Office of Mental Health





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Commissioner, Department of Human Services

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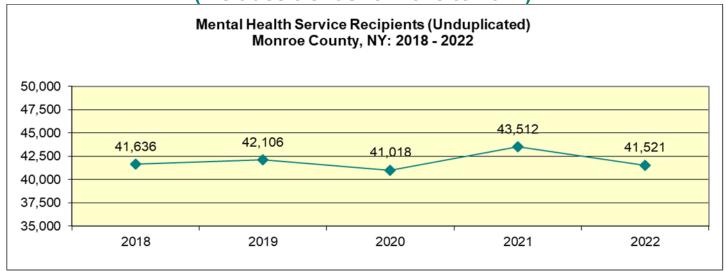
Director, Office of Mental Health

Mental Health Services in Monroe County, NY

Monroe County Behavioral Health Community Database

2022 Mental Health Summary Report

(Includes trends for 2018 to 2022)



Prepared by: Monroe County Office of Mental Health

Introduction

The **2022 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 2018 to 2022. 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.

Additional Information: 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 Christina Laman at ChristinaLaman@monroecounty.gov. This report is available online at the Monroe County website in the department "Mental Health" on the "Statistics and Reports" page at http://www2.monroecounty.gov/mh-statistics-reports-new.php

<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.

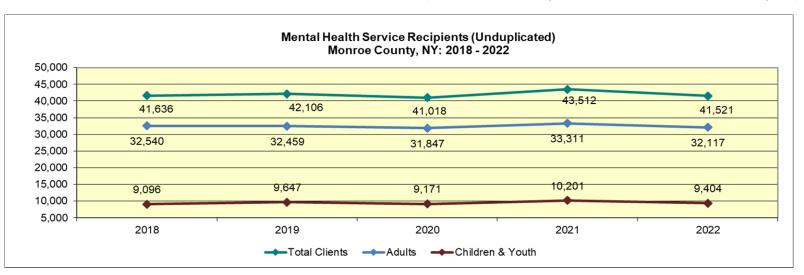
This report does not reflect the use of services by any individuals outside of the agencies listed above. With the addition of new agencies providing services in Monroe County, the Monroe County Office of Mental Health leadership team will work with these entities to encourage them to contribute to the Behavioral Health Community Database. It is also worth noting that additional stressors resulting from the COVID-19 pandemic may have contributed to the increased use of services in 2021.

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 2022 data show a total of 41,521 individuals received mental health services at the provider agencies included in this report—a 5% decrease compared to 2021 figures and a less than 1% decrease when compared to 2018. Children and youth receiving mental health services in 2022 (9,404) decreased by 8% from 2021 while Adults receiving mental health services in 2022 (32,117) decreased by 3.6% from 2021. When compared to 2018, adults served is 1% lower while children and youth served is 3% higher. The trended numbers of individuals served show that the number of adults served in the public mental health system in 2022 is at the lowest in this 5 year period.



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.

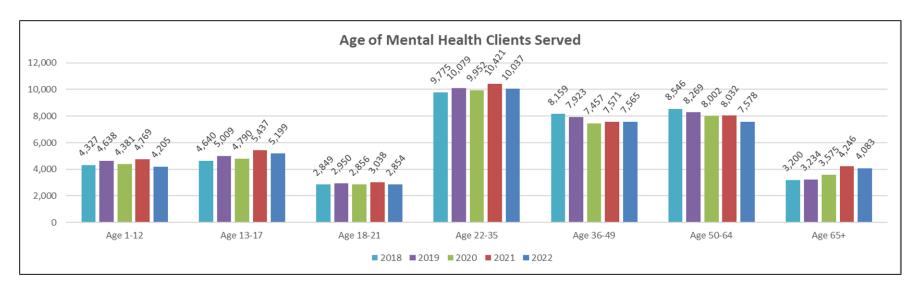
Age Groups - The calculation for age uses the end of report year as the point of calculation.

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.

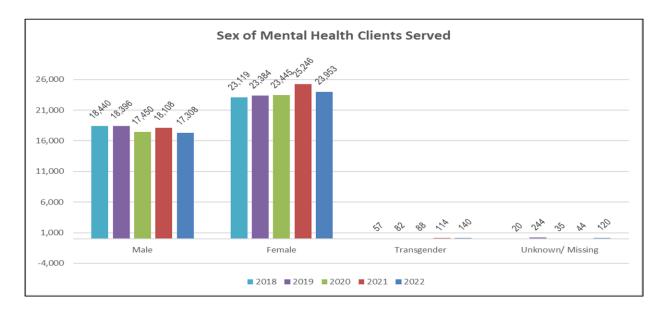
Race Ethnicity - This characteristic is a combination of Race and Hispanic Indicator submitted and stored as two separate fields in the database. For the purposes of this report, an individual is only included in one category. If a Hispanic background is indicated, the category assigned is Hispanic. 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.

