

Program Measurement: Outcome Measures

GOAL 1: PROMOTE MENTAL HEALTH FOR THE YOUNGEST NEW YORKERS

Implementation partner	Program	Program description	Outcome measures
Administration for Children's Services	Attachment and Bio-Behavioral Catch-Up (ABC)	Attachment and Bio-Behavioral Catch-Up (ABC) is an evidence-based, in-home parent training delivered to primary caregivers, along with their infants and toddlers. The goals of ABC are to ensure nurturing care, increase caregiver sensitivity and support the healthy brain development of children who have experienced early adversity and trauma. ABC is only provided to infants and toddlers between the ages of six and 48 months who are currently placed or recently resided in a regular family foster care program.	<p>Percentage of positive change in caregiver sensitivity following ABC services, among caregivers for whom a baseline assessment indicated low caregiver sensitivity (Caregiver sensitivity is defined as a caregiver's ability to accurately perceive his or her child's signals and promptly and effectively respond to these signals; this measure compares baseline assessment to post-intervention assessment)</p> <p>Percentage of positive change following ABC services in number of children assessed to be "at risk" of socioemotional problems, among children assessed to be "at risk" of socioemotional problems at intake (this measure compares baseline assessment to post-intervention assessment)</p>
Department of Education and Department of Health and Mental Hygiene	Mental Health Services for High-Needs Schools	Symptoms of mental health conditions frequently emerge before the age of 14. The Office of School Health implemented new mental health services at 173 high-needs schools serving grades K through 12. Participating schools have on-site clinical services, including group and individual counseling for students, to integrate mental health services in school settings, improve the mental health outcomes of students, and build schools' capacities to address the mental health needs of their school communities.	<p>Percentage of students who have shown improvement at discharge from a clinical intervention, as compared to admission</p> <p><i>(Data will be reported beginning in summer 2020)</i></p>
Department of Education	School Response Clinicians (SRCs)	A partnership between ThriveNYC and the Department of Education, the School Response Clinicians program is comprised of 85 licensed clinical social workers who support students facing crises across the City in order to reduce the practice of school staff calling 911 and reduce trips to emergency departments. The School Response Clinicians provide care for students in times of immediate emotional distress including intermediate onsite clinical counseling and connecting students to long-term care if necessary.	<p>Percentage change in emergency medical service (EMS) transports to a hospital for a psychological or emotional condition, among restorative justice expansion schools, which are prioritized in this program</p> <p><i>(Data will be reported beginning in summer 2020)</i></p>

