

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances
<input checked="" type="checkbox"/>	Prior Notification Form
<input checked="" type="checkbox"/>	Fiscal Impact Statement - Should include comprehensive budget
<input checked="" type="checkbox"/>	Supporting Documentation
<input type="checkbox"/>	Disk or E-mailed Cover letter & Order

IN ADDITION IF A GRANT:

<input type="checkbox"/>	Notice of Intent
<input type="checkbox"/>	Grant Summary
<input type="checkbox"/>	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: Monday, October 15, 2018

Meeting Submitted For: Thursday, November 8, 2018

Regular or Suspension Agenda: Regular

Submitted By: Dr. Byron Kennedy

Title of Legislation: Budget Transfer 301-19-1

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

Comments: _____

Coordinator's Signature:  10.23.18

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-7670 with any questions.



TONI N. HARP
MAYOR

CITY OF NEW HAVEN DEPARTMENT OF HEALTH

54 Meadow Street, 9TH Floor • New Haven, Connecticut 06519
Phone 203-946-6999 • Fax 203-946-7234



BYRON KENNEDY, MD, PhD, MPH
DIRECTOR OF HEALTH

October 15, 2018

Alder Tyisha Walker-Myers, President
Board of Alders
165 Church Street
New Haven, CT 06510

RE: Request for a Budget Transfer to Cover Costs of Temporary Nursing Services

Dear Honorable Alder Tyisha Walker-Myers:

This year the New Haven Health Department has experienced nurse staffing issues that have greatly impacted our work:

- Three school nurses are out on Short-Term Disability
- There are two vacant school nurse positions
- One school nurse is out on Workers Compensation
- The clinic nurse was hospitalized over the weekend
- A health assistant has submitted an FMLA application in advance of a scheduled surgery
- Nursing coverage is needed to cover personal or sick day absences

This letter is to request a transfer of \$60,000 from the *Per Diem* line item in the Health Department budget to ensure the continuation of our work. Toward that end, we have engaged the services of the Delta-T Group for temporary nursing services. Registered nurses from Delta-T have covered all schools in which nurses were not available. They have also assisted, through onsite clinics, in the delivery of flu and Hep A vaccines to residents in senior housing, homeless shelters, and to City employees. The current flu season does not end until March of 2019. The State of Connecticut Department of Public Health has identified several flu and Hep A cases in our area. The Health Department is mandated to vaccinate residents, including those who are homeless, against these viruses. The transferred funds will be used for a contract with Delta-T to pay for nursing services.

Thank you in advance for your consideration of this matter. Please let me know if you need anything more.

Sincerely,

Dr. Byron S. Kennedy
Director of Health

FISCAL IMPACT STATEMENT

DATE: Monday, October 15, 2018
FROM (Dept.): Health Department
CONTACT: Dr. Byron Kennedy PHONE: 203.946.6999

SUBMISSION ITEM (Title of Legislation):

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

List Cost: Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE		
	GENERAL	SPECIAL	BOND
A. Personnel			
1. Initial start up	12,000		
2. One-time	60,000		
3. Annual	See Attached		
B. Non-personnel			
1. Initial start up			
2. One-time			
3. Annual	See Attached		

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

NO ☒
YES ☐

1. One-time 60,000
2. Annual

**ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING
BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH
SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART
TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES**

WHEREAS, Article VIII, Section 3 of the City Charter and Section 2-386 (1) of the Code of General Ordinances requires the approval of the Board of Alders for the transfer of funds within the General Fund Operating Budget as adopted; and

WHEREAS, The Health department is projected to have a surplus in FY 2018-19 salary account due to vacancies and unused summer per diem funds; and,

WHEREAS, The Health Department is contracting with Delta-T Group for temporary nursing services to assist the health department with infectious disease control and school services; and

WHEREAS, the FY 2018-19 projected salary surplus funds are necessary to cover temporary nursing staffing services needed for the New Haven Health Department.

NOW, THEREFORE, BE IT ORDAINED by the New Haven Board of Alders that Transfer #301-19-1 be approved to transfer \$60,000 from 1-301-1010-50110 [salary] to 1-301-1010-56695 [temporary staffing] to cover temporary nursing staffing services for FY 2018-19

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERMEN

TO (list applicable aldermen/women): Entire Board
DATE: **Monday, October 15, 2018**
FROM: Department Health Department
Person Dr. Byron Kennedy Telephone 203.946.6999

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Aldermen.

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1 AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

Check one if this an appointment to a commission

☐ Democrat

☐ Republican

☐ Unaffiliated/Independent/Other _____

INSTRUCTIONS TO DEPARTMENTS

1. Departments are responsible for sending this form to the alderperson(s) affected by the item.
2. This form must be sent (or delivered) directly to the alderperson(s) **before** it is submitted to the Legislative Services Office for the Board of Aldermen agenda.
3. The date entry must be completed with the date this form was sent the alderperson(s).
4. Copies to: alderperson(s); sponsoring department; attached to submission to Board of Aldermen.



CITY OF NEW HAVEN
OFFICE OF MANAGEMENT & BUDGET
165 Church Street, New Haven, CT 06510

Toni N. Harp
MAYOR
Michael Gormany
BUDGET DIRECTOR

City Of New Haven Transfer Form				Agency Name		Health Department			
Office of Management and Budget				Date Prepared		Monday, October 15, 2018			
Michael Gormany, Budget Director				Transfer Number		301-19-1			
Phone (203) 946-6413 Fax (203) 946-7924				Fiscal Year		2019			
mgormany@newhavenct.gov				Quarter		2			
FROM				TO					
Organization Name	Organization Code	Object Code Name	Object Code	Transfer Amount	Organization Name	Object Code Name	Object Code	Transfer Amount	
1 Health	1301010	Salary	50110	60,000	Health	Temp PT Help	56695	60,000	
2									
3									
4									
5									
6									
Total				\$60,000.00	Total				\$60,000.00

Transfer Explanation

This is to request a transfer of \$60,000 from the *Per Diem* line item in the Health Department budget to ensure the continuation of our work. Toward that end, we have engaged the services of the Delta-T Group for temporary nursing services. Registered nurses from Delta-T have covered all schools in which nurses were not available. They have also assisted, through onsite clinics, in the delivery of flu and Hep A vaccines to residents in senior housing, homeless shelters, and to City employees. The current flu season does not end until March of 2019. The State of Connecticut Department of Public Health has identified several flu and Hep A cases in our area. The Health Department is mandated to vaccinate residents, including those who are homeless, against these viruses. The transferred funds will be used for a contract with Delta-T Group to pay for nursing services.

X

Department Head, Deputy, or Assistant Chief

X

Coordinator or Deputy Coordinator

X

Mayor, Budget Director or Budget Office Staff