

## County of Albany

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

## Legislation Text

File #: TMP-2262, Version: 1	
REQUEST FOR LEGISLATIVE ACTIO	N
<b>Description (e.g., Contract Authoriza</b> DMH is requesting permission to create	•
Date:	January 25, 2021
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Commissioner of DMH
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 AMENDMEN  Increase/decrease category (choose  □ Contractual □ Equipment □ Fringe □ Personnel □ Personnel Non-Individual	

File #: TMP-2262, Version: 1	
□ Revenue	
Increase Account/Line No.: Source of Funds: A94310.12204.005 \$6,967.00 Title Change:	Clinical Director /A94310.12104.001 Supervising Social Worker A94310.12204.006 \$60,983.00/CASAS Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	ZATIONS
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:	Click of tap here to enter text.
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:

Supervising Social Worker A94310.12204.006 \$60,983.00/CASAS

A94310.12204.005 \$6,967.00

Appropriation Amount: \$67,950.00

Source of Funding - (Percentages)

Federal:

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)

Click or tap here to enter text.

Click or tap here to enter text.

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: N/A
Date of Adoption: N/A

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

In recognition of the expansion and enhancement of the Department of Mental Health's crisis/emergency services, the Department of Mental Health requests permission to create a Clinical Director position. The Clinical Director would be in charge of directing all the Department of Mental Health's Crisis services and training. The Clinical Director's position will allow for the oversight of all aspects of the DMH's Crisis/Emergency Services including the new ACCORD program (Albany County Crisis Officials Responding & Diverting) as well as allow for an increased focus and expansion of law enforcement training and partnerships. The position would be funded by using existing personnel lines within the Department of Mental Health's 2021 budget.