<p>Department of Education and Department of Health and Mental Hygiene</p>	<p>Social-Emotional Learning (SEL): Universal Pre-K, Trauma Smart, Early Childhood Mental Health Network</p>	<p>ThriveNYC supports three social-emotional learning programs:</p> <p>Universal Pre-K: Social, emotional, and behavioral regulation skills are foundational for learning and well-being. Pre-K programs provide social-emotional learning support to students, families, Pre-K leaders and Pre-K teaching teams.</p> <p>Trauma Smart: A significant proportion of young children in New York experience trauma which can have negative consequences for their development and life outcomes. Through the Trauma Smart model, teachers and staff in the City’s EarlyLearn programs participate in year-long training and receive on-site coaching to improve their classroom environment and approach teaching through a trauma-informed lens. These practices aim to mitigate the negative consequences of trauma.</p> <p>Early Childhood Mental Health Network: The Early Childhood Mental Health Network provides mental health support for young children and their families, helping to address challenges early. Mental health professionals consult with early childhood programs partnered with the Department of Education (DOE) to address program, classroom, and child-level challenges in order to strengthen the capacity of teachers and caregivers to support children. Seven early childhood therapeutic centers, open to all New York residents, located throughout the city offer specialized mental health treatment for children from birth to age five and their families, as well as access to family peer advocates and connection to ongoing support. Additionally, mental health professionals are able to receive specialized training in evidence-based practices and early childhood development through the Early Childhood Mental Health Training and Technical Assistance Center in order to increase the capacity and competencies of professionals working to identify and address the mental health needs of young children.</p>	<p>Universal Pre-K:</p> <p><u>For all Pre-K programs:</u> Percentage of Pre-K programs that promote an emotionally supportive environment for children, among programs that received an observation via the Classroom Assessment Scoring System in the previous school-year (<i>annual measure; data on this measure will be reported beginning in summer 2020</i>)</p> <p><u>For Pre-K sites where teachers and staff receive SEL training:</u> Percentage of teachers who have reported that they learned at least one skill or strategy to help children manage their feelings and behaviors</p> <p>Percentage of teachers who have reported that they applied at least one skill or strategy to help children manage their feelings and behaviors. <i>Data on this measure will be reported beginning in summer 2020.</i></p> <p>Percentage of teachers who have reported that at least one skill or strategy that they applied was effective in helping children identify their feelings, manage difficult feelings, follow classroom routines and rules, or follow teacher instructions. <i>Data on this measure will be reported beginning in summer 2020.</i></p> <p>Percentage of teachers who have reported that they have seen an increase in children’s ability to identify feelings, manage difficult feelings, follow classroom routines and rules, and/or follow teacher instructions, following training for teachers. <i>Data on this measure will be reported beginning in summer 2020.</i></p> <p><u>For pre-K programs with access to ParentCorps:</u> Percentage of parents/caregivers who have reported that they applied at least one of the skills or strategies learned through ParentCorps to help their children manage feelings and behaviors</p> <p>Percentage of parents/caregivers who have reported that at least one of the skills or strategies they applied were effective in helping their child identify their</p>
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<p>Department of Health and Mental Hygiene</p>	<p>Kognito: Online Mental Health Training for Classroom and School Staff</p>	<p>An evidence-based, online, interactive training, Kognito is available to all New York City public school staff. This training is designed to equip teachers and school staff to recognize early signs and symptoms of psychological distress, as well as engage students who may be in psychological distress and connect them with additional mental health support and resources in their schools and communities. Training modules are designed for elementary, middle and high school settings. The elementary school module includes training for school staff on how to have conversations with students' parents or caregivers.</p>	<p>Percentage of school staff who have reported feeling prepared to recognize a student in psychological distress post-training (compared to percentage pre-training; includes elementary, middle and high school training modules)</p> <p>Percentage of school staff who have reported feeling confident in their ability to discuss a concern with a student in psychological distress post-training (compared to percentage pre-training; includes elementary, middle and high school training modules)</p> <p>Percentage of school staff who have reported feeling confident in their ability to recommend mental health support services to a student in psychological distress post-training (compared to percentage pre-training; includes middle and high school training modules)</p> <p>Percentage of public elementary school staff who have reported feeling they had the ability to help parents be informed about mental health support services available to a student who was exhibiting signs of psychological distress (compared to percentage pre-training; includes elementary school training module)</p>
<p>Department of Education and Department of Health and Mental Hygiene</p>	<p>School Mental Health Consultants: Capacity Building and Technical Assistance</p>	<p>School Mental Health Consultants work with 46% of public schools to help school staff as well as parents and caregivers support the healthy social, emotional, and behavioral development of their students and build positive environments. Consultants work with schools to survey their existing resources, build custom mental health plans, and, as needed, connect students to mental health support in the school system and to clinical services in their community.</p>	<p>Percentage of schools that have completed goals in their School Mental Health plans</p> <p>Percentage of school staff who have reported that they have learned how the school environment supports overall student mental health</p>

			<p>Percentage of families who have reported that they have learned how the school environment supports overall student mental health</p> <p>Percentage of school staff who have reported that they have learned how trauma can impact a student's overall development and school performance</p> <p>Percentage of families who have reported that they have learned how trauma can impact a student's overall development and school performance</p> <p><i>(Data will be reported beginning in summer 2020)</i></p>
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GOAL 2: ELIMINATE BARRIERS TO CARE

