

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 04/19/2019

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A resolution By the Committee relating to an action report requesting adoption of the Correctional Health Care Department as Responsible Health Authority model for assignment of the Responsible Health Authority designation required for National Commission on Correctional Health Care accreditation of the County's correctional health care services, when self-operated.

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

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

Approval of this By the Committee resolution supports the adoption of a model of Responsible Health Authority (RHA) designation. The RHA designation assigns an entity or an individual to be responsible, under the National Commission on Correctional Health Care's 2018 Standards for Health Services in Jails, Standard J-A-02, for efficient and effective patient care. Establishment of the RHA as the Correctional Health Care Department is proposed by this resolution.

- 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. ¹ 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.

This resolution does not allocate or obligate any funds. It endorses a preferred Responsible Health Authority designation model.

- 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.

This resolution has no budgetary impact, since it does not require the expenditure of funds. It should be noted that significant staff time is required to continue to develop a plan to self-perform correctional health care services.

- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

No assumptions or interpretations were made.

Department/Prepared By: Erin Schaffer, Contracts Manager, Procurement

Authorized Signature



Did DAS-Fiscal Staff Review?

Yes No

Did CDBP Review?²

Yes No Not Required

¹ 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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.