

PROGRESS REPORT
FEBRUARY 2021

NYC
Mayor's Office
of ThriveNYC



ThriveNYC

Promoting mental health for all New Yorkers

Table of Contents

The individual stories featured in this report are shared with permission. In some instances, names and details have been changed to protect privacy. We specify pronouns where the profiled individual requested that we do so.

Some of the photographs included in this report were taken before the COVID-19 pandemic, which is why individuals featured in these images are not wearing masks or maintaining social distance.

On the cover:
Employees of the Arab American Association of New York, part of ThriveNYC’s Connections to Care program, support community members in southern Brooklyn. (Photo courtesy of Arab American Association of New York)

Message from the Mayor	01
Message from the First Lady	02
Message from the Director of the Mayor’s Office of ThriveNYC	03
Current ThriveNYC programs and projects	05
ThriveNYC partners	07
Our approach	12
Adapting during COVID-19	22
Our impact	28

Advancing mental healthcare innovation	
WHO THRIVENYC PROGRAMS SERVE	38
Mental Health Services in Runaway and Homeless Youth Residences and Drop-In Centers	41
School Response Clinicians	
Crime Victim Assistance Program	43
WHAT FORMS OF SUPPORT THRIVENYC PROGRAMS OFFER	48
NYC Well	51
WHERE THRIVENYC PROGRAMS EMBED MENTAL HEALTH SERVICES	56
Mental Health Service Corps	59
Mental Health Services for High-Needs Schools	63
WHEN THRIVENYC PROGRAMS PROVIDE SUPPORT	72
Early Childhood Mental Health Network	75
Thrive in Your Workplace	79
Clinicians in Older Adult Centers	83
HOW THRIVENYC PROGRAMS DELIVER CARE	86
Intensive Mobile Treatment Teams	87
Co-Response Teams	91
ThriveNYC programs	95
Acknowledgements	97
Endnotes	99

MESSAGE FROM THE MAYOR



Friends,

Five years ago, ThriveNYC started a much-needed conversation about mental health, and began work to address long-standing inequities in mental healthcare. Today, I could not be prouder to talk about what that has done for our city. By embedding new services into the work of 12 city agencies and nearly 200 non-profits, ThriveNYC is helping to bring more mental health support to New Yorkers than ever before.

We are starting to see real change. Take just one number: After climbing for a decade, mental health emergency calls to 911 last year dropped for the first time. And though 2020 has been incredibly tough for New Yorkers, we expect them to drop even further this year.

There are many reasons for this decline. Some New Yorkers are turning instead to NYC Well – the City’s free mental health helpline – which has answered over 1 million calls, texts, and chats since it launched. About 25 percent of NYC Well users are relying on NYC Well instead of calling 911 or going to an emergency room. And some New Yorkers are getting the help they need through new mental health programs operating across the city. Of course, any New Yorker who needs help immediately should call 911. But what we really want – and what ThriveNYC’s relentless innovation is accomplishing – is for mental health challenges to be addressed long before they ever become an emergency.

Thanks to ThriveNYC, thousands of our neighbors – from all boroughs, communities, and levels of need – today are getting care and support they once could not count on.

Our work will not stop until all New Yorkers have access to mental healthcare – and I wholeheartedly thank our First Lady, Chirlane McCray, for her vision and tireless work to move our city toward this goal. We will face new and tough mental health challenges as we rebuild from the coronavirus pandemic. But New Yorkers can feel confident that our commitment to their mental health is deep and enduring.

A handwritten signature in black ink that reads "Bill de Blasio".

Mayor Bill de Blasio
City of New York

MESSAGE FROM THE FIRST LADY



Dear Friends,

We launched ThriveNYC five years ago with a simple but ambitious mission: To reimagine mental health care in New York City, and provide quality care to every single New Yorker in need.

During this difficult year, our mission has never felt more urgent – as our City and our nation grapple with the COVID-19 pandemic, an economic crisis, and a long-overdue reckoning with systemic injustice. So many of our fellow New Yorkers are in pain.

Yet all across our five boroughs, you can see the extraordinary impact of ThriveNYC. NYC Well has provided a central point of entry to behavioral health services, and has now responded to more than one million calls, texts, and chats from New Yorkers in need. Our partnerships with faith leaders have reduced stigma in our communities. New mental health support is now embedded in high-need schools, shelters for families with children, runaway and homeless youth residences, Family Justice Centers, and older adults centers across the city. We continue to reimagine what it means to bring mental health to the forefront of our policies.

Above all, we have continued to center equity in our work – bringing mental health care to the communities of color hit hardest in this crisis. This year, we brought trauma-informed, direct services to support students and their families at 350 schools in the neighborhoods hardest hit by the pandemic. And we have engaged over 9,000 residents in these communities in conversations on mental health, equity, and resilience. Because of ThriveNYC, there are more mental health services, in more places and delivered in more ways than ever before.

We cannot and will not stop here. Together, we will help New Yorkers get through this crisis and beyond. We will create a City where no one must suffer alone, and where everyone gets help – whenever and wherever they need it. Thank you for being part of ThriveNYC’s extraordinary progress over the past five years, and thank you for being a part of its future.

A handwritten signature in black ink that reads "Chirlane McCray".

Chirlane McCray
First Lady of New York City

MESSAGE FROM THE DIRECTOR OF THE MAYOR’S OFFICE OF THRIVENYC



New Yorkers will look back at 2020 as a tough year, filled with loss, uncertainty, and immense difficulty. In one way or many, we all felt the effects of the COVID-19 pandemic.

The Mayor’s Office of ThriveNYC and our many committed partners worked hard to help our city feel supported. I am proud to say that mental health services provided by ThriveNYC programs have remained open and available to New Yorkers throughout the COVID-19 pandemic. Our programs adapted to continue safely delivering mental healthcare to New Yorkers. In the context of a fiscal crisis, we worked hard to optimize existing resources, redirecting more mental health support to the neighborhoods hardest hit by the COVID-19 pandemic. As new needs emerged, we designed new approaches to respond.

This work is at the core of what it means to have a mayoral office dedicated to mental health. To promote mental health effectively and equitably, we look across all of City government, and leverage partnerships with the City agencies and community-based organizations that serve New Yorkers directly every day. Where we face new challenges - we move quickly and strategically to offer innovative, evidence-based solutions.

