

## **Office of Mental Health**

Monroe County, New York

Adam J. Bello County Executive Thalia Wright Commissioner, Department of Human Services

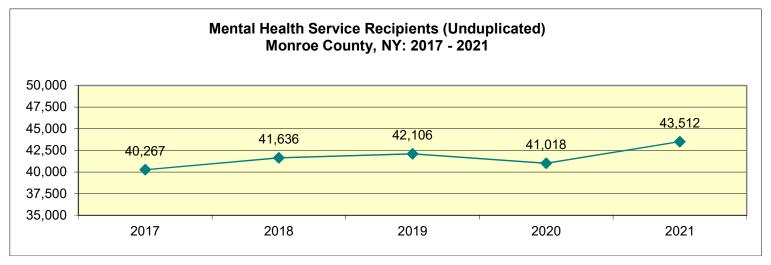
Dr. April Aycock Director, Office of Mental Health

# Mental Health Services in Monroe County, NY

## Monroe County Behavioral Health Community Database

# 2021 Mental Health Summary Report

## (Includes trends for 2017 to 2021)



Prepared by: Monroe County Office of Mental Health

#### Introduction

The **2021** *Mental Health Summary Report* provides an overview of Monroe County's mental health service delivery system, showing trended information for services provided to consumers for the years 2017 to 2021. The data included in this report provide general information about service utilization and the demographic characteristics of consumers receiving services.

The source of information included in this report is the Monroe County Behavioral Health Community Database (BHCD). This database is maintained by the Monroe County Office of Mental Health to support contract management and county-wide planning, evaluation, and performance management efforts. The database contains sociodemographic, program admission, and service utilization data for consumers receiving mental health services at programs that are certified or licensed by the New York State Office of Mental Health or are fully or partially funded by the Monroe County Office of Mental Health. Providers with programs included in the database are listed below:

- Catholic Family Center
- Compeer of Rochester, Inc.
- DePaul Community Services
- East House Corporation
- Hillside Children's Center
- Ibero-American Action League
- Liberty Resources
- The Mental Health Association
- Pathways, Inc.

- Recovery Options Made Easy (formerly Housing Options Made Easy)
- Rochester Psychiatric Center
- Rochester Rehabilitation Center
- Rochester Regional Health System (GMHC, RMHC, Rochester General and Unity Hospital)
- Spectrum Human Services, Inc.
- University of Rochester Mental Health Center/Strong Memorial Hospital
- Villa of Hope

Most providers submit client-level service utilization data to MCOMH on a quarterly basis. The data files are run through several error-checking routines, processed, and added to the BHCD. Data for two adult housing providers (Ibero-American Action League and Spectrum Human Services, Inc.) are pulled directly from the Monroe County OMH SPOA database.

<u>Additional Information</u>: If you have questions about any of the data included in this report, would like to request access to the Monroe County Performance and Contract Management System or would like to request additional analyses, please contact Deb Hodgeman at dhodgeman@monroecounty.gov. This report is available online at the Monroe County website in the department "Mental Health" on the "Statistics and Reports" page at <a href="http://www2.monroecounty.gov/mh-statistics-reports-new.php">http://www2.monroecounty.gov/mh-statistics-reports-new.php</a>

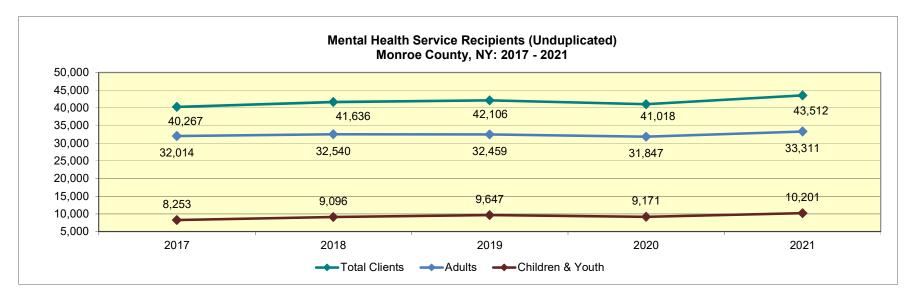
**<u>Report Limitations</u>**: The information presented in this report is critically dependent on the accuracy and completeness of data collection practices at the provider agencies noted above. This report may be useful in raising questions and identifying areas that merit further investigation. In many cases, more detailed follow-up analysis may be required.

