

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** October 8, 2012

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Revised Report from the Director, Department of Health and Human Services, Requesting Authorization to Enter Into a Professional Service Contract with the Planning Council for Health and Human Services for the Behavioral Health Division

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <input checked="" 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 type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input 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"/> Use of contingent funds       |
| <input type="checkbox"/> Decrease Operating Expenditures   |  |
| <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.*

	<b>Expenditure or Revenue Category</b>	<b>Current Year</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
<b>Capital Improvement Budget</b>	Expenditure		
	Revenue		
	Net Cost		

\*The increase for the subsequent year is based on the 2013 DHHS Requested Budget.

## 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) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional services contracts of \$50,000 or greater. Per Section 56.30, the Director of the Department of Health and Human Services (DHHS) is requesting authorization to enter into a 2012 professional services contract with the Planning Council for Health and Human Services to assist the Behavioral Health Division (BHD) with the allocation of the remaining \$1,114,296 related to the Mental Health Community Investment.

B) BHD is recommending entering into a 2012 professional services contract with Planning Council for Health and Human Services for \$1,114,296 for fiscal agent type services, where the contractor will establish the funds in a separate account and BHD will work with them to fund the list of priorities, as detailed in the attached report, in a longer time frame. BHD will pay the Planning Council a \$500 per month fee, or a maximum of \$7,000 based on the time frame of November 1, 2012 through December 31, 2013, for serving as the fiscal agent and administrator of the funds.


C) All of the funds were included in the 2012 BHD Budget in the Mental Health Investment Initiative. They are detailed on the attached spreadsheet. There is no tax levy impact related to this initiative.

D. No further assumptions are made.

---

<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.

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

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No