## MILWAUKEE COUNTY FISCAL NOTE FORM

### **DATE:** <u>7/01/2011</u>

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** <u>Report from the Interim Director, Department of Health and Human Services,</u> <u>Requesting Authorization to extend and increase the 2011 Behavioral Health Division</u> <u>Professional Services Contract with Critical Management Solutions</u>

#### FISCAL EFFECT:

	No Direct County Fiscal Impact	Increase Capital Expenditures	
	Existing Staff Time Required		
$\boxtimes$	Increase Operating Expenditures	Decrease Capital Expenditure	
	(If checked, check one of two boxes below)	Increase Capital Revenues	
$\square$	Absorbed Within Agency's Budget	Decrease Capital Revenues	
	Not Absorbed Within Agency's Budget		
	Decrease Operating Expenditures	Use of contingent funds	
$\square$	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	Subsequent Year
Operating Budget	dget Expenditure 200,500		
	Revenue	200,500	
	Net Cost	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.<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) Milwaukee County Ordinances 56.30 requires County Board approval of professional service contract increases, amendments or extensions. The Interim Director, Department of Health and Human Services (DHHS), is requesting authorization for the Behavioral Health Division (BHD) to extend and increase the 2011 professional services contract with Critical Management Solutions for consulting services to provide assistance to BHD to achieve accreditation by the Joint Commission by 2012.

B) The total recommended increase to the Critical Management Solutions professional service contract is \$200,500, increasing the existing contract from \$40,000 to \$240,500. The contract will extend from July 1, 2011 to December 31, 2012. The increase in expenditures for the Critical Management Solutions contract in 2011 will be covered by small reductions in other contracts and the use of some deferred revenue in the Department of Health and Human Services (DHHS). A fund transfer to recognize and move the DHHS deferred revenue will be brought before the Board in the last guarter of 2011.

C) No increase in tax levy results from these changes.

D. No assumptions/interpretations.

<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.

Department/Prepared By	<u>Alexan</u>	dra Ko	<u>tze, Bu</u>	idget M	<u>anager, DHHS</u>	
Authorized Signature	Lei	$\mathcal{A}$ .	Xy	day		
Did DAS-Fiscal Staff Revie	w?		<b>V</b> Yes	$\overline{\mathcal{O}}$	No	