That’s exactly what we did this year. Take just a few powerful examples of ThriveNYC at work: the counselors and peer specialists at NYC Well fielded more than 200,000 calls, texts and chats from New Yorkers between April and November. Mobile treatment teams continued to deliver critical, long-term treatment in communities, and we expanded their capacity to serve even more New Yorkers with serious mental illness. Volunteers and National Guard members have made tens of thousands of supportive check-in calls to isolated veterans through a new partnership called Mission: VetCheck.

None of this -- or any of the progress highlighted in this report -- would be possible without ThriveNYC’s hundreds of partners in government and community, all of whom we have acknowledged in the coming pages. I encourage you to look through them for a comprehensive look at all the people and organizations that make up ThriveNYC.

Our partners understand that we all share responsibility for the mental health of our city. That means we all share in the progress as well. I thank our partners and the public servants at the Mayor’s Office of ThriveNYC for their leadership, hard work, ingenuity and compassion. I thank you for doing whatever you can, in whatever way you can, to promote mental health for all New Yorkers. Here’s to a new year filled with renewed hope and continued progress.

With gratitude,

A handwritten signature in black ink that reads "Susan Herman". The signature is fluid and cursive.

Susan Herman



New Yorkers on the Brooklyn Bridge
in summer 2020

Ed Reed/Mayoral Photography Office

CURRENT THRIVENYC PROGRAMS AND PROJECTS

Promote mental health for the youngest New Yorkers

On-site counseling for students in times of immediate emotional distress

Mental health consultations for over 6,000 young children and families through the Early Childhood Mental Health Network

24 student-led, school-based mental health support groups, in partnership with Bring Change to Mind

Added on-site mental health services at 248 high-needs public schools

Trauma-informed training and coaching for over 1,600 early childhood program staff

Social-emotional learning support for students, families and Pre-K teaching teams

On-site mental health services for students at 350 schools hardest-hit by the COVID-19 pandemic

Expedited connections to mental health services for students in communities hit hard by COVID-19

Online suicide prevention training for over 11,000 New York City school teachers and staff

Eliminate barriers to care

Provided support to New Yorkers more than one million times through the NYC Well helpline

Integrated mental health support into work of 15 community-based organizations that serve low-income New Yorkers

Mental health workshops at 13 libraries in mental healthcare shortage areas, through Spaces to Thrive

Technical assistance on workplace mental health, including 20 webinars reaching over 4,000 employers and employees

Trained nearly 160,000 New Yorkers in Mental Health First Aid

Promote mental health programs and resources to 380,000 New York City employees

Reach people with the highest need

On-site mental health services at every Family Justice Center in the city

Victim advocates at all 77 precincts and 9 Police Service Areas

Connection to mental health services and other support for over 2,700 veterans

On-site mental health services in all runaway and homeless youth residences and drop-in centers citywide

Mental health screening and support for youth and young adults in detention

Public health advisors who visit all mothers with new babies living in city shelters

On-site mental health services in over 100 shelters for families with children

Early-career social workers embedded at 48 public health sites through the Mental Health Service Corps

On-site mental health services at over 40 older adult centers

Over 49,000 visits to socially isolated older New Yorkers from trained volunteers

Strengthen crisis prevention and response

58 mobile treatment teams that serve 3,800 New Yorkers with serious mental illness

More than 16,000 NYPD officers and staff received Crisis Intervention Training

Enhanced City's capacity to implement court-ordered mental health treatment through Kendra's Law

Joint police and behavioral health professional responses to support New Yorkers at an increased risk of harm to self or others

Short-term services for people with mental health needs at East Harlem Support and Connection Center

Our partners

ThriveNYC partners with 12 City agencies and nearly 200 non-profit organizations to implement over 30 innovative mental health programs that serve hundreds of thousands of New Yorkers every year.

City agency partners



Community partners

- A Fair Shake for Youth
- Abt Associates Inc.
- Acacia Network Housing
- Aguila/Housing Solutions
- Ali Forney Center
- Arab American Association of New York (AAANY)
- Arts CSS
- ASPIRA of New York
- Association to Benefit Children
- Astor Services for Children & Families
- Bedford Stuyvesant Restoration Corporation (BSRC)
- Bent on Learning
- Beth Israel Medical Center
- Beyond Counseling
- Biofeedback
- Bodies By Brownie Wellness Institute
- Bowery Residents' Committee
- Breathe Move Rest
- Bronx Parent Housing Network
- Bronx Works
- Brookdale Hospital Center
- Brooklyn Center for Psychotherapy
- Brooklyn Community Housing & Services
- Brooklyn Neighborhood Improvement
- CAMBA
- Cardinal McCloskey School and Home for Children
- Care for the Homeless
- Catholic Charities
- Center for Alternative Sentencing and Employment Services (CASES)
- Center for Employment Opportunities (CEO)
- Center for Professional Education of Teachers
- Center for Supportive Schools
- Center for Urban Community Services
- Central Queens YMCA
- Chelsea Piers
- Child Center of New York (CCNY)
- Children's Rescue Fund
- Children's Aid Society
- Children's Community Services
- Children's Rescue Fund
- Citymeals On Wheels
- Columbia University School of Social Work
- Committee for Hispanic Children & Families
- Community Access
- Community Agency for Senior Citizens
- Community Association for Progressive Dominicans
- Community Counseling and Mediation
- Comunilife
- Concourse Housing Development Fund
- CORE Services Group
- Counseling in Schools
- Creative Source
- Community Services Society
- Cypress Hills Local Development Corporation
- Dean Hope Center, Teachers College, Columbia University
- Diaspora Community Services
- Dominican Women's Development Center
- DreamYard
- East Side Settlement House
- Educational Alliance
- El Puente
- Family Support Systems Unlimited
- Federation of Organizations
- Footprintz
- Fordham University
- Franklin Covey
- Fund for the City of New York
- Gibbons Family Fitness
- Girls Educational and Mentoring Services
- Global Kids
- Goddard Riverside Community Center
- Good Shepherd
- Graham Windham
- Grand Street Settlement
- Harlem United
- Harlem Children's Zone
- HELP USA
- Henry Street Settlement
- Hetrick-Martin Institute (HMI)
- Hey There Beautiful
- Highland Park Community Development
- Home/Life Services, Inc.
- Homes for the Homeless
- Hudson Guild
- Hunter College
- Hunter College Silberman School of Social Work
- Imeinu
- Institute for Community Living
- Institute for Family Health
- Interborough Developmental & Consultation Center
- JASA
- Jewish Board of Family & Children's Services
- Johns Hopkins
- Johns Hopkins Talent Development Secondary
- KariOm Sound Healing
- Kognito
- Lenox Hill Neighborhood House
- Lineage Project
- Little Flower Yoga
- Lives of Men
- Make the Road by Walking
- Mental Health Association of NYC
- Mental Health Providers of Western Queens
- Montefiore
- Morningside Center
- Morris Heights Health Center
- Msgr. Robert Fox Memorial Shelter
- National Council for Behavioral Health
- Nazareth Housing, Inc.
- Neighborhood Self-Help by Older Persons Project
- New York Center for Child Development
- Northern Manhattan Improvement Corporation (NMIC)
- Northside Center for Child Development

