## Office of Mental Health

Monroe County, New York



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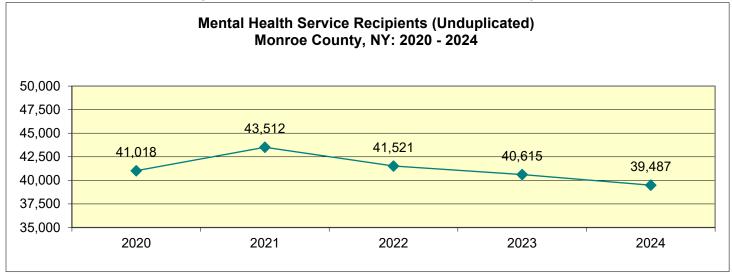
Director, Office of Mental Health

# Mental Health Services in Monroe County, NY

## **Monroe County Behavioral Health Community Database**

## 2024 Mental Health Summary Report

(Includes trends for 2020 to 2024)



**Prepared by: Monroe County Office of Mental Health** 

#### Introduction

The **2024 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 2020 to 2024. 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 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 <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.

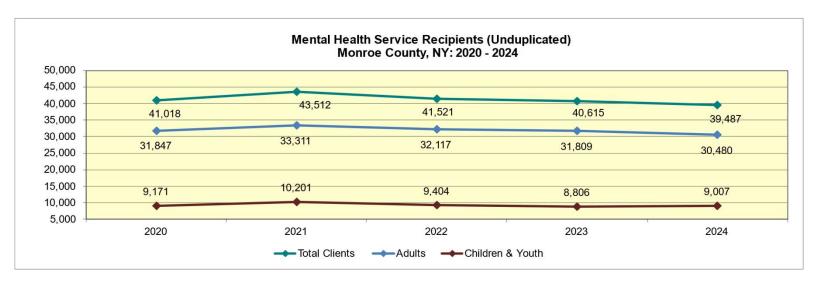
This report does not reflect the use of services by any individuals outside of the agencies listed above. With the addition of new agencies providing services in Monroe County, the Monroe County Office of Mental Health leadership team will work with these entities to encourage them to contribute to the 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 2024 data show a total of 39,487 individuals received mental health services at the provider agencies included in this report—a 2.8% decrease compared to 2023 figures and a 3.7% decrease when compared to 2020. Children and youth receiving mental health services in 2024 (9,007) increased by 2.3% from 2023 while Adults receiving mental health services in 2024 (30,480) decreased by 4% from 2023. When compared to 2020, adults served is 4.3% lower while children and youth served is 1.8% lower. The trended numbers of individuals served show that the number of individuals served in the public mental health system in 2024 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.

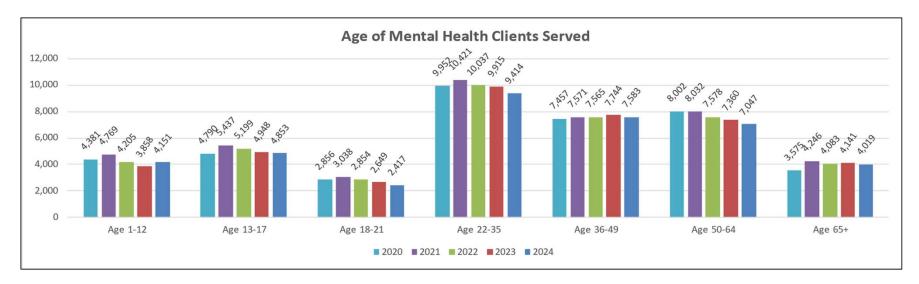
**Age Groups -** The calculation for age uses the end of report year as the point of calculation.

**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.

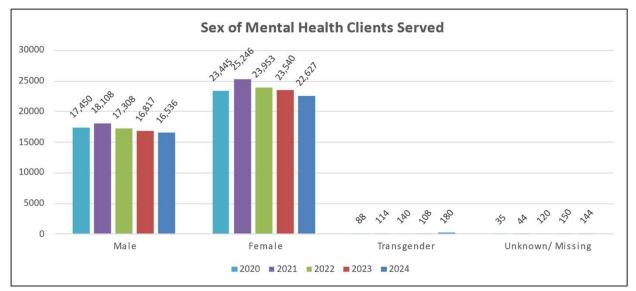
Race Ethnicity - This characteristic is a combination of Race and Hispanic Indicator submitted and stored as two separate fields in the database. For the purposes of this report, an individual is only included in one category. If a Hispanic background is indicated, the category assigned is Hispanic.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

