## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	<b>E:</b> February 25, 2013	Origin	al Fiscal Note						
		Subst	itute Fiscal Note						
Auth Sprin	BJECT: Report, from the Director, Departme norization to establish Purchase of Services Connegs, Northcott, UMOS, and The Urban League to entative intervention within the Behavioral Health	tracts with o administe	four Neighborhood Centers: Silver						
FISC	CAL 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								
	cate below the dollar change from budget for eased/decreased expenditures or revenues in the	•	, ,						

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	200,000	0
	Revenue	200,000	0
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	Revenue		
	Not 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. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to establish purchase of service contracts between the Behavioral Health Division and four Neighborhood Centers (Silver Spring, Northcott, UMOS, and The Urban League), to administer the Celebrating Families!™ selective preventative intervention program for the period April 1, 2013 through December 31, 2013.

Approval of this request will allow the Behavioral Health Division to assist in strengthening the family functioning and dynamics in household's impacted by substance abuse and comply with the contract requirements between BHD and the Bureau of Milwaukee Child Welfare (BMCW) (see attachment).

The Celebrating Families!™ model was developed for children of alcoholics/addicts and their parents, where many such children have learning differences and/or cognitive deficits. Celebrating Families!™ is grounded in recent research about brain chemistry, and the curriculum is an evidence based cognitive-behavioral, support group model written for families in which one or both parents have a serious problem with alcohol or other drugs and where there is a high risk for domestic violence, child abuse, or neglect.

- B. Total expenditures included in this request are \$200,000.
- C. There is no tax levy impact associated with approval of this request as funds to cover the related expenditures will be allocated from funding received from the State Bureau of Milwaukee Child Welfare for substance abuse prevention and treatment activities. A fund transfer will be submitted later in 2013 to recognize receipt of this revenue.
- D. No assumptions are made.

<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 Thor	homas F. Lewandowski, Fiscal & Management Analyst								
Authorized Signature  Authorized Signature									
-		-							
Did DAS-Fiscal Staff Review?		Yes	⊠ No						
Did CDPB Staff Review?		Yes	☐ No	Not Required     ■					