

New York City's Children & Mental Health: Prevalence and Gap Analysis of Treatment Slot Capacity

Citizens' Committee for Children of New York, Inc.

on behalf of

NYC Citywide Children's Committee

NYC Early Childhood Mental Health Strategic Workgroup



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Why this information is important

- ❖ Documents prevalence of children's mental health needs at the City, Borough and CD levels.
- ❖ Documents gap in treatment slot capacity.
- ❖ Provides platform for advocacy for preserving services and increasing capacity to meet children's mental health needs.

Hidden Costs of Untreated Mental Health Needs

- ❖ Worsened Mental Health.
- ❖ School failure/ learning difficulties.
- ❖ Social Ostracization.
- ❖ Disrupt families.
- ❖ Crimes/ Juvenile or Criminal Justice System.
- ❖ Disruptive children in classrooms.
- ❖ Increase in teen births.
- ❖ Cycle of poverty.
- ❖ Suicide or homicide.

Key Findings

- ❖ There is insufficient capacity to serve children in need of mental health treatment.
- ❖ The gap between need and available slots at the CD level corresponds with CCC's ranking of CDs where risks to children's well being concentrate.
- ❖ The State and the City lack a centralized means of tracking clinic capacity to serve children.

Key Recommendations

We urge the State and the City to use this Gap Analysis to strategically determine how to:

- ❖ 1) Establish a process through which the State and City can regularly determine clinic capacity to serve children and identify unmet need;
- ❖ 2) Target the expansion and support of services to communities where children are most underserved; and
- ❖ 3) Inform the development of health homes, Behavioral Health Organizations (BHOs) and the expansion of managed care.

**Overview of Prevalence,
Treatment Slot Capacity and Gap
Analysis Process**

Determining Prevalence of Mental Health Disorders

- ❖ Widely respected prevalence estimates drawn from mental health literature* that were used to estimate the number of children with mental health disorders.
- ❖ Overall and for children ages 5-17:
 - 1 in 5 children (20%) birth to 18 have a diagnosable mental health disorder.
 - 1 in 10 (10%) children has a serious emotional disturbance.
- ❖ Children ages 0-4:
 - Total Behavioral Problems: 8.3%
 - Internalizing: 3.7%; Externalizing: 3.7%; and Co-morbid: 3.3%.
- ❖ Applied the estimates to census data on children by age range.
- ❖ These estimates were done for NYC overall as well as each borough and the 59 community districts in the City.

*See slide #44 for specific sources

Calculating Gap Analysis

- ❖ CCC gathered information from OMH web site as to names and addresses of Article 31 clinics.
- ❖ Volunteers from the NYC Citywide Children's Committee and NYC Early Childhood Strategic Mental Health Workgroup called clinics and obtained information on the number of treatment slots for children ages 0-4 and 5-17 served at each location (through phone survey administration).
- ❖ CCC verified information, including names and addresses of satellites and also by calling a selection of clinics to verify slot numbers.
- ❖ Data on slots was entered into spreadsheet by borough.
- ❖ Data was then geo-coded to determine treatment capacity by CD.
- ❖ Gap analysis was determined by subtracting the number of mental health treatment slots from the estimated number of children with mental health disorders. A positive number indicates a gap in slots, a negative number indicates a surplus of slots.

Data Limitations

- ❖ All slot numbers/Capacity information are all point in time.
 - Only Bronx, Brooklyn and Staten Island are complete.
 - Data obtained from Manhattan and Queens was incomplete.
- ❖ Very few 0-4 slots. Some providers reported that they allow children ages 0-4 to use slots that are generally used for children ages 5 through 17 if there is availability. These slots were counted as part of the capacity for 5 through 17 year olds.

Data Limitations

❖ Notes:

- Data collected is point in time.
- Calculation of unmet need is an estimate.
- Every child with a mental health disorder may not need same level or duration of treatment.
- Some slots may be able to serve more than one child annually.
- Survey only looks at Article 31 mental health clinic capacity.

Key Findings: Citywide Prevalence

Finding: Prevalence of Mental Health Need in Children

- ❖ There are significant numbers of children in New York City with a mental health need and for whom there is an insufficient number of treatment slots.