Implementation partner	Program	Program description	Outcome measures
Department of Health and Mental Hygiene	NYC Well	NYC Well provides a single point of entry to the City's mental health and substance misuse services via comprehensive 24/7/365 support over the phone, through text messaging, or through online chat. NYC Well provides robust crisis counseling, referrals to ongoing care, help with scheduling appointments, connection to mobile crisis services, peer support, and follow-up. NYC Well works to connect people to appropriate services regardless of insurance or immigration status. Any New Yorker in need - or who knows someone in need - can call 888-NYC-WELL (1-888-692-9355), text WELL to 65173, or chat online at nyc.gov/nycwell .	<p>Percentage of callers who have reported being satisfied with the services provided by NYC Well</p> <p>Percentage of callers who have reported that the conversation they had with NYC Well helped them</p>
Department of Health and Mental Hygiene	Mental Health First Aid Training	Mental Health First Aid (MHFA) is an evidence-driven, free, eight-hour training that is regularly provided seven days a week in all five boroughs to expand the number of people who can help New Yorkers in need. Conducted regularly in English, Mandarin and Spanish, MHFA helps trainees recognize mental health needs, learn how to talk about them, and learn where to direct people in need to ongoing care.	<p>Percentage of MHFA trainees who have reported that they shared the knowledge they gained from the training with other people post-training</p> <p>Percentage of MHFA trainees who have reported that they use the knowledge and/or skills learned in the training to help themselves and/or others post-training</p>
Department of Health and Mental Hygiene	Public Education Campaigns and Educational Resources	ThriveNYC's public education work aims to increase understanding of mental health, enhance awareness of the City's mental health resources, and connect New Yorkers to services. This includes paid advertising campaigns, resource	Number of NYC Well, ThriveNYC, and/or NYC Health Department web page visits during the media campaign (compared to before the campaign)

		guides for specific neighborhoods, toolkits for community leaders to guide conversations about mental health, and many other neighborhood-based and citywide efforts.	<p>Number of NYC Well and/or 311 phone calls during the media campaign (compared to before the campaign)</p> <p>Percentage of people who have reported seeing a public education campaign and said the advertisements provided useful information on how to access help</p> <p><i>(Data will be reported beginning in summer 2020)</i></p>
Mayor's Office for Economic Opportunity	Connections to Care: Mental Health Integration in Community-Based Organizations	Connections to Care (C2C) integrates mental health support into the work of community-based organizations (CBOs) serving at-risk and low-income communities across the City. Through C2C, CBOs work with mental health providers who train and coach staff to screen their clients for mental health needs, offer direct support when appropriate, and link to local health providers for further care if needed. This program is operated in partnership with the Department of Health and Mental Hygiene, with additional funding through the Mayor's Fund to Advance New York City.	<p>Percentage of participants referred to treatment who attended their first appointment</p> <p>Percentage of staff who have reported that being trained in C2C mental health skills has improved their ability to help clients with behavioral health problems</p> <p>Percentage of participants who have experienced a clinically significant improvement in symptoms of depression or anxiety at rescreening within 12 weeks of an initial positive screen</p>
Human Resources Administration	Connections to Care: JobsPlus	This model of the Connections to Care (C2C) program will integrate mental health support into City-sponsored workforce development programs known as JobsPlus for New York City Housing Authority (NYCHA) residents. JobsPlus sites, which are located at or near NYCHA developments, will work with mental health professionals who will train and coach JobsPlus staff to screen their clients for mental health needs, offer direct support when appropriate, and link to local health providers for further care if needed. The program aims to help clients address mental health barriers that may stand in their way of successful job placement or retention. This program is operated in partnership with the Mayor's Office for Economic Opportunity and the Department of Health and Mental Hygiene and will launch in Fiscal Year 2021.	<p>Percentage of participants referred to treatment who have attended their first appointment</p> <p>Percentage of staff who have reported that being trained in C2C mental health skills has improved their ability to help clients with behavioral health problems</p> <p>Percentage of participants who have experienced a clinically significant improvement in symptoms of depression or anxiety 6 to 12 weeks after initial screening</p> <p><i>This program will launch in Fiscal Year 2021. Data will be reported after operations begin.</i></p>
Mayor's Office of Labor Relations	Be Well: Mental Health Support for City Employees	Be Well is a program of the Mayor's Office of Labor Relations' WorkWell NYC initiative that offers programs and resources to promote mental health among the 400,000 people employed by New York City. This initiative aims to create work environments that support the mental and emotional well-being of employees and create opportunities for employees to build resilience.	<p>Percentage of employees who have reported that they know how to access mental health support</p> <p>Percentage of employees who have reported that their direct supervisors care about their health and wellbeing</p> <p><i>(Data will be reported beginning in Fiscal Year 2021)</i></p>

