



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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**New York City Department of Health and Mental Hygiene**

before the

**New York State Office of Mental Health**

regarding

**Statewide Comprehensive Plan**

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New York City

Good afternoon. I am Dr. Myla Harrison, Assistant Commissioner for the Office of Child and Adolescent Services in the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (DOHMH). I thank you for creating this timely opportunity for me to speak on the mental health needs of children and adolescents in New York City.

Since the State is working on a child and adolescent mental health plan as called for under the Children's Mental Health Act, this is an opportune moment to share the landscape of children's mental health from the New York City Department of Health and Mental Hygiene's perspective. In doing so, I'd like to highlight four areas of importance: service capacity; service gaps; service quality; and workforce development.

DOHMH and OMH have both taken steps over the past few years to improve children's mental health services in New York City. Nonetheless, there is much more to do to help youth and families in the City. Based on national prevalence rates, we estimate that close to 200,000 children in New York City ages 9-17 experience a psychiatric or substance use disorder. We also know that only about 1 in 5 children receive the services they need. The mental health system is reaching just a fraction of children and adolescents in our City that could benefit from mental health care.

The state-initiated Child and Family Clinic Plus program is an innovative way to improve the service system by identifying children and adolescents in need through screening and by increasing outpatient capacity. We welcome this much-needed increase in assessments and treatment, including some in-home services. Child and Family Clinic Plus is a significant step toward improving child and adolescent mental health.

Regrettably, the State Office of Mental Health did not receive bids or commitments from providers to screen children in all the neighborhoods that we have identified as needing these services. As a result, there will be no screening capacity in parts of Brooklyn, the Bronx and Staten Island for approximately 29,000 children at the start of this initiative. More significantly, children and adolescents in those neighborhoods who need mental health treatment may have more challenges accessing it. We appreciate OMH's promise to New York City that we will not lose this capacity, and look forward to working with the State to ensure that New York City's children and families will attain the maximum possible benefit from this expansion in services.

The State Office of Mental Health's current emphasis is on screening and offering effective assessments and treatment. We believe that treatment, not merely screening, is one of the more important components of this initiative. The co-location of treatment at the same sites where youth are screened -- their schools, day care centers, and preventive service programs -- is essential. We encourage the State to make sure that families are involved in all aspects of the treatment. We also want to ensure accountability so that children who are found to need mental health services do not experience long delays between identification of need and service delivery.

Although we think about mental health services as a continuum; in reality, many children fall through the cracks. There are service gaps for the youngest children, school-age children and the oldest adolescents transitioning into young adulthood. To meet the needs of the youngest children and their families, DOHMH is involved in innovative mental health programs for children younger than 5. These programs utilize clinicians who are trained in early childhood mental health treatment to provide screening, evaluation, treatment and consultation services in the child and family's natural setting. Gaps exist because we have very few specialized services for the youngest children with mental health needs, and because we need more clinicians trained to effectively treat these children and their families.

Gaps in services can have alarming effects on children and adolescents. Only 4 percent of New York City children with an emotional disturbance graduate with a regular high school diploma. We need to increase school-based mental health services and improve the schools' ability to manage children with emotional and behavioral challenges to help these children be successful students.

Service gaps for transitional-aged youth also mean that older adolescents and young adults are not adequately served in the current system. We have a handful of adolescent skills programs that are geared to youth in this category, but these programs serve only 340 youth in New York City per year, which is a small fraction of the total number of young adults suffering from serious emotional disturbances in the City. In addition, we know that there are too few innovative and creative community services for young adults to prevent more significant problems, such as school dropout, gang involvement, substance abuse and legal problems. Adolescents are also asking for youth-friendly services that allow for counseling and clinical contact, when needed, outside of a traditional clinic setting. We also recognize the needs of children served by other city agencies such as child welfare and juvenile justice. We hope to work with OMH to design, implement and fund evidence-based and innovative programs to fill in the cracks in the mental health system for youth.

There are a number of service and system improvements to ensure accountability so that children do not fall through the cracks. Care coordination through the Coordinated Children's Services Initiative (CCSI) is one example. Too often, families with children that require diverse services from multiple agencies do not know how to navigate the system. CCSI is designed to address some of these problems through a family network in which a care coordinator, parent advocate and youth advocate coordinate services and create a plan that best serves each child's and family's needs. However, our six-year, \$9.5 million grant from the Federal Substance Abuse and Mental Health Services Administration for this program ends September 2008. We have a vision that by June 30 of next year we will sustain family networks, a training component on system improvements and running networks, a family-run organization, the CCSI meeting infrastructure, and youth support in each borough with a citywide youth council. We need help to fund our vision.

Governor Spitzer's creation of a Children's Cabinet indicates that he thinks that more coordination is necessary to help New York State's children. Perhaps CCSI should become part of the Cabinet's considerations as they work to devise new ways to help the State's children, including the more than 1.9 million children in New York City.

Another major concern in New York City is the system-wide shortage of mental health professionals trained to work with children and adolescents. We hear from many service providers in the City how challenging it is to find clinicians to work with children and families, particularly clinicians who are bilingual or multilingual. The service expansion under Child and Family Clinic Plus will exacerbate this problem. We would like to strategize with OMH about ways to expand this workforce.

We recognize an opportunity to address the workforce problem legislatively, at the Federal level. The City remains a strong proponent of the Children's Health Care Crisis Relief Act of 2007. If passed, this legislation would bolster the children's mental health workforce by creating grants, scholarships, loan forgiveness and other programs for individuals who commit to providing mental health services for children and adolescents. The bill would also enable graduate medical education programs to train more child and adolescent psychiatrists.

Quality is also a key priority for the Department. Expanding capacity, addressing service gaps and increasing the workforce will not improve outcomes for children unless the services are of appropriate quality. In particular, we must provide high-quality family support services. Families need advocates that can provide emotional support and help them navigate the various service systems. It is imperative that families are true partners in system reform. We are planning to improve the family support services within New York City to also include individual and system-level outcomes. We would appreciate the opportunity to partner with OMH to evaluate family support services currently available in New York City, as well as to increase these services.

Supporting evidence- and strength-based treatment is another area that is important in children's mental health care improvements. We're pleased that the State has implemented its evidence-based training initiative, and encourage OMH to broaden the scope of the training and to train even more clinicians.

There is significant room for improvement in the children's mental health system. We must improve coordination across multiple systems. We should maximize resources by blending funding from the myriad funding streams available at the local, state and federal level. Now is the time to strengthen partnerships among DOHMH, OMH, providers and families. The children of New York City deserve no less than our long-term commitment to extend service capacity, fill in service gaps, increase the workforce and improve the quality of their care. Focusing on these priorities is the key to helping the children of New York City.