CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITY,
ALCOHOLISM, SUBSTANCE ABUSE AND
DISABILITY SERVICES
JOINTLY WITH THE
COMMITTEE ON YOUTH SERVICES

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B E F O R E:
ANDREW COHEN
MATHIEU EUGENE
Chairpersons

COUNCIL MEMBERS:
Paul Vallone
Ruben Wills
Corey Johnson
Elizabeth Crowley
Margaret Chin
Laurie Cumbo
Darlene Mealy
David Greenfield

A P P E A R A N C E S (CONTINUED)

Gary Belkin
Executive Deputy Commissioner
NYC Department of Health and Mental Hygiene

Jacqueline McKnight
Executive Deputy Commissioner
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Andrea Goetz
Assistant Commissioner
Clinical and Support Services
NYC Administration for Children's Services

Elisa Dunn
Deputy Director
The Nurse-Family Partnership Program

CHAIRPERSON COHEN: [gavel] Good morning. My name is Andrew Cohen and I am the Chair of the Council Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse and Disability Services. I am pleased to be joined shortly by my colleague, Mathieu Eugene, Chair of the Youth Services Committee, with whom I am co-chairing this hearing.

Today's hearing will examine the range, quality and availability of services for parents with mental illness, as well as for their children. Additionally, we recognize that while services may be available, they are ineffective unless they are utilized by the individual in need. Therefore, this hearing will also examine the obstacles which may prevent a parent with mental illness from accessing available services.

Life with a parent experiencing mental health problems is challenging and often unpredictable. These families often experience the stigma of mental illness compounding their plight, which can leave them isolated from their extended family and friends, and sometimes even leave children afraid and blamed for their parents' illness.

As a compassionate society, we should all know that mental illness is but another medical condition akin to diabetes, heart disease or cancer and like most medical conditions, mental illness, when properly diagnosed, can be a treatable condition by which the affected individual can live a fully functioning and contributing member of society. Unfortunately, there are still societal stigmas regarding people with mental illness. Nevertheless, as the public becomes more educated, the historically negative connotations of mental illness are dissipating. Recent studies have shown that the key to a positive outcome is early detection and treatment in addition to continued care. The availability of quality individualized and community-based mental health services is vital.

Today's hearing focuses on services that are available for parents with mental illness in particular. It is an especially subtopic within the mental health community. Parents are the primary role models for their children; therefore, a mentally ill parent's access to and engagement in mental health services will have a lifelong effect on their children. I look forward to learning more about the

availability and nature of services in the community, whether these services are adequate and how we can do more to aid both parents and their children.

I would like to expressly thank Kimberly Williams, our new Committee Counsel; Michael Benjamin, our Legislative Policy Analyst and Carilion Francisco [phonetic], our Financial Analyst for their hard work on today's hearing and I want to acknowledge that we have been joined by Council Members Vallone and Wills.

[Pause]

CHAIRPERSON COHEN: Good morning. Would you raise your right hand? Do you swear and affirm the testimony you're going to give before this committee shall be the truth?

DEPUTY COMMISSIONER BELKIN: Yes, I do.

CHAIRPERSON COHEN: Thank you very much.

DEPUTY COMMISSIONER BELKIN: Good afternoon, everyone. Good afternoon, Chairman Cohen and members of the committees. My name is Gary Belkin and I'm the Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. I am privileged to be joined here today at the table with

my colleagues from the New York City Administration for Children's Services: Jacqueline Martin to my left, Deputy Commissioner for the Division of Preventive Services and Andrea Getz to my right, the Assistant Commissioner for the Office of Clinical Practice, Policy and Support. Our division works closely with their agency and their staff and I'm pleased to have them available to answer questions about that specific interface between services serving parents and children at risk in the mental health system.

I want to thank you for the opportunity to testify on the topic of services for mentally ill parents and their children. Our department is deeply invested in supporting all New York City children, adults and families who are affected by mental illness. Ensuring that appropriate services and supports are available for these New Yorkers is a critical issue for the department and our city and a challenging one, as it calls on treating families more holistically and I thank you for calling attention to it.

The importance of children's physical and mental health, as well as that of their caregivers

and families and often the relationship between the two is a top priority for the administration, the department and our Commissioner. As a testament to this commitment, Commissioner Bassett has created a new division of Family and Child Health at the department. This new division works very closely with ours, the Division of Mental Hygiene, to focus better on addressing the health needs of children and their families in a comprehensive way. I'd like to spend just some time today discussing a few of our initiatives, many of which cut across different divisions at the department and that aim to think comprehensively about mental health and affected families.

Now, mental illness, by which term I include substance use disorders and common mental disorders, impacts the lives of at least one in four adults and one in five children under the age of 18 in the United States. In New York City, we estimate there are close to 240,000 adults living with serious mental illness; that is, conditions that involve significant impairment in their daily functioning. The prevalence of serious mental illness is highest among the poorest New Yorkers and unfortunately,

however, many of these individuals are not receiving the treatment they need. Only about 60 percent of New Yorkers with serious mental illness are currently reporting receiving psychiatric care. This prevalence in treatment gap impacts families, especially lower income families. Our most recent child health survey data, for example, indicates that children who have been diagnosed with a mental health condition are more likely than those without a mental health diagnosis to have a parent who describes his or her own mental health as fair or poor, underscoring again how one family member with mental illness is often a signal of potentially broader family struggles with mental illness.

So the department has taken on the family impact of mental illness in several ways. First, we are committed to supporting parents. The department has an array of programs designed to address the mental health needs of young children and support their parents and address issues before they become overwhelming, which is especially important for parents who may have or be at high risk of mental illness. For children under age five, these programs include screening and linkage to mental health

services, individual treatment for mental health conditions and caregivers, parenting classes and training for non-mental health staff that work with families. These services, which reach thousands of New York City families, occur in a variety of settings, including early care and education, primary health care, ACS programs and Family Court.

Family Resource Centers, FRCs, is a particular resource that provides support to families. FRCs are community-based programs that provide individual and group-based services to parents and caregivers of children who have or are at high risk of developing an emotional or behavioral disorder. These centers offer individual, group peer-to-peer support, education advocacy, skill development and parenting support and coaching services. Our FRCs serve over 3,000 families annually and offer innovative and evidence-based programs, such as the Circles of Security Parenting series. This series, which the department implemented in 2013 at FRCs, and also offers at other community-based programs, focuses on successful bonding between young children and their parents or caregivers. When caregivers are coached in these

types of bonding enhancing behaviors, they can improve the likelihood of long-term mental health over their child's lifetime. Since this program can also be delivered by trained peers, we are looking to scale up this high impact intervention and spread its use and availability.

Similarly, the Nurse Family Partnership program, NFP, run out of the department's Division of Family and Child Health, is a nurse home visiting program that focuses on improving the health, well-being and self-sufficiency of low-income, first-time mothers. Through this program, first-time mothers receive in-home support and coaching from health professionals on topics including healthy pregnancy, early childhood development and maintaining a safe and healthy home environment. The New York City NFP also targets some of the city's most vulnerable families, including teens and foster care, women incarcerated on Rikers Island and women in homeless shelters.

While ongoing and early intervening services like those I've just discussed are critical, we also recognize the importance of having mental health resources available when a family member has a

more immediate and time limited mental health need or crisis. The department's Parachute Mobile Treatment Team program offers in-home support from mental health professionals for individuals and their families who are experiencing a mental health challenge. Although these mobile treatment teams do not solely treat individuals who have children or families, there are certainly occasions when they do and these sorts of cases… and these cases… and for these cases, support is provided to the entire family unit. These Parachute programs are adapted to the needs of each individual and family so that an individual can utilize the support systems he or she may already have in place and recover in a familiar and comfortable setting.

