



Testimony of Susan Herman
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Good afternoon Speaker Johnson, Chair Dromm and members of the Committee on Finance. My name is Susan Herman and I am the Senior Advisor to the Mayor and Director, Office of ThriveNYC.

I want to thank the First Lady. New York is fortunate that she has used her platform to shine a light on this issue. I have spent almost my entire career advocating on behalf of people who are typically forgotten: victims of crime, many of whom experience profound mental health challenges. What I know from that work and the work I am now connected to through Thrive is that if we can build more resilience, mitigate trauma, and address mental health needs, we will have a stronger, safer, and healthier city.

The overarching aim of Thrive is to ensure that every New Yorker who needs mental health support has access to it, where and when they need it. With science-based initiatives, we complement the robust network of services provided by Health + Hospitals and the Department of Health and Mental Hygiene. We are not a new mental health system. We address needs that have gone unmet by traditional services and we pilot innovative strategies. This includes new services for historically underserved special populations. We also expand what mental health support looks like, because we know that a wide range of interventions can change the course of people's lives.



Thrive is also committed to mental health equity. It is important to recognize that the federal government has designated 21 neighborhoods in our city as mental healthcare shortage areas. As our programs have launched, we have made sure they include new resources in these neighborhoods.

In a short period of time, Thrive has grown from a great idea to a robust collection of evidence-based strategies. I will focus today on our budget, operations, and impact.

Budget

As reflected in the preliminary financial plan, our programmatic budget for FY20 is \$251.8 million dollars. A detailed breakdown has been given to you.

The majority of Thrive's funding comes from City tax levy, nearly 90%, with some resources coming from state and federal grants or private fundraising. Now, the budget of the Department of Health and Mental Hygiene reflects over \$100 million of Thrive programs. The Department of Homeless Services has over \$35 million and the Department of Education has \$29 million. The rest of Thrive's programmatic budget is spread across 10 other agencies and offices.

Change the Culture

One of our guiding principles is changing culture by reducing the stigma associated with mental illness. When people have a physical health problem, they readily seek help. But too often, when people have a mental health problem, they feel ashamed. They feel alone. This has to change. One way Thrive is changing the



culture is through Mental Health First Aid training. In the last three years, we have trained over 52,000 community members and over 48,000 front-line city workers. Because of Thrive, over 100,000 New Yorkers are now more comfortable talking about mental health, recognizing signs and symptoms of mental illness, and helping point people in need to relevant services.

Thrive is also changing the way City agencies think about mental health. Through Thrive, the City has – for the first time – made mental health a cross-agency, citywide priority. Our goal is to change how agencies think about mental health in the context of all of their programs, not just Thrive programs.

Expand Mental Health Support

Thrive is also broadening the range of mental health support available to New Yorkers by creating non-traditional forms of care.

For example, we transformed LifeNet, the City’s former suicide hotline, into NYCWell, which is now the most comprehensive mental health helpline in the country, available to anyone with any level of mental health need. We have made great strides in extending our reach. In its second full year, NYCWell responded to over 250,000 calls, texts and chats – over 150,000 more than LifeNet had in its last year.

Another example of innovation is our home visiting program. Before Thrive, healthcare professionals were visiting low-income, new parents in their homes to offer support during what is a stressful time under any circumstances. Now,



because of Thrive, healthcare workers are also visiting every new parent living in shelter. This program has served over 3,800 families in shelters since 2015.

Create New Services for Special Populations

We are also working to expand access to mental health services for groups of New Yorkers who are particularly vulnerable to mental illness – and have been historically underserved.

For example, crime victims rarely had immediate access to services in what is often a traumatic and isolating time. Before Thrive, victim advocates were available in just three precincts and now, as shown on the map behind me, this help is available at all of the City's 77 precincts. Every victim of crime now has access to immediate services right in their neighborhood through the Crime Victim Assistance Program or CVAP. As of this month, CVAP has helped 110,000 people navigate the emotional, physical and financial aftermath of crime. In addition, we have added clinicians to each borough's Family Justice Center to treat victims of intimate partner and family violence.

We have also focused on runaway and homeless youth. Before Thrive, the Department of Youth and Community Development's (DYCD) youth shelters and drop-in centers, which predominantly serve LGBTQ young people, had few onsite mental health resources. Now, clinicians are onsite in all 33 DYCD-funded runaway and homeless youth shelters. In the last three years, these clinicians have helped over 10,000 young people. Behind me is a map of the 147 shelters – those for youth, single adults and families – that, because of Thrive, have new onsite clinical services they did not have before.