Residence Location - The category assigned is based on the most recent residence zip code submitted for an individual.

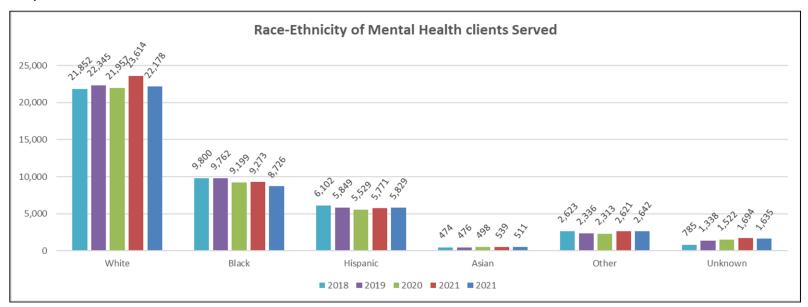
<u>Age Groups</u>: The results show that individuals served in the last five years has fluctuated more for youth under 18 than those in the transition age group of 18 to 21. For other age groups, there are decreases for age 36-49 and age 50-64 but an increase in the 65+ population.



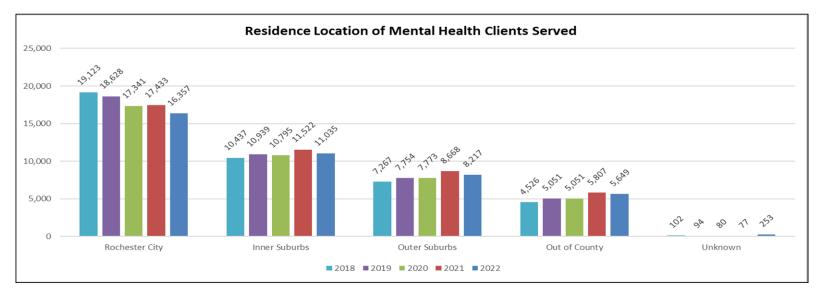
Sex: The results show an increase in 2018 through 2021 for females using public mental health services with a decrease in 2022, though still significantly higher than males.



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.

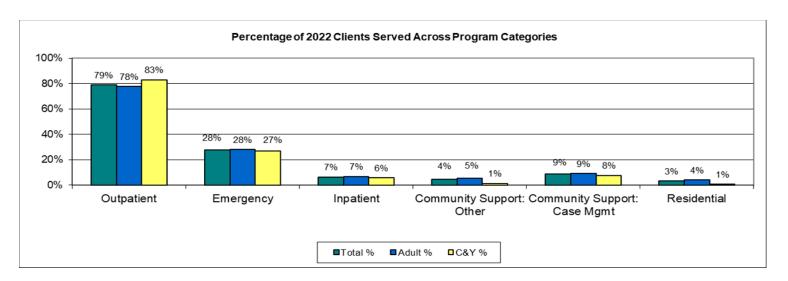


Residence Location: Results show a decrease in use of services by individuals living in the City of Rochester with an increase in all other areas.



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 41,521 individuals receiving services in 2022, 79% 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 2022. Percentages for the Adult population (32,117 served) and the Children & Youth population (9,404 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

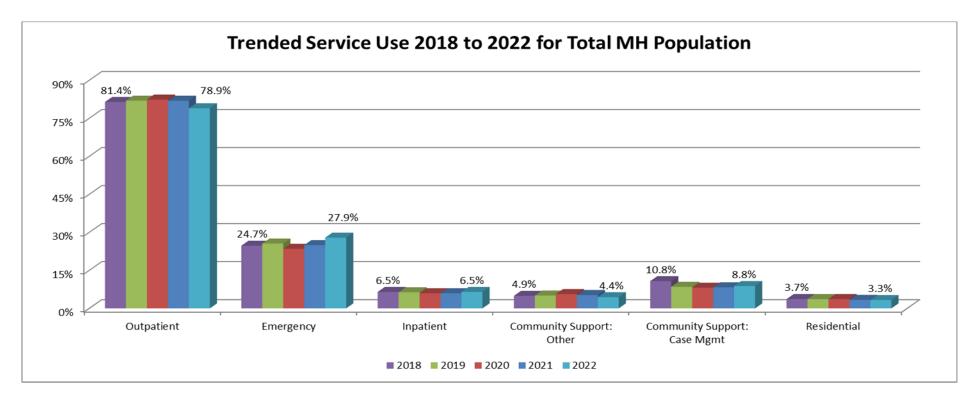
- Compeer One-to-One
- Health Home Care Management
- ❖ Home & Community Based Waiver (0230)
- ❖ Non-Medicaid Adult Care Management
- ❖ Non-Medicaid C&Y Care Coordination

