

# THRIVENYC: ENHANCING ACCESS TO MENTAL HEALTH SUPPORT FOR EVERY NEW YORKER IN NEED



## PARTNER AGENCIES & OFFICES

-  ACS
-  CUNY
-  DFTA
-  DHS
-  DOC
-  DOE
-  DOHMH
-  DVS
-  DYCD
-  H + H
-  HRA
-  NYPD

Since launched by First Lady Chirlane McCray and Mayor Bill de Blasio in 2015, ThriveNYC has worked to ensure that every New Yorker has access to mental health support, whenever and wherever they need it. In Fiscal 2019 this work was consolidated under the management of the new Mayor’s Office of ThriveNYC, which works in partnership with over ten City agencies to:

- Pilot new evidence-driven strategies to address mental health needs;
- Enhance mental healthcare equity by increasing access to mental health support outside of traditional clinical settings, in locations such as homeless shelters, senior centers, schools and community-based organizations; and
- Promote inclusion by reducing stigma and cultural barriers to care. ThriveNYC partners with communities to ensure that vulnerable populations know about and have access to mental health support.

In the last three years, ThriveNYC has brought mental health support to communities and locations where it never existed before, serving over 750,000 New Yorkers. ThriveNYC does this by implementing dozens of initiatives that enhance connections to care: providing new services to vulnerable populations; strengthening crisis prevention and response; intervening early; and developing the mental health workforce of the future.

All ThriveNYC programs are united by a commitment to six principles for achieving sustainable innovation: change the culture; act early; close treatment gaps; partner with communities; use data better; and strengthen government’s ability to lead.

In June 2019, the Mayor’s Office of ThriveNYC published the framework it will be using to measure the impact of its work. The framework includes a set of outcome indicators that were developed with experts at the City University of New York’s Institute for State and Local Governance and in partnership with the City agencies that implement ThriveNYC programs. Depending on how the data is collected for each measure, such as through an annual survey, regular client screening or observation, the data will be updated either quarterly, semi-annually or annually.

To measure ThriveNYC’s work, the City is using an approach similar to that used in evaluating other large-scale public health strategies, such as efforts to reduce obesity or smoking-related fatalities. In the first few years of ThriveNYC, the City closely monitored implementation, tracking hundreds of metrics on the number of people reached by ThriveNYC’s programs and the overall progress of implementation. The outcome framework published in June 2019 reflects a second phase of measurement, which looks more closely at whether new programs are making an impact in the lives of those served. ThriveNYC’s approach to measurement also leverages the expertise of external researchers to conduct formal programmatic evaluations and to refine which long-term, population-level measures are appropriate to associate with ThriveNYC’s work.

- Mayor’s  
Community  
Affairs Unit
- Mayor’s Office  
to End Domestic  
and Gender  
Based Violence
- Mayor’s Office  
for Economic  
Opportunity
- Mayor’s Office  
of Operations
- NYC Children’s  
Cabinet

## ELIMINATE BARRIERS TO CARE

One in five adults in New York City experiences a mental health disorder in any given year. Yet hundreds of thousands of individuals in need are not connected to care. For example, over half a million adult New Yorkers are estimated to have depression, yet less than 40 percent reported receiving care for it in 2014. Some barriers to care are cultural, while others are limited by a lack of resources available nearby. For some, navigating complicated bureaucracy or insurance issues can make it difficult to seek help. Others are overwhelmed by stigma or do not want to admit that they are struggling.

ThriveNYC works to address these barriers and increase access to care in many ways. In Fiscal 2019, 29,640 community members and 21,266 front-line City employees were trained in Mental Health First Aid, bringing the three-year total to 127,150. Hiring challenges in Fiscal 2019 delayed progress toward this year's Mental Health First Aid training targets. The Office of ThriveNYC and DOHMH anticipate improved staff capacity in Fiscal 2020 and will work together with other City agencies toward the training target in Fiscal 2020. Mental Health First Aid is an evidence-driven, free eight-hour training that helps people become more comfortable talking about mental health, listening to others, recognizing signs and symptoms of mental illness, and helping direct people in need to relevant services. Mental Health First Aid is conducted regularly in English, Mandarin and Spanish and other languages by request. There are also Mental Health First Aid classes specifically designed for veterans and their families, youth and people who work with youth, and for LGBTQ+ people. The Department of Homeless Services has now mandated this training for all homeless shelter staff.

