

HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
5/23/2023

COMMITTEE MEMBERS: FRASIER, MCDEVITT, BRUNO, RUNYON, GERACI, SMITH, STEC - *The Chair of the Board of Supervisors shall be an Ex-Officio member when needed in accordance with Section C(4) of the Rules of the Board.*

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
 - 1. Request: Request to amend the 2023 Warren County budget in the amount of \$104,124 to allow for acceptance and pass-through of 100% State Aid funding from the NYS Office of Mental Health, as detailed on the attached Schedule A.

Rationale: \$104,124 in 100% State Aid has been approved by the NYS Office of Mental Health (OMH). These funds are designated for minimum wages adjustments, supported housing, and Home-Based Crisis Intervention services.
 - 2. Request: Request for transfer of funds in the amount of \$13,950 from Salaries – Regular (A.4310 110) to Retirees Hospitalization (A.4310 861) to cover anticipated costs due to the retirement of an employee.

Rationale: Our Deputy Director-Clinical retired in January and departmental Retirees Hospitalization costs are anticipated to increase by \$13,950 for the year. We have savings in our Salaries – Regular line due to a delay in backfilling a position following an internal promotion.
- V. Discussion Items:
 - 1. Informational: May is Mental Health Awareness Month
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

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- Attachments:
 - 1. Resolution Request Form No. 7
 - 2. Schedule A
 - 3. Resolution Request Form No. 10
 - 4. Mental Health Awareness Handouts

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 5/23/2023

- (a) Purpose of Amendment: **Request to amend the 2023 Warren County budget in the amount of \$104,124 to allow for pass-through of 100% State Aid funding from the NYS Office of Mental Health, as detailed on the attached Schedule A. Funds are designated for minimum wage adjustments, Supported Housing programs and Home-Based Crisis Intervention programs.**

- (b) Appropriation Code, Object Code, Full Title and Amount: **See attached Schedule A.**

- (c) Revenue Code (with title), and Amount: **See attached Schedule A.**

5/23/23 Health Services Committee

Schedule A
2023 Warren County Budget Amendments

<u>Provider Agency</u>	<u>Amount (Not to Exceed)</u>	<u>Appropriation Code</u>	<u>Revenue Code</u>
People USA	\$16,188	A.4320.0065 470	A.4320.0065 3490
Northern Rivers/Parsons Child and Family Center	\$33,838	A.4320.0165 470	A.4320.0165 3490
Warren-Washington Association for Mental Health	<u>\$54,098</u>	A.4320.0120 470	A.4320.0120 3490
	TOTAL		\$104,124

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Mental Health

SIGNED:

DATE:

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 4310 110	Salaries - Regular	A. 4310 861	Retirees Hospitalization	\$13,950

Please state reason for transfers requested: Our Deputy Director-Clinical retired in January and our Retirees Hospitalization costs are anticipated to increase by approximately \$14,000 for the year. We have savings in our Salaries - Regular line due to a delay in backfilling a position following an internal promotion.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.



1 in 5 U.S. adults experience mental illness

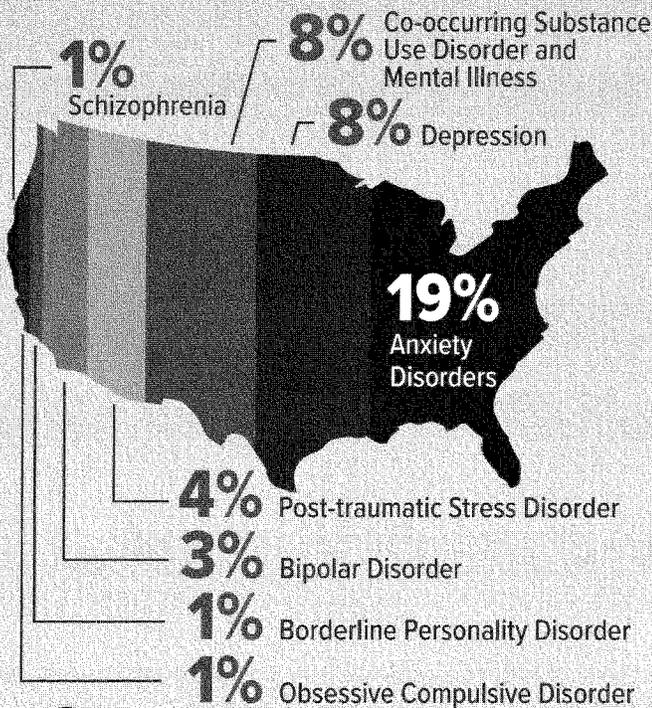
1 in 20

1 in 20 U.S. adults experience serious mental illness

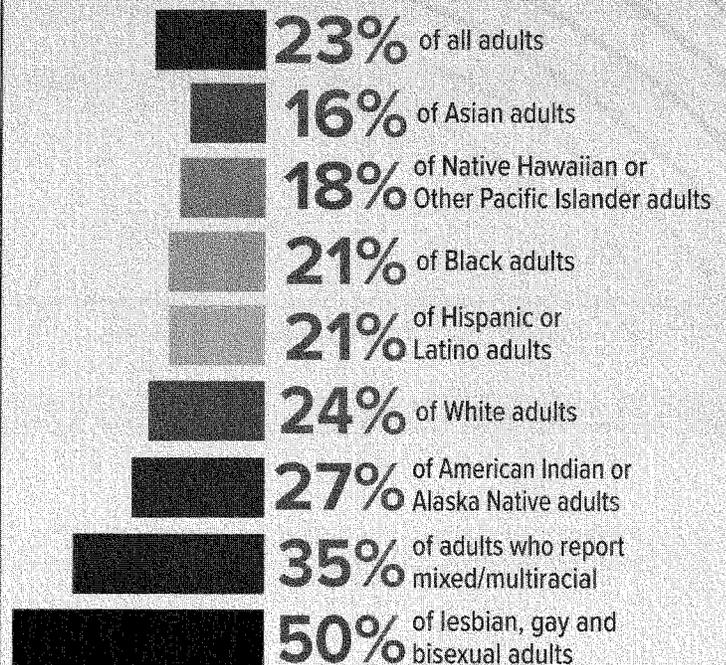
17%

of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)



WAYS TO REACH OUT AND GET HELP



Talk with a health care professional



Call the NAMI HelpLine at 800-950-NAMI (6264)



Connect with friends and family



Join a support group

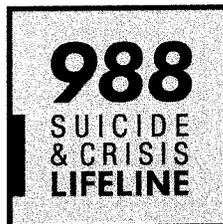
Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/nhctats

NAMI HelpLine
800-950-NAMI (6264)





If you or someone you know
needs support now,
call or text **988**
or
chat **988lifeline.org**



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