

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 2/25/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report from the Director, Department of Health and Human Services, Requesting Authorization to Increase the Purchase of Services Contracts with Milwaukee Mental Health Associates and Bell Therapy/Phoenix Health Care to administer the activities for the expansion of case management services as part of the Mental Health Redesign at the Behavioral Health Division

FISCAL EFFECT:

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

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		
	Revenue		
	Net Cost		

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. 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.
- 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.

A. The Director of the Department of Health and Human Services (DHHS) is requesting that the Board allow the Planning Council to release these specific funds back to BHD for case management services. DHHS is further requesting, under Section 46.09 of the Milwaukee County Code of General Ordinances which requires County Board approval for the purchase of human services from nongovernmental vendors, an increase to the purchase of services contracts with Milwaukee Mental Health Associates (MMHA) and Bell Therapy/Phoenix Health Care for Targeted Case Management Services (TCM) from April 1, 2013 through December 31, 2013.

After not experiencing a wait list in over a year, BHD currently has a wait list for TCM Level I services of nearly 30 individuals. Placing those individuals on the wait list into immediate care is of the utmost importance to their health and overall well-being.

B. Total 2013 expenditures included in this request are \$100,000 for Bell Therapy/Phoenix Health Care and \$50,000 for Milwaukee Mental Health Associates. Funds for these services are included in the Planning Council allocation and the 2013 Budget. The resolution authorizes BHD to allocate \$125,000 from the Planning Council to BHD, with \$100,000 going to Bell Therapy/Phoenix Health Care for TCM Level 1 and \$25,000 going to MMHA for Recovery Case Management. In addition, BHD is requesting that \$25,000 in 2013 Budgeted funds be allocated to the Recovery Case Management pilot program.

C. There is no tax levy impact associated with approval of this request in 2013 as funds sufficient to cover associated expenditures are included as part of the \$1.1 million balance in Mental Health Community Reinvestment funds (File 12-709) authorized in October 2012 by the County Board and the 2013 Budget.

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.

D. No assumptions are made.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required