

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** February 17, 2023

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A report from the Director, Department of Health and Human Services, requesting the creation of 1.0 FTE Opioid Prevention Coordinator in Aging and Disabilities Services

**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 type="checkbox"/> Absorbed Within Agency's Budget  | <input type="checkbox"/> Decrease Capital Revenues     |
| <input checked="" 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.*

|                                   | <b>Expenditure or Revenue Category</b> | <b>Current Year - 2023</b> | <b>Subsequent Year</b> |
|-----------------------------------|--|----------------------------|------------------------|
| <b>Operating Budget</b>           | Expenditure                            | \$44,298                   | \$76,782               |
|                                   | Revenue                                | \$44,298                   | \$76,782               |
|                                   | Net Cost                               | \$0                        | \$0                    |
| <b>Capital Improvement Budget</b> | 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.<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.
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- A. Approval of this resolution would authorize the creation of 1.0 FTE of Opioid Prevention Coordinator in 29M.
  - B. Funding for the position is coming from a budget of \$843,661 in Opioid Settlement funding appropriated to Aging and Disabilities Services for its Opioid Prevention Project. The total costs for the position starting as of pay period 12 (May 29, 2023) to December 31, 2025 is \$263,373 which reflects salary, social security and active fringe benefits.
  - C. For 2023, the total annual cost for the position would be \$44,298 assuming a midpoint salary and social security as of pay period 12 in 2023. The ongoing annual salary and social security cost is \$76,782. In addition, active fringe benefit costs associated with this position would also be reimbursed.
  - D. The Opioid Prevention Project is authorized starting January 1, 2023 through December 31, 2025. It is assumed that this position would be absorbed into the DHHS budget and offset by a vacancy in the department or another funding source will be identified.

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

Authorized Signature *Shakita LaGrant-McClain*

<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.

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

Did DAS-Fiscal Staff Review?  Yes  No

Did CBDP Review?  Yes  No  Not Required