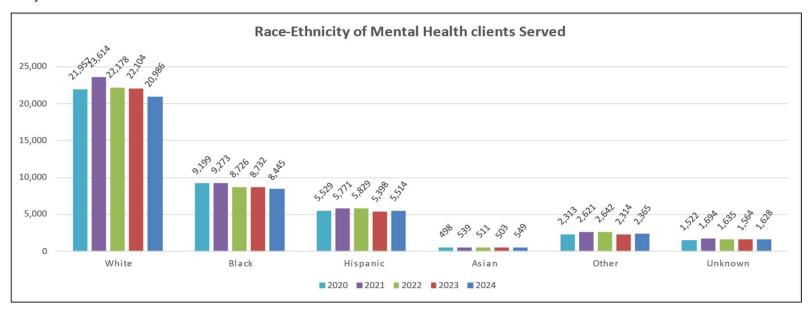
<u>Age Groups</u>: The results show that individuals served in the last five years has fluctuated more for youth under 13 with slight decrease for those 13 to 21. For other age groups, there is a gradual decrease for 50-64 age group while the 65+ population has had very little fluctuation.



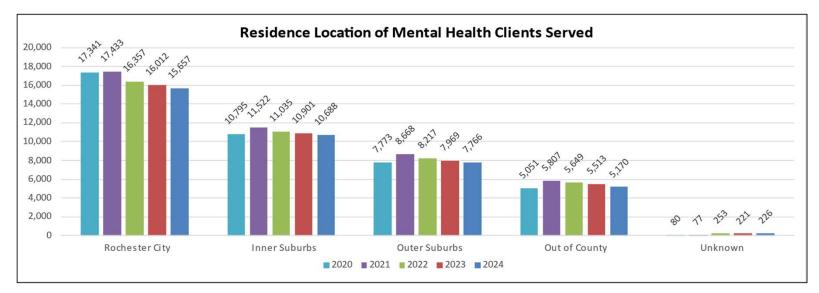
<u>Sex</u>: The results show an increase from 2020 to 2021 for females using public mental health services with a gradual decrease from 2022 to 2024, though still significantly higher than males.



**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.

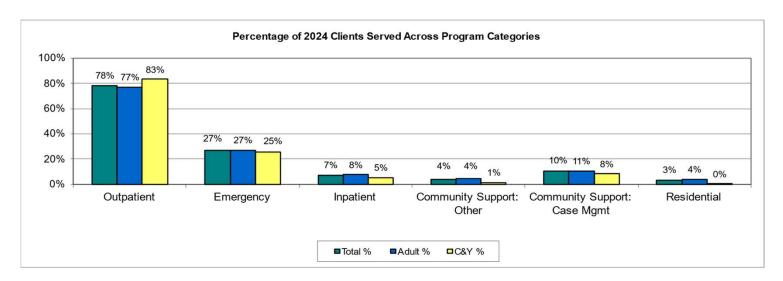


**Residence Location**: Results show a decrease in use of services by individuals living in the City of Rochester with a slight decrease in all other areas.



#### 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 39,487 individuals receiving services in 2024, 78% 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 2024. Percentages for the Adult population (30,480 served) and the Children & Youth population (9,007 served) are also shown.



#### Outpatient

- ❖ Brighter Days (URMC) (2100)
- 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**

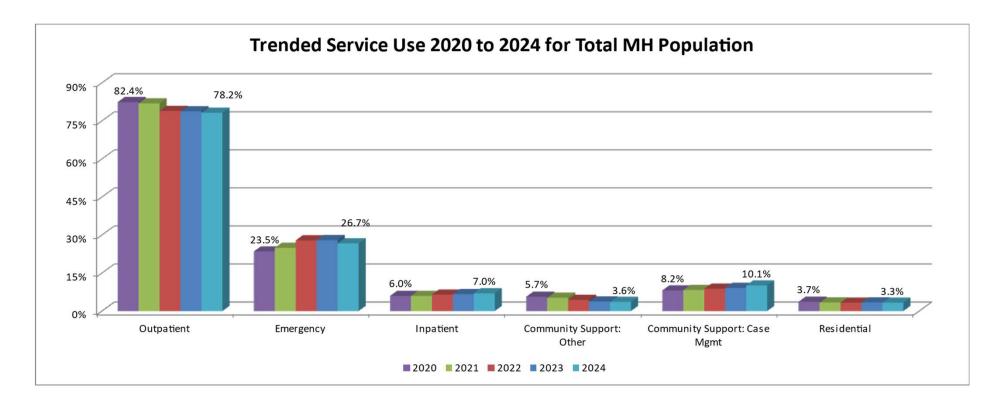
- Compeer One-to-One
- Health Home Care Management
- ❖ Home & Community Based Waiver (0230)
- ❖ Non-Medicaid Adult Care Management
- ❖ Non-Medicaid C&Y Care Coordination

