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County Executive

Michael P. McLaughlin, Jr.
Deputy County Executive

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TO: Hon. Wanda F. Willingham, Chair
Audit and Finance Committee

FROM: Dr. Stephen J. Giordano, Ph.D.

DATE: October 1, 2025

RE: Proposed 2026 Budget

In anticipation of the 2026 Tentative Annual Budget to be submitted by the County Executive, the following information is required by the Audit & Finance Committee:

1. Identify the department representative appearing before the Audit & Finance Committee for your agency budget presentation.

   Dr. Stephen Giordano, Director
   Cindy Hoffman, Deputy Director
   Michael Fitzgerald, Associate Director of Fiscal Operations

2. Identify by line item all vacant positions in your department.

   4310.12107.003.430173 Supervising Psychologist
   4310.12134.001.430022 Supervising Psychiatric Nurse (interviewing)
   4310.12134.003.430278 Supervising Psychiatric Nurse (interviewing)
   4310.12201.009.430176 Supervising Social Worker
   4310.12203.007.430233 Staff Social Worker II
   4310.12204.010.430155 CASAC
   4310.12205.007.430138 Staff Social Worker
   4310.12753.001.430251 Supervising Mental Health Clinician
   4310.12754.001.430253 Mental Health Clinician II
   4310.12754.006.430279 Mental Health Clinician II
   4310.12755.002.430264 Mental Health Clinician
   4310.12755.003.430265 Mental Health Clinician
   4310.12755.006.430268 Mental Health Clinician
   4310.12755.008.430270 Mental Health Clinician
   4310.15027.001.430241 Peer Advocate

4310.15027.005.430281 Peer Advocate
4310.15027 Peer Advocate
4310.15130 Mental Health Assistant
4310.15183.003.430194 Health Home Care Manager
4310.15189.001.430199 BH Sys Integration Coordinator

3. Identify by line item any new position(s), how the position(s) will be funded and the reimbursement rate(s), if applicable.

4310.12227 Community Outreach Worker

- The creation of this position will decrease the burden of already existing staff and attributed comp/overtime costs and will allow for needed community education regarding mental heath resources in Albany County.

4310.16041 Keyboard Specialist II (3)

- The creation of these new enhanced titles will allow individuals with lower certifications to join the workforce in Albany County and allow for career trajectory in these positions. The majority of funding for these positions came from a combination of the elimination three Keyboard Specialist I's as well as the elimination of an additional position.

4310.12267.001.430249 Special Projects Coordinator

- This position was originally split between the Department of Mental Health and the Department of Children, Youth & Families. It will now be full time within the Department of Mental Health. This position is vital for bringing in new grant funding into the department thereby decreasing county share. This change is due to the Department of Mental Health relinquishing a position in the budget.

4. Identify by line item any proposed salary increase(s) beyond union contract commitments. Include justification for the raise(s).

3% Cost of Living Adjustment applied to nonunion positions.

5. Identify by line item any position proposed to be eliminated or salary decreased.

Eliminated Positions

4310.16043.011.430190 Keyboard Specialist I
4310.16043.001.430180 Keyboard Specialist I
4310.16043.012.430191 Keyboard Specialist I
4310.12205.048.430174 Staff Social Worker

6. Identify by line item all positions that are funded by grant money, the percentage of funding provided by the grant, and indicate whether there is a commitment that the grant has been renewed for 2026.

Albany County Reentry Task Force (ACRTF)

4310.12260.001.430029 Reentry Coordinator
- 2025: 100% Funded
- 2026: 100% Funded until September 30, 2026, with a strong likelihood of renewal in 2026, as occurred in 2025.