NYC Well is the City's comprehensive mental health helpline. Available by call, text or online chat, NYC Well provides a safe, easy way for New Yorkers to connect to care no matter where they are, what emotional state they are in, or what signs and symptoms they express. Trained counselors provide brief counseling, peer support, assistance navigating the mental healthcare system, and help setting appointments with mental healthcare providers. The service is free, confidential and has the capacity to respond in over 200 languages. NYC Well answered 274,365 calls, texts and chats from people seeking mental health support in Fiscal 2019, for a total of 705,952 since launching in 2016.

The Connections to Care (C2C) program is an innovative partnership between fourteen community-based organizations, ThriveNYC, NYC Opportunity, the Mayor's Fund and the Department of Health and Mental Hygiene. In Fiscal 2019, C2C trained 375 employees (for a total of 1,680 since 2016) from participating community-based organizations to act as front-line responders to screen their clients for mental health needs, offer direct support when appropriate, and link to local health providers for further care if needed. In Fiscal 2019, over 14,500 people from all five boroughs received services through C2C (over 34,000 since launch in 2016), including over 1,300 who were referred to outside care, for a total of over 3,700 since launch.

## REACH PEOPLE WITH THE HIGHEST NEED

Many who are particularly vulnerable to mental illness—often those who have been exposed to trauma—are especially underserved. ThriveNYC implements programs that bring new, dedicated support to these individuals, with a current focus on victims of crime, families living in shelters, seniors, veterans and vulnerable young people.

From 2016 to the end of Fiscal 2019, the Crime Victim Assistance Program supported over 115,500 people, 59,008 of whom were served through the program in Fiscal 2019. Before the launch of ThriveNYC, many crime victims navigated the complicated landscape of the criminal justice and social service systems alone. Just three precincts had one onsite victim advocate to serve victims of domestic violence. Now, through ThriveNYC throughout New York City victims of any kind of crime can be served by the Crime Victim Assistance Program, which operates in precincts and Housing Police Service Areas citywide.

In Fiscal 2019, over 560 seniors struggling with mental health issues were treated by clinicians now onsite in 25 senior centers operated by the Department for the Aging (DFTA). Over 830 seniors have received both short-term and ongoing clinical treatment through this program in the last three years. In order to help break down the stigma of seeking mental health services that some seniors feel, the clinicians offer a variety of engagement and support activities, which encourage the seniors to accept help. Before ThriveNYC, many seniors went without ready access to mental health support. Services for homebound older adults at risk of profound social isolation and loneliness were scarce. Through ThriveNYC, the City has added clinicians to 25 senior centers operated by DFTA and will expand to an additional 23 senior centers in Fiscal 2020. Of those seniors receiving clinical mental health treatment, 75 percent were treated onsite while the remaining 25 percent were either already in care elsewhere, referred for off-site services or refused care. Since

launch, 65 percent of seniors suffering from anxiety and 56 percent of seniors suffering from depression who received onsite treatment have shown improvement, according to regular client screenings conducted by clinicians.

In partnership with ThriveNYC, the Department of Homeless Services (DHS) has placed 327 licensed social workers in contracted shelters for families with children. These clinicians served thousands of families in need comprised of more than 13,780 New Yorkers since the inception of the program in 2016, with 7,570 people served in Fiscal 2019. Previously, families served by these shelters did not have ready access to dedicated social work staff specifically focused on providing social work services.

