


KENOSHA COUNTY
BOARD OF SUPERVISORS

RESOLUTION NO. _____

Subject: Resolution to modify the Division of Aging, Disability and Behavioral Health Services 2022 Budget using American Rescue Plan Act Funds (ARPA) - Treatment Court			
Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted:		Date Resubmitted:	
Submitted By: Human Services Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: Rebecca Dutter		Signature: 	

WHEREAS, Kenosha County received the Coronavirus State and Local Recovery Funds, a part of the American Rescue Plan Act (ARPA); and

WHEREAS, these APRA funds can be used for governments to provide resources for behavioral health care, such as mental health treatment, substance use treatment and other behavioral health services; and

WHEREAS, Kenosha County has been operating a Treatment Court since 2009 which serves people with substance abuse and mental health issues and relies on grant funding from the Treatment Alternatives and Diversion (TAD) to fund its operations; and

WHEREAS, the Kenosha County Department of Human Services, Division of Aging, Disability & Behavioral Health Services received a Treatment Alternatives and Diversion (TAD) grant for 2022 at a lower than expected amount resulting in diminished services to participants; and

WHEREAS, The Kenosha County Division of Aging, Disability & Behavioral Health will use ARPA funds, up to \$60,000 to fund a full-time coordinator and required incentives for the Treatment Court;

NOW, THEREFORE, BE IT RESOLVED that the Kenosha County Department of Human Services, Division of Aging, Disability & Behavioral Health Services, be authorized to spend up to \$60,000 of ARPA funds on the Treatment Court program.

HUMAN SERVICES COMMITTEE:

	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>	<u>Excused</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laura Belsky, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andy Berg, Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandra Beth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erin Decker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jerry Gulley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kim Lewis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terry Rose				

FINANCE/ADMINISTRATION COMMITTEE:

	<u>Aye</u>	<u>Nay</u>	<u>Abstain</u>	<u>Excused</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeff Gentz, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ron Frederick, Vice Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Franco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ed Kubicki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jeff Wamboldt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monica Yuhas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant				

KENOSHIA COUNTY EXPENSE/REVENUE BUDGET MODIFICATION FORM

DOCUMENT # _____ G/L DATE _____
 BATCH # _____ ENTRY DATE _____

DEPT/DIVISION: DADBIIS

PURPOSE OF BUDGET MODIFICATION (REQUIRED): For Treatment Court incentives not covered by TAD Grant

(1) ACCOUNT DESCRIPTION EXPENSES	(2)			(3)		(4)	(5)	(6)	(7)	(8)		(9)
	FUND	DIVISION	SUB DIVISION	MAIN ACCOUNT	EXPENSE INCREASE (+)	EXPENSE DECREASE (-)	ADOPTED BUDGET	CURRENT BUDGET	ACTUAL EXPENSES	REVISED BUDGET	EXPENSE BAL AVAIL	
Behavioral Health	200	480	4830	571770	60,000		14,277,594	14,427,594		14,487,594	14,487,594	
EXPENSE TOTALS					60,000.00	-	14,277,594.00	14,427,594.00	-	14,487,594.00	14,487,594.00	

REVENUES	(2)			(3)	(4)	(5)	(6)	(7)	(8)		
	FUND	DIVISION	SUB DIVISION	MAIN ACCOUNT	REVENUE DECREASE (+)	REVENUE INCREASE (-)	ADOPTED BUDGET	CURRENT BUDGET	ACTUAL EXPENSES	REVISED BUDGET	
ARPA Federal Grant	100	100	1030	443293		60,000				60,000	
REVENUE TOTALS						60,000.00				60,000.00	

COLUMN TOTALS (EXP TOTAL + REV TOTAL)

60,000.00	60,000.00
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Please fill in all columns:

- (1) & (2) Account information as required
- (3) & (4) Budget change requested
- (5) Original budget as adopted by the board
- (6) Current budget (original budget w/past mods.)
- (7) Actual expenses to date
- (8) Budget after requested modifications
- (9) Balance available after transfer (col 8 - col 7).

PREPARED BY: Terrin Niesen FINANCE DIRECTOR: _____ Date _____

DIVISION HEAD: [Signature] Date 1-28-22

DEPARTMENT HEAD: [Signature] Date 1-28-22 COUNTY EXECUTIVE: _____