Jail Diversion

4310.15130.007.430117 Mental Health Assistant
- 2025: 75% State Funded & 25% County Funded
- 2026: 100% State Funded

4310.15130.006.430076 Mental Health Assistant
- 2025: 75% State Funded & 25% County Funded
- 2026: 100% State Funded

Mental Health Court Navigator

4310.15183.007.430276 Health Home Care Manager
- 2025: 75% State Funded & 25% County Funded
- 2026: 100% State Funded

4310.15183.008.430277 Health Home Care Manager
- 2025: 75% State Funded & 25% County Funded
- 2026: 100% State Funded

Justice Mental Health Collaboration

4310.15183.006.430275 Health Home Care Manager
- 2025: 100% Federally Funded
- 2026: 100% Federally Funded

4310.15130. Mental Health Assistant
- 2026: 100% Federally Funded

4310.15027. Peer Advocate
- 2026: 100% Federally Funded

7. Identify by line item all job titles proposed to be changed or moved to another line item **(e.g., reclassifications**).

   4310.16043.011.430190 Keyboard Specialist I changed to 4310.16041 Keyboard Specialist II
   4310.16043.001.430180 Keyboard Specialist I changed to 4310.16041 Keyboard Specialist II
   4310.16043.012.430191 Keyboard Specialist I changed to 4310.16041 Keyboard Specialist II

8. Provide an itemized breakdown of specific expenditures regarding fees for service lines and miscellaneous contractual expense lines, and indicate 2025 budgeted expenditures compared to 2026 proposed expenditures **(include a column for each expenditure year)**.

Fees For Service	**2025 Budgeted**	**2026 Budgeted**
A94310.44046.STR25 Fees For Services	$0	$12,500
A94310.44046.DCJSR Fees For Services	$43,000	$65,509
A94310.44046.MHC25 Fees For Services	$0	$10,157
A94310.44046.JMHCP Fees For Services	$0	$32,395
A4310 44046.JDG22 Fees For Services	$174,080	$0
730 evals.@ Jail	$80,000	$80,000
Interpreter Services	$10,000	$10,000
Shredding	$2,000	$2,000
Accounting Fees	$3,000	$3,000
NYS Conf.Local Hyg.Dir. Annual Dues	$11,820	$12,411
Personal Service Delivery for Kendra's Law	$500	$500
Arbitration/Grievance Fees	$1,000	$1,300
Client Needs	$720	$900
K Checks	$0	$1,000
Insurance Clearing House	$9,000	$9,000
Medi Play Patient Health Info	$1,166	$1,166
Robo-Calls	$4,800	$4,800
Millin - Pro	$1,500	$1,500
CCSI-CFR Preparation	$9,750	$10,140
SoloProtect	$14,400	$14,400
ACRTF DCJS Reentry Expenses	$4,000	$1,000
Total	$370,736	$273,678
Miscellaneous Contractual Expense	**2025 Budgeted**	**2024 Budgeted**
A4230.44999 Miscellaneous Contractual Expense (OASAS)	$0	$0
A4322.44999 Miscellaneous Contractual Expense (OMH)	$203,961	$203,961

9. Identify any new initiatives and/or eliminated programs, and reimbursements associated with those programs.

State grant/aid funded initiative: The Mental Health Court Navigator Program continued implementation, with two new positions added this year to enhance court-based mental health support. It is our belief that funding/State Aid for this will be sustained by the Office of Mental Health.

DOJ grant-funded initiative: The Justice and Mental Health Collaboration Program (JMHCP) advanced efforts to reduce recidivism and address criminogenic needs among individuals released from incarceration, particularly those referred by Probation. One new position was added this year, with two additional positions planned for next year to strengthen the jail re-entry case management model for individuals with serious mental illness. This is a three year federally funded grant.

New initiatives:

- **Street Psychiatry Program** – A new County/City jointly-sponsored initiative launched to address unmet behavioral health needs among individuals experiencing homelessness. Funding will go through 2026 and may be sustained through insurance reimbursement and additional grant funding will be sought.
- **Summit on Homelessness** – A multi-stakeholder event coordinated to assess local needs and develop informed, targeted strategies to address homelessness. This is a collaborative effort with the County Executive's Office and the Department of Social Services.

10. Identify all County vehicles used by your department. Include the title of any employee(s) assigned to each vehicle and the reason for the assignment of a County vehicle to that employee.

The Department of Mental Health has fifteen (15) County vehicles. They are assigned to different programs, not individuals. The vehicles are used by staff to transport clients and engage in community activities as needed. Two of which are outfitted electric vans which are used to support individuals with substance use challenges.