Citywide Prevalence: Children Ages 0-4

- ❖ According to the 2006-08 Census Survey there were 571,167 children ages 0-4 in New York City.
- ❖ Prevalence Estimates for young children 0-4 Citywide:
 - Total Behavioral Problems (8.3%): 47,407
 - Internalizing (3.7%): 21,133
 - Externalizing (3.7%): 21,133
 - Co-morbid (3.3%): 18,849

By Borough: Prevalence Estimates for Children Ages 0-4

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Total # of children	108,204	190,795	98,284	144,841	29,043
Behavioral Problems (8.3%)	8,981	15,836	8,157	12,022	2,411
Internalizing (3.7%)	4,004	7,059	3,637	5,339	1,075
Externalizing (3.7%)	4,004	7,059	3,637	5,339	1,075
Co-morbid (3.3.%)	3,571	6,296	3,243	4,780	958

Citywide Prevalence: Children ages 5-17 years old

- ❖ Citywide – Number of children ages 5 to 17 years old: 1,343,715
- ❖ Citywide – Prevalence for:
 - Mental Health Disorder (20%): 268,743
 - Serious Emotional Disturbance (10%): 134,372

By Boroughs: Prevalence Estimates Children 5-17 years of age

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Total # of children	281,629	451,429	177,504	347,383	85,770
Total # of children with Mental Health Disorders (20%)	56,326	90,286	35,501	69,477	17,154
Total # of Children with Serious Emotional Disturbance (10%)	28,163	45,143	17,751	34,738	8,577

Medicaid Enrolled Children Only

- ❖ In New York City, 1,330,075 children ages birth through 20 were enrolled in Medicaid in 2008 (note that the information is not available by borough or CD, nor is it broken down further by age).
- ❖ Number of SED Children:
 - 266,015 (20%) of all children ages birth to 21 who are enrolled in Medicaid in New York City are estimated to have a mental health need.
 - 133,008 (10%) of all children ages birth to 21 who are enrolled in Medicaid in New York City are estimated to have a serious emotional disturbance.

Key Findings:
Capacity and Gap Analysis

Summary Finding

- ❖ The gap analysis revealed that there is a significant gap between the estimated prevalence of mental health diagnoses among children and the number of treatment slots available for children.

Bronx, Brooklyn & Staten Island: Treatment Slots for Children ages 0-4

	Bronx	Brooklyn	Staten Island	Total
Slots dedicated for children ages 0-4	116	154	0	270 slots dedicated for 0-4

Note that a citywide analysis could not be done because data collection for the boroughs of Manhattan and Queens was incomplete.