GOAL 3: REACH PEOPLE WITH THE HIGHEST NEED

Implementation partner	Program	Program description	Impact measure
Mayor's Office to End Domestic and Gender-Based Violence	Mental Health Services in All Family Justice Centers	To bring mental health support to survivors of intimate partner violence, the Mayor's Office to End Domestic and Gender-Based Violence partnered with NYC Health + Hospitals to add dedicated mental health teams to Family Justice Centers (FJCs). These new mental health teams include a full-time therapist, a part-time psychiatrist, and a full-time program administrator who provide direct on-site clinical services and complement the trauma-informed, comprehensive services available in each of the City's five FJCs.	<p>Percentage of clients who have experienced a clinically significant improvement in symptoms of depression three months after initiating treatment</p> <p>Percentage of clients who have experienced a clinically significant improvement in symptoms of trauma three months after initiating treatment</p> <p>Percentage of clients who have experienced a clinically significant improvement in symptoms of anxiety three months after initiating treatment</p>
New York City Police Department	Crime Victim Assistance Program	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. The program has dedicated victim advocates for survivors of domestic violence and additional advocates for victims of every other category of crime. The program provides supportive counseling, connections to individual or group therapy, and help navigating the legal and financial challenges that can emerge after a crime has occurred.	<p>Percentage of people who have reported that the assistance provided by the Crime Victim Assistance Program was helpful</p> <p>Percentage of people who have reported feeling better as a result of the assistance provided by the Crime Victim Assistance Program</p> <p>Percentage of people who have reported that after receiving assistance from the Crime Victim Assistance Program they know where to go to get help, including for mental health support</p> <p>Percentage of people who have reported that, after receiving assistance, they feel safer physically and/or emotionally. <i>Data on this metric will be reported beginning in summer 2020.</i></p>
Department of Veterans' Services	Mental Health Outreach and Support for Veterans (VetsThriveNYC)	New York City is home to over 200,000 veterans, some of whom experience symptoms of post-traumatic stress disorder or major depression. To enhance mental health support for veterans, dedicated outreach teams work directly with veterans to connect them to a range of community-based services as they transition home. These outreach teams also engage and offer support to veterans' families and caretakers.	<p>Percentage of veterans, military family members, and caregivers who sought assistance from VetsThriveNYC outreach that were connected to services and support. <i>Data on this metric will be reported beginning in summer 2020.</i></p> <p>Percentage of veterans, military family members, and caregivers engaged through VetsThriveNYC outreach who have reported feeling more connected with their family, friends, and community. <i>Data on this metric will be reported beginning in summer 2020.</i></p>

			<p>Percentage of veterans, military family members, and caregivers engaged through VetsThriveNYC outreach who have reported that they are now more likely to seek help if needed. <i>Data on this metric will be reported beginning in summer 2020.</i></p> <p>Percentage of veterans, military families, and caregivers assisted through VetsThriveNYC outreach who have reported that the referral they received from VetsThriveNYC met their needs. <i>Data on this metric will be reported beginning in summer 2020.</i></p>
Department of Veterans' Services	Non-Traditional Mental Health Services for Veterans	Through public-private partnerships, the City will support veteran-specific, non-traditional mental health services for veterans, including service animals, meditation training, yoga, and expressive therapy. Through coordinated partnerships with VA medical centers and veterans services organizations, DVS will encourage veterans and their families to seek out additional therapies to complement their mental health care treatment.	<i>This program will launch in Fiscal Year 2021. Data will be reported after operations begin.</i>
Department of Youth and Community Development	Mental Health Services in Runaway and Homeless Youth Residences and Drop-In Centers	Young people who are served by Runaway and Homeless Youth Residential and Drop-in Center programs may experience family rejection, neglect, abuse, or trauma. The providers that are contracted to operate Runaway and Homeless Youth Residential and Drop-in Centers hire mental health professionals to provide evaluations, on-site individual and group counseling, and connect young people to additional, longer-term mental health services if necessary.	<p>Percentage of youth referred to individual or group counseling/therapy sessions who have attended their first appointment</p> <p>Percentage of youth who have reported that they are satisfied that program services are supporting their mental well-being</p>
NYC Health + Hospitals / Correctional Health Services	Behavioral Health Assessment and Support for Youth in Detention	Youth and young adults in jails are vulnerable to a range of negative outcomes, including mental illness, substance misuse, and victimization. Correctional Health Services (CHS) offers behavioral health screening, substance use engagement, and therapeutic creative arts programming for all young adults incarcerated on Rikers Island and to 16- and 17-year-olds at the Horizon Juvenile Center.	<p>Percentage of youth and young adults newly admitted to jail or a youth detention facility who have been offered and have completed behavioral health (mental health and substance use) screenings</p> <p>Percentage of creative arts therapy participants who have reported that participating in the program led to improved self-esteem or hopefulness</p>