11. Provide a specific breakdown of the use for the proposed funding for all Conferences/Training/Tuition line items in your department budget.

Of the proposed budget of $69,889 for conference/training/tuition, the amount of $39,952 is budgeted for employees to keep current with clinical standards, required trainings and licensing, as per the union contract. In addition, $5,500 is budgeted for the cost of CIT (Crisis Intervention Team) training provided to area police departments. This training is an internationally recognized, evidence-based curriculum providing officers with in-depth training in how to better understand and more safely interact with individuals experiencing mental health crises. The training is offered twice a year to Albany County law enforcement professionals. In order to meet state regulatory requirements, $6,500 has been allocated. Additionally, $17,937 has been obtained through grant funding to enhance evidence based practices at ACDMH.

12. Provide a specific breakdown of overtime line items in your department budget, including the actual overtime expenditures for the previous two years.

    Overtime is paid to employees required to provide coverage on evenings, weekends and holidays at the Albany County Correctional Facility (ACCF) and Mobile Crisis/ACCORD Teams. Actual overtime expenditures for 2024 were $192,904.35 and $163,841.62 in 2023. Due to ongoing workforce challenges, the overtime budget in 2026 has been increased to offset this anticipated cost.

13. Identify by line item any positions that were established/changed during the **2025** fiscal year.

    4310.15130.JDG22.007.430117 Mental Health Assistant
    4310.15130.JDG22.006.430076 Mental Health Assistant
    4310.15183.JMHCP.006.430275 Health Home Care Manager
    4310.15183.MHC25.007.430276 Health Home Care Manager
    4310.15183.MHC25.008.430277 Health Home Care Manager
    4310.12134.002.430278 Supervising Psychiatric Nurse
    4310.12754.006.430279 Mental Health Clinician II
    4310.15183.009.430280 Health Home Care Manager
    4310.15027.005.430281 Peer Advocate
    4310.12204.001.430119 CASAC
    4320.12288.OSF18.001.200032 Peer Advocate
    4320.12287.OSF18.001.200030 CASAC II
    4320.15034.OSF18.001.200031 Community Team Leader

14. Please describe the biggest risk your department faces and the actions you have taken (or will take in **2026**) to better understand that risk and mitigate it.

    The needs of those living with behavioral health challenges (i.e., mental illness and substance use disorders) continues to rise to the forefront of national, state and local attention … as these needs should. We live in the midst of an increasingly recognized mental health crisis, partially exacerbated by the global pandemic whose full impact on our collective emotional well-being is yet to be fully known, and our communities continue to experience disturbing levels of opiate-related deaths despite what appears to be a diminishing trend. However, we have begun to recognize that the health of our communities very much depends upon the mental health of our communities. At DMH, although it often feels as though we are playing catch-up in the face of ever-increasing demand for services, we continue to keep the behavioral health needs of Albany County in the forefront of our attention … and, continue to make positive strides in the direction of keeping Albany County safer and healthier for our fellow community members.

    At DMH, we recognize that each of us struggle with stress and with worry to varying degrees at some point in our lives and it is our job to meet people with caring and respect whenever and wherever they are in their struggles … i.e., whether acutely suffering,

chronically struggling, or simply dissatisfied with their life circumstances and facing everyday mental health challenges. At DMH, we strive to assist in any and every way that we can with the resources available to us.

DMH's most persistent and vexing challenges are not especially unique to Albany County and mirror those that vex communities across the state and nation, e.g., unacceptable numbers of unhoused individuals who live in poverty and often experiencing co-existing mental health and substance use disorders; under-resourced community services, shrinking hospital systems and overburdened emergency departments struggling to keep up with the behavioral health needs of our community; and, as a direct consequence, the all-too-often "criminalization" of behavioral health conditions leading to our jails and prisons turning into de-facto psychiatric hospitals and drug/alcohol rehabs. All of this in the context of a nation-wide workforce shortage in the behavioral health field that leaves already under-resourced community programs scurrying to find and keep skilled workers. Taken together, these challenges are vexing indeed for DMH.

