

□ Personnel

## County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207

## Legislation Text

File #: TMP-4793, Version: 1  REQUEST FOR LEGISLATIVE ACTION  Description (e.g., Contract Authorization for Information Services): The Albany County Department of Mental Health requests permission for a budget amendment in order to increase the department's overtime account and various negative lines.			
		Date:	November 1, 2023
		Submitted By:	Mark Gleason
Department:	Mental Health		
Title:	Budget Analyst		
Phone:	518-447-3014		
Department Rep.			
Attending Meeting:	Dr. Stephen Giordano, Director		
Purpose of Request:			
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Procedure</li> <li>□ Bond Approval</li> <li>☑ Budget Amendment</li> <li>□ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	Click or tap here to enter text.		
CONCERNING BUDGET AMENDMENTS			
Increase/decrease category (choose  ☐ Contractual ☐ Equipment ☐ Fringe	all that apply):		

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<ul><li>☑ Personnel Non-Individual</li><li>☐ Revenue</li></ul>	
Increase Account/Line No.: Source of Funds: Title Change:	See attached Spreadsheet See attached Spreadsheet Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address): Click or tap here to enter text.	
Additional Parties (Names/addresses): Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services:	Click or tap here to enter text. Click or tap here to enter text.
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes □ No ⊠ Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes □ No ⊠

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**County Budget Accounts:** 

Revenue Account and Line: Click or tap here to enter text. Revenue Amount: Click or tap here to enter text.

Appropriation Account and Line: See Attached Spreadsheet

Appropriation Amount: \$16,750

Source of Funding - (Percentages)

Federal: Click or tap here to enter text. State: Click or tap here to enter text.

County: 100%

Local: Click or tap here to enter text.

<u>Term</u>

Term: (Start and end date) 12/1/23-12/31/23

Length of Contract: 1 Month

Impact on Pending Litigation Yes □ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 366

Date of Adoption: 9/11/2023

## Justification: (state briefly why legislative action is requested)

The Department of Mental Health requests permission for a Budget Amendment in order to transfer funds from a vacant Staff Social Worker II line into our overtime account and various negative lines. The overtime account is projected to be depleted of funds by November 30. We are requesting a transfer of \$16,750 in order to ensure adequate funds will be available for the remainder of 2023. The reasons for the increase in overtime are due to the evening and weekend coverage required due to increased vacancies at Albany County Department of Mental Health (ACDMH) in the ACCORD/Mobile Crisis Unit, as well as the large census of inmates requiring additional Mental Health Services at the Albany County Correctional Facility.