Bronx, Brooklyn & Staten Island: Gap Analysis for Children Ages 0-4

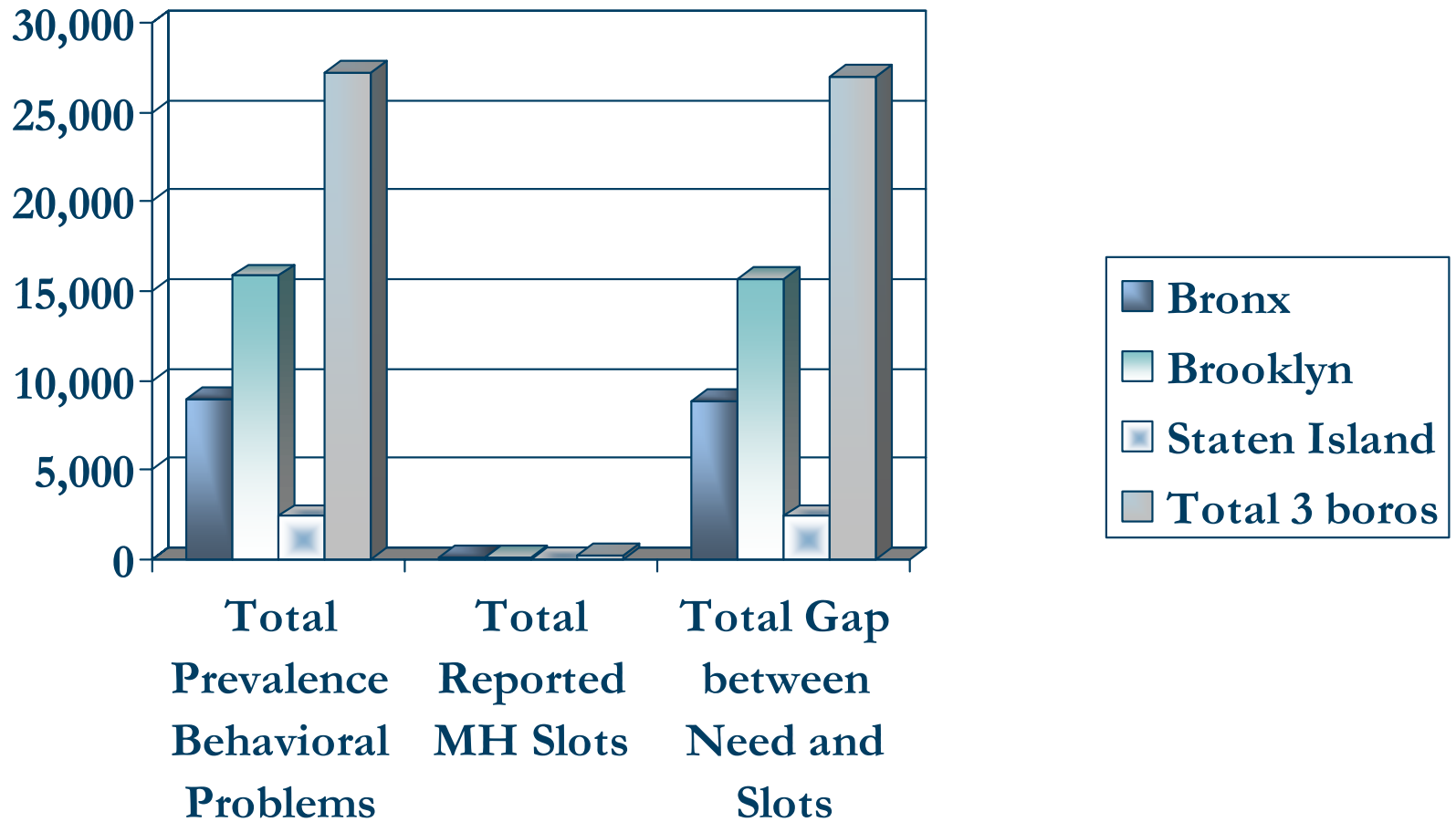
	Combined Prevalence	Total slots	Gap Analysis
Total Behavioral Problems	27,228	270	26,958
Internalizing	12,138	270	11,868
Externalizing	12,138	270	11,868
Co-morbid	10,825	270	10,555

❖ There were only treatment slots for 1 % of children ages 0-4 in Brooklyn, Bronx and Staten Island with a behavioral problem.

Summary Graph

Children 0-4

Bronx, Brooklyn and SI



Bronx, Brooklyn and Staten Island Treatment Slots for Children 5-17

	Bronx	Brooklyn	Staten Island	Total
Number of Mental Health Slots for 5-17 year olds	7,182	10,825	1,298	19,305

Gap Analysis in Bronx, Brooklyn and Staten Island combined for 5-17 year olds

	Total Prevalence	Total Number of Slots	Total Gap Analysis
Total Mental Health Disorders	163,766	19,305	144,461
Total Disorders: Serious Emotional Disturbance	81,883	19,305	62,578

- ❖ There were only treatment slots for 12 % of children ages 5 -17 in Brooklyn, Bronx and Staten Island with a mental health disorder.
- ❖ There were only treatment slots for 24 % of children ages 5 – 17 in Brooklyn, Bronx, and Staten Island with Serious Emotional Disturbance.