The scope of this report is limited to use of mental health services. However, the Monroe County Office of Mental Health Leadership Team will be working with entitites in substance use and developmental/intellectual disabilities service areas in the coming year to develop reports about activity for those service providers.

## **Community Overview**

#### Trends in Number of People Served

The 2021 data show a total of 43,512 individuals received mental health services at the provider agencies included in this report—a 6% increase compared to 2020 figures and an 8% increase when compared to 2017. Children and youth receiving mental health services in 2021 (10,201) increased by 11% from 2020 while Adults receiving mental health services in 2021 (33,311) increased by 4.6% from 2020. When compared to 2017, adults served is 4% higher while children and youth served is 23.6% higher. The trended numbers of individuals served show that the COVID-19 pandemic appeared to impact the ability of individuals to access mental health services in our community.



#### **Demographic Characteristics of Service Recipients**

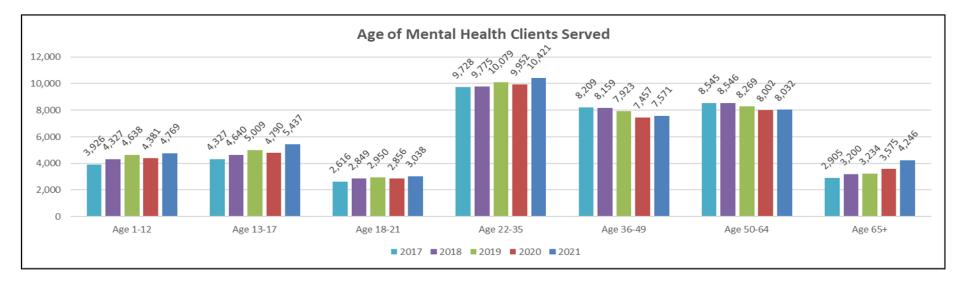
The charts on the following pages show a trended view of key demographic characteristics for individuals served in the last 5 years. Demographics in this data source are dependent on the data collection practices at each of our submitting provider agencies. Information about the processing and storage of each of the demographic characteristics included in this report is noted below.

Age Groups - The calculation for age uses the end of report year as the point of calculation.

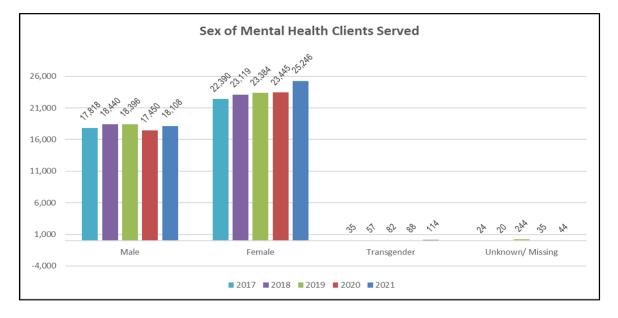
Sex - The values currently captured in this data source are limited to Female, Male, Transgender and Unknown. Our department will be working with behavioral health providers over the next year to transition to ways to collect this data that will be more helpful in identifying the service patterns and service needs based on more specific gender identity categories.

**Race Ethnicity** - This characteristic is a combination of Race and Hispanic Indicator submitted and stored as two separate fields in the database. For the purposes of this report, an individual is only included in one category. If a Hispanic background is indicated, the category assigned is Hispanic. Our department will be working with behavioral health providers over the next year to transition to ways to collect this data that will be more helpful in identifying the service patterns and service needs based on different race-ethnicity categories.