The department also recently launched Children's Rapid Access Mobile Crisis teams that provide short-term crisis response and management services to youth under age 18. These teams have been developed to diffuse behavioral and mental health crisis situations and link children and their families to community services as an alternative to emergency room use and to avert hospitalization. The team will respond to referrals within two hours

of a call and they go into homes, schools and other community settings to intervene in crises and follow up with parents and caregivers to improve the family response to and management of mental health crises.

Another service for children experiencing mental illness is the department's school-based mobile response teams. These teams conduct school-wide and individual mental health assessments, make referrals to community-based mental health and other social service providers and engage parents through outreach. Mobile response teams are available to conduct crisis interventions in schools, avert unnecessary 911 calls, offer trainings to teachers and parents and conduct classroom observations to help schools adapt to the mental health issues of students.

In addition to the screening and treatment programs I've just described and because environmental factor have a significant impact on mental health and well-being, the department also supports programs that help families affected by mental illness obtain healthy and secure housing. Access to reliable housing can improve overall functioning and quality of life, enable individuals

to remain engaged in treatment, reduce relapse and hospital readmission rates and decrease stigma by reintegrating individuals into the greater community. The New York, New York Housing program, a collaboration between New York City and the state offers housing for families in which the head of household has a serious mental illness.

Finally, the operationalization of managed behavioral health care for Medicaid beneficiaries will include an ambitious set of changes to bring comprehensive psychosocial supports, as well as treatment services to children and their families. The department has been and will remain closely involved in assuring that the implementation of managed behavioral health care advances that intended goal of comprehensively considering the needs and meeting the needs of families.

The programs I've touched on today represent just some of the resources the department provides to help reduce the burden of mental illness on New York City children and their families. We look forward to working with the Council to continue to develop and expand approaches that meet these needs of families as a whole. Thank you for the

opportunity to testify today and I and my colleagues would be happy to answer any questions.

CHAIRPERSON COHEN: Thank you for your testimony and I'd like to acknowledge that we've been joined of the Chair of the Health Committee, Council Member Johnson. I do have some questions, but I'm going to defer to Council Member Vallone.

COUNCIL MEMBER VALLONE: Good afternoon, Commissioner. Thank you for coming, Executive Director. The services that you listed, quite impressive, but for me, personally, sometimes I'm learning and seeing things for the first time. So for example, like the Family Resource Centers. How are those distributed and utilized throughout the city? Is that by community; by district? How are they operated?

DEPUTY COMMISSIONER BELKIN: Yes, we have nine centers. I believe there are two in each borough, although there may be one in Staten Island. These are real resource centers for parents and are mostly supported and staffed by peers, so parents who've already… who have had some lived experience with mental illness, either in themselves or their families, and so they become coaches and educators

and help parents access resources, information, linkages and in a particular example I cited, actual interventions in coaching parents who are distressed in more healthy parenting.

COUNCIL MEMBER VALLONE: Which community groups do you find interact most with these resource centers and how can we facilitate additional providers that are also doing the same thing that try to make this a larger approach to the parents so they know this is where they can go?

DEPUTY COMMISSIONER BELKIN: Yeah, I think the… we're early in the life of these programs and I think we recognize both a desire to scale up the number of parents that they reach and the awareness of potentially… of parents might benefit from this resource, [background voice] to be more familiar with them and to also understand which sorts of services are especially sought and might be most impactful. So this is… your question is actually a question that we're now asking now that we have some years under our belt with these programs and so I'd like to give you a more precise answer, but I think that's the right question; where we've been impactful and what are we finding the parents are really needed

and what roadblocks are we running into in meeting those needs.

COUNCIL MEMBER VALLONE: I think that'd be something we could explore and probably quickly help. I think all of our council members could easily access the groups that we're dealing with now and the parents that are reaching out. QUAC comes to mind, who's working with autistic children, who's overwhelmed with the demand for the parents who are facing; the children are facing, so I think this is something we can start to I guess rather promote and expand I think because there's definitely a need as we see as the children unfortunately the numbers keep rising. Following that, I think we had a joint hearing a few months ago and I know Council Member Ruben Wills and I had introduced a bill called DTAP, which was a Disability Tracking Assistance Program and it went through one of the Public Safety hearings and it was overwhelmingly supported at that time. It's still pending, but I'd like to maybe have your agency take a look at it and what we were thinking of there was a way to finally reach out with children with all disabilities for parents to opt to have a tracking device of any type 'cause I know there's

different issues with each one, whether it's a wristband or something in the clothing or something concealed so that if a child were to go missing or at least not be where they're supposed to be, the child could be tracked and to us, and I know Council Member Wills and I introduced that, we had thought that would've been the true way to finally keep an eye on our children when we need… we think they're safe someplace else, whether it's a school or a facility or a doctor's office. Would that be something that maybe you could take a look at and get some feedback on? It was called the Disability Tracking Assistance Program and I think probably we should… we'd love to have your input on that.

DEPUTY COMMISSIONER BELKIN: Sure, we'd be happy to… I'm not familiar with it, but we'd be happy to learn more about it.

COUNCIL MEMBER VALLONE: Okay and is there anything else that I guess that you see with a rise in the disabilities of course, the Board or the most call for need to your agency at this point with children with disabilities? Is there anything that's increasing at a more alarming rate than others?

DEPUTY COMMISSIONER BELKIN: I'm not sure about trends of specific conditions, but I think what we're starting and it actually is probably my answer to your first question is in my arrival to this position is really relooking at how well we know the impact that we're having. So for example, one of our greatest entry points that at least my division in terms of identifying kids and connecting them to services is with our Early Intervention Program. We're really trying to understand. Are we reaching… we know what our numerator is, but you know, what's the denominator and what do we have to do to match those up more tightly? It's not the way we've as robustly looked at a lot of the work that we support, but we really want to head in that direction.

COUNCIL MEMBER VALLONE: Well, I'm really interested in these Family Resource Centers and what we can do to expand their use throughout the entire city, so I'll look forward to your…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Well, we'd love to have ideas to share with you about strategies to do that 'cause this is I think a really good

direction for us to move in, especially this peer led aspect is very powerful.

COUNCIL MEMBER VALLONE: Thank you. Thank you, Mr. Chair.

CHAIRPERSON COHEN: Again, thank you for your testimony. In terms of the… in your testimony you talked about a treatment gap and I wonder what you think are some of the barriers versus you know, I mean where is Medicaid failing and how… why is this… what do you think contributes to this treatment gap and how do you quantify it? How do you know it exists?

DEPUTY COMMISSIONER BELKIN: Yeah, so the treatment gap I was referring to is specifically in this test, I was referring to our own data where we ask people if they either have or have been told they have a significant mental disorder. We then ask them if they've received care for it and you just see… and this is found nationally and internationally that a large percentage, often a plurality, if not a majority, do not get care for… do not receive care for these disorders and there are many different reasons and they may differ by their condition or subpopulation, but in general it's we don't make

access easy. You sort of have to seek it yourself and often it's an effort and it's not abundantly clear where to go for help. So a lot of the programs that I've described are meant to bridge to help make that connection and we are, as you know, very deeply involved in trying to realize the promise of managed Medicaid to be more robustly capable of providing a broader scope of services, but by doing that, bring more people in to the treatment system. Often, the initial point of contact that brings people into care is contact through other sorts of related services that managed Medicaid will now cover and this is particularly true when it involves younger children and people of younger age that often where a hardship of the disorder meets trying to get help is around these other associated services, so bringing all those things under one tent is an opportunity to try to broaden access overall.