Summary Graph

Children 5-17 Bronx, Brooklyn and SI

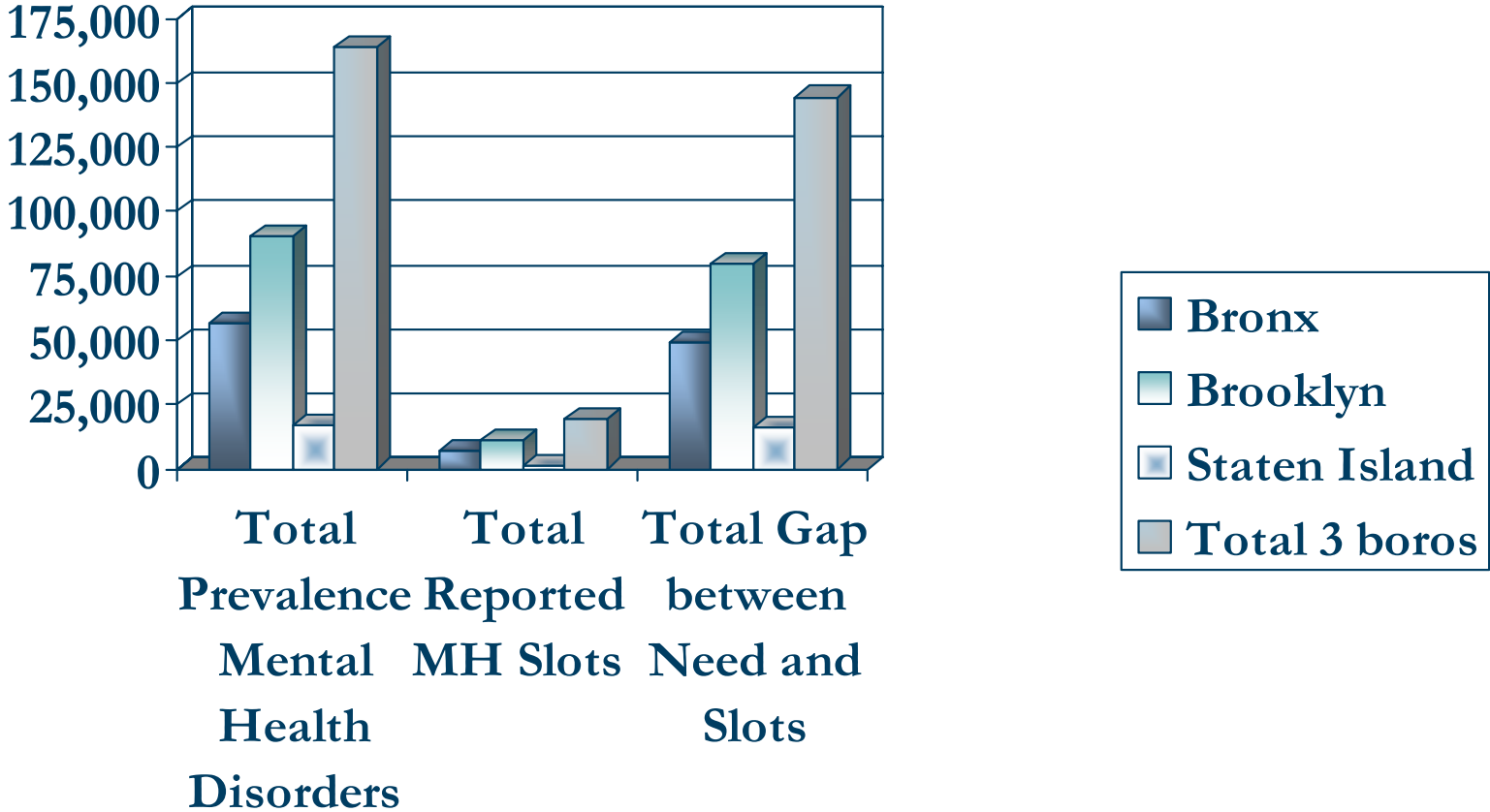
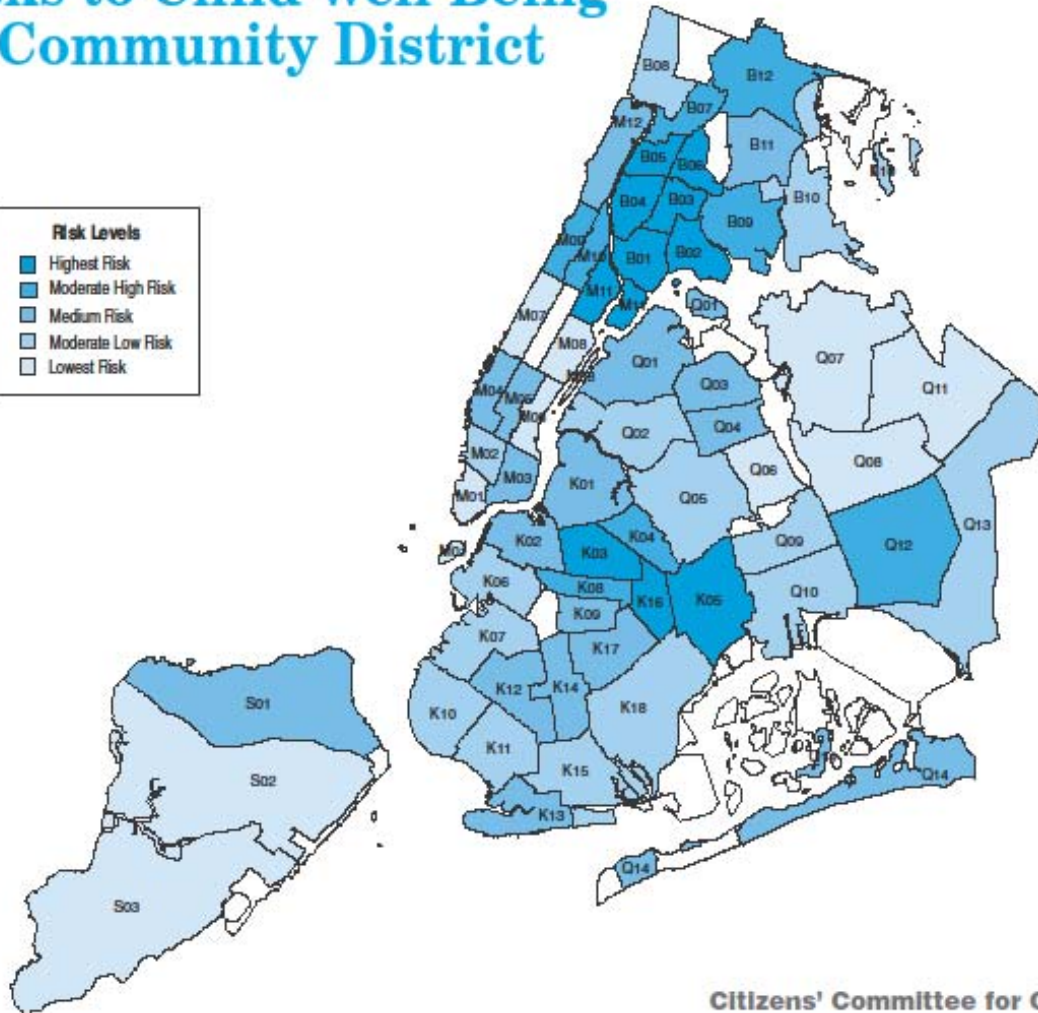
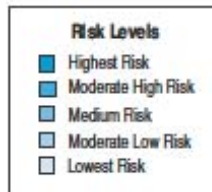