The Department of Youth and Community Development (DYCD) funds Runaway and Homeless Youth residences and drop-in centers, which provide specialized services for vulnerable young people, including LGBTQ+ identifying young people. Since 2016, ThriveNYC has invested in DYCD's Runaway and Homeless Youth (RHY) programs to enhance mental health services offered to young people residing in more than 30 RHY residences and to young people seen in drop-in centers. Mental health professionals served over 2,500 young people in Fiscal 2019, and over 11,000 young people have been served since the program launched in 2016.

## **STRENGTHEN CRISIS PREVENTION AND RESPONSE**

The needs of New Yorkers with serious mental health conditions are complex, and hospitalization is not always the answer. To help people with serious needs stay in their communities, ThriveNYC implements several innovative programs, including mobile early intervention and long-term treatment programs.

In the last three years, Co-Response Teams, a collaboration between the New York City Police Department and the Department of Health and Mental Hygiene, have assisted more than 1,043 people across the City, 618 of whom were served in Fiscal 2019. Each team includes two police officers and one behavioral health professional. Teams are available 16 hours a day, seven days a week to assist people with mental illness and substance use disorders who may pose risk to themselves or others. Since launch, 84 percent of the people engaged by Co-Response Teams were successfully connected or re-connected to care or another stabilizing support, including services, transportation to, and referrals for community-based treatment, including medical, mental health, legal, housing, and a range of other social and clinical services.

ThriveNYC also partners with the Department of Health and Mental Hygiene to implement several new mobile treatment team models. As one example, ThriveNYC has supported the addition of a Substance Use Specialist on 40 of the City's Assertive Community Treatment (ACT) Teams. ACT teams provide intensive, mobile mental health treatment and rehabilitation services to New Yorkers with serious mental illnesses. These teams have the capacity to serve 2,720 individuals at a time.

ThriveNYC has also supported five Forensic ACT Teams, which provide the same intensive mental health treatment and rehabilitation services as traditional ACT teams, and include additional staff and training to serve up to 340 individuals at a time with current or recent justice system involvement.

ThriveNYC has also supported the creation of seven Intensive Mobile Treatment (IMT) teams that can serve up to 189 individuals per year. IMT Teams provide a uniquely flexible model of mental health treatment and intensive support to adults with mental illness and/or substance use disorders, homelessness and/or transience and escalating behaviors.

## **DEVELOP RESILIENCY FOR THE YOUNGEST NEW YORKERS**

Half of all lifetime mental health disorders appear before the age of 14. Grounded in research showing that early identification and treatment of mental health disorders has been shown to build positive mental health in the long-term, ThriveNYC supports several programs to promote the healthy development and life-long resiliency of young New Yorkers.

ThriveNYC has significantly enhanced access to mental health support in the City's public schools. Over 50 percent of New York City public schools now have access to professional mental health experts to build the capacity of school staff through training and customized mental health plans. DOE provides significant onsite mental health support in schools. In Fiscal 2019, ThriveNYC partnered with DOE to offer onsite mental health clinicians to 173 schools and onsite mental health clinics in 68 schools.

Every Pre-K site in New York City has access to social emotional learning resources, including tools for families, and training in social emotional learning for teachers, program leaders and social workers. In Fiscal 2019, 2,198 Pre-K program leaders, teaching staff, social workers and parents/adult-caregivers participated in social emotional training, bringing the total to 5,564 people trained over the last three years.

Additionally, in June 2019, ThriveNYC announced that it will partner with the Department of Education (DOE) in School Year 2019-2020 to add 85 licensed social workers to provide direct clinical care and mental health services to students and schools at times of crisis.

## DEVELOP THE MENTAL HEALTH WORKFORCE OF THE FUTURE

ThriveNYC is committed to building a diverse, multi-lingual mental health workforce, a critical investment in order to ensure that every New Yorker can access mental health support.

