## MILWAUKEE COUNTY FISCAL NOTE FORM

| DAT       | TE: 10/2/20  | Origin         | Original Fiscal Note              |  |  |  |
|-----------|--|----------------|-----------------------------------|--|--|--|
|           |  | Subst          | itute Fiscal Note                 |  |  |  |
| auth      | BJECT: <u>Report from the Director, Departm</u><br>norization to enter into 2020 purchase of se<br>dible Messenger pilot within the Division of Yo | ervice contrac | ts with community providers for a |  |  |  |
| FISC      | CAL EFFECT:  |                |                                   |  |  |  |
| $\square$ | No Direct County Fiscal Impact   |                | Increase Capital Expenditures     |  |  |  |
|           | <ul> <li>Existing Staff Time Required</li> <li>Increase Operating Expenditures</li> <li>(If checked, check one of two boxes below)</li> </ul>      |                | Decrease Capital Expenditures     |  |  |  |
|           |  |                | Increase Capital Revenues         |  |  |  |
|           | Absorbed Within Agency's Budget  |                | Decrease Capital Revenues         |  |  |  |
|           | Not Absorbed Within Agency's Budge   | ət             |                                   |  |  |  |
|           | 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<br>Revenue Category | Current Year | Subsequent Year |  |
|---------------------|------------------------------------|--------------|-----------------|--|
| Operating Budget    | Expenditure                        | 0            | 0               |  |
|                     | Revenue                            | 0            | 0               |  |
|                     | Net Cost                           | 0            | 0               |  |
| Capital Improvement | Expenditure                        |              |                 |  |
| Budget              | 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 2020 purchase of service contracts for a Credible Messenger pilot within the Division of Youth and Family Services (DYFS).

B. Approval of this request will result in total expenditures of \$1,170,500 to implement a Credible Messenger pilot with five community providers. Credible Messengers is a transformative mentoring intervention for those youth who are involved in the youth justice system and those at risk of becoming involved. The program utilizes individuals who live in the same communities as the youth and who themselves may have been involved in the youth and/or adult justice systems. Four new contracts and one contract amendment would be executed starting November 5, 2020 to October 31, 2021.

C. There is no 2020 tax levy impact associated with approval of this request as DYFS is anticipating a significant surplus for 2020 in its charges budgeted for youth placements at the State correctional facilities. Under Wis. Stat. § 301.26, counties are financially responsible for the costs of youth held in the State correctional facilities of Lincoln Hills, Copper Lake and Mendota Juvenile Treatment Center. For 2020, the average daily population (ADP) has been significantly lower than budgeted and for the last three months, the ADP has averaged 29 compared to the budget of 50. As a result, the projected annual cost is \$6.2 million which reflects a surplus of about \$3.6 million compared to the budget of \$9.9 million.

D. This fiscal note assumes expenditures will not exceed the amounts authorized for these purchase of service contracts.

| Department/Prepared By       | Clare O'Brien, Budget and Operations Manager - DHHS |         |             |      |              |  |
|------------------------------|---|---------|-------------|------|--------------|--|
| Authorized Signature         |   | Shakita | Lagran      | et-M | 1cClain      |  |
|                              |   |         | //          |      |              |  |
| Did DAS-Fiscal Staff Review? |   | Yes     | $\boxtimes$ | No   |              |  |
| Did CDPB Staff Review?       |   | Yes     |             | No   | Not Required |  |

<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.