Residential

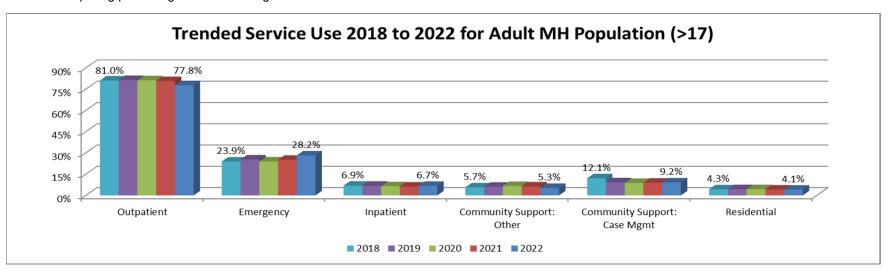
- Elmwood Transitional Residence
- Family Care
- Residential Treatment Facility C&Y
- ❖ SRO
- Supported Housing
- Treatment/Congregate (Community Residence)
- Treatment/Apartment

Trends in Mental Health Service Use

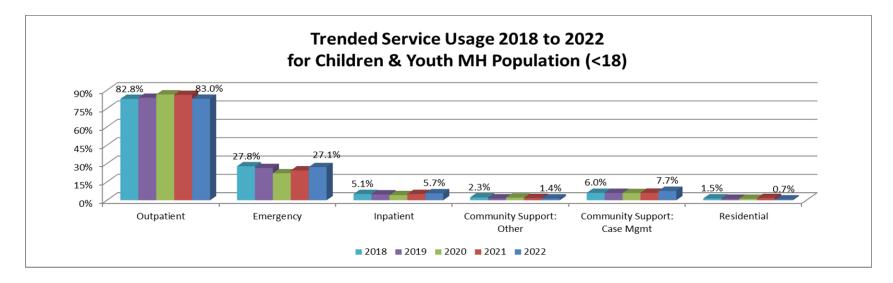
The graph below shows a trended view of the distribution of individuals served within the Monroe County public mental health system by program category for the years 2018 through 2022 for the Total Mental Health Population. The percentages of clients using all service types except Emergency has either remained the same or decreased from 2018. There has been some fluctuation in Emergency service usage with the 2022 level of 27.9% being the highest ever in this 5 year period. Note this category also includes ED diversion programs such as Mobile Crisis and RRH Behavioral Health Access Center. 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 2018 to 2022 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 2022 to 2018.

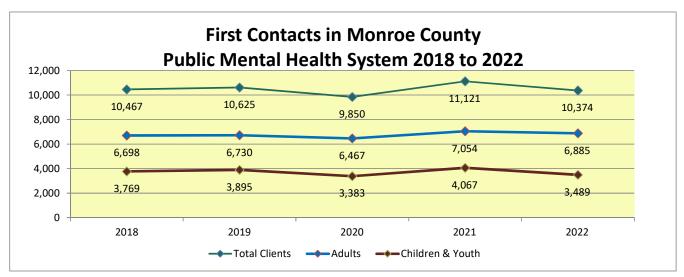


Trends in service use in 2018 to 2022 for the Children & Youth Mental Health Population (<18 years old) show some differences from the total mental health population when comparing percentage of clients using services in 2022 to 2018. Outpatient service use showed an increase until 2021 but decreased in 2022, The percentage of children and youth using Emergency services was showing a steady decrease until 2021, but in 2022 is nearly at same level as 2018. This may be partly explained by the lack of new crisis service development for children and youth.

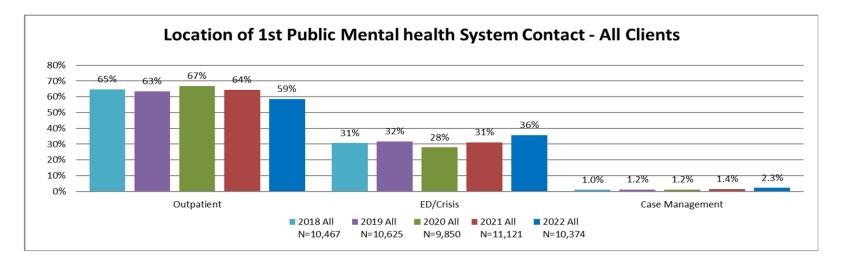


Entry to Public Mental Health System

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 2018 to 2022. Note that 2020 and 2022 are low points during this 5 year period.



This graph shows First Contacts for 2018 to 2022 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 are similar for both age groups. When comparing 2022 to 2018, both age groups show the percentage of clients first accessing the system through Outpatient is at the lowest point ever. 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 2022. 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.

