

# THRIVENYC: A MENTAL HEALTH ROADMAP FOR ALL



ThriveNYC is the de Blasio Administration’s response to a critical public health crisis; one in five adult New Yorkers is likely to experience a mental health disorder in any given year. Adults are not the only ones who suffer—50 percent of all lifetime cases of mental illness begin by age 14. ThriveNYC puts New York City at the forefront of the movement to develop a comprehensive solution to a pervasive public health problem.

ThriveNYC’s initiatives are organized around six guiding principles:

- Change the Culture
- Act Early
- Close Treatment Gaps
- Partner with Communities
- Use Data Better
- Strengthen Government’s Ability to Lead

In January 2019, First Lady of New York City Chirlane McCray announced the creation of the Office of ThriveNYC, bringing the initiative to the next phase: integrating mental health policy work and building out Thrive programs across all City agencies to ensure the initiative is a sustainable part of how the administration addresses a host of challenges across New York City. Under her continuing leadership, the Office of ThriveNYC will pursue its mission to serve New Yorkers who need mental health services and adhere to the initiative’s underlying key principles for innovation and action in mental health.

## CHANGE THE CULTURE

Stigma associated with mental health prevents people from getting the care they need; ThriveNYC is changing this culture by encouraging every New Yorker to be part of the solution.

Highlights of accomplishments during the first four months of Fiscal 2019 under *Change the Culture* include:

- The City continued to expand Mental Health First Aid by successfully training 16,700 New Yorkers, bringing the total number of trained First Aiders to 86,346 by the end of October 2018. Efforts are in place to continue collaboration with private and public organizations to provide trainings.
- NYPD’s Crime Victim Assistance Program (CVAP) helps mitigate trauma in the aftermath of crime. The program was fully implemented in August 2018 and is now serving crime victims citywide. During the first four months of Fiscal 2019, 56 advocates were placed in 22 precincts, bringing the total since launch in Fiscal 2017 to 166 advocates in all 77 precincts and nine Police Service Areas (PSAs). Each of the precincts and PSAs now have a general crime victim advocate and a specialized Domestic Violence Victim Advocate, or an advocate managing both roles to address all categories of crime. During the current reporting period, CVAP made 4,841 connections to advocacy services for crime victims. Advocates’ work includes helping to mitigate trauma, developing a safety plan and

## PARTNER AGENCIES & OFFICES

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

Mayor’s  
Community  
Affairs Unit

Mayor’s Office  
to End Domestic  
and Gender-  
Based Violence

Mayor’s Office  
of Criminal  
Justice

Mayor’s Office  
for Economic  
Opportunity

Mayor’s Office  
of Operations

NYC Children’s  
Cabinet

NYC Digital

providing information and guidance regarding victims' rights and options as they go through the criminal justice process.

## ACT EARLY

Early intervention is key to preventing or mitigating the effects of mental illness. By investing in the mental health of the youngest New Yorkers, the City can safeguard its children's futures.

Highlights of ThriveNYC's accomplishments during the first four months of Fiscal 2019 under *Act Early* include:

- Social-Emotional Learning (SEL) helps children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions; show empathy for others; and maintain positive relationships. During the reporting period, 69,907 students were served in Pre-K programs with SEL. Additionally, 4,127 students in the Administration for Children's Services (ACS) EarlyLearn NYC program were enrolled in programs with SEL staff.
- DOHMH's Early Childhood Mental Health Network provides mental health supports and a referral pathway for families. The Network's seven early childhood therapeutic centers provide specialized mental health treatment to 814 families with children under five; mental health consultation to 958 EarlyLearn staff and caregivers at 66 sites; and family peer support services to 347 families. In addition, the Network's training and technical assistance center trained 360 clinical staff and early childhood allied professionals in topics and best practices related to early childhood mental health and social-emotional development.
- The Mental Health Program in Community Schools works to improve academic outcomes by helping schools to address students' emotional well-being and to support their healthy social, emotional and behavioral development. In collaboration with the Office of Community Schools, the Office of School Health (PSH) manages the implementation of mental health services at 130 Community Schools. The program aims to achieve its goal by: 1) building capacity of educators to understand and address students' mental health needs and encourage help-seeking behaviors; 2) connecting schools, students and families to mental health information, services, resources and support; and, 3) creating positive school environments that foster students' social and emotional development. All Community Schools use a three-tiered mental health plan to address the unique needs of the students and school community: Tier 1 – universal interventions that benefit all students and school staff; Tier 2 – selective interventions for students who need supportive services; and Tier 3 – targeted interventions for students who have a specific problem, concern or diagnosis provided by a mental health clinician.
- The Newborn Home Visiting Program (NHVP) includes home-visiting and education around an array of topics related to parenting and child development such as secure attachment, bonding, breastfeeding support and infant safety. During the reporting period, 475 eligible families residing in the Department of Homeless Services shelters were visited by the NHVP. Since ThriveNYC's November 2015 launch through October 2018, 3,545 families were visited and 2,832 maternal depression screenings were conducted.