Beginning on January 1, 2020, Health + Hospitals will oversee the redesigned Mental Health Service Corps, an innovative treatment and training program building a diverse, multi-lingual mental health workforce skilled in collaborative care. Under the renovated program, Health + Hospitals will supervise early-career mental health clinicians in behavioral health and primary care settings sites across the Health + Hospitals system. This groundbreaking program was launched in 2016 and will continue in its current form until December 31, 2019. It is currently managed by the Department of Health and Mental Hygiene and operated by the City University of New York.

In Fiscal 2019, the Mental Health Services Corps provided clinical services to more than 28,361 individuals at sites across all five boroughs, bringing the total served to over 64,000 since the program began collecting data in 2017. Seventy-six percent of these sites are in federally designated health and mental health professional shortage areas. The program has helped participating early-career mental health clinicians earn more than 141,000 hours toward their clinical licensure in Fiscal 2019 and over 310,000 hours since the program launched.

SELECTED PERFORMANCE INDICATORS	Actual				Target	
	FY16	FY17	FY18	FY19	FY19	FY20
<b>Eliminate barriers to care</b>						
People who live or work in NYC trained in Mental Health First Aid (with DOHMH)	NA	18,656	46,761	50,564	72,000	76,000
Supportive connections provided by NYC Well, a behavioral health helpline (with DOHMH)	NA	152.6	256.6	274.4	*	*
Individuals who received mental health support through Connections to Care (with OEO)	NA	7,532	12,080	14,885	9,292	10,900
<b>Reach people with the highest need</b>						
Individuals who, after reporting a crime, received support to deal with the emotional, physical and financial aftermath of crime through the Crime Victim Assistance Program (with NYPD)	NA	16,088	40,410	59,008	*	*
Requests from veterans, family members and caregivers that resulted in a successful connection to care, services or resources (with DVS)	NA	194	282	293	285	285
Young people who received mental health support in a City-funded residential program or drop-in center serving runaway and homeless youth (with DYCD)	NA	2,408	2,802	2,569	2,800	2,800
Families living in shelter who received onsite biopsychosocial screenings from mental health clinicians (with DHS)	NA	392	4,975	7,570	*	*
<b>Strengthen crisis prevention and response</b>						
Individuals who received services from long-term mobile community-based treatment providers (with DOHMH) (Includes ACT, FACT, and IMT Teams)	NA	NA	NA	4,979	*	*

SELECTED PERFORMANCE INDICATORS	Actual				Target	
	FY16	FY17	FY18	FY19	FY19	FY20
Individuals connected to services by a Co-Response Team (with DOHMH/NYPD)	33	186	260	618	*	*
<b>Develop resiliency for the youngest New Yorkers</b>						
Schools with access to ThriveNYC-funded onsite clinical mental health services (with DOE/DOHMH)	NA	130	129	173	173	173
Mental health workshops and trainings conducted for teachers, school staff, mental health professionals, families, and students (with DOE/DOHMH)	NA	3,920	6,602	9,479	*	*
<b>Develop the mental health workforce of the future</b>						
Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians (with DOHMH)	NA	NA	24,432	28,361	*	*