Northwell Health
New York Foundling Hospital
New York Center for Interpersonal Development
New York University Langone-Brooklyn
Oceans and Rivers, LLC
OHEL Children’s Home and Family Services
Omega Institute
Partnership with Children
Pathways to Leadership
Phipps Houses Inc.
Phipps Neighborhood
Post Graduate Center for Mental Health
Powertools
Praxis Housing Initiatives
Project Gametime
Project Hospitality
Project Renewal
Providence House
Queens Community
Queens Geniuses
Ramapo
Red Hook Initiative (RHI)
Replications Incorporated
Rhinoceros Presentations
Riseboro Partnership
Rising Ground (formerly Leake & Watts)
Safe Horizon
Safe Space
Salvation Army
Samaritan Daytop Village
Samuel Field
SCO Family of Services
SEBCO Development
SelfHelp Community Services
Service Program for Older People
Services for the Underserved
Settlement Housing Fund
Sheltering Arms Children & Family Services
South Asian Youth Action (SAYA)
South Bronx Overall Economic Development
Southern Queens Parks Association
Spirit of a Woman Leadership Development Institute
Sports and Arts in Schools Foundation
St. Joseph’s Hospital
St. Luke’s of Kansas City
St. Nick’s Alliance
Staten Island Mental Health Society
STRIVE International (STRIVE)
Teacher’s College, Columbia University
The Bridge
The Child Center of New York
The Children’s Aid Society
The Children’s Village
The Committee for Hispanic Children and Families (CHCF)
The Door – A Center for Alternatives
The Family Center
The HOPE Program (HOPE)
The RAND Corporation

Tolentine Zeiser Community Life Ctr.
TRIAD Consulting
United Federation of Teachers - New York City Community Learning Schools Initiative
Under 21 (Covenant House New York)
Union Settlement
United Way of New York
University Settlement
Urban Arts Partnership
Urban Health Plan
Urban Resource Institute
Urban Strategies
Vibrant
Viney Group
Visiting Nurse Service of New York
Voces Latinas
Volunteers of America
Wediko Children’s Services
Weill Cornell
WellLife Network Inc.
West End Intergenerational Residence
Westhab, Inc
Women In Need
Women’s Prison Association
YMCA Frost Valley
YMCA GreenKill
YMCA of Greater New York

Strategic partners

Workforce Professionals Training Institute
American Foundation for Suicide Prevention – NYC Chapter
Concerts in Motion
Bring Change to Mind Foundation
Economic Development Corporation
Foundation for Art & Healing
Floramind
The Jed Foundation
Made of Millions Foundation
Mayor’s Office of the Chief Technology Officer
Me, Myself and I
The New York Public Library
NextStep Health Tech
Northeast Business Group on Health
Ogilvy Health
Oscar Health
The Steve Fund

Supporters of Thrive in Your Workplace
through the Mayor’s Fund to Advance New York City

PwC
EY
Emblem Health
CIT Bank
Allergan



The marble lions of the New York Public Library – a ThriveNYC strategic partner – joined New Yorkers in masking up

OUR APPROACH

Promoting mental health for all New Yorkers

Every year, one out of every five adults in New York City experiences mental illness.¹

That’s roughly equivalent to the number of people who live in Manhattan.

Yet hundreds of thousands of these people go without the care they need²– sometimes because care costs too much, a therapist’s office is too far away from home, or it’s difficult to find a mental health provider who understands their culture or speaks their language.

ThriveNYC is working to change that.

Before 2016, almost all funding for mental health came from federal and state funds.³ Through ThriveNYC programs, the City is investing its own dollars in the mental health of New Yorkers.

These investments close critical gaps in care and advance mental health equity. We are reaching those with the highest needs – including crime victims exposed to trauma, people with serious mental illness who are experiencing homelessness, and people living in historically underserved neighborhoods. We are breaking down barriers to care, ensuring that services are low- or no-cost, provided in all the languages New Yorkers speak, and accessible regardless of insurance coverage or immigration status.

With our partners, we are bringing more mental health support to more New Yorkers and in more places than ever before.

While many government and community organizations deliver essential mental health services to New Yorkers, ThriveNYC’s role is unique and specific.

Right now, we support over 30 innovative programs – ranging from on-site mental health services in all runaway and homeless youth residences in the City to social workers who can be dispatched to help students in crisis.



New Yorkers in Chinatown in summer 2020
Ed Reed/Mayoral Photography Office

We provide oversight and technical assistance to each ThriveNYC program to assess proof of concept and help maximize the program’s reach and impact. Regularly updated data for every single ThriveNYC program are available on our website.

We also believe that every government agency that serves New Yorkers has a stake in mental health, whether or not they deliver traditional mental health services.

The Mayor’s Office of ThriveNYC convenes the Mental Health Council, which is comprised of more than 30 City agencies and Mayoral offices and encourages agencies to maximize how they promote mental health, both within and across agencies. This year, through the Mental Health Council, we supported City agencies in addressing the vicarious trauma that many City workers experience, we promoted awareness of mental health and other supportive services for youth, victims of elder abuse, and survivors of domestic violence, and we developed suicide prevention awareness materials for taxi drivers.

Our goals

Every one of ThriveNYC’s programs and projects advances one or more of our four goals:

- 1 Promote mental health for the youngest New Yorkers**
- 2 Eliminate barriers to care**
- 3 Reach people with the highest need**
- 4 Strengthen crisis prevention and response**

Our history

First Lady Chirlane McCray and Mayor Bill de Blasio launched ThriveNYC in 2015 as a roadmap to mental health for all, rooted in six principles: Change the Culture, Act Early, Close Treatment Gaps, Partner with Communities, Use Data Better, and Strengthen Government’s Ability to Lead.

