Mental Health Services in Monroe County, NY

Monroe County Behavioral Health Community Database

2012 Mental Health Summary Report

Mental Health Service Recipients (Unduplicated)
Monroe County, NY: 2008 - 2012

Prepared by: Monroe County Office of Mental Health
Introduction

The 2012 Mental Health Summary Report provides an overview of Monroe County’s mental health service delivery system, with specific focus on services provided to consumers during 2012. The data included in this report provide general information about service utilization and the demographic characteristics of consumers receiving services. In previous years, the report included detail comparing data for providers in each mental health program type. The detail has not been included in this document but is available to Monroe County providers in the Monroe County Performance and Contract Management System.

The data included in this report come from the Monroe County Behavioral Health Community Database (BHCD). This database is maintained by Coordinated Care Services, Inc. (CCSI) on behalf of 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 submitting information to this database are listed below:

- Catholic Family Center
- Compeer of Rochester, Inc.
- Crestwood Children's Center
- DePaul Community Services
- East House Corporation
- Hillside Children’s Center
- Housing Options Made Easy
- The Mental Health Association
- Rochester General Health System
- Rochester Rehabilitation Center
- Rochester Psychiatric Center
- Unity Hospital of Rochester
- University of Rochester Mental Health Center/Strong Memorial Hospital
- Villa of Hope

Providers submit client-level service utilization data to CCSI on a quarterly basis. The data files are run through several error-checking routines, processed, and added to the BHCD. This report is based on data submitted for services delivered to clients during calendar year 2012.

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 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 http://www.monroecounty.gov/mh-statistics-reports.php
Community Overview

Trends in Number of People Served
The 2012 data show a total of 34,438 individuals received mental health services at the provider agencies included in this report—an insignificant increase compared to 2011 figures. Children and youth receiving mental health services in 2012 (6,568) increased by 1.9% from 2011 while Adults receiving mental health services in 2012 (27,870) decreased slightly from 2011.
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Demographic Characteristics of Service Recipients
The charts below summarize the demographic characteristics of the mental health service recipient population as a whole.

Diagnoses of Service Recipients
The charts below summarize the diagnosis breakdown for Adults and the Children & Youth population by using the most recent diagnosis for clients served in 2012. Total number of Adults served was 27,870 and total number of Children & Youth served was 6,568.
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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 34,438 individuals receiving services in 2012, 80% 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 2012. Percentages for the Adult population (27,870 served) and the Children & Youth population (6,568 served) are also shown.

Outpatient
- Day Treatment (0200)
- Continuing Day Treatment (1310)
- Clinic Treatment (2100)
- Partial Hospitalization (2200)
- IPRT (2320)
- PROS (6340 and 8340)

Emergency Services
- Crisis Intervention (2680)
- Crisis Beds (0910)
- Crisis Outreach (1680)
- Extended Observation Beds (1920)
- Home-Based Crisis Intervention (3040)
- CPEP (3130)
- Crisis/Transitional Living (1600)
- Family Crisis Support Services

Community Support: Other
- Sheltered Workshop (0340)
- Recreation Mentoring (0610)
- Outreach (0690)
- Psychosocial Club (0770)
- Assertive Community Treatment (0800)
- Family Support Services (1650)
- Advocacy (1760)
- Drop-In Center (1770)
- MICA Network (5990)
- Supported Housing Case Management (6060)

Community Support: Case Management
- Intensive Case Management (1810)
- Supportive Case Management (6810)
- Care Coordination (2720)
- Home & Community Based Waiver (0230)
- Other Case Management (0810)

Community Support: Vocational
- Transitional Employment (0380)
- Assisted Competitive Employment (1380)
- Affirmative Business/Industry (2340)
- Ongoing Integrated Supp Employment (4340)

Residential
- Family Care (0040)
- Residential Treatment Facility C&Y (1080)
- Supported Housing (6050)
- Treatment/Congregate (6070)
- Treatment/Apartment (7070)
- SRO (8050)
- Family Based Treatment (2040)
- Support/Congregate (6080)

Inpatient
- Inpatient (3010)
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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 2008 through 2012 for the Total MH Population. The percentages of clients using Outpatient, Emergency, Community Support Case Management and Residential have increased slightly in 2012 from 2008. The percentages of clients using Inpatient, Community Support Other, and Community Support Vocational have decreased in 2012 from 2008. Some of these fluctuations are due to program openings and closings in the Monroe County system of care. Some key program changes during this 5 year time period include conversion of vocational programs to Personalized Recovery Oriented Services (PROS) at several providers; discontinuation of children's clinic services at Unity Hospital of Rochester, opening of Steve Schwarzkopf Clinic and Elmwood Transitional Residence at RPC.
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Trends in service use in 2008 to 2012 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 2012 to 2008. Increase in Outpatient service use for Adults is slightly higher in 2012 from 2008 when compared to the total population.

Trends in service use in 2008 to 2012 for the Children & Youth Mental Health Population (<18 years old) show some differences than the total mental health population when comparing percentage of clients using services in 2012 to 2008. Outpatient service use is at its lowest point in this 5 year period and percentages of children & youth using Emergency services, Community Support Case Management and Community Support Other have increased more significantly than the total population. Note that Cayuga Centers children & youth clinic activity is not available in this data.
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 2008 to 2012.

This graph shows First Contacts for 2008 to 2012 as the percentage of clients entering the Monroe County public mental health system through program categories of Outpatient, ED/Crisis, and Community Support: Other. Refer to the section on Service Usage by Category for the lists of specific programs in each category. In 2012, the percentage of clients accessing the system through Outpatient is at its lowest for the five year period and percentage of clients accessing the system through ED/Crisis programs is at its highest.

Location of 1st Public Mental Health System Contact - All Clients

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The graphs below display the percentage of clients entering the public mental health system through Outpatient, ED/Crisis and Community Support programs by Age Group (Adults or Children & Youth). The trends show some variation between age groups. When comparing 2012 to 2008, Children & Youth show more pronounced differences in percentage accessing the system through Outpatient. While the percentage of clients with first contacts in Outpatient decreased by 3% in 2012 from 2008 for the total mental health population and increased by 1% for Adults, the percentage decreased by 11% for Children & Youth. The change for Children & Youth may be a result of the closing of Children & Youth clinic services at Unity and the absence of clinic activity from Cayuga Centers. The change in percentage of clients with first contacts in ED/Crisis services and Community Support also shows some variation by age group.
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Mental Health Compared to Chemical Dependency

The main source of data for this report is the Monroe County Behavioral Health Community Database (BHCD) which is limited to mental health services. Monroe County also funds services for chemical dependency. The graph below uses aggregate data available through NYS OASAS data systems to compare the percentage of clients receiving MH and CD services by age group.

Note: Chemical Dependency clients include 18 years olds in the Children and Youth age group.

The graph below shows the percentage of clients receiving MH and CD services by ethnicity.

People receiving behavioral health services during 2012 by age group

- Mental Health (N=34,438)
  - Children and Youth (<18): 19%
  - Adults: 81%
- Chemical Dependency (N=12,269)
  - Children and Youth (<18): 6%
  - Adults: 94%

People receiving behavioral health services during 2012 by ethnicity

- Mental Health
  - White: 51%
  - Black: 25%
  - Hispanic: 13%
  - Other: 3%
- Chemical Dependency
  - White: 54%
  - Black: 36%
  - Hispanic: 10%
  - Other: 1%