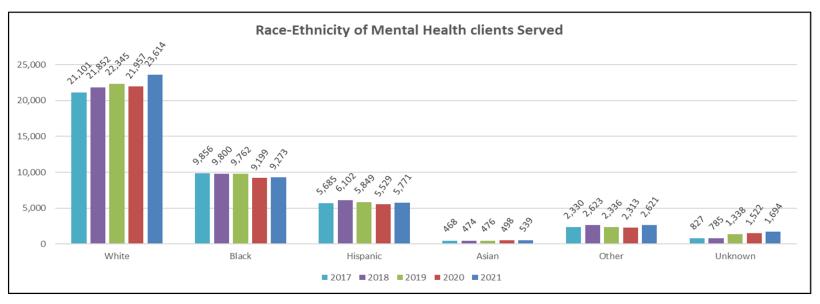
<u>Age Groups</u>: The results show that individuals served in the last five years is increasing at a higher rate for youth under 18 than those in the transition age group of 18 to 21. For other age groups, there are decreases for age 36-49 and age 50-64 but an increase in the 65+ population.



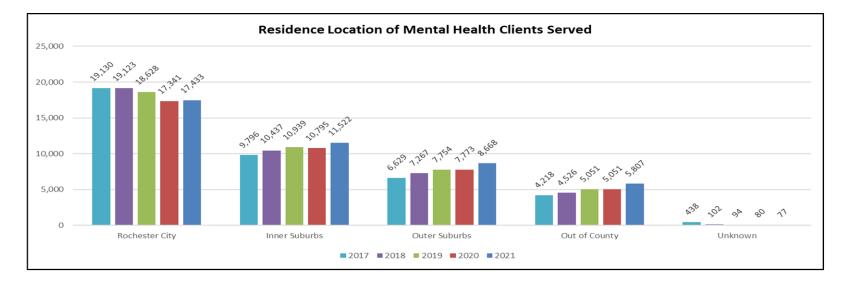
Sex: The results show an increase in the last five years for females using public mental health services.



**Race-Ethnicity**: Results show a decrease in the past five years for use of services by the black population. However, there are increases in the "Other" and "Unknown" category which could be where some additional black individuals are being categorized. The Other category includes "multi-racial" when the Hispanic Indicator does not indicate that ethnicity.

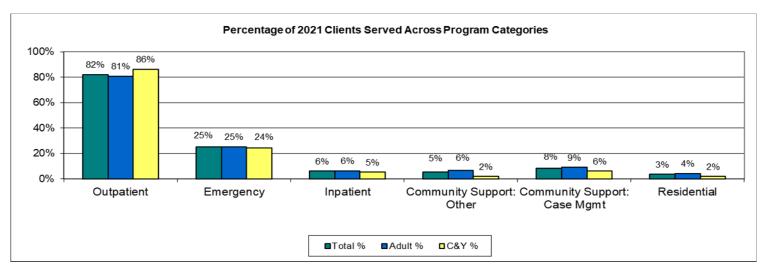


**Residence Location**: Results show a decrease in use of services by individuals living in the City of Rochester with an increase in all other areas.



#### Service Usage by Category

The graph below shows the distribution of individuals served within the Monroe County public mental health system by program category. For example, of the 43,512 individuals receiving services in 2021, 82% received care in an outpatient setting. A table showing the grouping of specific OMH program codes into categories is displayed below the graph. Note that these categories are not mutually exclusive. That is, a client is counted in each program category in which services were received in 2021. Percentages for the Adult population (33,311 served) and the Children & Youth population (10,201 served) are also shown.