CHAIRPERSON COHEN: I guess what I was just wondering… maybe I misunderstood your testimony, but I was just wondering if there are socioeconomic factors. I think you know, a failure to access treatment is sort of universal to people with mental illness. Like there's you know, I think a lot of

people don't get any treatment who have mental illness, regardless of socioeconomic status. I don't know if you think it's particularly acute in certain populations. Do you think that there's something about Medicaid that's failing people in that regard? I was just curious.

DEPUTY COMMISSIONER BELKIN: There's absolutely a socioeconomic gradient. One of the largest predictors of getting care for what you need or not getting care for what you need is socioeconomic position. We have been starting to map some of these access issues by geography, so neighborhoods and communities who are either accessing care much later in their illness or who report being less likely to receive care and this is definitely a huge part of the department's agenda for health overall is how do we understand these neighborhood specific and race and income specific barriers and how can we push the system to close those gaps, either in how we design care so it's much more readily accessible, but also how we move other areas of policy to enable people to overcome some of these social determinants to access care and to be seen sooner.

CHAIRPERSON COHEN: Regarding the FRCs, could you just explain a little bit about how they work structurally? Are they contracted for services? Are there services administered directly by the agency?

DEPUTY COMMISSIONER BELKIN: These are contracted for, so we manage the contracts and we set the program content and goals and I don't know… I don't… I can't recall offhand the specific community-based organizations that we work with. I can get that for you, but it is… yeah.

CHAIRPERSON COHEN: Do you know anything about the staffing levels and the number of people served there?

DEPUTY COMMISSIONER BELKIN: I think I mentioned the three… was that the 3,000 figure of approximate annual touches per year. How that differs by site, I don't know. I can get that information for you as well.

CHAIRPERSON COHEN: And do you know anything about the staffing levels?

DEPUTY COMMISSIONER BELKIN: Not offhand.

CHAIRPERSON COHEN: Well, I would appreciate it if you'd get the information and…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Sure.

[crosstalk]

CHAIRPERSON COHEN: Follow up with us on that. I have a similar question regarding NFP. Is that… that's also contracted services?

DEPUTY COMMISSIONER BELKIN: Correct. We actually have the director of our NFP program from the department here if you want to ask that specifically.

CHAIRPERSON COHEN: Yeah, I'd appreciate it.

DEPUTY COMMISSIONER BELKIN: Okay.

ELISA DUNN: [off mic] Yes, hi.

CHAIRPERSON COHEN: Please introduce yourself.

ELISA DUNN: Hi, I'm Elisa Dunn. I'm the Deputy Director… we currently serve approximately 1,700 families throughout the five boroughs.

CHAIRPERSON COHEN: These are contracted for services?

ELISA DUNN: The program is run through the Department of Health, the New York City Department of Health. It's a program that comes from

a national organization. The Nurse-Family Partnership is based in Denver, Colorado. We have a contract with them to provide Nurse-Family Partnership in New York City and we have four of our own DOH staff teams of eight nurses each. In addition, we have subcontracts with other agencies who provide Nurse-Family Partnership under us; for example, the Visiting Nurse Service of New York in the Bronx, SCO Family Services in Brooklyn, et cetera. That's how we have spread throughout the boroughs.

CHAIRPERSON COHEN: And these are regardless of Medicaid eligibility that you provide these services?

ELISA DUNN: Correct. The program is free to the clients; however, we do have a LHCSA license, Long-Term Service Care Home Agency license, so we can bill Medicaid for targeted case management and the nurses do in fact bill for each visit. It's a very small part of our income unfortunately.

CHAIRPERSON COHEN: Dr. Belkin, I think I'm coming back to you in terms of like the Parachute Mobile Treatment team. Do we know, again, approximately how many people are served by this and

do we have any kind of how we measure outcomes of those interactions?

DEPUTY COMMISSIONER BELKIN: Yeah, so there are two components to Parachute. One is a crisis respite, so it's actually a place for people to stay in the midst of a crisis. Another is this home-based mobile outreach and since the program's been around we've… those combined we've served I think about 700, 800 people, so…

CHAIRPERSON COHEN: [interposing] You said 700 or 800?

DEPUTY COMMISSIONER BELKIN: Correct. So these are folks with very intense needs and get very intense and ongoing response. What we've done, and we're still at a preliminary stage of this, is to try to look at the degree that that intensity has realized the hope of deferring other acute care costs so that this investment in mobile outreach and short-term crisis residential support does indeed keep these high need folks out of hospitals and emergency rooms and becomes a cross benefit investment. We're also… you know, in this and several of these programs that I've brought together on my testimony really reflect two sorts of things that are worth being

aware of. One is they're the kinds of services that we're wanting the systems as a whole to take on through managed Medicaid. They're the kinds of those wraparound support opportunities that are integrated with treatment itself that we're really pushing for everyone to have access to. And so in some ways we become a bit of a testing ground on things like this and Parachute is a perfect example of that and we're really purposefully looking to how do we transition this constellation of services to be more than a one off demonstration and actually be something that's adopted by the system. The FRCs, the Nurse-Family Partnership are all reflect… the Circle of Security Intervention are also all reflective of the degree; the real power of realizing that a lot of mental health skills; a lot of mental health treatment components can be delivered by non-specialists; can be delivered by other parts of the system, even by peers and so we're looking for ways to showcase, especially as we come closer to changes again in Medicaid, that that can be the new normal, okay? It's not just the you know, projects that we have sort of funded to hit very target populations, but

actually can be the way we really address for example, your access question. [background voice]

CHAIRPERSON COHEN: Well, again, I guess obviously if it's not Medicaid eligible, it's the… applicability is going to be somewhat limited, so in other words, an encounter with the Parachute Mobile team or the Rapid Access are not going to be Medicaid events?

DEPUTY COMMISSIONER BELKIN: I'm sorry?

CHAIRPERSON COHEN: The Parachute Mobile Treatment team or the Rapid Access Mobile Crisis, if someone has… if those services are accessed, is that a Medicaid…

DEPUTY COMMISSIONER BELKIN: Under the current program?

CHAIRPERSON COHEN: Yes.

DEPUTY COMMISSIONER BELKIN: I believe that… you know, I don't know that answer to that question actually. If you're required to have Medicaid eligibility? Or no, I don't think so. [background voice] Yeah, so we take all comers for that program as well, but as I mentioned, and I think this is an important point, a lot of the sorts of services that we're talking about: the family

support services, services in Parachute, will be Medicaid billable services under managed care and so that's a real change in how the sorts of services that we have done through contract or in demonstration have an opportunity to be more sort of part of the larger ensemble of care that more people have access to, and so we're trying to translate our experience in doing these kinds of things the way we've been doing them into how they're most effectively optimally and widely accessibly done under Medicaid. Now, there will always be individuals who are not eligible for Medicaid who live in our city and need these services and we'll continue to be a conduit of resources for that population, but there's really an exciting but important to keep vigilant over opportunity. For a lot of these… let's call them wraparound opportunities to be billable and to be therefore much more accessible.