FIGURE 13:

Risks to Child Well-Being by Community District



- BRONX**
 - Mott Haven (B01)
 - Hunts Point (B02)
 - Morrisania (B03)
 - Concourse/Highbridge (B04)
 - University Heights (B05)
 - East Tremont (B06)
 - Fordham (B07)
 - Riverdale (B08)
 - Unionport/Soundview (B09)
 - Throgs Neck (B10)
 - Pelham Parkway (B11)
 - Williamsbridge (B12)
- BROOKLYN**
 - Williamsburg/Greenpoint (K01)
 - Fort Greene/Brooklyn Hts (K02)
 - Bedford Stuyvesant (K03)
 - Bushwick (K04)
 - East New York (K05)
 - Park Slope (K06)
 - Sunset Park (K07)
 - Crown Heights North (K08)
 - Crown Heights South (K09)
 - Bay Ridge (K10)
 - Bensonhurst (K11)
 - Borough Park (K12)
 - Coney Island (K13)
 - Flatbush/Midwood (K14)
 - Sheepshead Bay (K15)
 - Brownsville (K16)
 - East Flatbush (K17)
 - Canarsie (K18)
- MANHATTAN**
 - Battery Park/Tribeca (M01)
 - Greenwich Village (M02)
 - Lower East Side (M03)
 - Chelsea/Clinton (M04)
 - Midtown Business District (M05)
 - Murray Hill/Stuyvesant (M06)
 - Upper West Side (M07)
 - Upper East Side (M08)
 - Manhattanville (M09)
 - Central Harlem (M10)
 - East Harlem (M11)
 - Washington Heights (M12)
- QUEENS**
 - Astoria/Long Island City (Q01)
 - Sunnyside/Woodside (Q02)
 - Jackson Heights (Q03)
 - Elmhurst/Corona (Q04)
 - Ridgewood/Glendale (Q05)
 - Rego Park/Forest Hills (Q06)
 - Flushing (Q07)
 - Fresh Meadows/Briarwood (Q08)
 - Woodhaven (Q09)
 - Howard Beach (Q10)
 - Bayside (Q11)
 - Jamaica/St. Albans (Q12)
 - Queens Village (Q13)
 - The Rockaways (Q14)
- STATEN ISLAND**
 - Willowbrook (S01)
 - South Beach (S02)
 - Tottenville (S03)

