

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 1/7/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report, from the Director of Health and Human Services, Requesting Authorization to Create a Trust Fund for the Behavioral Health Division's Wraparound Milwaukee Program

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
	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 establishment of a Trust Fund requires approval of the County Board per Resolution File No. 86-779 (a)(a), therefore the Director, Department of Health and Human Service (DHHS), is requesting approval to create a trust fund to be utilized for the receipt and disbursement of funds associated with the Behavioral Health Division's (BHD) Wraparound Milwaukee Program (Wraparound).

In addition, Chapter 15.18 of the County's General Ordinances governing departmental bank accounts must be revised to authorize the Director, DHHS, to establish the required accounts and to disburse funds from these accounts.

B. Based on correspondence from the State (see Attachment 1 and Attachment 2) and meetings with the Milwaukee County Comptroller, it has been determined that any excess funds received by Milwaukee County related to the Wraparound program must be spent on services for those clients and cannot be dropped to the County's bottom line. In 2012, Wrap is anticipating a significant surplus primarily due to clients in the newly developed and expanded REACH and Project O'Yeah (Healthy Transitions) programs are using less behavioral care and services than anticipated.

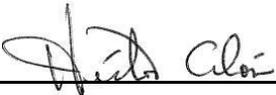
The \$2.5 million that is recommended to be moved into the trust fund for Wraparound has not been anticipated in any BHD quarterly reports for 2012. Therefore there is no tax levy impact associated with this request. Establishing this trust fund will ensure that the financial stability of the Wraparound program is maintained in the future.

C. See Section B above

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.

Department/Prepared By Alexandra Kotze, Fiscal and Policy Administrator - DHHS

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No