			<p>Percentage of youth and young adults with behavioral health needs (including substance use) who received a clinical intervention appropriate for those needs</p> <p>Percentage of creative arts therapy participants who have reported that participating in the program helped them express their feelings</p>
Department for the Aging	Clinicians in Senior Centers	Older adults have high rates of late-onset mental health disorders, yet low rates of assessment and treatment. To meet the needs of this population, the Department for the Aging placed clinicians at older adult centers across the city to assess aging New Yorkers for mental health conditions and provide direct treatment as needed. Clinicians offer engagement activities as well as individual and group-based therapy sessions for those who screen positive for mental health conditions.	<p>Percentage of older adults who have experienced a clinically significant improvement in depression three months after initiating treatment <i>Reported data represents clients who were administered the Patient Health Questionnaire (PHQ-9) at intake, who screened positive, and who experienced clinically significant responses when re-assessed 3 months post-treatment.</i></p> <p>Percentage of older adults who have experienced a clinically significant improvement in anxiety three months after initiating treatment <i>Reported data represents clients who were administered the Generalized Anxiety Disorder 7-item Scale (GAD-7), who screened positive, and who experienced clinically significant responses when re-assessed 3 months post-treatment.</i></p> <p><i>Research suggests the following guidelines be utilized to gauge patient differences in response to treatment: 1. >50% point reduction, 12 weeks after the beginning of treatment compared to baseline and/or 2. >5 point decrease, 12 weeks after the beginning of treatment compared to baseline.</i></p>
Department for the Aging	Visiting Program for Homebound Seniors	Homebound older adults are often at risk of profound social isolation and loneliness. ThriveNYC partners with the Department for the Aging to implement a visiting program for homebound older adults, in which trained volunteers visit homebound older adults in their homes and build lasting relationships. The program links people with compatible interests, and aims to reduce social isolation and loneliness and improve the overall quality of life for homebound older adults.	<p>Percentage of older adults receiving friendly visits who have reported feeling less socially isolated six months after joining the program</p> <p>Percentage of older adults receiving friendly visits who have reported feeling less lonely six months after joining the program</p>

Department of Homeless Services	Mental Health Services in Family Shelters	Families experiencing homelessness often have multiple service needs – which can be easier to navigate with support from a behavioral health professional. ThriveNYC and DHS have placed Licensed Master Social Workers (LMSWs) or Licensed Mental Health Counselors (LMHCs) in family shelters to provide assessments to families and coordinate with other shelter social service staff to better connect families to behavioral health and other services.	<p>Percentage of families in contracted family shelters who have been screened for behavioral health (mental health and substance use) needs in contracted family shelters</p> <p>Number of families screened in contracted family shelters who have been referred to behavioral health (mental health and substance use) treatment in contracted family shelters</p> <p>Percentage of families referred to behavioral health (mental health and substance use) treatment who have attended an appointment, in contracted family shelters. <i>Data on this metric will be reported beginning in summer 2020.</i></p>
Department of Health and Mental Hygiene	Newborn Home Visiting Program in Shelters	There is a profound need to serve mothers and newborns experiencing homelessness, as homelessness remains a significant barrier to mother and child health and safety, and to child development. For many years, the Department of Health and Mental Hygiene's Newborn Home Visiting Program has been serving low-income New Yorkers. Through ThriveNYC, this program was expanded to serve mothers with newborns up to 2 months of age residing in Department of Homeless Services' shelters. Mothers are offered three visits and one follow-up phone call over the course of eight weeks, during which a trained public health advisor provides health education, maternal depression screenings, and resources to improve child development, secure attachment, bonding, breastfeeding, and safe sleep.	<p>Percentage of clients who have reported that they used breastfeeding continuation skills following a series of successful visits through this program; Percentage who practiced infant safe sleep according to American Academy of Pediatrics guidelines; Percentage who kept scheduled maternal and infant medical appointment follow-up; Percentage who kept scheduled community and social service referral appointments</p>
NYC Health + Hospitals	Mental Health Service Corps	The Mental Health Service Corps (MHSC) is a workforce development program that aims to build a diverse generation of mental health clinicians, equipped to integrate behavioral health into a variety of settings including primary care, women's health, pediatrics, and other non-behavioral health care settings. Early-career clinicians are placed throughout the NYC Health + Hospitals system with the goal of emerging from the three-year program seasoned and adept clinicians. Under the supervision of licensed clinicians,	<p>Percentage of Corps Members who have reported that they learned and applied at least one new skill from a MHSC training in the last six months. Trainings topics may include: clinical competencies, professional development skills, Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Interpersonal Psychotherapy (IPT), Problem-Solving Treatment (PST)</p>

