## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: November 8, 2023	Origin	al Fiscal Note					
		Subst	itute Fiscal Note					
SUBJECT: A report from the Director, Department of Health and Human Services, requesting the creation of 1.0 FTE Unit Therapist in Children, Youth and Family Services								
FISCAL EFFECT:								
	No Direct County Fiscal Impact		Increase Capital Expenditures					
	Existing Staff Time Required		Decrease Capital Expenditures					
	Increase Operating Expenditures (If checked, check one of two boxes below)		Increase Capital Revenues					
	Absorbed Within Agency's Budget		Decrease Capital Revenues					
	Decrease Operating Expenditures		Use of contingent funds					
$\boxtimes$	Increase Operating Revenues							
	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 - 2023	Subsequent Year
Operating Budget	Expenditure	\$0	\$74,137
	Revenue	\$0	\$74,137
	Net Cost	\$0	\$0
Capital Improvement	Expenditure	\$0	\$0
Budget	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.
- A. Approval of this resolution would authorize the creation of 1.0 FTE of Unit Therapist in pay grade 27.
- B. Funding for the position is coming from a budget of \$799,190 in Opioid Settlement funding appropriated to Children, Youth and Family Services for its Strengthening Opioid and Substance Use Education and Treatment for Justice Involved Youth Project. The total costs for the position starting as of pay period 1 2024 (December 25, 2023) to December 31, 2025 is \$192,559 which reflects salary, social security and active fringe benefits.
- C. The 2024 total annual salary and social security cost for the position would be \$74,137 assuming an hourly rate at midpoint of \$33.11 in pay range 27. In addition, active fringe benefit costs associated with this position would also be reimbursed.
- D. The Education and Treatment for Justice Involved Youth Project is authorized through December 31, 2025. If the position is still needed beyond this timeframe, it is assumed that the position would be absorbed into the DHHS budget and offset by a vacancy in the department or another funding source will be identified.

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Authorized Signatu	ıre	Shakita LaGrant-McClain	
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Department/Prepared By: Clare O'Brien, DHHS Budget & Policy Director.

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

Did DAS-Fiscal Staff Review?	Ш	Yes	$\boxtimes$	No	
Did CBDP Review?		Yes		No	