#### **Outpatient**

- Clinic Treatment (2100)
- Day Treatment (0200)
- Partial Hospitalization (2200)
- PROS (6340 and 8340)

#### Emergency Services

- ✤ CPEP (3130)
- Crisis Intervention (2680)
- Crisis/Respite Beds (1600)
- Crisis Outreach/Mobile Crisis (1680)
- Extended Observation Beds (1920)
- Family Crisis Support Services
- Home-Based Crisis Intervention (3040)
- ✤ RRH Behavioral Health Access Center

#### **Inpatient**

Inpatient (3010)

#### **Community Support: Other**

- Assertive Community Treatment
- C&Y Family Support
- C&Y Skill Building
- Community Support / Mobile Integration Teams
- Drop-In Center
- East House Affinity Place
- Hope Place (Villa of Hope)
- ✤ MHA Life Skills
- MHA Transitional Coaching and Training
- ✤ PATH at RMHC
- Youth Peer Mentoring (Hillside)

#### **Community Support: Case Management**

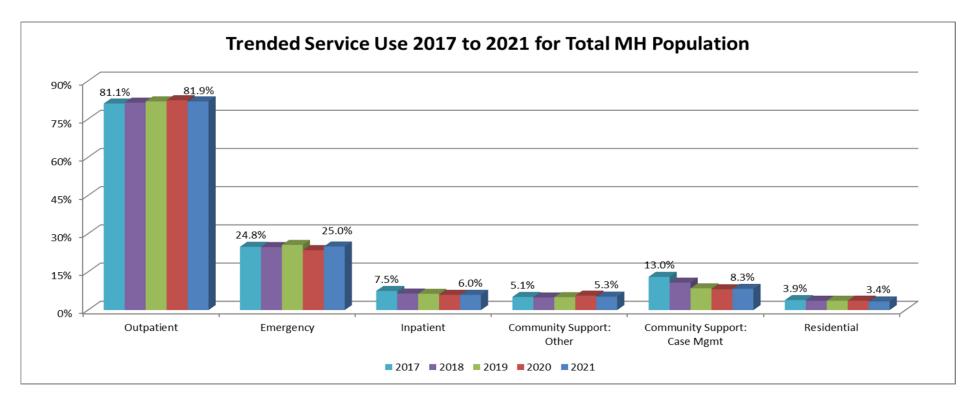
- Compeer One-to-One
- Health Home Care Management
- Home & Community Based Waiver (0230)
- Non-Medicaid Adult Care Management
- Non-Medicaid C&Y Care Coordination

#### **Residential**

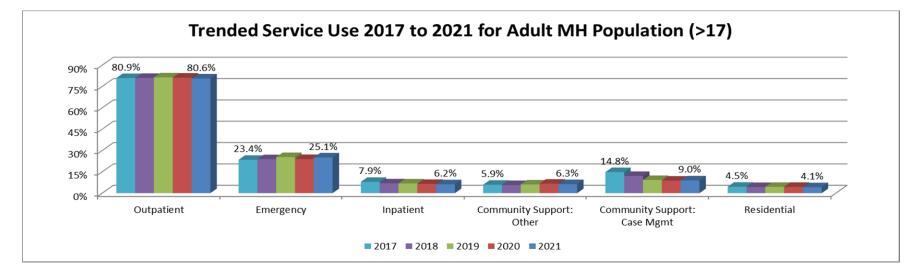
- Elmwood Transitional Residence
- Family Care
- Residential Treatment Facility C&Y
- SRO \$
- Supported Housing
- Treatment/Congregate (Community Residence)
- Treatment/Apartment