## CLOSE TREATMENT GAPS

Many people with mental illness experience barriers to treatment that impede their recovery. By finding and closing treatment gaps the City can create an integrated mental health system that works for everyone.

Highlights of ThriveNYC's accomplishments during the first four months of Fiscal 2019 under *Close Treatment Gaps* include:

- DOHMH provides organizations registered as Opioid Overdose Prevention Programs (OOPPs) in NYC with free naloxone, a medication that reverses the effects of opioid overdose and saves lives. Between July 2016 and October 2018, 175,793 naloxone kits have been distributed to OOPPs. The naloxone provided to OOPPs is dispensed to clients in various settings, including syringe exchange programs, drug treatment programs, homeless shelters, supportive housing, re-entry programs, emergency departments and many other community based organizations across neighborhoods in the City.

- NYC Well, the City's free, comprehensive, 24/7/365 one-click, one-call point of entry to citywide behavioral services, launched in October 2016. The service can be accessed via phone, text or chat and delivers crisis counseling and referral to behavioral health services, including mobile crisis, follow-up services and peer support services. Since launching, NYC Well has answered over 519,364 inbound calls, texts, or chats, 86,716 of which were answered during the current reporting period.
- The Department of Youth and Community Development (DYCD) served 1,177 individuals with ThriveNYC resources in its Runaway and Homeless Youth system and 3,836 individual counseling sessions were held during the first four months of Fiscal 2019. The program has launched four 24/7 drop-in centers; there is now one center in each of the five boroughs. Participants receive services including psychological evaluations, referrals, and individual and group therapy.

## PARTNER WITH COMMUNITIES

New Yorkers are more likely to access services in places they already go to receive care. By partnering with communities, the City can harness the wisdom and trust of community-based organizations (CBOs) to connect more New Yorkers with mental health care.

Highlights of ThriveNYC's accomplishments during the first four months of Fiscal 2019 under *Partner with Communities* include:

- The NYC Mental Health Service Corps (MHSC) program placed clinicians at primary care practices, mental health clinics and substance use disorder programs in high-need communities throughout all five boroughs of the City, bringing the total number of participating practices citywide to 214. MHSC behavioral health clinicians provided services to 6,691 new individuals in the first four months of Fiscal 2019, in addition to those who were served in Fiscal 2018 and continued to receive services into Fiscal 2019.
- Connections to Care (C2C) brings mental health resources to CBOs that provide a range of social services. Since program launch in Fiscal 2017, C2C CBOs and their mental health providers have trained more than 1,400 CBO staff, surpassing C2C's five-year goal, and have increased the coaching and supervision supports provided to staff by 60 percent over Fiscal 2016. These CBO staff have used new skills to identify unmet mental health needs and provide evidence-informed health promotion activities like psychoeducation, serving over 23,000 individuals. In Fiscal 2019, C2C providers continued strengthening pathways to clinical care for CBO participants who want and need it. Of those referred to clinical care, approximately 70 percent successfully connect to a provider. Early implementation findings from a RAND Corporation evaluation include that C2C staff and leaders see the program as driving a positive shift in organizational culture surrounding mental health, and that C2C providers perceive positive benefits to staff and client mental health. Most notably, CBOs report reduced stigma and increased comfort among staff discussing and addressing mental health concerns.

## USE DATA BETTER

The City is investing in collecting better data to measure progress and determine where to focus future efforts. The City is also helping other stakeholders use data better and adopt proven methods.

- The Mental Health Innovation Lab was established to help drive the use of evidence-based best practices, test new strategies and interventions and ensure that data is put to work on behalf of efforts to create real change for New Yorkers. During the reporting period, the lab engaged in collaborative efforts to evaluate the overall outcomes of the ThriveNYC initiative, and has continued to provide support on collaborative projects including the following ThriveNYC initiatives: Maternal Depression, Early Years Collaborative, C2C and the ThriveNYC Learning Center.

## STRENGTHEN GOVERNMENT'S ABILITY TO LEAD

- The Mental Health Council was established by Executive Order and is comprised of more than 20 City agencies from every sector of government, charged with ensuring the success of ThriveNYC by looking at policy and programming through a mental health lens. The Mental Health Council has identified and engaged in activities aligned with cross-agency objectives, such as addressing substance misuse, community inclusion and the promotion of workplace

mental health best practices. These best practices include facilitating interagency efforts around Mental Health First Aid and the dissemination of mental health resources and information for City employees and their families.

- The Cities Thrive Coalition, spearheaded by the First Lady of New York City, recruited and mobilized over 200 cities, representing all 50 states and Washington, D.C., to advocate for a stronger, better funded and more integrated behavioral health system. Member cities have committed to promote local level mental health reforms that align with Thrive’s six principles.
- For the third year in a row, ThriveNYC organized a Weekend for Mental Health. Over 2,000 houses of worship and community groups in all 50 states, Puerto Rico and Washington D.C. dedicated time to open conversations about mental health and substance misuse using a resource toolkit developed by ThriveNYC.