Still guided by those principles, ThriveNYC has evolved and clarified its programmatic focus over recent years. In January 2019, Mayor de Blasio officially established the Mayor’s Office of ThriveNYC to coordinate ThriveNYC programs, track progress and support City agencies as they incorporate promoting mental health into their service to New Yorkers.



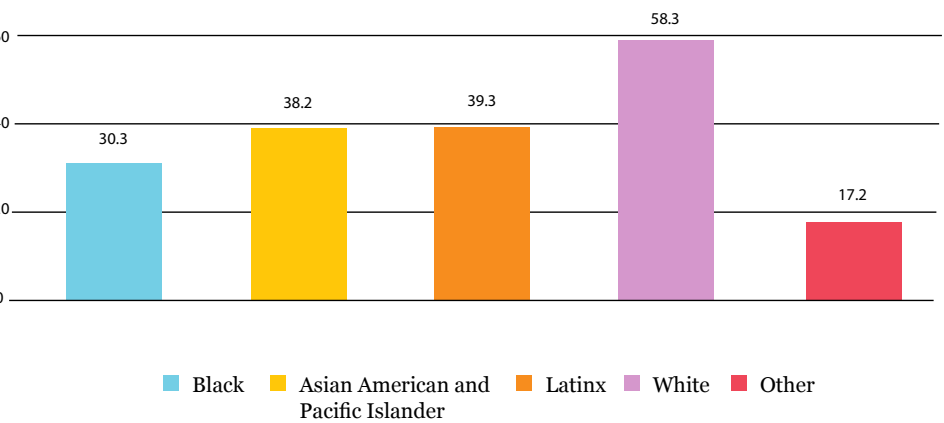
First Lady Chirlane McCray speaks about mental health at Riverside Church in Manhattan

There is unequal access to mental healthcare in New York City

Mental health needs are not equitably experienced in our City. Nor is access to care. Black, Latinx, and Asian and Pacific Islander New Yorkers have higher rates of mental health needs than White New Yorkers - yet they are less likely to be connected to mental healthcare. Also, the highest poverty neighborhoods have over twice as many psychiatric hospitalizations per capita as the lowest poverty neighborhoods in New York City.

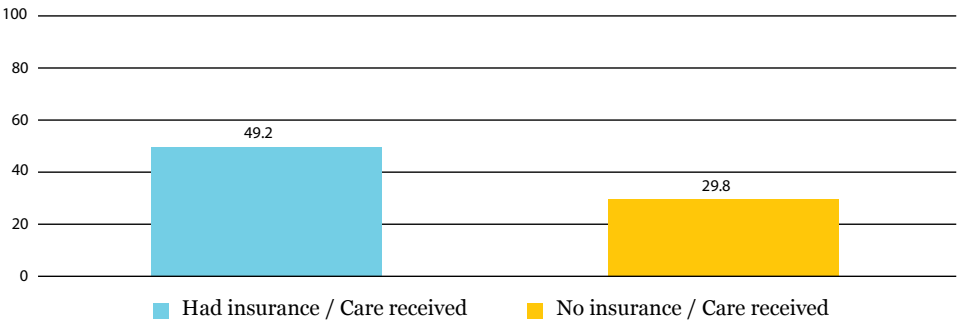
Black, Latinx, and Asian and Pacific Islander New Yorkers experiencing depression are less likely to be connected to mental healthcare than White New Yorkers.

Percentage of those with depression who self-report receiving mental health treatment, by race/ethnicity



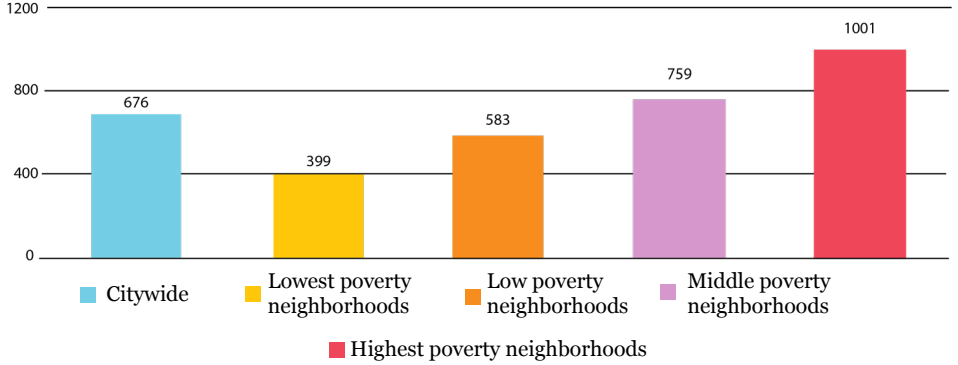
Adults with current depression who received mental healthcare in the prior 12 months. Age-adjusted prevalence (2017)⁴

Percentage of those with serious psychological distress who recieved care, by insurance status



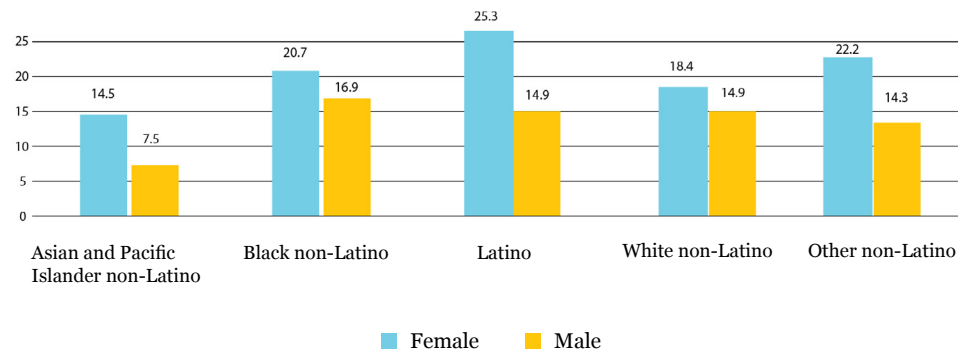
Adults with mental health needs who received counseling or treatment in the prior 12 months. Age-adjusted prevalence (2015)⁵

The highest poverty neighborhoods have over twice as many psychiatric hospitalizations per capita as the lowest poverty neighborhoods in New York City



Age-adjusted rates of psychiatric hospitalizations per 100,000 residents per year, by neighborhood poverty level⁶

Percentage of youth who report getting help from a counselor for an emotional or personal issue during the past 12 months



Percentage of youth who report getting help from from a professional counselor, social worker, or therapist for an emotional or personal issue during the past 12 months (2017)⁷

New Yorkers experiencing serious psychological distress are less likely to be connected to mental healthcare if they do not have health insurance.