### **Trends in Mental Health Service Use**

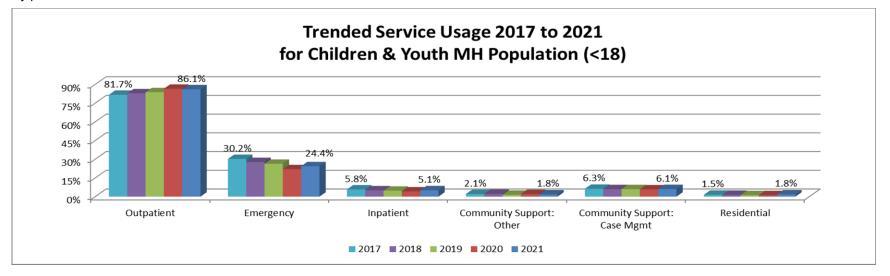
The graph below shows a trended view of the distribution of individuals served within the Monroe County public mental health system by program category for the years 2017 through 2021 for the Total Mental Health Population. The percentages of clients using Inpatient services and Residential services has decreased in 2021 from 2017. This could be a result of reduction in available beds for these services. The percentage of clients using Case Management services has also decreased from 2017. This trend may be affected by clients receiving Health Home Care Management services from one of the many providers not submitting to the data resource. There has been some fluctuation in Emergency service usage with the 2021 level of 25% being the highest ever in this 5 year period. Some fluctuations over years are due to program openings and closings in the Monroe County system of care or agency discontinuation of data submissions to the community database.



Trends in service use in 2017 to 2021 for the Adult Mental Health Population (>17 years old) show similar patterns to the total mental health population in all program categories when comparing percentage of clients using services in 2021 to 2017.

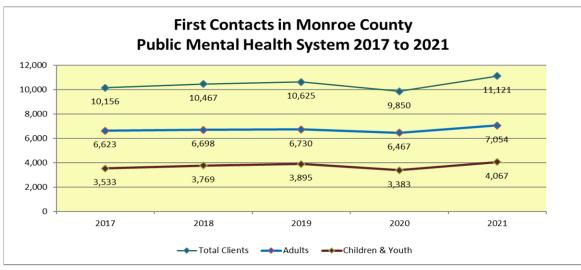


Trends in service use in 2017 to 2021 for the Children & Youth Mental Health Population (<18 years old) show some differences from the total mental health population when comparing percentage of clients using services in 2021 to 2017. Outpatient service use is at it's highest point in this 5 year period while the percentage of children and youth using Emergency services was showing a steady decrease until 2021. This may be partly explained by the lack of new crisis service development for children and youth. Case management usage does not show the same trend as adults due to reporting of C&Y Health Home care management to this data resource being limited to just one community provider.

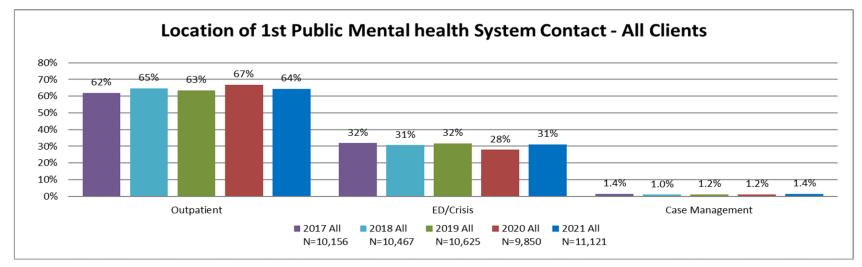


## Entry to Public Mental Health System

Monroe County OMH often reviews analyses showing the program that a client uses to first access public mental health services. The graph below presents the total number of first contacts for each year for the years 2017 to 2021. Note that 2020 had the lowest number of new clients entering the system in this 5 year period.



This graph shows First Contacts for 2017 to 2021 as the percentage of clients entering the Monroe County public mental health system through program categories of Outpatient, ED/Crisis and Case Management. Refer to the section on Service Usage by Category for the lists of specific programs in each category.



The graphs below display the percentage of clients entering the public mental health system through Outpatient, ED/Crisis and Case Management by Age Group (Adults or Children & Youth). The trends show some variation between age groups. When comparing 2020 to 2017, Children & Youth show an increase in percentage accessing the system through Outpatient with a slight decrease in 2021. For Adults, there is some fluctuaion but levels seem to return to 61%. Trends in the ED/Crisis category can be misleading due to ED diversion programs being included in that category and the lack of development of crisis programs for Children & Youth, but both age groups show a higher percentage accessing these services in 2021. Both age groups show a very low percentage of individuals first accessing the system through Case Management which may be an indication that referrals to Case Management come from programs where individuals are already being served.

