

Department Name	Mental Health
Account(s)	4310, 4230, 4322

Department Function
The Department of Mental Health (DMH) ensures that adults living with behavioral health challenges receive needed treatment and support services to enhance overall health and quality of life, renew meaningful community connections, and attain lasting recovery. DMH accomplishes its mission and goals through the direct provision of an array of clinical services as well as through the planning for and oversight over a network of community agencies/programs providing services across the age-spectrum via State-aid funding contracts. DMH is divided into five major divisions <u>Clinical Operations Division</u> – Oversees the Behavioral Health Clinic (downtown) and the Mental Health Clinic (jail); conducts mobile crisis services, outreach, and overdose survivor response via the MCT, ACCORD and MOTOR programs; and, provides Assertive Community Treatment (ACT), Medicaid Health Home care management, and peer support/advocacy services. Also advises the Alternative Treatment Court as well as the Threat Advisory Committee (AC-TACT) and provides MH/criminal justice services to include Assisted Outpatient Treatment (AOT), Jail Diversion, and Jail/Prison Re-Entry programs. DMH also provides Single Points of Access (SPOA) referrals for mental health as well as Central Management Unit (CMU) referrals for substance use. <u>Fiscal Operations Division</u> – Oversees the Department’s annual budget development; claims and reimbursements revenue-cycles; state-aid funding and contract management/monitoring; purchasing; and, fiscal data management. <u>Informatics and Technology Systems Division</u> – Oversees the Department’s electronic health record management; clinical data management; research and analytics; as well as local and regional technology systems inter-connectivity. <u>Quality Care Division</u> – Oversees DMH’s quality care and corporate compliance programs; ensures a culture of continuous quality improvement; conducts critical incident reviews; develops and tracks key performance indicators; oversees consumer affairs. <u>Administrative Division</u> – Oversees personnel management; interdepartmental, interagency, and intergovernmental affairs; local system planning and community network coordination.