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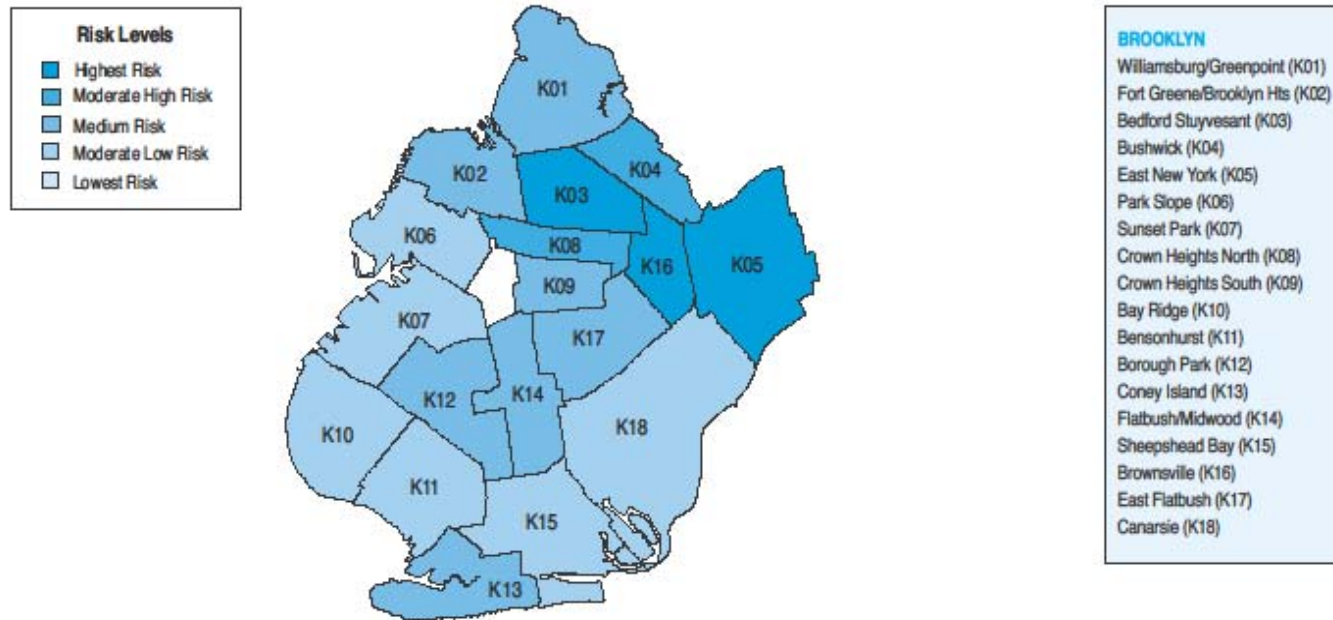
Capacity Analysis by CD within Borough - Bronx Children ages 5-17 years old

- ❖ CDs with the most capacity:
 - University Heights (1570)
 - Mott Haven (1215) and
 - East Tremont (1016)
- ❖ CDs with the least capacity:
 - Hunts Point (0)
 - Morrisania (40) and
 - Concourse/ Highbridge (232)
- ❖ All 6 of these are the CDs with the highest risk ranking according to CCC's 2010 Keeping Track of New York City's Children

