

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** 1/3/11

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Interim Director, Department of Health and Human Services, requesting authorization to enter into a State/County Contract for Community Youth and Family Aids for 2011 and to accept \$38,003,499 for State Corrections Charges and Community Based 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 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 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</b>	<b>Subsequent Year</b>
<b>Operating Budget</b>	Expenditure		373,884
	Revenue		373,884
	Net Cost		0
<b>Capital Improvement Budget</b>	Expenditure		
	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. Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the State Department of Corrections (DOC) for the "Community Youth and Family Aids Program." This program provides state funding for county services to juvenile offenders as mandated by state and/or federal law. County ordinances require that departments obtain authorization from the County Board in order to execute contracts. The Interim Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2011 contract with the State DOC for the provision of juvenile justice services mandated by state law.

B. The 2011 Contract provides \$38,003,499, which is \$373,884 more revenue than budgeted in 2011 for Youth Aids revenue for State Charges and County community-based programs. DHHS will continue to update projections based on monthly State Juvenile Corrections Charges and complete a fund transfer later in 2011 if necessary.

C. See Section B above

D. No assumptions. Data based on State contract.

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<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 Thomas F. Lewandowski

Authorized Signature *Leri A. Syday*

Did DAS-Fiscal Staff Review?  Yes  No