

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 3/22/19

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting approval of a community benefit agreement charter for the Secured Residential Care Center for Children and Youth (SRCCCY)

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact<br><input checked="" type="checkbox"/> Existing Staff Time Required<br><input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below)<br><input type="checkbox"/> Absorbed Within Agency's Budget<br><input type="checkbox"/> Not Absorbed Within Agency's Budget<br><br><input type="checkbox"/> Decrease Operating Expenditures<br><br><input type="checkbox"/> Increase Operating Revenues<br><br><input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures<br><br><input type="checkbox"/> Decrease Capital Expenditures<br><br><input type="checkbox"/> Increase Capital Revenues<br><br><input type="checkbox"/> Decrease Capital Revenues<br><br><input type="checkbox"/> Use of contingent funds |
|--|--|

*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 |
|-----------------------------------|---------------------------------|--------------|-----------------|
| <b>Operating Budget</b>           | Expenditure                     | 0            | 0               |
|                                   | Revenue                         | 0            | 0               |
|                                   | Net Cost                        | 0            | 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. The Department of Health and Human Services is seeking approval of a community benefits agreement for the Secured Residential Care Center for Children and Youth (SRCCCY).

B. The requested action would not result in an expenditure of funds. However, it would require an investment of staff time from the SRCCCY team including DHHS, Department of Administrative Services – Facilities Management and Community Business Development Partners.

C. The SRCCCY team will need to monitor and establish performance measures to ensure equity in hiring and contracting. In addition, SRCCCY facility construction will need to establish recruitment, hiring and retention practices that connect residents to jobs at SRCCCY. Work will also involve coordination of recruitment/pre-screening activities in low-income areas. Finally, the team will need to make best efforts to provide access to jobs for those with barriers to employment such as a criminal record and contract with small, community-based providers.

D. No other assumptions are made.

Department/Prepared By Clare O'Brien, Senior Budget Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review?  Yes  No

Did CDPB Staff Review?  Yes  No  Not Required

<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.