

BEHAVIORAL HEALTH NEEDS ASSESSMENT MONROE COUNTY **CRISIS SERVICES AND POST-CRISIS CARE**

When people use crisis services, it indicates that they have not received the type or level of care needed to treat or manage their behavioral health conditions. Large increases in use of the emergency department (ED) and other crisis services over the last 15 years indicate a growing need within Monroe County.

Why Focus Here?

High ED Utilization for Behavioral Health

Concerns: ED usage for behavioral health conditions nearly doubled from 2005 to 2018 in Monroe County. And while the visit rate has receded from that peak, in 2023 it was still 72% above the 2005 level. The Monroe County visit rate has remained consistently higher than the rest of New York State.

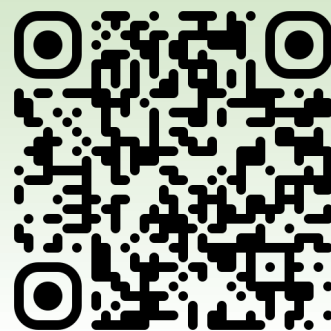
Large Disparities: Black non-Latino residents and those in low socioeconomic status ZIP codes experience especially high ED visit rates related to both mental health and substance use disorders¹.

Repeat Visits Signal Gaps in Care: In 2023, nearly half of individuals with a mental health-related ED visit returned to the ED for additional behavioral health care in the same year. Similarly, 29% of those with a substance use disorder-related ED visit returned to the ED for more behavioral health care in the same year. These repeat visits indicate unmet needs and gaps in care. Return visits to the ED were highest for patients seeking care for intentional self-

This brief is part of a Behavioral Health Needs Assessment completed in July 2025. This is one of six issue briefs summarizing findings.

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harm, followed by those seeking care for personality disorders.¹

Timeliness of Intervention: While there are some after-hours alternatives to the ED, people remain unaware of those resources and how to access them.

Key Opportunities

Expand Use of Outpatient Services & ED-Alternatives:

Recent expansions in outpatient and drop-in centers have helped increase access to behavioral health “urgent care” and reduced ED reliance. Continued investment in these alternative options could prove an effective and more patient-centered approach to crisis care.

Expand Step-Down and Transitional Care Options:

There are few options for patients stepping down from acute care, especially for those with complex or chronic behavioral health needs. Insufficient options lead to repeat crises and ED visits.

Expand Use of Trained Peers and Non-Clinical Supports:

Trained peers and community connectors could be used more extensively for better follow-up support after a crisis. Peers reduce stigma around mental and behavioral health by lending their lived experience to help those in crisis feel more heard, seen and comfortable.

Focus on Holistic, Coordinated Support:

- Strengthening case management and care coordination to facilitate follow-up improves long-term outcomes. This is especially important for patients with barriers related to social drivers of health such as lack of transportation or housing.
- Providers need increased awareness of available programs and services so they can make appropriate referrals and connections for patients.

- Enhanced collaboration is needed to better integrate mental health and substance use services for patients as they are heavily intertwined components of well-being.

Advocate for Equity in Reimbursement:

Behavioral health professionals need to be paid equitably to sustain practices and effectively treat patients. Reimbursing certain services or professionals at lower rates than others hurts workforce retention and limits the variety of services available for those in need.

“[We need] more facilities open with longer hours and more places that are accessible and easy to get to [so you’re] not going to be told ‘you have to call back for an appointment’ or ‘we can schedule you in six months.’”

—Behavioral Health Needs Assessment Advisor

¹ NYSDOH Statewide Planning and Research Cooperative System (SPARCS). Analysis by Common Ground Health.