## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	<b>E</b> : June 27, 2012	Original Fiscal Note			
		Subst	itute Fiscal Note		
Com	BJECT: A resolution requesting the Milwauken nmission on Correctional Health Care to conduct the Milwaukee County Correctional facilities.				
FISC	CAL EFFECT:				
	No Direct County Fiscal Impact		Increase Capital E	xpenditures	
	Existing Staff Time Required Increase Operating Expenditures		Decrease Capital Expenditures		
	(If checked, check one of two boxes below)		Increase Capital Revenues		
	Absorbed Within Agency's Budget		Decrease Capital F	Revenues	
	Not Absorbed Within Agency's Budget				
	Decrease Operating Expenditures		unds		
	Increase Operating Revenues				
	Decrease Operating Revenues				
	cate below the dollar change from budget for	•		ted to result in	

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$6,000	0
	Revenue	0	0
	Net Cost	\$6,000	0
Capital Improvement	Expenditure	0	0
Budget	Revenue	0	0
	Net Cost	0	0

## DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. <sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

This resolution requests that the Sheriff contact the National Commission on Correctional Health Care (NCCHC) and arrange for a review of the health care provided in the Milwaukee County correctional facilities. Should the Sheriff deny this request, the resolution authorizes and directs the Department of Administrative Services to arrange for the review instead.

County Board Research staff contacted the NCCHC for a cost estimate of such a review. The review cost generally consists of travel expenses (which is based on the number of staff members--generally 1 to 2 depending on the scope of the project needed to complete review, and the number of days needed on site), honorarium, and report fees. The initial estimate provided to County Board Staff, based on sending two surveyers to review the effeciency and effectiveness of Milwaukee County correctional health care services was \$6,000.

Funds were not included in the 2012 Adopted Budget to pay for the NCCHC review, and based on the "Fiscal Report 1st Quarter for Milwaukee County," prepared by the Office of the Comptroller, the Sheriff is projecting a budget defecit of \$3,830,500 so funds do not appear to be available within that budget. A transfer of funds from Org. 1945 (Appropriation for Contingencies) or another available funding source is required to pay for the aforementioned services.

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Authorized Signature	Jensefer Collins
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<sup>&</sup>lt;sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.