

**MILWAUKEE COUNTY FISCAL NOTE FORM**

**DATE:** November 12, 2021

Original Fiscal Note

Substitute Fiscal Note

**SUBJECT:** A report from the Director, Department of Health and Human Services, requesting authorization to execute an amendment to increase the 2021 purchase of service contract by \$200,000 with Wisconsin Community Services (WCS) for the Bakari Center Program within the Children, Youth and Family Services Division

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <input checked="" 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 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                            | 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 Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute an amendment to increase a 2021 purchase of service contract by \$200,000 with the Wisconsin Community Services for the operation of the Bakari Center Program.

The program budget of \$1,718,209 was split between a purchase of service contract with DHHS for \$1,298,709 and the balance of \$419,500 was committed under a fee-for-service agreement with Wraparound Milwaukee to capture revenue for Wrap-enrolled youth. As 2021 has progressed, however, the actual number of Wrap-enrolled youth served at the facility has been less than anticipated. As a result, more of the costs are being charged under the purchase of service agreement and less costs are being supported through fee-for-service payments from Wraparound Milwaukee. For this reason, DHHS is requesting to increase the Bakari House contract amount from \$1,298,709 to a new total of \$1,498,709 offset by a reduction in Wraparound payments for youth in this level of care.

B. Total 2022 expenditures included in this request are \$200,000. Because this increase is offset by a reduction in Wraparound payments, the total program budget of \$1,718,209 will not be exceeded.

C. There is no 2021 tax levy impact associated with approval of this request. Wraparound Milwaukee costs are partially supported by Youth Aids revenue through a crosscharge to CYFS. DHHS will submit a fund transfer to the County Board in the upcoming cycle to decrease

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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.

the 2021 Wraparound-CYFS crosscharge amount and increase the vendor payment budget in CYFS.

D. No assumptions have been made.

Department/Prepared By: Clare O'Brien, DHHS Budget & Policy Director

Authorized Signature *Shakita LaGrant-McClain*

Did DAS-Fiscal Staff Review?  Yes  No

Did CDPB Staff Review?  Yes  No  Not Required