MILWAUKEE COUNTY FISCAL NOTE FORM

		Expenditure or	Curren	nt Year	Subsequent Year				
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.									
	Decrease Operating	Revenues							
	Increase Operating Revenues								
	Decrease Operating	Expenditures		Use of con	itingent funds				
	Not Absorbed With	nin Agency's Budget							
	Absorbed Within A	agency's Budget		Decrease	Capital Revenues				
	Increase Operating (If checked, check o	Expenditures ne of two boxes below)		Increase C	Capital Revenues				
	Existing Staff Time	e Required		Decrease	Capital Expenditures				
	No Direct County Fig	scal Impact		Increase C	Capital Expenditures				
FISCAL EFFECT:									
SUBJECT: REPORT FROM THE INTERIM DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, REVISING THE 2010 PROFESSIONAL SERVICE CONTRACTS FOR THE BEHAVIORAL HEALTH DIVISION									
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DAT	ΓΕ: 05/03/2011		Origin	Original Fiscal Note					

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	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. 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.
- A) Section 56.30 of the Milwaukee County Code of General Ordinances requires County Board approval for professional service contracts of \$50,000 or greater. In December 2009, per Section 56.30, the Interim Director, Department of Health and Human Services (DHHS), was granted the authority for the Behavioral Health Division (BHD) to enter into a variety of professional service contracts. Since that time a technical error was discovered therefore BHD is returning to revise the original resolution to allow the Department of Administrative Services (DAS) Accounts Payable to process payments to vendors.
- B) The total not-to-exceed recommended funding for the revised professional service contracts for BHD is \$6,131,147 annually. This is a technical change and does not have a fiscal impact since the dollar amounts did not change from the original resolutions and these contracts have been budgeted in BHD's 2011 Adopted Budget.
- C) The contracts establish "not to exceed" amounts derived through solicitation of bids or through negotiation with the entities involved. These funds are budgeted in Organizational Unit 6300 Accounts 6109, 6113, 6147, 6148, 7770 and 6149.
- D. No assumptions/interpretations.

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.

Department/Prepared By	Alexandra Kotze, DHHS Budget Manager		
Authorized Signature	Dei A. Syday		
Did DAS-Fiscal Staff Review			