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Dan Grady

Katrin Patience

Dan Dillenberg

James Duncan

Mike Woodzicka

Duly and officially adopted by the County Board on: _____

Signed: _____
Board Chairperson

County Clerk

Approved: _____

Vetoed: _____

Signed: _____
County Executive

OUTAGAMIE COUNTY FISCAL NOTE

INTRODUCTION: This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1675), Controller (1674) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Sheriff's Office request to charge a flat rate for inmate medication effective October 1, 2018

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

Recently we have been experiencing an inmate population with more health care issues and in need of prescribed medications. During the first six months of 2018, the total cost of inmate medication was nearly \$66,000. This cost can be a hardship when passed along to the inmates requiring the medication. The medication costs vary and can easily range from \$3.00 to as much as \$1,600 per prescribed medication depending on the needs of the inmate patient. Currently we charge inmates the actual cost of prescription medications plus a \$3.75 fee for set up. However, we certainly do not collect much of what is charged to the inmate. The average collection percentage from 2015 through mid-year 2018 is approximately 33%. All inmates receive needed medications unless they sign a refusal form. Some inmates refuse medications because of the cost. To aid with this hardship, the Sheriff's Office is proposing to change our current system and charge inmates a flat rate for prescription medications of \$7.75 per medication beginning October 1, 2018.

By implementing this new fee schedule, all inmates will have affordable medications available as long as they are willing to take the prescribed medication. Since the cost to the inmate patient is substantially less for chronic care issues, it is hopeful that these inmates will be more willing to incur the smaller cost and begin taking their medication(s) sooner than wanting to wait for someone to bring medications in for them.

We anticipate the fiscal impact of this change to be minimal, if any. To have no fiscal impact, the collection rate would have to increase slightly from the 33% noted above to approximately 42% (see attached comparison for collections at 33% versus 40%). It is anticipated that the collection % will rise to this level, therefore, no budget adjusted is requested for 2018 at this time.

Current Year Budget Impact (Check one or more of the following boxes)


Revenues Expenses (Cost) None

- 3. Is the specific cost or revenue included in the current year's budget? yes () no () partially ()
- 4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no () n/a ()
- 5. Is the proposal to accept additional revenues only? yes () no ()
- 6. Does this request modify/adjust the current year budget? yes () no ()
If no, skip to question 8 below.
- 7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)

COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	INCREASE (DECREASE) AMOUNT
None at this time.			

Annual and Long-Term Impact

- 8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes () no () n/a ()
- 9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost 0
Annual Revenue 0

For Financial Services purposes only	
Reviewed By: 	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: <u>Detail Expenditures Account Number</u> <u>Amount</u> _____ _____ _____ _____
Date: <u>7/19/18</u>	
Comments:	

Year	Charged @ 100%	Charged @ \$7.75/RX
	Current RX collections @ 33%	Proposed RX collections @ 40%
2015	\$17,630.08	\$6,931.60
2016	\$17,938.14	\$8,645.90
2017	\$16,694.40	\$10,332.30
2018 thru June	\$7,837.94	\$7,464.80
estimated 2018	\$15,675.88	\$14,929.60