



Testimony

of

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New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on
Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services
with the
Committee on Youth Services**

on

Services for Mentally Ill Parents and Their Children

**November 17, 2014
Committee Room – City Hall
New York City**

Good afternoon Chairmen Cohen and Eugene, and members of the committees. My name is Gary Belkin, and I am the Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. I am joined here today with my colleagues from the New York City Administration for Children's Services, Jacqueline Martin, Deputy Commissioner of the Division of Preventative Services and Andrea Goetz, Assistant Commissioner of the Office of Clinical Practice, Policy and Support. Thank you for the opportunity to testify on the topic of services for mentally ill parents and their children. The 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. 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 closely with the Division of Mental Hygiene to focus on better addressing the health needs of children and their families in a comprehensive way. I would like to spend some time today discussing a few of our initiatives, many of which cut across different divisions at the Department, that aim to think comprehensively about mental health in affected families.

Mental Illness

Mental illness, which includes substance use 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 239,000 adults living with serious mental illness - that is, conditions that involve significant impairment in functioning. The prevalence of serious mental illness is highest among the poorest New Yorkers. 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 receiving psychiatric care. This prevalence and 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 how one family member with mental illness is often a signal of potentially broader family struggles with mental illness.

Services for Children and Families

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 higher 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 in

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, Administration for Child Services (ACS) programs, and family court.

Family Resource Centers (FRCs) is another 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 at high-risk of developing, an emotional or behavioral disorder. These centers offer individual and group peer-to-peer support, education, advocacy, skill development, and parenting support and coaching services.

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 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, wellbeing, 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 in foster care, women incarcerated on Rikers Island, and women in homeless shelters.

Crisis Services

While ongoing services like those I have just discussed are critical, we also recognize the importance of having mental health resources available when a family member has a more immediate 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 with children or families, there are certainly occasions when they do, and in these cases support is provided to the entire family unit. Parachute Mobile Treatment Team 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 comfortable and familiar 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 defuse 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. 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 response 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, averting unnecessary 911 calls, offer trainings to teachers and parents, and conduct classroom observations to help schools adapt to the mental health issues of students.

Other Services for Families

In addition to the screening and treatment programs I've just described, and because environmental factors have a significant impact on mental health and wellbeing, 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 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 the intended goal of comprehensively considering the needs of families.

The programs I have 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 the needs of families as a whole.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

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Name: JACQUELINE MARTIN

Address: 150 William St. Room 18A7. NY, NY 10038

I represent: ACS

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