Connection to mental healthcare differs greatly by neighborhood.

In the three neighborhoods with the highest connection to mental healthcare, nearly 70% of those with mental health needs receive treatment; in the three neighborhoods with the lowest connection, only around 20% of those with mental health needs received treatment

Among youth, males are less likely to be connected to mental health support than females across all races and ethnicities.

Our commitment to equity

ThriveNYC is committed to countering racist and structural inequities in mental healthcare. That’s why equity underlies everything we do.

Over 70 percent of the new mental health service locations we support are located in federally designated mental healthcare-shortage areas – part of addressing historic disinvestment and inequitable access in these communities. It’s why we’re not just working to see fewer mental health emergencies in our city – we also want to see less disparity in the emergencies that do occur. As we work to increase connections to mental healthcare, we’re also working toward greater equity in connection to treatment.



Mid-morning on the street near City Hall
Ed Reed/Mayoral Photography Office

FAST FACTS

To address longstanding disparities in access, ThriveNYC is especially focused on New Yorkers of color

New Yorkers of color are less likely to be connected to mental health care than White New Yorkers. To help address this disparity, ThriveNYC embeds mental health support into programs that serve New Yorkers of color who have mental health needs and who would otherwise be likely to go without care. Some examples:⁸

- 35% of families screened for mental health challenges in homeless shelters identify as Black; 20% identify as Hispanic/Latino
- 40% of New Yorkers served by mobile treatment teams identify as Black; 20% identified as Hispanic/Latino
- 40% of clients served by community-based Connections to Care partners identify as Black; 48% identified as Hispanic
- 75% of victims served by the Crime Victim Assistance Program are people of color

ADAPTING DURING COVID-19

Hundreds of thousands of New Yorkers got sick. Tens of thousands lost loved ones, and many more worried about the health of people they cared about. New Yorkers have reported higher levels of anxiety and other mental health challenges for themselves and their children.⁹ Students had to adapt to new ways of learning. Adults had to adapt to new ways of working. So many experienced heightened levels of stress and social isolation. No one was left untouched.

There is no question: the COVID-19 pandemic has had a profound impact on the mental health of our city. That’s why ThriveNYC and our partners have worked together to meet the mental health needs of New Yorkers in a time of crisis.



A mobile COVID-19 testing site in Ocean Hill, Brooklyn

Michael Appleton/Mayoral Photography Office

With our agency partners, ThriveNYC programs adapted to serve New Yorkers during COVID-19

- **Unwavering commitment:** Nearly all of ThriveNYC’s 30 innovative mental health programs continued to serve New Yorkers through the COVID-19 pandemic.
- **Safe in-person services:** In family shelters, residences and drop-in centers for youth, high-need public health sites, and through mobile treatment programs, ThriveNYC partners delivered in-person services with new safety protocols.
- **New tele-mental health services:** ThriveNYC programs added new tele-health capacity to continue reaching isolated older adults, people harmed by crime and abuse, children and families coping with trauma and grief, and low-income New Yorkers.
- **Reaching even more New Yorkers:** Since the beginning of the pandemic, NYC Well – the City’s comprehensive behavioral health helpline – has answered over 200,000 calls, texts, and online chats from New Yorkers seeking support. In April, more than 120,000 people visited the NYC Well website to find resources and information – up 400% from April of 2019. The helpline answered 73 percent more calls, texts, and online chats in November 2020 than in November 2019.

The Mayor’s Office of ThriveNYC also launched new engagement strategies to reach high-need New Yorkers

- **Created** an Online Guide to Mental Health Support New Yorkers Can Access While Staying Home that was visited nearly 40,000 times.
- **Trained** more than 400 private sector and non-profit employers and employees in COVID-19 workplace mental health strategies, more than 150 faith leaders to promote mental health during a disaster, and, with the Mayor’s Office of Criminal Justice, New York City Housing Authority volunteers to promote mental health in their communities.
- **Partnered** with the City’s GetFood initiative, the Department for the Aging, the Department for Housing Preservation and Development, and the New York City Housing Authority to embed mental health screening and referrals into emergency food delivery for more than 250,000 older adults.

Reaching isolated veterans

Many of New York City's 210,000 veterans experienced social isolation even before the COVID-19 pandemic pushed the city into crisis.

Together, the Mayor's Office of ThriveNYC and the Department of Veterans' Services (DVS) launched Mission: VetCheck, a brand-new effort to reach isolated veterans during the pandemic. Mission: VetCheck is a collaboration: veteran-serving organizations joined the effort, with volunteer management conducted by New York Cares.