Capacity Analysis by CD within Borough Brooklyn Children 5-17 years old

- ❖ CDs with the most capacity:
 - Bedford Stuyvesant – 1,710*
 - East Flatbush – 1,278*
 - East New York – 1,199*
- ❖ CDs with the least capacity:
 - Brownsville – 0*
 - Park Slope – 75
 - Bensonhurst – 77
- ❖ The 3 CDs with the most treatment slot capacity and the one with the least capacity correspond to the CDs with higher risk ranking according to CCC's 2010 Keeping Track of New York City's Children

Risks to Child Well-Being by Community District: Brooklyn



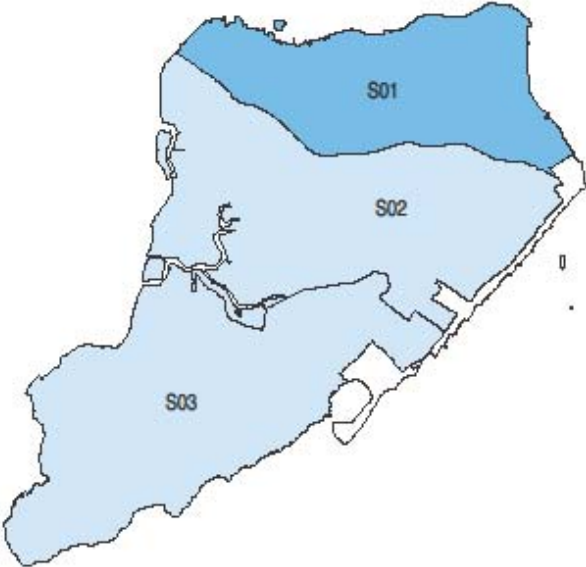
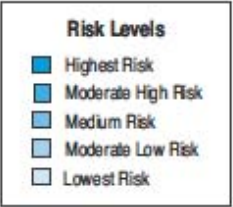
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Capacity Analysis by CD within a Borough

S.I. Children ages 5-17 years old

- ❖ CD with the most capacity:
 - Willowbrook
- ❖ CDs with the least capacity:
 - Tottenville
- ❖ Willowbrook is the Staten Island CD with the highest risk ranking within in the borough according to CCC's 2010 Keeping Track of New York City's Children.

Risks to Child Well-Being by Community District: Staten Island



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Summary

Summary – Meeting the need for Children’s Mental Health Treatment

- ❖ There are insufficient treatment slots to serve children in need of mental health treatment.

Summary – Bronx, Brooklyn and Staten Island – page 1

- ❖ Total Prevalence for Bronx, Brooklyn and Staten Island:
 - 27,288 children ages 0-4 with a behavioral need and
 - 163,766 children ages 5-17 with a mental health disorder
 - There are a total of 191,054 children with a mental health treatment need.
- ❖ The 47 providers had a total of 19,575 treatment slots for mental health treatment for children of all age ranges.
- ❖ On average, in those three boroughs, there were 426 treatment slots per provider including satellites.

Summary – Bronx, Brooklyn and Staten Island – page 2

- ❖ In order to meet the treatment needs of children in Brooklyn, Bronx and Staten Island,
 - If each treatment slot could serve 1 child annually, there would need to be 191,054 mental health treatment slots, an increase of 171,479 slots.
 - If each treatment slot could serve 2 children annually, there would need to be 95,527 mental health treatment slots, an increase of 75,952 slots.
 - If each treatment slot could serve 3 children annually, there would need to be 63,685 mental health treatment slots, an increase of 44,110 slots.
 - If each treatment slot could serve 4 children annually, there would need to be 47,764 mental health treatment slots, an increase of 28,189 slots.

Summary – Manhattan and Queens – page 1

- ❖ There was no slot analysis in Queens or Manhattan due to incomplete data collection.
- ❖ Prevalence in those boroughs:
 - 20,180 children ages 0-4 with a behavioral need and
 - 104,978 children ages 5-17 with a mental health disorder
 - Total of 125,158 children with a mental health treatment need.
- ❖ There are a combined 69 providers in Manhattan and Queens.