		Corps Members will be equipped to screen, assess, and treat patients in a culturally competent manner.	<p>Percentage of Corps Members whose supervisors have reported they are meeting or exceeding expectations in applying the skill(s) they learned from a MHSC training in the last six months. Trainings topics may include: clinical competencies, professional development skills, Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Interpersonal Psychotherapy (IPT), Problem-Solving Treatment (PST)</p> <p>Percentage of Corps Members' patients who have experienced a clinically significant improvement in symptoms of depression 70 days after initiating treatment in collaborative care settings</p> <p>Percentage of Corps Members' patients who have experienced a clinically significant improvement in symptoms of depression 90 days after initiating treatment in behavioral health settings</p> <p>Number of Corps Members who have graduated from the program</p> <p><i>(Data will be reported beginning in Fiscal Year 2021)</i></p>
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GOAL 4: STRENGTHEN CRISIS PREVENTION AND RESPONSE

Implementation partner	Program	Program description	Impact measure
Department of Health and Mental Hygiene	Assisted Outpatient Treatment Coordination	Assisted Outpatient Treatment (AOT), commonly referred to as Kendra's Law, is court-ordered mental health treatment and care coordination for people with a history of lack of compliance with treatment for mental illness. To enhance the City's capacity to implement this important program, ThriveNYC added 20 staff to the Office of Assisted Outpatient Treatment.	Percentage of individuals who completed AOT who did so because they are likely to engage in treatment voluntarily or survive safely in the community without court-ordered treatment as evidenced by their adherence during AOT order and their presentation at a psychiatric exam
Department of Health and Mental Hygiene	Intensive Mobile Treatment (IMT) Teams	Intensive Mobile Treatment (IMT) teams provide intensive and continuous support and treatment to individuals right in their communities, where and when they need it. Clients have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were	Percentage of individuals served by IMT who continued to receive IMT services for 12 months or more, in keeping with the program goal of consistent engagement in care