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator ‘Individuals trained in MHFA (DOHMH)’ was revised to ‘People who live or work in NYC trained in Mental Health First Aid (with DOHMH).’ This revision more fully articulates the range of individuals reached and the skills developed through this training.
- The indicator ‘Total number of answered contacts by NYC Well (DOHMH)’ was revised to ‘Supportive connections provided by NYC Well, a behavioral health helpline (with DOHMH).’ This revision more fully describes the impact of NYC Well.
- The indicator ‘Individuals served by NYC Mental Health Service Corps (DOHMH)’ was revised to ‘Individuals who received clinical services from Mental Health Service Corps behavioral health clinicians (with DOHMH).’ This revision better describes the structure and goals of this program. In January 2020, the management of this program will transfer from the Department of Health and Mental Hygiene (DOHMH) to Health + Hospitals.
- The indicator ‘Participants served by C2C (OEO)’ was revised to ‘Individuals who received mental health support through Connections to Care (with OEO).’ This revision more fully describes the structure and goals of the Connections to Care (C2C) program. In addition, the Fiscal 2018 total has been revised to reflect updated data.
- The indicator ‘Connections to advocacy services for crime victims (NYPD)’ was revised to ‘Individuals who, after reporting a crime, received support to deal with the emotional, physical and financial aftermath of crime through the Crime Victim Assistance Program (with NYPD).’ This indicator better captures the multitude of services available through the Crime Victim Assistance Program, including advocacy services, safety planning and assessment, navigating the criminal justice system, conducting home visits and connections to mental health care.
- The indicator ‘Runaway and homeless youth served (DYCD)’ was revised to ‘Young people who received mental health support in a City-funded residential program or drop-in center serving runaway and homeless youth (with DYCD)’ to better describe the services being delivered to the individuals captured in this data point. In addition, the target for Fiscal 2019 was increased from 2,250 to 2,800 because of the opening of additional facilities.
- The indicator ‘Families living in shelter who received onsite biopsychosocial screenings from mental health clinicians (with DHS)’ was added under “Reach people with the highest need.” This new indicator measures ThriveNYC’s partnership with the Department of Homeless Services to address the mental health needs of families living in shelters.

- The indicator ‘Requests from veterans, family members and caregivers that resulted in a successful connection to care, services or resources (with DVS)’ was added under “Reach people with the highest need.” This new indicator reflects the number of veterans supported through ThriveNYC’s partnership with the Department of Veterans’ Services.
- The indicator ‘Individuals who received services from long-term mobile community-based treatment providers (with DOHMH)’ was added under “Strengthen Crisis Prevention and Response.” This indicator aggregates the number of individuals served by multiple mobile teams focused on providing intensive and continuous care and treatment to individuals living with a serious mental illness. These teams include: Intensive Mobile Treatment (IMT), Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment teams (FACT).
- The indicator ‘Schools with access to Thrive-funded onsite clinical mental health services (with DOE/DOHMH)’ replaces ‘Schools served by the school Mental Health Consultant Program (DOE).’ This new indicator better captures ThriveNYC’s partnership with the Department of Education to expand mental health services in high-need schools.
- The indicator ‘Mental health workshops and trainings conducted for teachers, school staff, mental health professionals, families, and students (with DOE/DOHMH)’ was added under “Develop resiliency for the youngest New Yorkers.” This new indicator measures ThriveNYC’s partnership with the Department of Education to promote mental health and well-being in the City’s Pre-K through grade 12 public schools and includes Community Schools, Prevention and Intervention Program, School Mental Health Consultants, Social Emotional Learning (Pre-K, Trauma Smart, and Early Childhood Mental Health Network), and Youth Mental Health First Aid.
- The indicator ‘Individuals connected to services by a Co-Response Team (with DOHMH/NYPD)’ was added under “Strengthen Crisis Prevention and Response.” This new indicator measures an important ThriveNYC inter-agency collaboration with NYPD and DOHMH. Service provisions include verification of services, referrals to new services or transport.
- The indicators ‘Teachers, assistant teachers, paraprofessionals and social workers that have attended Social-Emotional Learning professional development (DOE),’ ‘Individuals (staff and parents) who received mental health consultation in early care and education programs (DOHMH),’ ‘Eligible families residing in DHS shelters who have been successfully visited by the Newborn Home Visiting Program (DOHMH),’ ‘Maternal depression screenings conducted for clients visited by the Newborn Home Visiting Program (DOHMH),’ ‘Naloxone Kits distributed from DOHMH to Opioid Overdose Prevention Programs (DOHMH),’ ‘Direct callers/texters/chatters (non-service providers) who report that they are accessing mental health care for the first time (DOHMH) (%)’ were replaced with the new indicators above that more accurately reflect the focus and scope of ThriveNYC’s programmatic work.

## ADDITIONAL RESOURCES

For additional information on items referenced in the narrative, go to:

- Thrive News  
<https://thrivenyc.cityofnewyork.us/news/>