

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: December 2, 2024

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A report from the Director, Department of Health and Human Services, requesting passive review of a retroactive amendment to a professional services contract that exceeds \$100,000 but is less than \$300,000

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
(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 - 2024	Subsequent Year
Operating Budget	Expenditure	\$38,000	\$0
	Revenue	\$38,000	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

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.
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- A. Children, Youth and Family Services (CYFS) within DHHS is requesting an amendment to add \$38,000 to an existing professional services agreement with Amergis Healthcare Staffing (Infor Contract #2924) in 2024 to address increased healthcare needs for a particular youth within the Detention Center that cannot be addressed with current staffing.
 - B. The additional contract needs for 2024 are estimated to be \$38,000 through December 31, 2024.
 - C. DHHS can offset this cost with Youth Aids revenue. CYFS is also projecting an overall surplus for 2024 and no additional tax levy is required.
 - D. This fiscal note assumes having one Travel RN contracted at a travel rate of \$85/hr. and is expected to work 40 hours per week for 11 weeks (weeks left in the year including last week) = \$37,400. Actual costs will be determined based on how long this youth remains in our care and how many actual hours of staffing are needed to address this youth's medical needs.

Department/Prepared By Pam Matthews, Sr. Budget & Management Analyst

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Authorized Signature

Shakita LaGrant-McClain

Did DAS-Fiscal Staff Review?

Yes

No

Did CBDP Review?

Yes

No

Not Required