

COUNTY OF SACRAMENTO
CALIFORNIA

For the Agenda of:
May 11, 2005

To: Board of Supervisors

From: Sheriff's Department

Subject: Approve Appropriation Adjustment Request No. 25-096 In The Amount Of \$1,407,350 From The General Fund To The Correctional Health Services Division's Treatment Account For Medical Costs In The Fiscal Year 2004-05 Budget

Contact: John O'Shaughnessy, Chief, Correctional Health Services, 875-4436

Overview

Correctional Health Services, a mandated program, is requesting a General Fund augmentation of \$1,407,350 for Fiscal Year 2004-05 in order to meet the obligations incurred in the treatment account for the medical care of adult prisoners. The additional costs are due to an older adult prisoner population and an increase in the female prisoner population; both utilize health services at higher frequency and higher rates. This funding is needed for the medical costs that will be incurred during Fiscal Year 2004-05 for adult prisoners.

Recommendations

Approve the attached Appropriation Adjustment Request No. 25-096 in the amount of \$1,407,350 from the General Fund to the Correctional Health Services Division's Treatment Account to pay for mandated medical costs for adult prisoners for Fiscal Year 2004-05.

Measures/Evaluation

Not Applicable.

Fiscal Impact

Fiscal impact to the General Fund will reduce contingencies by \$1,407,350 to pay for mandated Adult Prisoner Medical Cost for Fiscal Year 2004-05.

BACKGROUND:

Correctional Health Services is requesting a general fund augmentation of \$1,407,350 for Fiscal Year 2004-05 in order to meet the obligations incurred in the treatment accounts, which includes inpatient, outpatient and psychiatric health services for the county's adult inmate population. This increase is necessary based on many factors. While the inmate population is a fixed one based on capacity the population is becoming an older population as is our society in general. In addition, the increase in the female offender population has brought increased

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Page 2

costs as women often require obstetric services and overall tend to utilize health services at a higher rate than the male offender population. In addition, increases have resulted through new contract negotiations. In the most recent contracts with UCD, the psychiatric contract was increased by \$380,423 a year and the all-inclusive rate for inpatient services was increased by \$376 a day and the rate for outpatient services was increased by \$36 a day. The increases in this contract were warranted and appropriate as UCD had not received an increase since the last contract negotiation which was over three years ago. The County is experiencing high medical costs increases in relation to employee expenses and provision of medical services to inmates is no exception. Given the increasing costs of medical care for our inmate population, the Correctional Health Services Division is aggressively pursuing ways to mitigate these increases through case management of inmate healthcare.

DISCUSSION:

The transfer of \$1,407,350 from contingencies to the Correctional Health Services Division's Treatment Account will be used to pay for mandated medical costs for adult prisoners that are estimated at \$4.9 million for Fiscal Year 2004-05.

MEASURES/EVALUATION:

The result of this transfer will allow the Correctional Health Department to continue to meet its obligations in regards to adult inmate healthcare.

FINANCIAL ANALYSIS:

Fiscal impact to the General Fund will reduce contingencies by \$1,407,350 to pay for Adult Prisoner Medical Cost for a mandated program.

Respectfully submitted,

CONCUR:

LOU BLANAS, Sheriff
Sheriff's Department

PENELOPE CLARKE, Administrator
Countywide Services Agency

CONCUR:

TERRY SCHUTTEN
County Executive

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name
Non-Departmental Revenues / GF

Department Name (if applicable)

3. Date
4-9-05

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001 A	5980000	19990100	Contingency	\$1407350
USE OF FINANCING	001 A	7410000	30370000	Community Based Providers	\$1407350

5. JUSTIFICATION (Attach Memo if Necessary)

See Attached Board Memo

Department Head
Geoffrey B. Davey
By: *Geoffrey B. Davey* Date: *4/8/05*

Department Head (if applicable)
By: _____ Date: _____

6. ACTION
 Dept. Head Approval(s) only required
 Board Action Required
 Four-Fifths Vote Required

Auditor-Controller
By: *Cheryl Ross* Date: *4-12-05*

7. APPROVAL
 Approve
 Disapprove

County Executive
By: *Geoffrey B. Davey* Date: *4/8/05*

8. RESOLUTION

On a motion by Supervisor _____, seconded by Supervisor _____ the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this _____ day of _____ 19____ by the following vote, to wit:

AYES: Supervisors,
NOES: Supervisors,
ABSENT: Supervisors,

Resolution Number _____

(SEAL)
ATTEST: _____

CLERK OF THE BOARD OF SUPERVISORS

CHAIR OF THE BOARD OF SUPERVISORS OF
SACRAMENTO COUNTY CALIFORNIA