

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** November 8, 2023

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into a 2024 contract with the State of Wisconsin for Social Services and Community Programs

### FISCAL EFFECT:

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

*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	\$476,526
	Revenue	\$0	\$476,526
	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. <sup>1</sup> 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 authorization to sign a 2024 Social Services and Community Programs contract with the State Department of Health Services (DHS). Approval will allow Milwaukee County to receive State revenue for county services for persons with disabilities and their families, older adults as well as those in need of community support and prevention services as mandated by State and/or Federal law.

B. The State's Social Services and Community Programs contract includes various separate revenues used to fund DHHS. Approval to sign the 2024 contract will allow Milwaukee County to receive funds.

C. The actual 2024 "Community Aids" contract for DHHS provides an allocation totaling \$17,573,327; this amount is \$476,526 more than the amount contained in the 2024 DHHS Budget. The 2023-2025 State Budget included a permanent increase in funding primarily for Adult Protective Services, Title 3 Meal Programs and Alzheimer Caregiver Support and the department is currently exploring plans to expand services in these areas. Because the increases are effective with the state fiscal year beginning July 1, 2023 and the contract with the State will not be executed until January 1, 2024, the \$445,942 includes the last six months of 2023. Therefore, the 2024 contract amount is artificially larger than it will be in subsequent years when the net increase will be about \$300,000.

Similar to previous years, the 2024 contract for Social Services and Community Programs requires a match amount of \$3,565,149 which is included in the 2024 Budget.

---

<sup>1</sup> 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. The fiscal information was taken from the DHS 2024 contract notification. No further assumptions are made.

Department/Prepared By: Clare O'Brien, DHHS Budget & Policy Director

Authorized Signature Shakita LaGrant-McClain

Did DAS-Fiscal Staff Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did CDPB Staff Review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not Required