

## County of Albany

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

## Legislation Text

File #: TMP-4481, 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.				
			Date:	August 2, 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/Proced</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>	dure  Click or tap here to enter text.			
CONCERNING BUDGET AMENDA	IENTS			
Increase/decrease category (choc ☐ Contractual ☐ Equipment ☐ Fringe	ese all that apply):			
□ Personnel				

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☑ Personnel Non-Individual □ Revenue	
Increase Account/Line No.: Source of Funds: Worker A94310.12205.10000.008.430041 Title Change:	Overtime A94310.19900 Staff Social Worker A94310.12205.10000.009.430042 Staff Social Click or tap here to enter text.
CONCERNING CONTRACT AUTHOR	
Type of Contract:  ☐ Change Order/Contract Amendmen ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☐ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim	it
☐ Release of Liability ☐ Other: (state if not listed)	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: Overtime A94310.19900 Staff Social Worker

A94310.12205.10000.009.430042 Staff Social Worker A94310.12205.10000.008.430041

Appropriation Amount: \$40,000

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) 9/1/2023-12/31/2023

Length of Contract: 4 Months

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: 254

Date of Adoption: 7/11/2022

<u>Justification</u>: (state briefly why legislative action is requested)

The Department of Mental Health requests permission for a Budget Amendment in order to transfer funds from two vacant Staff Social Workers lines into our overtime account. The overtime account is projected to be depleted of funds in September. We are requesting a transfer of \$40,000 in order to ensure adequate funds will be available for the remainder of 2023. The reasons for the increase in overtime this year is Staff Social Worker vacancies in our 24/7 Mobile Crisis Team and a large census of inmates requiring additional Mental Health Services at the Albany County Correctional Facility.