CHAIRPERSON COHEN: I think that would just go to my final point, as you make also in your statement, that as you know, we've had a previous hearing on Medicaid redesign and it's really important that we make sure that the service

providers are able to continue to provide these services under this new regime and that we are vigilant in making sure that that's happening, that they're functioning and that they're continuing to function so I know we've had a conversation about…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: This is our… this is at the top of my list. This is a huge opportunity, but something we really have to be very thoroughly involved in.

CHAIRPERSON COHEN: Thank you.

[Pause]

CHAIRPERSON COHEN: Alright, so I just wanted to acknowledge we've been joined by Council Member Chin and we were joined by Council Member Crowley and now I'm going to turn the microphone over to Council Member Eugene. Oh, and Council Member Cumbo.

CHAIRPERSON EUGENE: Thank you very much, Mr. Chair. I want to apologize to be late because I had a major commitment in my district and I'm very pleased to be here and thank you to the members of the panel and thank you, Mr. Chair. I just want to present my remarks.

Good afternoon. I am Council Member Mathieu Eugene, chair of the Council's Committee on Youth Services. I was delayed due to an important event in my district and I thank my colleague, Council Member Andrew Cohen… I'm sorry… Andrew Cohen, chair of the Mental Health Development and Disability, Alcoholism, Substance Abuse and Disability Service Committee, for convening this hearing in my absence. Thank you very much, Mr. Chair.

Mental illness in parents do present a risk for children in the family. The children of a mentally ill parents have a higher risk of developing mental illness, substance abuse issues, behavioral disorder and depression. Despite the many challenges that children face when leaving in a home with a parent with mental illness, many children succeed in spite of genetic and environmental setbacks. Success is directly related to service provided for families and children. Effective prevention strategies have increased family stability, strengthened family's ability to meet their children's needs and minimized children's exposure to negative manifestations of their parents' illness.

Today, I would like to, for myself and my fellow committee members, to understand how living with a parent of mental illness affects youth. I hope to learn more about outreach and services that are currently provided to children of parents with mental illness and where there need to be improvement. At this moment, I would like to acknowledge… I know that it has been done already… I would like to acknowledge the members of the committee who are here, but it has been already, so I want to conclude my remarks by saying that it is very important that we from the City, we work together to make sure that we provide the needed services for the children whose parents are affected by mental illness. Mental illness, as you know, is a very important issue because most of the time people don't understand that they are as important as a physical disease. Mental disease are very important as physical disease. Most of the time we go to the doctor because of blood pressure, diabetes and heart disease, but especially in the Cuban [sic] community and immigrant… certain immigrant community, people don't understand the importance of mental disease. I'm very glad that… Mr. Chair, that you convened this

hearing because it is very important that we take the necessary preventive measure to make sure that the children they receive the support and the services that they need to have a normal life, even if they have you know, parents who are suffering from mental disease.

Before I conclude, I would like also to… to thank… my staff and the staff of the Youth Committee, who have worked very hard to make this hearing possible. Thank you very much, Mr. Chair.

CHAIRPERSON COHEN: I believe Council Member Wills had some questions.

COUNCIL MEMBER VALLONE: Just a quick follow-up. We started off by saying working with our services for mentally ill parents; adults; children. You know, we have… all of us are on many committees and it just seems to me we keep having different agencies obviously providing very similar services, so it gets confusing between DFTA and the Department of Health and Mental Services as to who does the initial intake and who's the one that sets up the case management for that. So I… one group that keeps coming to mind is APS, Adult Protective Services and the role I guess APS has with your agencies and the

other agencies. I'd like to be able to I guess wrap my hand around and get a streamline of how the city can best make that first contact when someone calls and says I have a child; I have a spouse; I have a mother or a father or someone who needs… whether it's now suffering from dementia or from mental illness or has a medical disability or someone was born with a disability, one or the other, that the step of the process from that first call and what your interaction; your agency has when that call comes in versus I guess the other agencies and when APS takes over and when they take over from you.

DEPUTY COMMISSIONER BELKIN: So I don't… we're not as involved in the APS chain as maybe other agencies are and certainly in terms of the child protective side, I'll defer to my colleagues here. We have a lot of ways that we interact with them and maybe they can speak to that, but the larger point… so our division is involved in supporting robust treatment services and all of our programs that we contract with have their contracts specified and in our monitoring and surveillance of their performance have to show that their staff both understand, are trained in and properly execute their legal

responsibilities as mandated reporters and identifiers of whether it's children or adults who are protected.

COUNCIL MEMBER VALLONE: Does that fall under a similar case management type of system when a call comes in through your department and how it's maintained and monitored?

DEPUTY COMMISSIONER BELKIN: Right, so any provider in the community who's a mandated reporter who we have a contract with follows the same process that is set not by our department, but by law as to what they then have to do. So it depends on the case; on the age of the person; on the circumstances, which agency's work that then falls under. I'm not sure that the idea of a central point of intake works, given the dispirit sort of situations that might fall under that sort of mandated reporting. But where I do think it's important to try to consolidate, especially where there's a need for mental health services, is the case management part of things and I think there again is the key innovation around Medicaid managed care, which for those who qualify for more intense mental health services, and I can just think about

the mental health part of things, will be mandated to be single point case managed from a health home and I think that can help clarify some of the disarray certainly when it comes to coordinating things that the health care system and some of these wraparound services provide, so I think we're…

[crosstalk]

COUNCIL MEMBER VALLONE: That can be accessible then so when that single…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: We're…

[crosstalk]

COUNCIL MEMBER VALLONE: Point case management then would be accessible to other providers and contractors once the information…

DEPUTY COMMISSIONER BELKIN: [interposing] That is the idea is that the health home is supposed to be… hold the care plan.

COUNCIL MEMBER VALLONE: Well, when is that idea going to come to fruition then? When is that going to happen?

DEPUTY COMMISSIONER BELKIN: Well, it's starting to happen, so health homes are now up and functioning and we're learning a lot about what needs

to happen to help them be effective, but I just want to underscore the point that that will probably just address a subset of the universe of individuals that you're speaking about, so it's those who meet certain… who have a mental health threshold condition and by that, I also include substance use. So that may or may not overlap with the populations that you have in mind and are bringing up here.

COUNCIL MEMBER VALLONE: Well, but it's also I guess with the statistics that we receive from other agencies on this. We'll get the numbers on the increase in calls that are coming through your agency and as to the demands for whether we can handle those calls; what the backlog would be; what's the wait time; whether it's weeks, days, hours for someone to get a response to that call if someone has a child or a disability, so the case management system itself is helpful in that we can find out where to put our resources and on your end I guess for making that one point system, but I think we'd all be very interested in how those changes and under your vision and the agency's vision are going to happen and the timeframe and where do you find the numbers are most demanding at this point.

DEPUTY COMMISSIONER BELKIN: Right, so I can again speak to where the treatment system is going and so again, under these more intensive services under Medicaid is that there will be specified timeframes at times to receipt of referred for services and those sorts of metrics.

COUNCIL MEMBER VALLONE: Are you happy with the contracts that are in place now with those making those…

DEPUTY COMMISSIONER BELKIN: So the contracts… so we're talking about… what we're having a discussion now about is a very wide ranging universe of things, each of which may have different rules and specifications. So I'm not trying to avoid your question, but that's why it's a hard question to answer. So what I have in my mind's eye when I'm answering your question is this population with a mental health condition of such severity that they qualify for getting all these other services…

[crosstalk]

COUNCIL MEMBER VALLONE: Okay.