### Residential

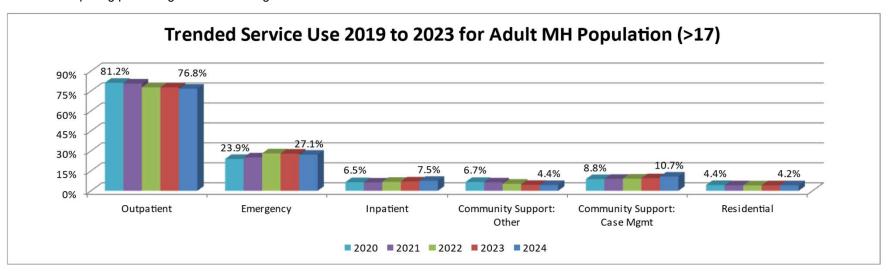
- Elmwood Transitional Residence
- Family Care
- ❖ Residential Treatment Facility C&Y
- ❖ SRO
- Supported Housing
- Treatment/Congregate (Community Residence)
- Treatment/Apartment

#### Trends in Mental Health Service Use

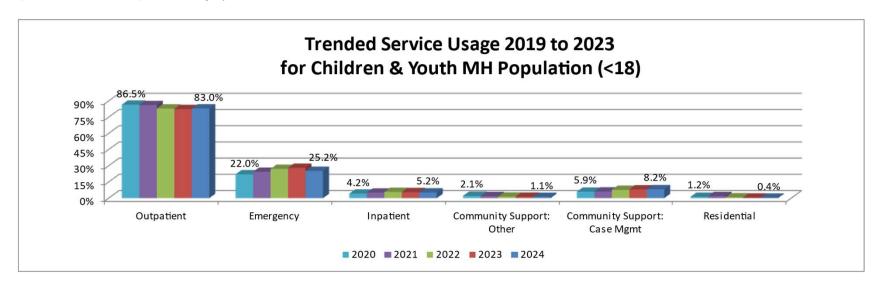
The graph below shows a trended view of the distribution of individuals served within the Monroe County public mental health system by program category for the years 2020 through 2024 for the Total Mental Health Population. Over the past five years, Outpatient services and Other Community Supports have shown a gradual decline in client usage, while Inpatient services and Case Management have experienced steady increases. Emergency service usage rose consistently for four years but then declined from 2023 to 2024. 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 2020 to 2024 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 2024 to 2020.

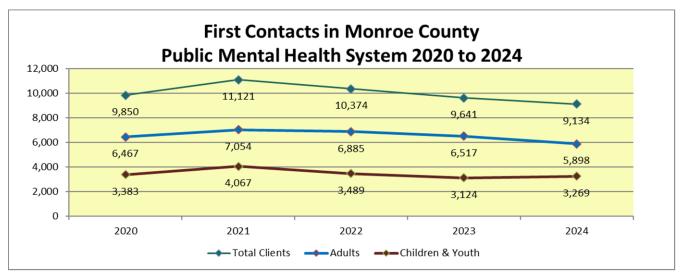


Trends in service use in 2020 to 2024 for the Children & Youth Mental Health Population (<18 years old) show some differences from the total mental health population when comparing percentage of clients using services in 2024 to 2020. Outpatient service use showed an increase until 2021 but decreased to 2024. The percentage of children and youth using Emergency services was showing a steady increase until 2023, but in 2024 has shown a decrease. This could be attributed to the opening of Brighter Days which is captured under the Outpatient category.

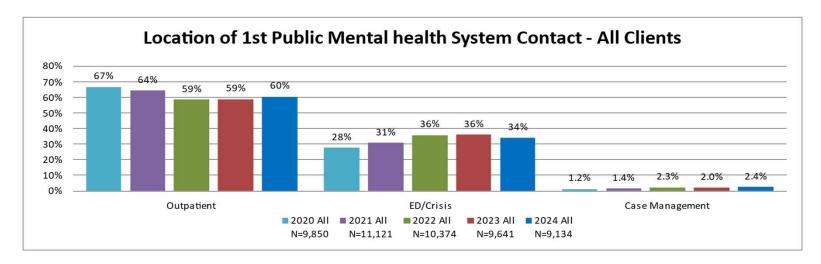


## **Entry to Public Mental Health System**

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 2020 to 2024. Note that there has been a decrease since 2021.



This graph shows First Contacts for 2020 to 2024 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). Trends are similar for both age groups until 2024. For Adults, there has been little change in first-access patterns for Outpatient category and ED/Crisis category services from 2022 to 2024. In contrast, Children and Youth show a different pattern in 2024, with an increase in first access through Outpatient category and a decrease in first access through ED/Crisis category. Trends in the ED/Crisis category can be misleading due to ED diversion programs being included in that category and the opening of Brighter Days for Children & Youth which is captured under the Outpatient category. 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.

