

RESOLUTION NO.: 50—2024-25

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 The Sheriff's Office provides juvenile transports and mental health client transports for
2 the Health and Human Services Department (HHS). These two types of transports result
3 in the Sheriff's Office sending a monthly invoice to HHS for the transports and HHS
4 creating a monthly journal entry to record the expense in HHS and revenue in the
5 Sheriff's Office. An agreement was reached between the HHS Director and the Sheriff's
6 Office to discontinue invoicing HHS for juvenile transports and mental health client
7 transports in 2024 and for HHS to transfer their 2024 juvenile transports and mental
8 health client transports budgets to the Sheriff's Office.
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10 The Health and Human Services Department is requesting to transfer their 2024 juvenile
11 transports and mental health client transports budget to the Sheriff's Office and the
12 Sheriff's Office will retain the expense for both HHS juvenile and mental health client
13 transports.
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15 NOW THEREFORE, the undersigned members of the Health and Human Services Committee
16 recommend adoption of the following resolution.

17 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize and approve
18 of transferring the 2024 juvenile transports and mental health client transports budgets from the Health
19 and Human Services Department to the Sheriff's Office, and

20 BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisors does authorize
21 and approve of decreasing the Youth Aids Transportation line item by \$10,000; decreasing the Contract
22 Mental Health Transportation line item by \$55,520.78; and increasing the Public Safety Human Services
23 Transports line item by \$65,520.78 as noted on the attached fiscal note, which by reference is made a
24 part hereof, and

25 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
26 of this resolution to the Outagamie County Health and Human Services Director and the Outagamie
27 County Finance Director.

28 Dated this ____ day of September 2024

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Respectfully Submitted,

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HEALTH AND HUMAN SERVICES
COMMITTEE

Jeff McCabe

Justin Krueger

Dustin Koury

Cathy Thompson

Kelly Schroeder

Duly and officially adopted by the County Board on: _____

Signed: _____
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Board Chairperson

County Clerk

Approved: _____
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Vetoed: _____

Signed: _____
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County Executive

OUTAGAMIE COUNTY FISCAL NOTE

INTRODUCTION: This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1675), Controller (1674) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Department of Health and Human Services Request to Move Budget for Sheriff Juvenile Transports and Mental Health Client Transports

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

The Sheriff's department provides juvenile transports and mental health client transports for Health and Human Services (HHS). These two types of transports result in the Sheriff's department sending a monthly invoice to HHS for the transports and HHS creating a monthly journal entry to record the expense in HHS and revenue in Sheriff's department. An agreement was reached between the HHS Director and the Sheriff's Department to discontinue Invoicing HHS for juvenile transports and mental health client transports in 2024 and for HHS to transfer their 2024 juvenile transports and mental health client transports budgets to the Sheriff's department.

Health and Human Services is requesting to move their 2024 juvenile transports and mental health client transports budgets to the Sheriff's department and the Sheriff's department will retain the expense for both HHS juvenile transports and mental health client transports.

Current Year Budget Impact (Check one or more of the following boxes)

Revenues

Expenses (Cost)

None

3. Is the specific cost or revenue included in the current year's budget? yes () no () partially ()

4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no () n/a ()

5. Is the proposal to accept additional revenues only? yes () no ()

6. Does this request modify/adjust the current year budget? yes () no ()
If no, skip to question 8 below.

7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)

COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST		INCREASE (DECREASE) AMOUNT
		CENTER (i.e. 1004100.5100, 1004100.5400, etc.)		
2057540 Youth Aids	Transportation	2057540.5518.08	\$	(10,000.00)
2066580 Contract Mental Health	Transportation	2066580.5518.08	\$	(55,520.78)
1008007 Public Safety	Human Services Transports	1008007.4415.28	\$	65,520.78

Annual and Long-Term Impact

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes () no () n/a ()

9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost _____
Annual Revenue _____

Fiscal Note Prepared by: Betty Gehring

For Financial Services purposes only

Reviewed By:

*Michelle J. Gehrung
3/14/2024*

If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below:

Detail Expenditures Account Number	Amount
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