

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20051158

1. ACTION REQUESTED/PURPOSE: Approve a transfer in the amount of \$982,153 from the General Fund #001 Reserve and amend the Lee County Sheriff's Office allocation in the like amount to cover costs associated with the unanticipated escalation of inmate medical expenses.

2. WHAT ACTION ACCOMPLISHES: Requires Board Approval to transfer from reserve.

3. MANAGEMENT RECOMMENDATION:.

4. Departmental Category: <u>IS</u> <u>CISC</u>		5. Meeting Date: <u>09-06-2005</u>
6. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	7. Requirement/Purpose: (specify)	
	<input type="checkbox"/> Statute	<input type="checkbox"/>
	<input type="checkbox"/> Ordinance	<input type="checkbox"/>
	<input type="checkbox"/> Admin. Code	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>
		8. Request Initiated: Commissioner _____ Department <u>SHERIFF</u> Division _____ By: <u>[Signature]</u>

9. Background: The current Fiscal Year contract with the Sheriff's Office insurance provider, PHS Medical, has an aggregate limit applied to the costs of all services rendered outside the facilities, including inpatient, outpatient, emergency, and transportation and includes the costs of all protease inhibitors. The Sheriff has exceeded the aggregate by \$982,153. This amount is above the current fiscal years budget allocation.

The average daily population for this fiscal year has continued to climb and may affect our budget allocation for next fiscal year. The contract for next fiscal year covers costs associated for up to 1,750 inmates per day with a per diem cost for inmates over this amount. The population is currently over 1,800 inmates per day. All efforts to work with the Criminal Justice System and the Board of County Commissioners will be explored and implemented to try and control the escalating increases in the inmate population. If these programs are a success, additional funds may not be needed in next fiscal years budget.

10. Review for Scheduling:

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P.W. Director
					Analyst	Risk	Grants	Mgr.	
					<u>R.M. 8/25/05</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

REC'D. [Signature]
by CO. ATTY.

CO. ATTY.
FORWARDED TO:
[Signature]

RECEIVED BY
COUNTY ADMIN: [Signature]

8-25-05

2:45

COUNTY ADMIN
FORWARDED TO: [Signature]

8/25/05

4:30 PM

REQUEST FOR TRANSFER OF FUNDS

FUND NAME: General Fund DATE: 08/24/05 BATCH NO. _____

FISCAL YEAR: FY 04/05 FUND #: 00100 DOC TYPE: YB LEDGER TYPE: BA

TO: Constitutional Officer Sheriff's Disbursement
 (DIVISION NAME) (PROGRAM NAME)

NOTE: PLEASE LIST THE ACCOUNT NUMBER BELOW IN THE FOLLOWING ORDER:
 FUND #-DEPT/DIV #-PROGRAM #-OBJECT CODE #-SUBFUND #-PROJECT#-COST CENTER #.
 (EXAMPLE: BB5120100100.503450)

ACCOUNT NUMBER	OBJECT NAME	DEBIT
CG5211500100.504991	Expenses Other Than Salaries	\$ 982,153
	TOTAL TO:	\$ 982,153

FROM: Non-Dept. General Fund Reserves
 (DIVISION NAME) (PROGRAM NAME)

ACCOUNT NUMBER	OBJECT NAME	CREDIT
GC5890100100.509910	Reserve for Contingencies	\$ 982,153
	TOTAL FROM:	\$ 982,153

EXPLANATION: As per bluesheet #BS20051158 dated 9/6/05.

 DIVISION DIRECTOR SIGNATURE DATE

DBS: APPROVAL DENIAL _____

APPROVAL _____ DENIAL _____

CO. ADMIN: APPROVAL _____ DENIAL _____

 DEPARTMENT DIRECTOR SIGNATURE DATE

Patricia Mello 8/25/04
 OPERATIONS ANALYST SIGNATURE DATE

 BUDGET OPERATIONS MANAGER SIGNATURE DATE

 CO. ADMIN. SIGNATURE DATE

BCC APPROVAL DATE _____

 BCC CHAIRMAN SIGNATURE

BA NO: _____ AUTH CODE _____ TRANS DATE: _____