Our behavioral health care system is under great strain at every level. At the local level we experience trickle-down strain from state and national trends. Our systems of health and behavioral healthcare are weighed down by systemic disparities and inequities that lead to real suffering and challenges on an individual level. At a local level, the day-to-day life challenges faced by many of our residents in Albany County are as a great as they have ever been. This reality is what motivates us at the Albany County Department of Mental Health.

Our goal at DMH continues to be creating a more responsive system of care that identifies emerging needs early, intervenes quickly and effectively, and reduces the need for crisis intervention whenever possible. DMH is uniquely positioned to identify unmet behavioral health needs in our community as we directly provide a wide array of critical services as well as oversee a wide network of state-funded services via contract. This allows us to shape the future direction of behavioral health care in Albany County while simultaneously addressing the individual needs of our fellow community members. As I've pointe out in previous years, the biggest risk faced by DMH continues to be failing to recognize the opportunity (and responsibility) to transform this system of care that exists within every action and within every decision we take.

In 2026, we hope to mitigate this ever-present risk by expanding programs and services that have proven to be effective (e.g., MOTOR); strengthening our relations with other county departments, community partners and stakeholders working toward shared goals (e.g., distribution of opiate settlement funds); continuing to explore innovative projects (e.g., street-psychiatry); and, striving to keep the community safer (e.g., threat assessment and management). Of late, our attention has been unavoidably directed to address quality of life issues raised by neighborhood residents and business owners who all too often suffer the consequences of the strained behavioral health resources referenced above. In the year ahead, we again intend to focus on delivering services that offer effective response to these issues (i.e., outreach, engagement, linkage and intervention) while simultaneously advocating for increased awareness of the importance of mental health for all and the elimination of stigma associated with behavioral health

conditions that still exists with far-reaching impact, most notably reflected in the "not-in-my-backyard" phenomenon (i.e., NIMBYism).

15. Please list performance indicators and metrics used by your department and current statistics for those metrics.

    DMH continues to develop its data dashboard, combining multiple data streams, intended to reflect organizational, programmatic and fiscal metrics/outcomes at a glance. Our goal remains to have this dashboard operational by the end of 2025. The data listed below reflects the last year for which complete programmatic data exists.

    In 2024, 641 unique individuals were treated by the Adult Outpatient Clinic.

    In 2024, 940 inmate/patients were treated by the Mental Health Unit at ACCF with over 11000 total inmate/patient contacts.

    In 2024, 1877 crisis contacts (600 in community; 1277 telephonic) were provided by the Mobile Crisis Team. 82% of contacts were diverted from further intervention.

    In 2024, 337 crisis contacts (112 in community; 225 telephonic) were provided by the ACCORD team. 80% of contacts were diverted from further intervention.

    Since program inception in 2022, 424 individuals received outreach, support and/or intervention from the MOTOR team.

16. Note specifically all potential new unfunded mandates, regulations, risks to grant revenues, risks to reimbursement revenues, from any source.

    Although we at DMH recognize the foreboding clouds looming on the horizon largely due to the fiscal uncertainty at the federal level, DMH has not (yet) experienced any direct substantial negative impact. Nevertheless, we are watching the horizon carefully and don't take for granted any of the usual funding streams that make our work possible. However, unfunded mandates continue to challenge DMH's daily operations and its ability to effectively respond to the behavioral health needs of the community. These unfunded mandates include i) providing staff resources to complete investigations and examinations as well as provide care management and medical court testimony for an ever-growing number of Assisted Outpatient Treatment (AOT) cases (aka "Kendra's Law") – 186 cases in 2024); ii) providing staff resources to review and report mental health related SAFE Act cases (159 cases in 2024); iii) providing staff resources to complete court ordered psychological competency examinations (117 cases in 2024); and, as of NYS 2021 changes in the law, iv) responsibility for 100% of costs associated with hospital-based restoration services for individuals facing felony charges and deemed incompetent to proceed to trial (in excess of $6 million expended in 2024). DMH receives no funding/revenue to support these mandated services and thus must find alternative budgetary means to provide them. These unfunded mandates have hampered DMH operations for many years and restrict our overall ability to address mission critical matters that demand timely attention.