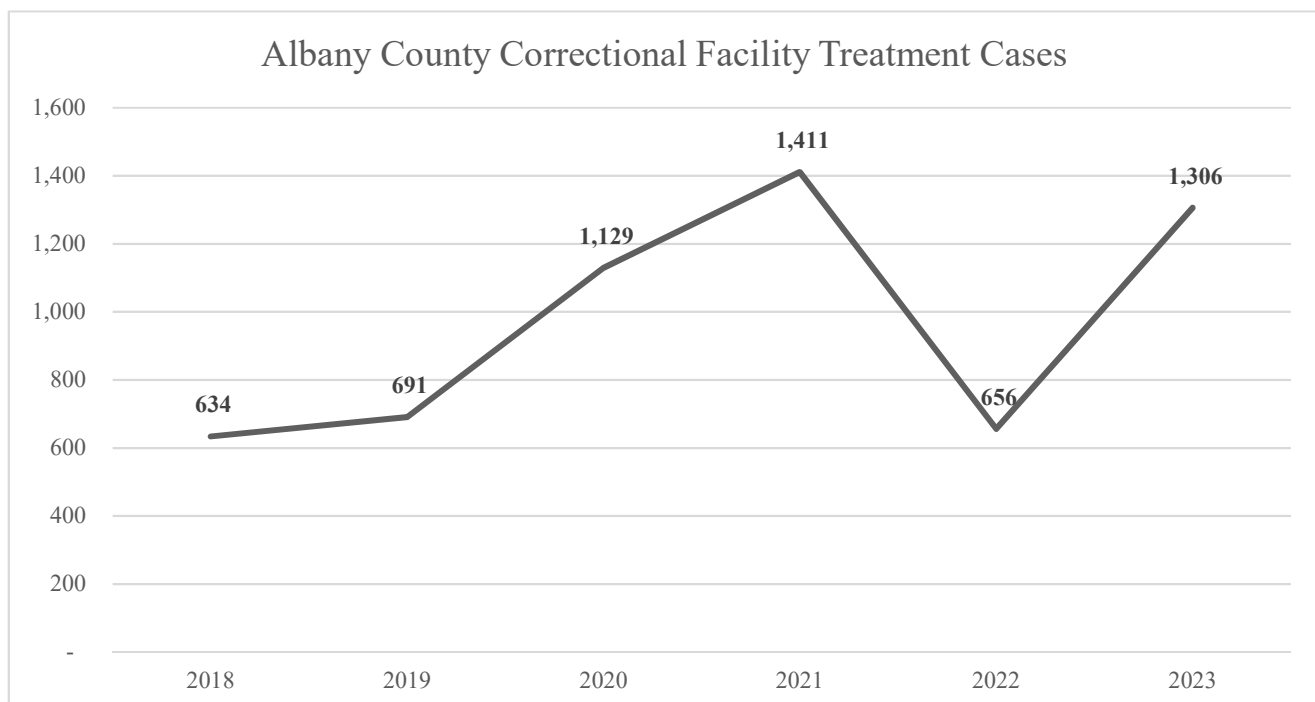
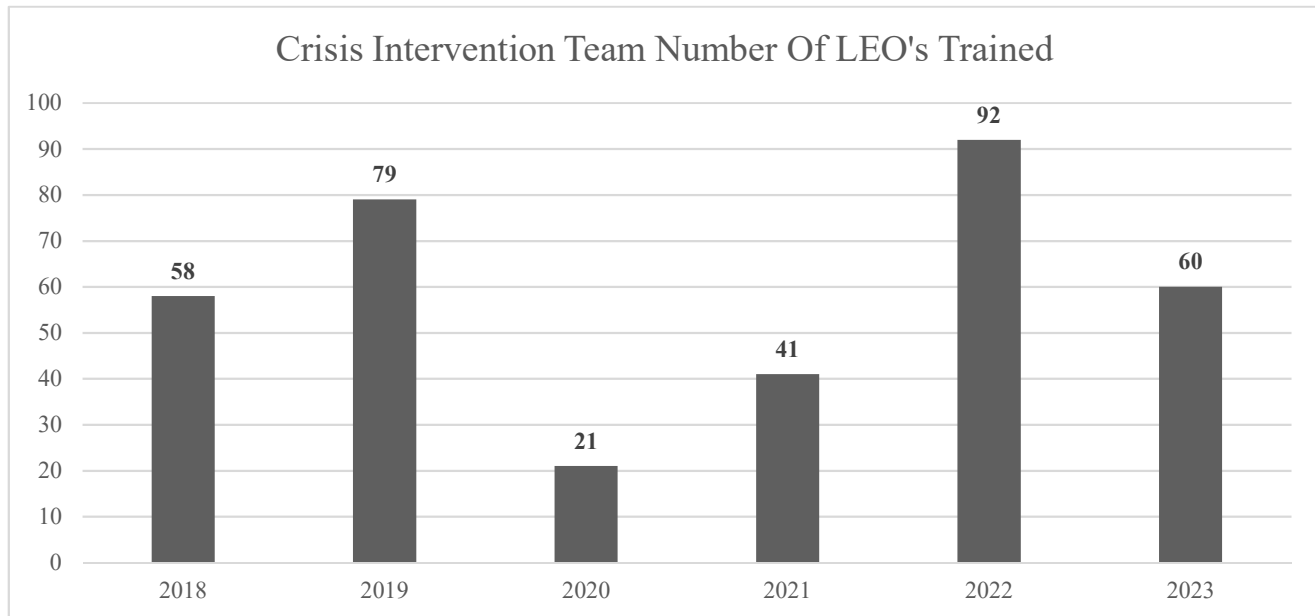
Current Year Highlights
In 2024, DMH continued operational emphasis on its four-fold guiding principles of <u>rapid access to care</u>, <u>minimizing unnecessary involvement with the criminal justice system and/or the hospital emergency care system</u>, <u>addressing overall wellness and social determinants of health</u>, and <u>targeting those with highest need and risk</u>. To that end, the following accomplishments are notable: • Added Special Project Coordinator to manage the disbursement of Opiate Settlement Funds and awarded \$2.3mil in Opiate Settlement Fund Community Grants to 12 community programs (14 awards) to reduce opioid use. • Added behavioral health peer specialists with lived military experience to enhance clinical, crisis and support teams. • Continued offering multiple Crisis Intervention Team (CIT) trainings for local law enforcement partners. • Expanded MOTOR (Mobile, Outreach, Treatment & Overdose Response) program to improve coverage and response. • Oversight of \$18.4 million in State Aid funding contracts encompassing 83 community behavioral health programs. • Added clinical supports to Albany Law Enforcement Assisted Diversion (LEAD) initiative. • Added employment specialist to clinical teams to help those with behavioral health challenges find and maintain work. • Added Special Project Coordinator to focus upon maximizing grant opportunities in behavioral health space. • Continued liaison with Albany County Threat Assessment Management (TAM) team to enhance community safety. • Continue to work with local school districts, along with DCYF, to enhance implementation of mental health curriculum. <u>Vital Stats:</u> 735 treated at outpatient clinic; 1306 treated at jail clinic; 822 MCT field assessments – 60% diverted from hospital; 133 ACCORD field assessments – 56% diverted from hospital; 114 treated in community (ACT & Health Home); 13 non-English speaking refugees /immigrants served; 82 “returning citizens” assisted by prison Re-Entry program; 154 “Kendra’s Law” cases monitored; 849 housing opportunities prioritized and monitored; 354 considered for jail diversion services; 144 SAFE Act reports processed; 332 individuals served by Mobile Outreach, Treatment & Overdose Response (MOTOR) team.

Next Year Projects
• Focus on “street-based” interventions to deliver services to those unhoused and living with behavioral health challenges. • Widen coverage of ACCORD program’s crisis services to additional jurisdictions within Albany County. • Expand DMH’s participation in Alternative Treatment Court (aka Mental Health Court). • Ongoing joint coordination of Opiate Task Force with emphasis on impactful expenditure of opiate settlement funds. • Ongoing joint coordination of Suicide Prevention Task Force. • Ongoing collaboration with local partners/stakeholders with emphasis upon identifying/addressing behavioral health needs of those unhoused, those involved in the criminal justice system, and/or those who are refugees/immigrants. • Explore applications and implications of AI on record-keeping and treatment intervention in the behavioral health space.

Link to Website	https://www.albanycounty.com/departments/mental-health
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Programmatic Highlights



Mental health treatment is a large part of the rehabilitation services provided at the Albany County Correctional Facility (ACCF). Recently, there has been a significant uptick in the number of treatment cases since 2019, in spite of the pandemic. The increase in mental health treatment cases is occurring amidst the backdrop of significant decreases to the average daily census at the ACCF. In other words, the proportion of inmates at the ACCF receiving mental health treatment has grown. The rate of increase year-over-year for inmates receiving mental health treatment is greater than the rate of change to the average daily inmate population.