[crosstalk]

DEPUTY COMMISSIONER BELKIN: That we can hopefully coordinate better through these health home structure, so that's what I'm…

COUNCIL MEMBER VALLONE: [interposing] That's…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Talking…

[crosstalk]

COUNCIL MEMBER VALLONE: That's fine.

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Specifically about. But I think you're asking a much broader question in terms of can we try to triage and make it easier for anybody out there who doesn't know these fine distinctions between whether they fit this category or that category; how we make it simpler for people to just get help and then be reliably and user-friendly connected and I think that's a larger interagency sort of and policy challenge.

COUNCIL MEMBER VALLONE: Well, that's something I think we'd like to help you with; whether we have another joint conference and committee hearing on the different topics and the agencies involved, but I think streamlining the process for

our parents and those who are suffering is probably the best thing we can do as city employees because that's the number one call I get is people just will… the frustration of not knowing where to go and making that…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Yeah.

COUNCIL MEMBER VALLONE: Dreaded 311 phone call and not knowing where they're going to wind up, so.

DEPUTY COMMISSIONER BELKIN: But I can also… so there's also a… so for example, another… in your description there's also a population of kids with developmental disorders.

COUNCIL MEMBER VALLONE: Okay.

DEPUTY COMMISSIONER BELKIN: And so there's a separate version of managed Medicaid for mental health conditions specific to that population, which has an acronym. I believe it's DISCO, which is a similarly designed managed Medicaid benefit, which would also again, enable people to get these wraparound services with a case manager, et cetera. That's a little… in the timeline a little after a lot of the frenzied work now on this adult managed

Medicaid launch, which is expected in April, but we are also deeply involved in the design and advocating for a smart design to DISCO. The issue with that population is that there's much more of a state role in the service availability than there is a city and a local role compared our role and footprint in the mental health and substance use areas.

COUNCIL MEMBER VALLONE: I guess maybe just to wrap up, it might be helpful if… maybe you've done it in the past, but for us to have a breakdown of those different numbers and the different agencies in the contracts that you have so we can see where most of your resources and efforts are to make that wraparound and we can see the different players within the system that you have to work with 'cause I think it'd be better for us to fully understand the different departments and agencies and subcontracts you're working…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Yes.

[crosstalk]

COUNCIL MEMBER VALLONE: With and…

DEPUTY COMMISSIONER BELKIN: You and me both.

COUNCIL MEMBER VALLONE: Thank you very much.

CHAIRPERSON COHEN: Council Member Wills?

COUNCIL MEMBER WILLS: Good afternoon. Deputy Commissioner Belkin, thank you for coming out. You seem really, really informed. It's a pleasure listening to you and not too many get that from us. I just want to let you know that. Most of the questions… well, I have a lot of questions, but a lot of them were already addressed by Council Member Vallone. I wanted to ask you first if the Chair would be alright with me asking you to… offline if I could have a meeting with you and your staff at another point in time to answer most of the questions because I have to go. Alright, that's fine.

DEPUTY COMMISSIONER BELKIN: We're always available to answer any of your questions.

COUNCIL MEMBER WILLS: Right, another good one. So one of the things I'm interested in knowing is in your testimony you said the prevalence of serious mental illness is highest among the poorest New Yorkers, but I don't see any breakout for minorities, so what I wanted to know was is the lower income families is that a shelter word to encompass

minorities or is that a shelter phrase or what are we doing there?

DEPUTY COMMISSIONER BELKIN: I'm sorry, I missed the last part of your…

COUNCIL MEMBER WILLS: Is… when it says lowest income…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Right.

COUNCIL MEMBER WILLS: Families, is that a shelter phrase to encompass minorities…

DEPUTY COMMISSIONER BELKIN: [interposing] Ah, okay.

COUNCIL MEMBER WILLS: Or is there a breakout for minorities also?

DEPUTY COMMISSIONER BELKIN: Right. No, so when we say low-income we mean income irrespective of race and when we use that term it's really by income.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: When you break it up by race it's very interesting and it might vary by condition…

COUNCIL MEMBER WILLS: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: So taking depression, for example, which is the most highly… the largest source of disability in the population period.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: So in New York, it causes more days lost to disability than any other health condition that there is, so we're very interested in how does depression, for example, breakout…

[crosstalk]

COUNCIL MEMBER WILLS: Now…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: By racial…

[crosstalk]

COUNCIL MEMBER WILLS: I'm sorry. When you speak of depression, you're talking about clinical depression?

DEPUTY COMMISSIONER BELKIN: Major depression, yes.

COUNCIL MEMBER WILLS: Major depression, okay.

DEPUTY COMMISSIONER BELKIN: Major depressive disorder.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: And so we drilled down a bit on that and in some of our community health survey and other epidemiologic resources and so we find that there isn't so much a racial difference, but there is a difference in those with that condition let's say who are African American and reporting getting service.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: So there is an access. There is a broader… clearly broader access disparity by race, at least in that instance.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: In addition above and beyond the income disparity and reporting not getting care for a condition.

COUNCIL MEMBER WILLS: Okay, so when we speak of that and the impact to African Americans, we're discussing the entire diaspora 'cause not just African Americans, but Haitian Americans, Guyanese…

DEPUTY COMMISSIONER BELKIN: [interposing] Right, so we don't bring…

[crosstalk]

COUNCIL MEMBER WILLS: Just black Americans.

DEPUTY COMMISSIONER BELKIN: In terms of this self-reported category, so and that says that's what we have.

COUNCIL MEMBER WILLS: And is this self-reported… do you have the stats that would come from people that have private insurance or is this just people that come through the city's…

DEPUTY COMMISIONER BELKIN: No, this is across the board.

COUNCIL MEMBER WILLS: Okay, the next question that I had is intimate partner abuse or intimate partner violence, is that officially part of the mental illness spectrum? Is that officially part of the mental…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Uhm…

[crosstalk]

COUNCIL MEMBER WILLS: Illness spectrum?

DEPUTY COMMISSIONER BELKIN: If by official, you mean a priority for me, then absolutely and it hasn't been so much on our division's radar.

COUNCIL MEMBER WILLS: Mm-hm.

DEPUTY COMMISSIONER BELKIN: Violence in general, community-based violence in general hasn't been as much on our radar and I think it should be. It's related to a lot of other things that we care about, including substance use, but also in interventions that we know a lot about…

COUNCIL MEMBER WILLS: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: In the mental health field that could have an impact on community violence and we want to be good partners with other parts of the system. We are increasingly working with the Mayor's Office of Criminal Justice and other parts of government to try to see how… what we know about behavior change…

COUNCIL MEMBER WILLS: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: Can be at the service of other strategies around community violence. One thing our division has been involved with is the department's role in the Cure Violence work…

COUNCIL MEMBER WILLS: [interposing] Mm-hm. Right.

DEPUTY COMMISSIONER BELKIN: Where we are adding an element of skills to those staff…

COUNCIL MEMBER WILLS: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: In more sophisticated counseling skills that they could use at the street level…

COUNCIL MEMBER WILLS: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: To be effective violence interrupters and so it's that kind of way that I see that we can be value add to this big problem is by not waiting for people to come to treatment in our clinics, but for… can we push out skills; can we push out points of contact to help be part of the solutions.