SELECTED PERFORMANCE INDICATORS	Actual		4-month Actual		Target	
	FY17	FY18	FY18	FY19	FY19	FY20
<b>Change the Culture</b>						
Individuals trained in Mental Health First Aid (DOHMH)	18,656	46,761	11,020	16,700	72,000	76,000
Connections to advocacy services for crime victims (NYPD)	1,832	7,039	1,931	4,841	4,800	5,200
<b>Act Early</b>						
Teachers, assistant teachers, paraprofessionals and social workers that have attended Social-Emotional Learning professional development (DOE)	772	864	147	364	650	650
Students who received targeted mental health services in Community Schools (DOE)	3,316	27,031	4,005	4,498	*	*
Schools served by the school Mental Health Consultant Program (DOE)	800	897	862	928	929	929
Eligible families residing in DHS shelters who have been successfully visited by the Newborn Home Visiting Program (DOHMH)	1,252	1,329	457	475	1,100	1,100
Maternal depression screenings conducted for clients visited by the Newborn Home Visiting Program (DOHMH)	1,089	1,166	378	365	840	840
Individuals (staff and parents) who received mental health consultation in early care and education programs (DOHMH)	1,584	2,532	1,629	958	1,500	1,500
<b>Close Treatment Gaps</b>						
Naloxone kits distributed from DOHMH to Opioid Overdose Prevention Programs (DOHMH)	30,671	98,890	31,296	46,231	80,000	100,000
NYC Well: Direct callers/texters/chatters (non-service providers) who report that they are accessing mental health care for the first time (DOHMH) (%)	16%	13%	14%	10%	*	*
Total number of answered contacts by NYC Well (DOHMH) (000)	152.6	256.6	89.0	86.7	↑	↑
Runaway and homeless youth served (DYCD)	2,408	2,802	927	1,177	2,800	2,800
<b>Partner with Communities</b>						
Individuals served by NYC Mental Health Service Corps (DOHMH)	N/A	24,435	8,484	6,691	*	*
Participants served by Connections to Care (Mayor's Office for Economic Opportunity)	7,532	11,927	958	3,079	9,292	10,946

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator 'Connections to advocacy services for crime victims (NYPD)' was added under the guiding principle 'Change the Culture.'
- The Fiscal 2017 and Fiscal 2018 totals for 'Individuals trained in Mental Health First Aid (DOHMH)' have been revised to reflect updated data.
- The indicators 'Teachers, assistant teachers, paraprofessionals and social workers that have attended Social Emotional Learning professional development (DOE),' 'Students who received targeted mental health services in Community Schools (DOE)' and 'Maternal depression screenings conducted for clients visited by the Newborn Home Visiting Program (DOHMH)' were added under the guiding principle 'Act Early.'
- The Fiscal 2017 and Fiscal 2018 totals for 'Schools served by the school Mental Health Consultant Program (DOE)' have been revised to reflect updated data.
- The total for the first four months of Fiscal 2018 for 'Eligible families residing in DHS shelters who have been successfully visited by the Newborn Home Visiting Program (DOHMH)' has been revised to 457. The previously reported 697 in the February 2018 Preliminary Mayor's Management Report was a reporting error.
- ThriveNYC revised Fiscal 2019 targets for the following indicators: 'Schools served by the school Mental Health Consultant Program (DOE),' 'Eligible families residing in DHS shelters who have been successfully visited by the Newborn Home Visiting Program (DOHMH)' and 'Runaway and homeless youth served (DYCD).'
- Naloxone kit distribution is funded through combined ThriveNYC and other mayoral funds, including those from HealingNYC.
- The indicator 'Individuals (staff and parents) who received mental health consultation in early care and education programs (DOHMH)' represents only the new unique individuals who are receiving mental health consultation for the first time. Individuals who received services in Fiscal 2018 and are continuing to receive services are not included in this figure.
- The indicator 'Total number of answered contacts by NYC Well (DOHMH) (000)' replaces 'NYC Well: Inbound calls, texts, and chats answered within 30 seconds or less (DOHMH) (%)'. The new indicator was added to give additional context to the indicator 'NYC Well: Direct callers/texters/chatters (non-service providers) who report that they are accessing mental health care for the first time (DOHMH) (%)'.
- ThriveNYC revised the Fiscal 2018 four-month actual for the indicator 'Runaway and homeless youth served (DYCD).'
- The indicator 'Mental Health Service Corps clinicians ever placed in primary care or behavioral health settings' was replaced with 'Individuals served by NYC Mental Health Service Corps (DOHMH)' to show the additional services the Corps is providing in communities across the City in high-need of mental health services.
- The indicator 'Participants served by Connections to Care' replaced the previous indicator 'Staff trained through Connections to Care' to show the progression of this program in attaining its goal of reaching high-need populations. The Fiscal 2019 four-month actual total for this indicator reflects data through September 30, 2018.

## ADDITIONAL RESOURCES

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

- ThriveNYC: Year End Update:  
[https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/Thrive\\_Year\\_End\\_Updated-1.pdf](https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/Thrive_Year_End_Updated-1.pdf)