Summary – Manhattan and Queens – page 2

- ❖ In order to meet the treatment needs of children in Manhattan and Queens:
 - If each treatment slot could serve 1 child annually, there would need to be 125,158 mental health treatment slots.
 - If each treatment slot could serve 2 children annually, there would need to be 62,579 mental health treatment slots.
 - If each treatment slot could serve 3 children annually, there would need to be 41,719 mental health treatment slots.
 - If each treatment slot could serve 4 children annually, there would need to be 31,290 mental health treatment slots.

Recommendations

Data Collection

- ❖ CCC recommends that the City and State establish a process through which they can regularly determine clinic capacity and unmet need by tracking the number of treatment slots for children ages 0 to 4 and 5 to 17 for all Article 31 clinics and their satellites.
- ❖ CCC also suggests that DOHMH and OMH perform their own gap analysis once they have obtained slot capacity. In this way, the City and State could assess whether clinic capacity is sufficient, where additional resources are needed or outreach needed to create or fill slots.
- ❖ CCC also recommends that the City and State track service provision to the uninsured and underinsured at the clinic level when collecting data on treatment slot capacity.

Capacity and Prevalence

- ❖ CCC recommends that the City and State use this analysis and eventually their own gap analyses to target the expansion and support of community based mental health treatment services to communities where children's needs are great and underserved.

State Reforms Underway

- ❖ CCC recommends that the City and State use this analysis to inform development and expansion of child-serving health homes, behavioral health organizations, and managed care.
- ❖ CCC also recommends that the State and City conduct a Medicaid specific analysis regarding capacity of mental health treatment slots to service children on Medicaid, which can then further inform state changes around Medicaid and delivery of behavioral health treatment for children.

Sources

Data Sources - Prevalence

❖ Prevalence Data for 0-4 year olds:

Lavigne JV, Gibbons RD, Chirstofeel KK, et al (1996). *Prevalence Rates and Correlates of Psychiatric Disorder among Preschool Children*. J Am Acad Child Adolesc Psychiatry, 35:2, 204-214.

❖ Prevalence Data for 5-17 year olds:

- 1 in 5 children (20%) birth to 18 have a diagnosable mental health disorder. New York State Office of Mental Health, <http://www.omh.ny.gov/omhweb/nycat/> (accessed 8/23/11). *See also, Achieving the Promise: Transforming Mental Health Care in America, The President's New Freedom Commission on Mental Health (2003)*

- 1 in 10 children has a serious emotional disturbance. New York State Office of Mental Health and New York State Office of Alcohol and Substance Abuse Services, *Behavioral Health Organizations Selection Process Document Instruction (2011)* at page 9.

See also, Children's Team, MRT Behavioral Health Reform Workgroup, (2011) at slide 12 (http://www.omh.ny.gov/omhweb/childservice/mrt/kids_bho_orientation.pdf accessed 8/23/11).

Data Sources – Census & Other

- ❖ Census Data:

U.S. Bureau of the Census. 2006-2008 3-year American Community Survey.

- ❖ Additional Statistics:

Citizens' Committee for Children of New York, Inc., *2010 Keeping Track of New York City's Children* (2010).

How Risk Rankings Are Calculated

CCC's community risk rankings are based on the concept that the presence of multiple risk factors have a cumulative negative effect on a child's well being. The rankings incorporate several of our indicators of child risk and well being from each of eight categories - economic conditions, health, youth, housing, community life, safety, environment, and education.

To calculate the rankings, first the values of each indicator are standardized using a method called Linear Scaling Technique (LST) in order take into account each community's risk level relative to the risk levels of the other communities and to convert all the indicators to the same scale of measurement.

Second, for each community, we then take the average of the standardized indicator values within each of the eight categories to get a "risk score" for each category.

Third, and finally, communities are then placed into one of five ranking groups, ranging from lowest to highest risk, for each category. The overall risk ranking is based on an average of all of the category "risk scores."

There are about 36 different factors that CCC takes into account to create risk rankings. Some of the factors calculated into risk rankings include information from the following categories: economic conditions, health, youth, housing, community life, safety, environment and education.

Lead Collaborators

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- ❖ New York City Early Childhood Mental Health Strategic Workgroup: Evelyn Blanck, NY Center for Child Development
- ❖ Citizens' Committee for Children of New York, Inc. and former Senior Policy Associate, Joan Siegel

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