



COUNTY OF ALBANY
DEPARTMENT OF MENTAL HEALTH
175 GREEN STREET
ALBANY, NEW YORK 12202
518-447-4537 FAX 518-447-4577
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Daniel P. McCoy
County Executive

Daniel C Lynch, Esq.
Deputy County Executive

Stephen J. Giordano, Ph.D.
Director of Mental Health

Susan H. Daley
Deputy Director

November 10, 2020

Hon. Andrew Joyce, Chairman
 Albany County Legislature
 112 State St., Rm. 710
 Albany, NY 12207

Dear Chairman Joyce,

The Mental Health Department requests permission to amend our 2020 budget and accept workforce enhancement funding from NYS Office of Mental Health. We are receiving \$10,543 to support increased salaries and salary related fringe benefits for direct care and clinical workers. Due to the increases included in the union contract, we believe our department complies with the requirements to receive workforce salary enhancement funding. NYS Office of Mental Health requires a resolution attesting that the funding is only used for eligible staff.

Feel free to contact Sarah Cantwell or me if you have any questions concerning this request.

Sincerely,

Stephen Giordano, Ph.D.
 Director

cc: Hon. Dennis A. Feeney, Majority Leader
 Hon. Frank A. Mauriello, Minority Leader
 Rebekah Kennedy, Majority Counsel
 Arnis Zilgme, Minority Counsel



Legislation Text

File #: TMP-2077, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Authorization to accept NYS OMH Workforce Salary Enhancement Increases and amend the 2020 Department of Mental Health Budget

Date: November 10, 2020
 Submitted By: Mark Gleason
 Department: Mental Health
 Title: Operations Analyst
 Phone: 518-447-3014
 Department Rep.
 Attending Meeting: Dr. Stephen Giordano, Director

Purpose of Request:

- Adopting of Local Law
- Amendment of Prior Legislation
- Approval/Adoption of Plan/Procedure
- Bond Approval
- Budget Amendment
- Contract Authorization
- Countywide Services
- Environmental Impact/SEQR
- Home Rule Request
- Property Conveyance
- Other: (state if not listed) Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- Equipment
- Fringe
- Personnel

- Personnel Non-Individual
- Revenue

Increase Account/Line No.: A4310.19940 Differential Pay
Source of Funds: NYS Office of Mental Health
Title Change: Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

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 or tap to enter a date.

- Settlement of a Claim
- 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: Click or tap here to enter text.
Scope of Services: Click or tap here to enter text.

Bond Res. No.: Click or tap here to enter text.
Date of Adoption: Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service: Yes No
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes No
Anticipated in Current Budget: Yes No

County Budget Accounts:

Revenue Account and Line: A4310.03490
Revenue Amount: \$10,543

Appropriation Account and Line: A4310.19940
Appropriation Amount: \$10,543

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: 100%
County: Click or tap here to enter text.
Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2020-12/31/2020
Length of Contract: 12 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: 267
Date of Adoption: 6/11/2018

Justification: (state briefly why legislative action is requested)

The Mental Health Department requests permission to amend our 2020 budget and accept workforce enhancement funding from NYS Office of Mental Health. We are receiving \$10,543 to support increased salaries and salary related fringe benefits for direct care and clinical workers. Due to the increases included in the union contract, we believe our department complies with the requirements to receive workforce salary enhancement funding. NYS Office of Mental Health requires a resolution attesting that the funding is only used for eligible staff.

APPROPRIATIONS								
	ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	UNIT COST	DEPARTMENT NAME		
A	4310 1 9940	Differential Pay	\$ 10,543.00		\$ 33,543.00	Mental Health Dept		
		TOTAL APPROPRIATIONS	\$ 10,543.00	\$ -				
A	4310 0 3490	REVENUES		\$ 10,543.00	2,757,870.00	Mental Health Dept		
		TOTAL ESTIMATED REVENUES	\$ -	\$ 10,543.00				
		GRAND TOTALS	\$ 10,543.00	\$ 10,543.00				



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHRISTOPHER TAVELLA, Ph.D.
Executive Deputy Commissioner

August 17, 2020

Re: Implementation of the Funding Increase for Targeted Salary Increases for Certain Staff at Not-For-Profit Providers

Dear Provider:

The 2019-20 Enacted Budget included funding for salary and salary-related fringe benefit increases related to changes in the State-mandated targeted salary increases for direct care, direct support and clinical titles.