We are also very concerned about New Yorkers with serious mental illness. Their needs are complex, and hospitalization often isn't the answer. In the last three years, Thrive has added resources to complement the many services that the City already provides for these individuals – to reach them in more ways and in more places. We have created two new types of mobile teams: Co-Response Teams (CRT) and Intensive Mobile Treatment (IMT) teams, and expanded two existing teams: Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) teams – which all serve people with serious needs. These teams work to intervene before, and stabilize people after, a crisis, helping people stay in their communities. They often connect clients to housing and treatment. They also re-connect clients to family members and help with medication if they have stopped taking it. There are currently over 50 mobile teams in the city with the capacity to serve over 3,500 people at any given time.

Strive for Equity

As I noted earlier, we are striving for equity with Thrive and have paid particular attention to increasing access in mental healthcare shortage areas. The map behind me shows all of the new clinical sites we have added to neighborhoods across the city. This includes 10 different Thrive programs. Collectively, approximately 75% of all new clinical sites are in mental healthcare shortage areas.

For example, before Thrive, a fraction of the City's public schools – just 195 – had a clinician onsite. As you can see on the map behind me, through Thrive, another 173 public schools – mostly high-needs schools – now also have a clinician onsite. Approximately 80% of these new clinicians are in mental healthcare shortage



areas. Because of Thrive, over 900 more schools have offsite clinical care in place. And through Thrive, every pre-K site across the city also has access to clinicians.

Another example focuses on older adults, who often feel isolated and suffer in silence. Before Thrive, The Department for the Aging did not fund onsite mental health clinicians in any of its senior centers. We now have onsite clinicians offering both screening and treatment in 25 DFTA-supported senior centers. These clinicians have treated over 700 people struggling with depression or anxiety. We will expand this program to up to 25 more centers next year.

These are just a few of our Thrive initiatives. Behind me is a map of the full range of new Thrive services, including those serving aging New Yorkers, crime victims, new and expecting mothers, individuals at risk of substance misuse, children and young people, and underserved neighborhoods. Together, these Thrive initiatives have pushed mental health support throughout our city – where it’s never been before.

The Next Chapter of ThriveNYC

As we move forward, we are committed to ensuring effectiveness and sustainability. And, as with any bold, new initiative, we need to look at the right indicators at the right time to help us refine our work. To give some perspective, Thrive initiatives are 2.5 to 3 years old. Many are doing things that have not been done before. In these early years, much of our attention has been focused on implementation and reach. We are now focusing more on refining our outcome measures to assess impact and are seeing positive indications. For example:

- Co-Response Teams, staffed by one clinician and two police officers, have served over 900 people. Ninety-five percent of their contacts with clients have been successful, leading to many fewer interactions with police and emergency visits to hospitals. These clients are not only mentally ill, but have also demonstrated escalating violent behavior.
- In our senior centers, clients were screened for mental health disorders. Those who began treatment were screened again three months later. Fifty-six percent of clients dealing with depression and 65% of seniors suffering from anxiety had improved.
- For young children exposed to traumatic events, identified by ACS, 48% of those engaged in treatment through our early childhood clinics have shown behavioral improvements, a good step toward mitigating early childhood trauma.

As we build program capacity over the next several years, we will continue to partner with researchers to better understand the impact of our work. We are currently evaluating 19 initiatives, with more to come. And six more initiatives are already reporting outcome measures. Where appropriate, every Thrive program will have refined its outcome measures.

As with other public health strategies, measuring the population-level impact of Thrive will take time. Thrive alone will not address all of the factors that contribute to mental illness – such as poverty, violence, homelessness, financial insecurity, racism, and discrimination in all its forms. We also recognize that many other public and private entities are working to improve the mental health of New Yorkers.



With the combined efforts of many, we expect to see improvement in the citywide wellbeing index, less hopelessness among young people, less suicidality in general, and an increase in the number of people—both children and adults—with mental health disorders who are connected to care. We also expect to see a change in our culture. It is critically important that we eliminate all barriers – including stigma – that prevent people from getting the help they need. We will continue to engage with researchers to help us measure the variety of population-level outcomes we can associate with Thrive.

Mental health is everyone’s responsibility and I look forward to continuing to work with all members of the City Council to advance this important work. Thank you for your time and I am happy to take your questions.