COUNCIL MEMBER WILLS: So that would've been one of my questions. When Council Member Vallone spoke to you, he asked you questions on the programs and if you had reached out to… when he was talking about the Family Resource Centers and if you have reached out to community-based organizations, I know you said that you were looking at which services were sought the most and you made a statement that

these programs are early in their life span. So there are programs such as Teen WRAP, which I'm sure you're familiar with, and service providers such as CAMBA and different ones who would I think fall into the model of what you're doing because I see that for the last 15 years we've switched to more of a peer-to-peer training type of model. They have done really well with that, especially in points of contact with high schools or troubled young people in schools. What I wanted to ask is do you see yourself sitting down with those providers and building a coalition to develop best practices or…

DEPUTY COMMISSIONER BELKIN: Absolutely and an example I gave you is an example of starting to do that and we need to do more of that and really amplify that as a way of being effective.

COUNCIL MEMBER WILLS: Okay, your Executive Director spoke about the NFP and did she say SCO was one of the providers that…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Yes.

[crosstalk]

COUNCIL MEMBER WILLS: NFP goes through? Okay and I just wanted to make sure. In that

particular model when you're dealing with SCO because they deal with a lot of foster children, what… how do you approach the services given to… it says teens, so I'm assuming these are teens that have not aged out of foster care and teens that have had babies themselves, but what about the foster parents that some of the teens are having trouble with their children and are placed in foster care themselves? What type of services; how are we engaging the foster parents so that while that child is in the foster parents' home, the child can be successful because there's a lot of traumatic experiences that the children are going through; going to visitation and being torn from visitation; going back to the foster parents' home. How are we dealing with that and the foster parents themselves?

DEPUTY COMMISSIONER BELKIN: Yeah, so I think that falls out of the Nurse-Family partnership. So you're talking about not teenage mothers, but teenagers in foster…

COUNCIL MEMBER WILLS: [interposing] No, I'm saying…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: No.

[crosstalk]

COUNCIL MEMBER WILLS: Well, I just used teenagers because I know I've seen that in the testimony…

DEPUTY COMMISSIONER BELKIN: [interposing] Right.

COUNCIL MEMBER WILLS: But the segment of teenage mothers that are in foster care…

DEPUTY COMMISSIONER BELKIN: [interposing] Who are themselves in foster care.

COUNCIL MEMBER WILLS: Who are themselves in…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Got it, got it.

[crosstalk]

COUNCIL MEMBER WILLS: Foster care, have had children and they may have had trouble and their children are now in foster care themselves, so they have visitation and different things like that, but these little babies have a lot of traumatic experiences when they're being torn from a visitation with their mother, who may be going through troubles and are righting their lives to take their children

on a more you know, permanently and they're given to foster parents, but what tools are we equipping the foster parents dealing with the little babies because they have these experiences? What are we doing to equip them to be more successful?

DEPUTY COMMISSIONER BELKIN: I'd turn to… I don't know if you guys…

COUNCIL MEMBER WILLS: And if you don't have the answer, remember we have a meeting set up. We'll be setting a meeting, but I'm just interested in seeing…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Now…

[crosstalk]

COUNCIL MEMBER WILLS: How that engagement is going to go forward.

DEPUTY COMMISSIONER BELKIN: I mean I think in general there's a really you know, breath of fresh air throughout the policy environment in the city now around early childhood; that it's a priority that has fresh attention to it. Our agencies work together in various ways, but we have realized that we really need to escalate that and deepen that connection to build an agenda and cover a lot of

things that may not have been covered so well for that youngest of New Yorkers population.

COUNCIL MEMBER WILLS: Okay, thank you very much, Mr. Chair. I yield my time.

CHAIRPERSON COHEN: Council Member Chin. Oh, I just want to acknowledge we've been joined or briefly joined by Council Members Mealy and Greenfield.

COUNCIL MEMBER CHIN: Thank you, Chairs. I wanted to ask a question in terms of your services that are available for immigrant families and families with limited English proficiencies. How do these families access your service?

DEPUTY COMMISSIONER BELKIN: So all of our contracted services with some exceptions, but most of our contracted services are open to all individuals, irrespective of immigration status, so that we should make that clear and depending on the service, one of the things that we track is multiple language access and the availability of that as a performance expectation. We have… I'm told 500 contracts with 1,000 providers so it's hard for me to just tell you offhand which… you know, the array of the profile of which ones we make that more of a

stipulation than others and what we know about each, but I can get you that information.

COUNCIL MEMBER CHIN: Yeah, I think it would be good for us to know who these contractors are.

DEPUTY COMMISSIONER BELKIN: Yeah.

COUNCIL MEMBER CHIN: So are you saying that in most cases families would access these services through local contractors or CBOs?

DEPUTY COMMISSIONER BELKIN: Right, so these are CBOs. These are providers that we contract services with to provide services and for the most part, the vast majority I would say, if not all, have multi-language access.

COUNCIL MEMBER CHIN: Okay, I mean it would make sense. I mean I just… just in the Asian community, for example, in Chinatown they would go to Charles B. Wang…

DEPUTY COMMISSIONER BELKIN: [interposing] Right.

COUNCIL MEMBER CHIN: The health clinic to be able to access these type of services. So for… I mean for the government agency, in terms of really working with parents and youth, how do you utilize

DOE and also individual schools and the teachers to be a resource to be able to identify a child who might have parents with mental problems or…

DEPUTY COMMISSIONER BELKIN: Yeah, so this is a hugely important topic and a couple things; what we have in place already, but also directions we need to go. So one things we have already in place for a long time as a department is the Office of School Health, which is highly integrated with the Department of Education around a variety of school programs, where we have a specific liaison around school mental health and that has translated into helping support in the school system approximately 400 to 500 schools that have enhanced mental health capacity, either through a mental health clinic or a school-based health clinic that provides mental health specific services. We are currently looking at we think more comprehensively with the Department of Education about not only specific treatment services, which those are, but also can we support DOE to provide more broader services that speak to more preventive early upstream kinds of things that take that approach at kids who might at risk; may not have a disorder, but might be at risk; interventions

that work, for example, in adolescents building skills for socio-emotional development. So we're really thinking about how we can be more effective in a helpful way to them in broadening and deepening the scope of what can be provided in schools.

COUNCIL MEMBER CHIN: So are you looking at being able to have a clinic in every single school?

DEPUTY COMMISSIONER BELKIN: The question is whether that is what every school needs and what we're trying to do is be smart about and develop ways to help DOE be smart about profiling a school's needs with what menu of solutions really meet those needs, for some schools may not need a full-time clinic. Those resources might be better spent in working with family child groups or in some kind of peer led activity with students. So it's an issue of matching need to resource.

COUNCIL MEMBER CHIN: I mean definitely where a lot of the schools I mean from other hearings and the Education Committee, a lot of schools don't even have a full-time guidance counselor…

DEPUTY COMMISSIONER BELKIN: [interposing] Right.

COUNCIL MEMBER CHIN: Or like even at an elementary school if there is a full-time guidance counselor they got to deal with 700, 800 parents… you know kids and their parents. This is a lot.

DEPUTY COMMISSIONER BELKIN: Yeah.

COUNCIL MEMBER CHIN: So I mean going forward I guess in terms of really looking at resources to support the schools…

DEPUTY COMMISSIONER BELKIN: The objective is that every school has some fundamental core set of capabilities to identify and meet its mental health needs. That might not always be through a clinic, but certainly should be targeted to what their needs are.

COUNCIL MEMBER CHIN: So are you helping with the DOE to make the assessments in terms…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Uhm…

[crosstalk]

COUNCIL MEMBER CHIN: Of what…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: So we currently…

[crosstalk]

COUNCIL MEMBER CHIN: What the needs could be?