		poorly served by traditional treatment models. IMT teams include mental health, substance use, and peer specialists who provide support and treatment including medication, and facilitate connections to housing and additional supportive services.	Percentage of individuals experiencing homelessness served by IMT who successfully obtained non-shelter housing (including supportive or permanent housing)
Department of Health and Mental Hygiene	Assertive Community Treatment (ACT) Teams	Assertive Community Treatment (ACT) teams include mental health and substance use professionals and, at times, peer specialists. ACT teams typically meet with clients six times per month in their home or community to provide long-term behavioral health treatment, including medication. Approximately 43% of hospitalizations for a psychiatric condition also involved an individual with a co-occurring substance use disorder. ThriveNYC added a master's level Substance Use Specialist to 40 ACT teams, enhancing these teams' ability to serve people with co-occurring disorders.	Percentage of individuals who had experienced incidents of homelessness in the six months prior to discharge from ACT/FACT/Shelter-Partnered ACT teams, compared to percentage of individuals served by these teams who had experienced incidents of homelessness in the six months prior to admission Percentage of individuals who had experienced incidents of psychiatric hospitalization in the six months prior to discharge from ACT/FACT/Shelter-Partnered ACT, compared to percentage of individuals who had experienced incidents of psychiatric hospitalization in the six months prior admission
Department of Health and Mental Hygiene	Forensic Assertive Community Treatment (FACT) Teams	Forensic Assertive Community Treatment (FACT) teams provide ongoing, community-based mental health treatment and other supportive services to people living with a serious mental illness who have experienced a recent interaction with the criminal justice system. These multi-disciplinary teams aim to improve the quality of life for clients through treatment, rehabilitation, housing support, and a full range of community services.	Percentage of individuals who had experienced incidents of homelessness in the six months prior to discharge from ACT/FACT/Shelter-Partnered ACT teams, compared to percentage of individuals served by these teams who had experienced incidents of homelessness in the six months prior to admission Percentage of individuals who had experienced incidents of psychiatric hospitalization in the six months prior to discharge from ACT/FACT/Shelter-Partnered ACT, compared to percentage of individuals who had experienced incidents of psychiatric hospitalization in the six months prior to admission
Department of Health and Mental Hygiene and the New York City Police Department	Co-Response Teams	Co-Response Teams (CRT) are a collaboration between the NYPD and DOHMH. CRT is a pre- and post-crisis intervention. Each team includes two police officers and one behavioral health professional. These teams work 16 hours per day, 7 days per week, to serve community members with mental health or substance use challenges who are at an elevated risk of harm to themselves or others. The teams offer short-term engagement to facilitate connections to care and linkages to support services.	Percentage reduction in the number of police contacts involving violent offenses among community members served through this program who had previous police contacts involving violent offenses <i>Data reported compares the number of police contacts three months prior to CRT engagement and three months following case completion.</i> Percentage of community members who have received a new service referral and were connected to treatment and other services through this program <i>Data is reported for completed cases.</i>

New York City Police Department	Crisis Intervention Training	<p>Taught by Police Academy instructors and mental health experts, Crisis Intervention Training (CIT) helps NYPD officers better recognize and respond to the behaviors and symptoms of emotional distress and mental illness. The training includes role-playing, lectures, and conversations with individuals with mental illness who have had both positive and negative encounters with the police. The four-day training aims to increase officers' skills in de-escalation of crises and improve the safety of both the officer and the individuals encountered.</p>	<p>Percentage of officers who have reported that they believe the CIT training they received will improve their ability to assist individuals who are in crisis due to mental health, behavioral health, developmental disorders or are under the influence of a mind-altering substance</p> <p>Percentage of officers trained who have reported that they use the knowledge/skills gained from CIT trainings. <i>Data on this metric will be reported beginning in summer 2020.</i></p>
Department of Health and Mental Hygiene	Support and Connection Centers (formerly Diversion Centers)	<p>New York City is pioneering the launch of two Support and Connection Centers to promote community-based and person-centered engagement, stabilization and connection to services. These centers offer short-term clinical and non-clinical services to people with mental health and substance use needs, and give police officers in East Harlem and the North Bronx an alternative to avoidable emergency room visits or criminal justice interventions. One Support and Connection Center opened in February 2020 and the second will open in 2020.</p>	<p>Number of services provided (with breakdown of percentage by type of service including mental health services, medical services, services related to substance use, peer services, basic needs, and discharge planning)</p> <p><i>Data will be reported beginning in Fiscal Year 2021.</i></p>
Department of Health and Mental Hygiene and New York City Police Department	Crisis Prevention and Response Task Force	<p>In October 2019, the City announced a new \$37 million annual investment to close critical gaps in care for New Yorkers with serious mental illness. The new programs announced will be implemented by DOHMH and NYPD. To reduce mental health crises that result in 911 calls, \$23 million of the annual investment will support teams of mental health responders who will intervene before crises, respond to urgent situations and stabilize people in the weeks following a crisis. This investment will also add several strategies to two high-need precincts (the 25th and the 47th), including Co-Response Teams to respond to 911 calls as they occur. To ensure those with the most serious needs stay connected to treatment, the new investment also included \$14 million to expand intensive, ongoing mobile treatment for New Yorkers with serious mental illness.</p>	<p><i>Procurement and hiring for these new strategies are currently underway. Data will be reported beginning in fall 2020.</i></p>