five defined regions of California, encompassing a total of 26 participating counties (See EXHIBIT A for a map of participating counties within each region). The feasibility study is intended to support counties in assessing regional collaboration opportunities, cost-effective service delivery approaches, quality-of-care considerations, and compliance with applicable state and national standards (See Exhibit B for list of deliverables to be completed under the contract).

The RFP submission period closed on December 12, 2025, resulting in two qualifying proposals. GSFA conducted an internal evaluation process that included technical scoring and consultation with each CAO-led regional working group in early January 2026. Through this process, regional working groups identified preferred consultants to support the feasibility study within their respective regions.

This staff report is provided to support the Board's consideration of the attached MOU related to participation in the Jail Medical Care Feasibility Study. Through the proposed MOU, the county would partner with the GSFA to fund and participate in a coordinated, data-driven evaluation of long-term jail medical care alternative alongside similarly situated counties. Under the anticipated structure, GSFA will serve as the contracting entity and program facilitator, convene coordination meetings between county staff and the selected consultant, and act as the fiscal intermediary responsible for processing and paying consultant invoices using funds contributed by participating counties. The feasibility study will be performed exclusively by the selected consultant, and the MOU will become effective only upon execution by all participating counties within the region.

EXHIBIT A: Map of Regions and Participating Counties

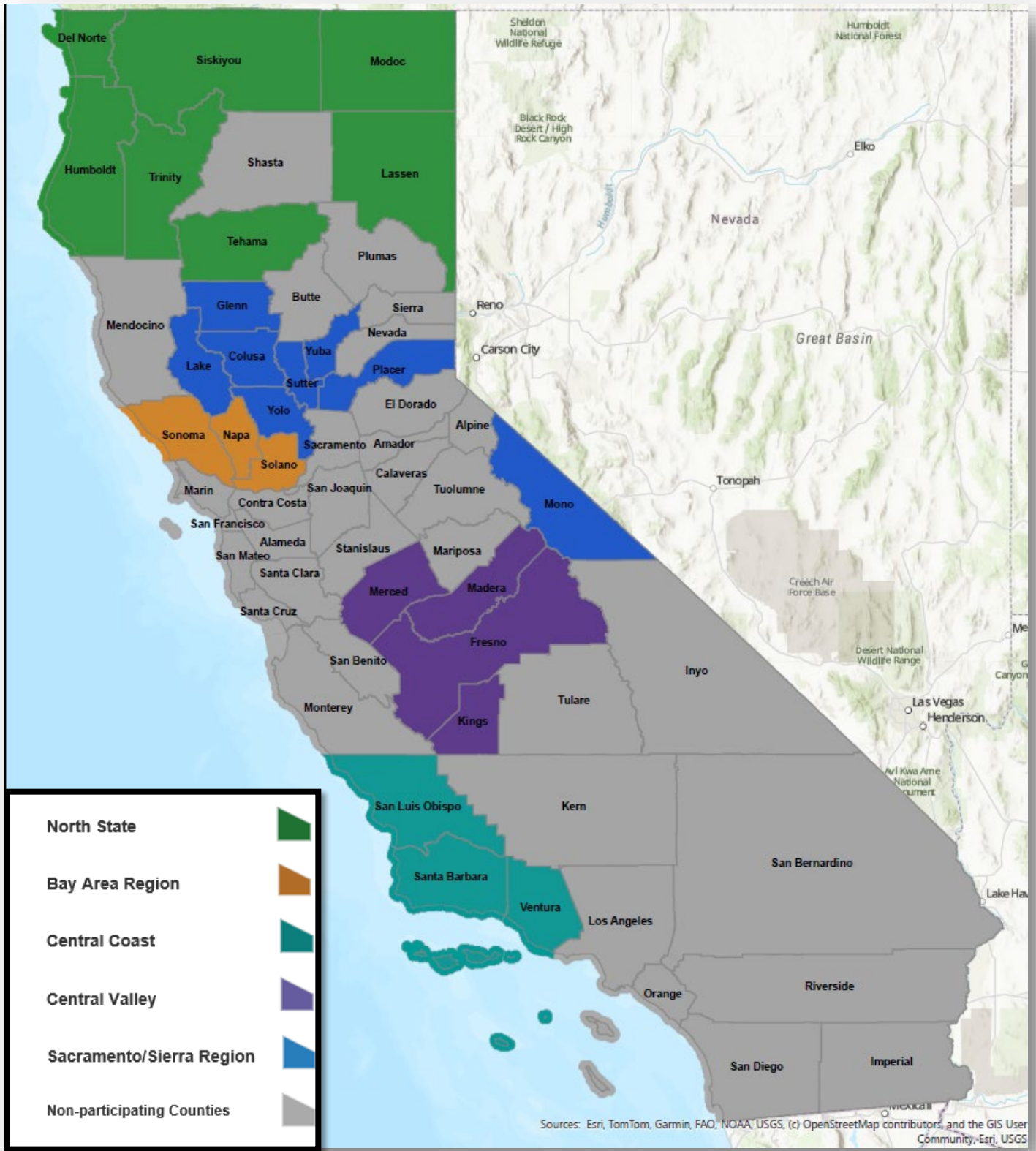


EXHIBIT B: Jail Medical Care Feasibility Study Project Deliverables

The selected consultant(s) will complete a regional feasibility study to evaluate long-term alternatives for jail medical care service delivery. Deliverables will be completed separately for each participating region and will include, at a minimum, the following components:

1. Regional Needs Assessment

- Inventory of current jail medical delivery models across participating counties
- Summary of existing contracts, staffing structures, and operational arrangements
- Assessment of workforce capacity, vacancy pressures, and recruitment challenges
- Continued synthesis of stakeholder input from county administrators, jail leadership, and health staff

2. Comparative Evaluation of Service Delivery Models

- Side-by-side analysis of feasible jail medical care delivery models, including:
 - County-operated (in-house) models
 - Contracted medical services models
 - Regional or shared administrative/governance models (i.e. JPA or shared contracting model)
- Evaluation of each model's operational feasibility, staffing viability, governance complexity, scalability, and alignment with county priorities

3. Performance, Compliance, and Risk Review

- Assessment of each model's ability to meet applicable constitutional, clinical, and regulatory requirements
- Identification of operational, clinical, and liability risks associated with each model
- Analysis of oversight and quality assurance requirements under alternative governance structures

4. Comparative Cost and Fiscal Analysis

- Detailed cost estimates for each model, by county and region
- Identification of major cost drivers, fiscal risks, and sustainability considerations
- Evaluation of potential economies of scale or shared-service efficiencies in the long-run

5. Implementation Roadmap

- Region-specific implementation pathways for feasible models
- Identification of key milestones, sequencing considerations, and decision points
- Overview of recommended governance, staffing, procurement, and administrative actions
- Risk mitigation strategies and readiness considerations

6. Regional Reporting and Presentation

- Stand-alone comprehensive written feasibility report for each region, including:
- Presentation of findings to each regional working group
- Final materials suitable for briefing County Board of Supervisors