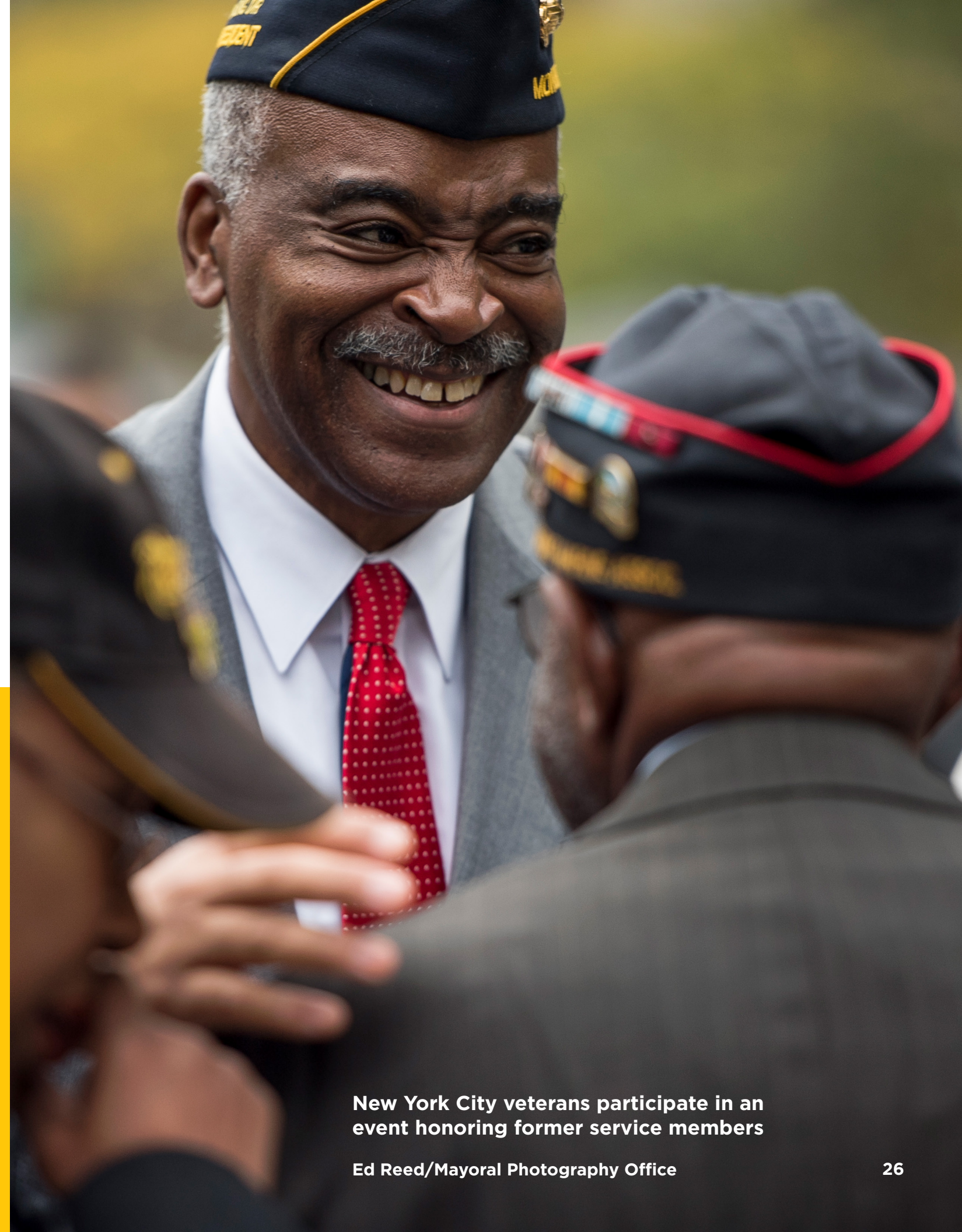
Together, veterans, family members, National Guard members and other volunteers made over 24,000 supportive check-in calls between April and December of 2020. In addition to offering a caring voice in an isolating time, volunteers provided support and connections to vital public services – like mental health resources, meals, COVID testing sites, and VA benefits. Many veterans were provided helpful information immediately, and over 950 others were referred to DVS for resources and support.

“Veterans were so thankful for the calls. They were really happy to have someone check up. When I asked a veteran if he wanted a call back he said no, save it for someone who needs it. It was really nice to see that they still have that mentality of looking out for their battle buddies.”

– **National Guard member and Mission: VetCheck volunteer**

“I spoke with a woman who had PTSD and couldn't get in touch with her therapist. We were able to connect her with DVS and NYC Well. This was my most challenging call because she was very emotional and upset. I could hear her children in the background.”

– **Mission: VetCheck volunteer**



New York City veterans participate in an event honoring former service members

OUR IMPACT

Making an impact in clients' lives

Our approach to measuring impact starts at the program level. For each ThriveNYC program, we look at how many people are being served and whether these services are making a positive change in people's lives. These data are updated every quarter on our data dashboard.

Explore the ThriveNYC Data Dashboard at nyc.gov/ThriveNYC.



New Yorkers participate in a mental health engagement activity conducted as part of the Clinicians in Older Adult Centers program

Courtesy of New York City Department for the Aging

Here are just a few examples of how we know ThriveNYC programs are working:

Intensive Mobile Treatment teams provide long-term care in the community and serve clients who have had significant difficulty staying connected to more traditional forms of treatment.

- Of individuals who began receiving services from an Intensive Mobile Treatment team between January 2016 and June 2020, **90 percent continued to receive services for 12 months or more**, in keeping with the program goal of consistent engagement in care. During this same time period, **51 percent of people experiencing homelessness served by an Intensive Mobile Treatment team successfully secured non-shelter housing** (including supportive or permanent housing).

Over 19,000 clinical mental health sessions have been provided to older adults since July 2016, through a program that embeds clinicians into the City's older adult centers.

- Of those re-screened during Fiscal Year 2020, **62 percent experienced a clinically significant improvement in depression** three months after initiating treatment and **57 percent experienced a clinically significant improvement in anxiety** three months after initiating treatment.

Through the Connections to Care program, staff at community-based organizations are trained to screen clients for mental health needs and refer those who need help to mental health providers. **Over 46,000 low-income New Yorkers have been reached through this program since 2016.**

- Some of those connected to care through this program were re-screened six to 12 weeks after their initial screening. **Fifty-one percent of clients who were re-screened experienced a clinically significant improvement in symptoms of depression or anxiety.**

Changing the mental healthcare landscape in New York City

In the fall of 2019, ThriveNYC convened a Science Advisory Group, comprised of national and international experts in the epidemiology, treatment, care and social drivers of mental health. This Science Advisory Group developed two population-level outcomes we can directly associate with ThriveNYC’s contribution to the mental healthcare landscape in New York City. If the entire range of efforts to promote mental health across City government — including ThriveNYC’s work to close gaps in care — continues, the City can expect to see improvements in the following population-level measures within five years:

1 More New Yorkers with mental health needs are connected to treatment.

Defined as: More New Yorkers with an identified mental health need receive treatment; and greater equity in connection to treatment.

2 Fewer mental health needs become crises.

Defined as: Fewer mental health emergencies, as measured by 911 dispatches and emergency department visits; and less disparity in mental health emergencies.

