

RESOLUTION NO.: 150--2012-13

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 Resolution 126-2012-2013 approved the formal creation of the Outagamie County Drug and
2 Alcohol Treatment Court which allowed cost centers to be established to account for anticipated
3 grant funding. The Outagamie County Drug and Alcohol Treatment Court Team has been
4 awarded an enhancement grant in the amount of \$80,000 for the purpose of funding a
5 coordinator position. If grant funding is not awarded beyond December 31, 2013, the
6 coordinator position will be vacated. This resolution approves accepting and expending the
7 \$80,000 enhancement grant funds.
8

9 NOW THEREFORE, the undersigned members of the Public Safety Committee and Health &
10 Human Services Committee recommend adoption of the following resolution.

11 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize the Health
12 & Human Services Department to accept and expend the Wisconsin Department of Justice Assistance
13 Treatment Court Grant funds in the amount of \$80,000, as noted on the attached fiscal note which by
14 reference is made a part hereof, and

15 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
16 of this resolution to the Outagamie County Health & Human Services Director and the Outagamie
17 County Finance Director.

18 Dated this ____ day of March, 2013

Respectfully Submitted,
PUBLIC SAFETY COMMITTEE AND
HEALTH & HUMAN SERVICES COMMITTEE

26 James Duncan

Lee W. Hammen

31 Nicholas Hofacker

Katrin Patience

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Tony Krueger

Peter Stueck

Marcia Trentlage

Jerry Iverson

Josh Karl

Barney Lemanski

Duly and officially adopted by the County Board on: _____

Signed:

Board Chairperson

County Clerk

Approved: _____

Vetoed: _____

Signed:

County Executive

OUTAGAMIE COUNTY FISCAL NOTE

INTRODUCTION: This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1674), Controller (1675) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. Subject:

Wisconsin Department of Justice JAG Problem-Solving Courts Grant

2. Description: This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

The Outagamie County Drug and Alcohol Treatment Court applied for and was awarded an enhancement grant for the purpose of funding a coordinator. The grant is for CY 2013 and totals \$80,000. If grant funding is not awarded beyond 12/31/2013, the position will be vacated.

The coordinator will be primarily responsible for data collection, case management, development and review of individualized treatment plans, coordination of treatment providers, and program development. He/she will work to fully integrate appropriate assessment tools and evidence based practices into all elements of the Drug and Alcohol Treatment Court.

Current Year Budget Impact (Check one or more of the following boxes)

Revenues Expenses (Cost) None

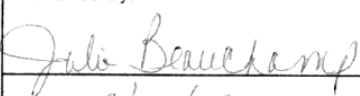
3. Is the specific cost or revenue included in the current year's budget? yes () no (X) partially ()
4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no (X) n/a ()
5. Is the proposal to accept additional revenues only? yes () no (X)
6. Does this request modify/adjust the current year budget? yes (X) no ()
If no, skip to question 8 below.
7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)

COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	INCREASE (DECREASE) AMOUNT
MH Provided	Salary	2066090.5100	48,916
MH Provided	Fringe Benefits	2066090.5200	26,393
MH Provided	Travel/Training	2066090.5300	1,816
Management and Support	Purchased Services	2065010.5500	2,875
MH Provided	WI OJA Treatment Court Grant	2066090.42	80,000

Annual and Long-Term Impact

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes (X) no () n/a ()
9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost _____
Annual Revenue _____

Fiscal Note Prepared by: Kay Herring

For Financial Services purposes only							
Reviewed By:  Date: <u>3/15/13</u>	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Detail Expenditures Account Number</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	Detail Expenditures Account Number	Amount				
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Comments:							