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Do. We currently do and we have a tool, an assessment tool that we use with schools. We're also with the Mayor's new initiative in terms of community school growth in the starting stages of discussing how our Division of Mental Health is a part of developing more needs assessments and thinking about how to support DOE to succeed in that in terms of the mental health programming.

COUNCIL MEMBER CHIN: Okay, I mean I think we look forward to hearing more about it. Thank you. Thank you, Chair.

CHAIRPERSON COHEN: Council Member Eugene?

CHAIPERSON EUGENE: Thank you very much, Mr. Chair and thank you again to the members of the panel. Before I ask my question, let me take the opportunity to acknowledge Kimberly Williams, our new Committee Counsel and Michael Benjamin, Legislative Policy Analyst and Kenneth Grace, our Finance Analyst for their hard work in preparing for today's hearing.

Thank you very much. Mr. Belkin, in your testimony, you mentioned that… unfortunately, however, many of these individuals are not receiving the treatment they need… the treatment they need. About 60 percent of New Yorkers with a serious mental illness are currently receiving psychiatric care. You say that many of these individuals are not receiving the treatment that they need. Could you explain the reason why they're not receiving the treatment that they need?

DEPUTY COMMISSIONER BELKIN: Yeah and I touched on this before the… that figure comes from community surveys that we do of health overall, but it also includes questions about people's mental health.

CHAIRPERSON EUGENE: [interposing] Mm-hm.

DEPUTY COMMISSIONER BELKIN: And so we have both self-report and scales to identify an estimate of individuals who meet a criteria for mental illness. We also ask people in that survey have you received treatment for a mental health disorder in the… and I think it's in the prior year and so in taking that data together in that survey sample yields this estimate that about… of the folks

identified through that survey as likely having a mental disorder, a large percentage did not receive care. Now, we don't in the survey ask more detailed questions about why that was, et cetera, but we find, and as I mentioned a little bit in response to Chairman Cohen, that we see a access problem more in lower income individuals and as I mentioned, around certain conditions like depression in certain racial minority groups, where people are more likely to report that they don't receive care. So we certainly know that there are socioeconomic barriers to care. Now, what we're trying to do in my department is to much more concretely identify where that's happening, what are more high risk neighborhoods than others, as well as to understand whether that's an issue of access in terms of insurance coverage or in proximity to care or in cultural barriers to seeking care and because each one of those calls for different solutions. But we're at the step now is clearly identifying needs as problems and looking to use our resources to drill down on precisely the you know, more fine grained sense of the causes that we can have an impact on. We're trying also to join efforts of the department as a whole to answer these

questions for overall health care access. So the Health Department as a whole is looking to test and advance and spread much more neighborhood specific, group specific interventions that innovatively increase access, mobilize neighborhoods to be part of care solutions that improve access and health literacy and participation of people in their health care. We'd like to piggyback on that, including for their mental health care as well.

CHAIPERSON EUGENE: Thank you very much, but let me ask you now, do you think that the services provided by your department successfully address the needs of the parents or the people suffering from mental illness? If yes, how do you evaluate that? How do you quantify that? Could you give me a statistic, say a percentage saying yes, we have been successful in addressing the mental illness issues 50 percent, 40 percent, 100 percent?

DEPUTY COMMISSIONER BELKIN: Mr. Chairman, you ask a very important question. So when I came into this position a couple months ago, one of the big challenges I put to my staff is how do we know our impact? We oversee a large body of contracted services that are targeted to some of the

highest need populations in the city and the question is are they effective and how do we know if they're effective? Are they meeting the needs? Did we get the needs right? You know, are we choosing the right things that map up against the needs that are actually out there? And third, what's the gap? We know how many people we're serving, but out of how many that need to be served? And so for a lot of our program areas we're now looking at our abilities to answer those questions. Do we have the analytics? Do we have the metrics? Do we have the processes to capture that information and to improve where we don't? We do have a… through our contracting process, we set performance standards; we track them; we site visit every contractee at least once a year on-site for their conformance with those contracted expectations, but often, that doesn't answer this impact question, which in my mind is requiring us to step up our game in terms of our evaluation ability, and we're starting to look at how to do that.

CHAIRPERSON EUGENE: So I got the impression that you don't have in place the structure to evaluate; to follow-up to make sure that the contractors deliver exactly the services that we…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: No, we absolutely have the infrastructure and ability and accountability to make sure that the services we contract for are delivered and are delivered the way we wanted them to, but you're asking another really important question is they deliver what we want them to. Are we meeting the need? How are we… how are the choice we've made about what to fund and what to contract? How comprehensively are they meeting the need out there in the community? And that's a different sort of question. That's not an accountability question. We have… I'm very confident in our accountability that what we're contracting for gets done. It's a more strategic question is are we putting the investments in the right places?

CHAIRPERSON EUGENE: If you were to improve or implement an area you know, from the department to better address the mental health issues and to better serve the people, what it would be? What do you believe should be implement?

DEPUTY COMMISSIONER BELKIN: I think we need to…

CHAIRPERSON EUGENE: [interposing] What area?

DEPUTY COMMISSIONER BELKIN: Yeah, I think we need to shift. We've done very well and need to continue to do very well at focusing on the needs of very serious disorder and high population needs. We also need to think about the much more common disorders that affect the population, like I mentioned depression. The most common source of disability of any health condition, more days contributed to disability than HIV, than cancer is depression. So we need a city mental health strategy that reflects that and so in answering your prior question, in terms of the array of services we provide, yes, the array of services we provide we deliver by contract, but are they the full array that we want? Are we scoping our mission out there to really optimize our impact on population health? And so that's the biggest change in my mind is we better align what the population needs are with our portfolio.

CHAIRPERSON EUGENE: Mm-hm. Could you tell me… because we know that our veterans, the veterans, they are people who put their life in

danger for us; they made the utmost sacrifice for all of us, but unfortunately, because of their service, they are suffering from PTSD, a very serious disease and not only they are suffering from PTSD, but the family members, their children are affected also. Can you tell me what you have available for the veterans; for the children of veterans or family of veterans in your department to help the children and the family cope with a very devastating serious disease, the PTSD that your family members, your father… the fathers or mothers may be suffering from?

DEPUTY COMMISSIONER BELKIN: Yeah, we have many programs that take on PTSD. In terms of getting you account and coverage of those that might focus and have as clients veterans, I'll have to go… I can get you that information, but I don't know that offhand.

CHAIRPERSON EUGENE: And could you please send the information to my office? Okay, I'm going to ask you the last question. You know, I want to piggyback on the question of Council Member Margaret Chin. And we know that New York is home to so many immigrant people, people from all over the place and especially for immigrants and Cuban [sic] especially,

you know, the mental illness is like a taboo for them. It's something mysterious for them and because of the mentality of their culture, they don't get access really to mental services for many reasons. So what do you have in place? Tell me about your outreach forces to this population of immigrant New Yorkers who don't speak English very well; who don't believe that mental illness is a serious disease. And can you tell me a little bit about what you have in place to make sure that they are also going to receive the services that are available in your department?

DEPUTY COMMISSIONER BELKIN: Yeah.

CHAIRPERSON EUGENE: And what is your outreach technique or procedures?