The membership of ThriveNYC’s Science Advisory Group includes:

- **Co-Chair: Vikram Patel, MBBS, PhD:** The Pershing Square Professor of Global Health in the Blavatnik Institute’s Department of Global Health and Social Medicine at Harvard Medical School; Adjunct professor and joint director of the Centre for Chronic Conditions and Injuries, Public Health Foundation of India; Honorary professor, London School of Hygiene & Tropical Medicine
- **Co-Chair: Susan Herman, JD:** Mayor’s Office of ThriveNYC
- **Margarita Alegria, PhD:** Disparities Research Unit at Massachusetts General Hospital; Harvard Medical School
- **Preeti Chauhan, PhD:** John Jay College of Criminal Justice and the Graduate Center, City University of New York
- **Mandy Davis, LCSW, PhD:** Regional Research Institute, School of Social Work, Portland State University; Trauma Informed Oregon
- **Lisa B. Dixon, MD, MPH:** Columbia University Vagelos College of Physicians and Surgeons; New York State Psychiatric Institute
- **Susan Essock, PhD:** Division of Behavioral Health Services and Policy Research in the Department of Psychiatry at Columbia University; formerly Director of the Division of Health Services Research in the Department of Psychiatry at Mount Sinai School of Medicine and Director of Psychological Services for the public mental health system in Connecticut
- **Hillary Kunins, MD, MPH, MS:** Executive Deputy Commissioner of Mental Hygiene, NYC Department of Health and Mental Hygiene
- **Sungwoo Lim, DrPH:** Division of Epidemiology, NYC Department of Health and Mental Hygiene
- **Brian McGregor, PhD:** Morehouse School of Medicine
- **Vicky Ngo, PhD:** City University of New York Graduate School of Public Health & Health Policy; RAND Corporation

Building the evidence base for innovative approaches

A key feature of our approach to measurement and evaluation is partnering with independent researchers to conduct formal evaluations, which help us to understand the effectiveness of the innovative approaches employed by ThriveNYC programs. One example: Abt Associates completed an evaluation of NYC Well in 2020.¹⁰ NYC Well is the City’s comprehensive behavioral health helpline, which offers 24/7 support via call, text, or online chat, as well as connection to ongoing mental health and substance use services. The independent evaluation concluded that the helpline is increasing access to behavioral health support and reaching a diverse range of New Yorkers.



An advertisement in NYC’s subways encouraging New Yorkers to reach out to NYC Well for support

Ed Reed/Mayoral Photography Office

Key findings of the NYC Well evaluation:

- **NYC Well users overwhelmingly report that NYC Well effectively addressed their needs.** Nearly 90 percent of surveyed NYC Well users reported that NYC Well helped them deal with their problems.
- **NYC Well is increasing support for people who would otherwise go without.** Nearly one in five surveyed NYC Well users noted they would not have contacted anyone in the absence of NYC Well.
- **Many see NYC Well as an alternative to emergency services.** Twenty-three percent of surveyed NYC Well users, including both those contacting the program on their own behalf and those contacting on behalf of someone else (e.g., a friend or family member), reported that, if not for NYC Well, they would have considered calling 911 or going to an emergency room.
- **NYC Well is serving New Yorkers with a wide range of behavioral health needs, including people with severe mental health distress, who report significant improvement in their symptoms over time.** More than 80 percent of surveyed NYC Well users reported moderate or severe psychological distress when contacted soon after their NYC Well contact. In a follow-up survey conducted six months later, Abt Associates observed statistically significant reductions in psychological distress among those who initially reported these symptoms. At the six-month follow-up, surveyed NYC Well users were less likely to report that they felt depressed, nervous or hopeless most or all of the time.

Explore more independent evaluations of ThriveNYC programs on [our website](#).

More information about NYC Well is on page 51 of this report.

In 2020, New York City provided more mental health services, in more places and in more ways, than ever before

This is due to a coordinated effort across City government over the last seven years to promote mental health, which includes and extends beyond the work of the Mayor’s Office of ThriveNYC.

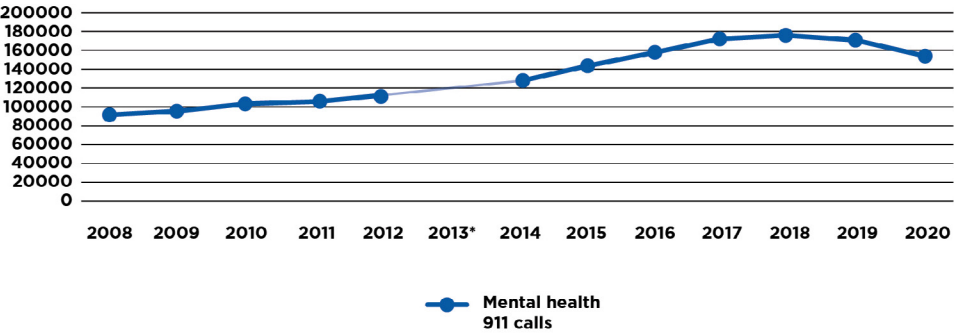
Through ThriveNYC, hundreds of new mental health service locations have been added across the city, embedded into places where support is likely to reach New Yorkers who may otherwise go without care. This includes on-site mental health services at 248 high-need schools, over 100 shelters for families with children, all runaway and homeless youth residences and drop-in centers, over 45 older adult centers, and every precinct in the city to serve victims of crime, violence and abuse.

Beyond ThriveNYC, many other parts of city government have found new ways to promote mental health, ranging from more supportive housing and reentry services for people leaving the City’s jails to social emotional learning programs in public schools and NYC Care, a citywide guarantee of health care, including behavioral health services. We are also in early learn programs in and outside of DOE public schools.

These new programs and initiatives contribute to a significant citywide commitment to promote mental health. They add to considerable work already underway, including programs for New Yorkers with serious mental illness at the Department of Health and Mental Hygiene, street outreach teams and Safe Havens supported by the Department of Homeless Services, and extensive behavioral healthcare services provided by NYC Health + Hospitals.

With more mental health support, we are starting to see changes in our city. Mental health emergencies are declining. From 2008 - 2018, the number of mental health 911 calls in New York City nearly doubled, increasing every year and in every precinct. In 2019, the total number of calls dropped for the first time in a decade, by nearly 8,000. In 2020, the number of calls fell by another 6%, to 166,565 calls. And, according to a recent evaluation of NYC Well, the City’s mental health helpline, more than 20 percent of surveyed NYC Well users reported that they would have considered calling 911 or going to an emergency room if not for NYC Well.¹¹ The tide is changing.

