

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 11/01/16

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Request to enter into a contract with the Benedict Center to continue and expand re-entry programming services

FISCAL EFFECT:

No Direct County Fiscal Impact Expenditures

Increase Capital

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

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Use of contingent funds

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	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0

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.¹ 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. Approval of this contract will authorize the Superintendent of the House of Correction (HOC), beginning on January 1, 2017, to enter into a one year contract with the Benedict Center. This contract will provide re-entry services to female offenders, which includes case management/ re-entry planning and counseling groups such as: Women's Sexuality, Seeking Safety and Life Skills. The Benedict Center will also conduct additional programming that provides Nurturing and Parenting skills as well as evidence based curriculum that are considered key for addressing criminogenic risks and needs: Moving On (Cognitive Behavioral Therapy) and Anger/ Stress.
- B. Costs for this program with the Benedict Center is \$198,045 for the one-year period. These funds were already identified for programming expansion in our 2017 budget request.
- C. If the Departmental Request is adopted by the Board, there should be no impact to the 2017 budget, since the necessary funds were requested by the department.
- D. No assumptions to note.

¹ 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 HOC/June Jackson

Authorized Signature June Jackson

Did DAS-Fiscal Staff Review? Yes No

Did CDBP Review? Yes No Not Required