Effective January 1, 2020, the Budget included a direct care increase of 2% for staff in CFR titles series 100 (Direct Care) and 200 (Direct Support). Effective April 1, 2020, an additional 2% was added to CFR titles series 100 (Direct Care) and 200 (Direct Support), and a new increase of 2% to title series 300 (Clinical). Increases were calculated using CFR data and an average salary-related fringe benefit rate of 19.17%. Increases were applied based on programmatic and regional funding methodologies.

Statute requires each provider to submit an attestation confirming that the increases will be used solely to support salary and salary-related fringe benefit increases. The attached attestation must be completed and returned to OMH within 60 days of the receipt of this letter.

Failure to submit this form will result in the recovery of increases already paid and withhold of future payment of such funds. Note that a provider may receive funding increases through multiple sources and agencies (via county contract, through state aid letter or a direct contract with OMH as well as through Medicaid revenue) depending upon each provider's array of OMH programs. Providers are required to submit OMH's attestations regardless of attestations they may have completed for other agencies.

Please contact your local field office if you have any questions regarding these increases.

Respectfully,

April Wojtkiewicz
Director, Community Budget and Fiscal Management

CC: OMH Field Offices,
County DMH, DCS Director & Fiscal Officer

New York State Office of Mental Health
Certification Pursuant to Part Y of the Laws of 2019

(Organization) _____ hereby certifies and attests to the following pursuant to Part Y of Chapter 57 of the Laws of 2019 ("Part Y of Chapter 57"):

- (Name) _____ is the (Title) _____ of (Org.) _____ and is duly authorized by (Org.) _____ to provide this attestation and certification on its behalf.
- The funding provided to _____ pursuant to Part Y of Chapter 57 for the period beginning January 1, 2020 will be or was used solely to provide salary increases and salary-related fringe benefit increases for direct care staff and direct support professionals as defined by the Commissioner and in accordance with standards prescribed by the Commissioner.
- The funding provided to _____ pursuant to Part Y of Chapter 57 for the period beginning April 1, 2020 will be or was used solely to provide salary increases and salary-related fringe benefit increases for direct care staff, direct support professional and clinical staff as defined by the Commissioner and in accordance with standards prescribed by the Commissioner.
- Such funding will not be and was not used for any other purpose or expense. Each provider or local government unit is required to develop an implementation plan to ensure that the funding increases are utilized only for providing salary increases to eligible staff.
- The Board of Directors of _____ have approved a resolution attesting that the funding received will be used solely to support salary and salary-related fringe benefit increases for the staff described above. **Resolution must be attached for attestation to be complete.**

Name of Organization: _____

Organization's Business Address: _____

Officer's Signature: _____ Date: _____

I understand that my signature represents that I am signing and responding to all certifications and attestations listed above.

Print Name: _____

Title of Person signing this form: _____

Contact Phone Number/Email Address: _____

Agency Code: _____

Return this completed form by October 15, 2020 to: **ATTN: Workforce Salary Enhancements**

Office of Mental Health
Community Budget and Fiscal Management
44 Holland Avenue
Albany, NY 12229

Or email to: workforcecola@omh.ny.gov

RESOLUTION NO. 267

**AMENDING THE 2018 DEPARTMENT OF MENTAL HEALTH BUDGET:
ADMINISTRATIVE ADJUSTMENTS**

Introduced: 6/11/18

By Audit and Finance Committee:

WHEREAS, The Director of the Department of Mental Health has been notified by the New York State Department of Mental Health that additional grant award funding in the amount of \$14,737 is available regarding salary and fringe benefit costs for direct care and clinical workers, and

WHEREAS, The Director has requested authorization to amend the 2018 Department of Mental Health Budget in order to accept said funding, now, therefore, be it

RESOLVED, By the Albany County Legislature, that the 2018 Department of Mental Health Budget is hereby amended as follows:

Increase Revenue Account A3490 Mental Health by \$14,737

Increase Appropriation Account A4310.1 by \$14,737 by increasing line item A4310 1 9940 Differential Pay by \$14,737

and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.