SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

SUBMITTAL DATE: April 12, 2012

FROM: Department of Mental Health

SUBJECT: Proclamation for "May is Mental Health Month"

RECOMMENDED MOTION: Move that the Board of Supervisors Proclaim "May is Mental Health Month".

BACKGROUND: Mental Health America, the National Council for Community Behavioral Healthcare and their national partners observe Mental Health Month each May to raise awareness and understanding of mental health issues. Each year the Department of Mental Health requests a proclamation of "May is Mental Health Month" in Riverside County to focus attention on the pervasiveness of mental illness and to raise public awareness of mental health, mental illness, and the need for appropriate, accessible services for all people with mental illness specifically in Riverside County.

		JW/AMF Maria/T. Mabey, Asst. Director for Jerry Wengerd, Director of Mental Health							
		FINANCIAL	Current F.Y. Total Cost: Current F.Y. Net County Cost:	\$ 0		In Current Year Budget Adjustn	·	n/a n/a	
		DATA	Annual Net County Cost:	\$	0	For Fiscal Year	<u> </u>	11/12	
		SOURCE OF FUN	DS: n/a				Positions To Be Deleted Per A-30		
							Requires 4/5 Vote	• 🗆	
		C.E.O. RECOMME	NDATION:	PPROVE					
Policy	Policy	County Executive	Office Signature	W. wele	ia Co	xuncijel			
		County Executive	Office Signature	Dobra C	ourno	/or -U			
⊠ Consent	Consent	MINUTES OF THE BOARD OF SUPERVISORS On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.							
Dep't Recomm.:	Per Exec. Ofc.:	Ayes: Nays: Absent: Date: xc: Prev. Agn. Ref.: 2	Buster, Tavaglione, Ston None None April 24, 2012 Mental Health, E.O.				Kecia Harper-Ihem Clerk of the Board By <u>Ozif</u> Deputy	` & 4	

Riverside County Board of Supervisors Request to Speak

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject Board Rules listed on the reverse side of this form.								
SPEAKER'S NAME: Carola Baer								
Address: 5/847 Ida Ave (only if follow-up mail response requested)								
City: Cabason Zip: 92230								
Phone #: <u>951 - 769 - 503</u> 0								
Date: $\frac{4/24/12}{}$ Agenda # $\frac{2\cdot 4}{}$								
PLEASE STATE YOUR POSITION BELOW:								
Position on "Regular" (non-appealed) Agenda Item:								
SupportOpposeNeutral								
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:								
SupportOpposeNeutral								
I give my 3 minutes to:								

Riverside County Board of Supervisors Request to Speak

Submit request to Cle Speakers are entitled Board Rules listed on	to three (3) mir the reverse side	nutes, subject of this form.						
SPEAKER'S NAME: 1	Martin Son	det son						
Address: (only if follow								
(only if follow	w-up mail respons	se requested)						
City: Cabazon	<u> </u>							
Phone #: (95/) 92	22-							
Date: 4/24/12	, Agenda #	2.4						
PLEASE STATE YOUR POSITION BELOW:								
Position on "Regular" (non-appealed) Agenda Item:								
Support	Oppose	Neutral						
Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:								
Support	Oppose	Neutral						
I give my 3 minutes to:								