DEPUTY COMMISSIONER BELKIN: Yeah, so we have a couple of things, all of which I think can be strengthened. One is getting back to when we… in our array of contracted services, is a premium on culturally appropriate, culturally sensitive and language diverse delivery of services. We also have a specific office of consumer affairs, which involves really engaging the peer community, so individuals who have lived experience with mental illness and we

often resource that group who are… and the cultural diversity of that group to inform our strategies and to connect us with communities. We also do repeated borough by borough open meetings where we solicit and seek input and feedback from the community about our… the performance of our services and unmet needs and so that's some sampling of how we try to make ourselves open to not only support services that are welcoming to the broad array of New Yorkers, but also and very critically to get feedback when we're failing to do that and I think it's on that side that we could be better at and that we should think about opening up more channels.

CHAIRPERSON EUGENE: Thank you very much, Commissioner and thank you, Mr. Chair.

CHAIRPERSON COHEN: Thank you. Well, I just have a couple more. I guess in terms of measuring the effectiveness of the programs we have, I mean you stated that you were confident that the services that the city contracts were are provided. I'm curious though what metrics like were used, whether it's at the FRCs or in these other programs. Like how do you measure the outcomes that you… that

not only are the services being provided, but the services are actually effective?

DEPUTY COMMISSIONER BELKIN: Well, it's that effective part that I think we… is the next step in the evolution of our oversight and some we have. I mean for example, some of our employment assistance programs we now penalize funding to not reach certain targets of actual employment or related outcomes, so we're moving in a direction of actually putting some traction to outcome measures. A lot of our… you know, a lot of the bulk of the work that we're monitoring is around delivery performance and that could vary depending on what the services, so it might be… you know, if it's a training program, it's you know, numbers who completed training and things like that, so there a lot of performance kinds of metrics and we do that both through reporting we get, but also as I mentioned, we site visit every contract… contracted entity we have.

CHAIRPERSON COHEN: So even like with you know, obviously crisis intervention I guess would be very hard to measure where… I mean maybe professionals do have a good way of measuring what is a successful crisis intervention contact. You know

substance abuse. Obviously there's a lot of challenges in substance abuse and progress is incremental, but measuring those kinds of contacts, the success of those and the usefulness of those I'm curious as to what you…

DEPUTY COMMISSIONER BELKIN: Yeah, I mean I'll take crisis as one example and we mentioned that the Mobile Crisis teams and school support teams so they focus on kids and as the person from my office who oversees that will tell you, is I said you know, we're measuring a lot of delivery; how many calls do they answer; how responsive are they; what's the waiting time, et cetera. So can we see if they've reduced drug use by kids in the borough or you know, can we look at those sorts of impact questions and so that's where we're evolving as a division is to build in. If we're going to take on funding a service, we should have a clear idea of what we want to see after a year of that service that's made a difference and if we don't have the ability to measure that then we have to think about that as we are implementing.

CHAIRPERSON COHEN: You also stated in the answer to one of your questions that you believe there's approximately 500 contracts by your agency

and over 1,000 providers. Does that correspond to programs? Are there 500 programs or what does the contract…

[crosstalk]

DEPUTY COMMISSIONER BELKIN: Yeah.

[crosstalk]

CHAIRPERSON COHEN: Relate to?

DEPUTY COMMISSIONER BELKIN: I may say this wrong, so any… Jamie, you're here. I… [background voice] yeah, there are more programs than contracts, so a contract can have multiple programs. So what would be a good example? I mean… [background voice] Right, so if we had a crisis service contract, that might be… have separate programs by age, by location, but it might be served through a single contract.

CHAIRPERSON COHEN: I realize it's a little slightly off the topic, but if I asked you how many programs are administered could you give me an answer that… [background voice]

DEPUTY COMMISSIONER BELKIN: There are about 1,000 programs.

CHAIRPERSON COHEN: Do you think that the agency… I mean is that a challenge to control and

manage and make sure that those programs… or to do all these measures?

DEPUTY COMMISSIONER BELKIN: Yeah, so we… and you're welcome to come visit. So we have a fairly sophisticated tracking system that both programs and we input information to so we can actually look at real time; where statuses are; with budgets; with certain performance outcomes. We also have a separate unit that does the site visits, so it's a distinct staff that goes out and has a specific inspection routine that does this program, so we're fairly robust in the compliance area. The impact in quality area is actually a different skill set and a different kind of work that we want to grow and to be as sophisticated as I think our contract monitoring is.

CHAIRPERSON COHEN: Thank you. I think I'd like to learn more about that in the future. I don't know if… please.

CHAIRPERSON EUGENE: Thank you, Mr. Chair. Commissioner, we know that mental illness cannot… parents who are suffering from mental illness can have their children facing many challenges and especially in terms of education; their education

because a child who is living in a family where the parents are suffering from mental illness can be in the very difficult position to see that the achievement… their educational achievement decrease. Is there any collaboration or partnership with the school in terms of providing services to the children? Because let's… for example, there is a child. His behavior is very bizarre. You can see that this child has a mental problem or you know, has a special behavior. Is there any connection with the school to work together…

DEPUTY COMMISSIONER BELKIN: [interposing] Yeah.

CHAIRPERSON EUGENE: To try to provide services to children or a student that would need some type of support for our children?

DEPUTY COMMISSIONER BELKIN: No, absolutely and some of the things I mentioned in my testimony before you arrived were… and in response to Councilwoman Chin's question about… we have various relationships with DOE and I think we need to build on them, but the ones we have is especially through the Department of Health's Office of School Health, which has a mental health liaison that works with

them in the performance of about roughly… don't hold me to the specifics, but roughly 250 school mental health clinics and about a similar number of school health clinics that have mental health capacity that also works with them on things like you're saying: teacher readiness to identify kids at risk; the tools that are useful to do that. One of our mobile teams that I describe in my testimony also is there as a support to school, either for that ongoing skill building support, as well as to respond to a particular kid that they find in need and are looking how do we connect them to service. But going back to the impact question, is that enough? Are we reaching the kids we need? Are the connections we make stick? What sort of deeper skill set; deeper model skill set does the classroom need to have to be effective and to be more ahead of the curve of kids who are in need? So these are the questions we're asking ourselves in looking for ways to broaden our existing relationship with DOE to do that in a helpful way to them. I would want to make one comment though because… and this is why I keep returning to the depression example is we often talk about, and I'm implying that you were meaning it this way, but often

when people talk about you know, parents with mental illness and their affected kids is where we often have in our mind a very severely ill parent who is having an uncommonly serious disorder, but most of kids who are affected by parents with mental illness are with parents who have very common mental illnesses; who have depression; who have anxiety disorder; who have… may have trauma in their life; who has substance use. These are very common things and so what we really need to think about therefore are comprehensive sorts of strategies that create a really dense net of support to all adults and to all children. By thinking that we're going to zero in on a problem by defining the problem as children of parents with mental illness, we may lose the sense of a comprehensiveness of the solutions that we need. It's estimated, particularly in lower income groups, that possibly 15 to 20 percent of all new mothers get depression. That calls for a comprehensive strategy in our pediatric offices; in our WIC programs; in our schools to identify and connect those parents and their children to help and that's a charge that we are up for as a division. It's going to require working with partner agencies, leveraging the changes

in Medicaid that I mentioned, but it really is… it's not a program that's going to solve… fit that need. It's really a rethinking of what we expect from the system to deliver.

CHAIRPERSON EUGENE: Thank you very much, Commissioner and thank you to all the members of the panel. Mr. Chair, thank you very much.

CHAIRPERSON COHEN: I'd like to thank Dr. Eugene for partnering with us in the Mental Health Committee today to have this hearing. I'd like to thank Dr. Belkin for your testimony, and that concludes our hearing. Thank you.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date 11/20/2014