Mental health 911 calls



* Data not available due to a mid-year change in data collection systems

Source: NYPD Mental Health 911 call data

We must continue the work to ensure that New Yorkers in need are connected to a range of mental health services. Nearly one in five surveyed NYC Well users noted they would not have contacted anyone in the absence of NYC Well, indicating that the helpline is increasing mental health support for people who would otherwise go without.¹² In 2016, the City began gathering data on the percentage of New Yorkers likely to have depression who reported receiving medication or counseling for their mental health in the last 12 months. In 2016, 38% reported receiving treatment.¹³ In 2018, 44% did.¹⁴ We will be watching these and other indicators closely, working alongside all City agencies and our community-based partners to keep connecting more New Yorkers to care.

The number of mental health 911 emergency calls is declining, following a steady increase over the last decade

WHO
ThriveNYC
programs serve

ThriveNYC programs reach New Yorkers who would otherwise go without care

Sometimes because of where they live, the language they speak, or the amount of money they have. To address longstanding disparities in access, ThriveNYC is especially focused on people of color, people living in low-income neighborhoods, isolated older adults, people experiencing homelessness, veterans, LGBTQI+ people, and people harmed by crime, violence or abuse.

FAST FACTS

Since 2016, ThriveNYC programs have provided mental health services and other support to:

- Over 165,000 people harmed by crime, violence, or abuse
- Over 19,000 people living in homeless shelters
- Over 2,600 older adults
- Over 7,000 veterans
- Over 13,600 young people in runaway and homeless youth residences and drop-in centers
- Over 180,000 students
- Over 3,500 people with serious mental health needs through mobile treatment teams



Signs thanking healthcare workers at Queens Hospital

Michael Appleton/Mayoral Photography Office

ThriveNYC serves LGBTQI+ youth

New York City has been a major center of life for the lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI+) community for decades. LGBTQI+ young people come from all over the world to build a life in New York City, and fare better here than national averages.

But even in the birthplace of the modern LGBTQI+ rights movement, LGBTQI+ youth are at great risk of serious mental health needs. Mental health disorders including depression, post-traumatic stress disorder, and suicidal ideation are considerably more prevalent in youth experiencing homelessness than adolescents from the general population¹⁵. That's why ThriveNYC and our partners reach LGBTQI+ youth through several different programs.

Serving runaway and homeless youth

ThriveNYC partners with the Department of Youth & Community Development (DYCD) to bring mental health service supports to all City-funded residences and drop-in centers that serve runaway and homeless youth. Trusted community organizations operate more than 50 sites citywide. Youth experiencing homelessness in our city are disproportionately LGBTQI+, with 42 percent identifying as gay, lesbian, bisexual, or queer/questioning, and 8 percent identifying as transgender/gender non-binary.¹⁶ Additionally, 95 percent of these youth identify as people of color.

Since launching in 2015, the program has provided mental health services for over 13,600 runaway and homeless youth. In the most recent reporting period, 75 percent of youth felt the program is supporting their mental well-being.

Serving LGBTQI+ students

We have also reached LGBTQI+ young people by significantly expanding mental health services in the City's public schools, in partnership with the Department of Education and the Department of Health and Mental Hygiene. As just one example, new School Response Clinicians are licensed social workers who serve students and schools across the city, providing early intervention as well as support in times of immediate emotional distress, on-site counseling, and help connecting to long-term care if necessary.

COMMUNITY STORY

A student's self-love, a school's pride

When Jose, a student at The Heritage School in East Harlem, graduated this year, he reflected on a profound journey of personal growth. In some ways, it started when he met Robert Marchesani – or Rob, as the students of Heritage call him.

As a mental health clinician for Counseling in Schools (CIS), Rob believes in creating an environment where all students can experience authentic self-expression and self-acceptance. Through a partnership between the Mayor's Office of ThriveNYC and the Office of School Health, he provides individual, group, and crisis intervention counseling to students. He also works closely with Heritage's principal, teachers and staff to offer advisory sessions for students, covering issues like cyberbullying, self-regulation, racial bias, healthy relationship development, and gender identity. Addressing these important social-emotional topics with the whole school community has helped build a culture where student differences and experiences are valued, and opportunities for leadership are encouraged.

For Jose, that's made all the difference. As a freshman, Jose struggled with his sexuality. He experienced symptoms of depression, and suicidal ideation, but never told anyone what he was feeling. That is, until he participated in one of Rob's group advisory sessions. The sessions helped motivate Jose to seek one-on-one therapy with Rob. Looking back, Jose calls that decision "life changing."

Individual counseling helped provide Jose with the external support he was missing. He worked with Rob to strengthen relationships with his family, affirm his sexual orientation, and build self-esteem.

Jose continued participating in counseling and advisory sessions over the next few years, growing in confidence along the way. He finally felt like he belonged, and he wanted to share that feeling with others at his school. With Rob's guidance and support, Jose founded The Heritage School's first-ever Genders and Sexualities Alliance (GSA), called "Pride's Pride." The group has become a safe space for LGBTQI+ students and their allies to find acceptance and validation among their peers, and strength and support within their community.

Although COVID-19 disrupted Jose's senior year, he was able to continue working with Rob to help navigate the challenges. In June, he was recognized as the school's valedictorian – a tremendous feat for a young man who once felt so isolated. Now, as he transitions to becoming a student at New York University, Jose knows he's not alone – he has a community of support behind him. Most importantly, he has the confidence to be himself, and to practice what he calls "self-love."



The student members of the Heritage School's Gender and Sexualities Alliance decorate t-shirts to show their pride

Courtesy of Counseling in Schools

ThriveNYC serves people harmed by crime, violence and abuse

Experiencing any kind of crime, violence or abuse can have profound mental health consequences.

In fact, victims of all kinds of crimes are more likely to experience depression, anxiety, substance use challenges, and suicide than the general population.¹⁷ Additionally, 28-45 percent of victims of violent crime suffer from post-traumatic stress disorder,¹⁸ and in one study, about 30 percent of adult women who experienced intimate partner violence reported “serious psychological distress” – a much higher rate than women who reported no violence.¹⁹

Early assistance can help.²⁰

That’s why ThriveNYC has expanded services for victims of crime and survivors of violence and abuse in many different ways. Today, with ThriveNYC’s support, social workers serve families who have entered shelter to escape violence, clinicians serve survivors of domestic and gender-based violence at Family Justice Centers, and advocates serve victims of all categories of crime in police precincts across the city. Ensuring that this support is available in every neighborhood in our city is part of our commitment to equity.

The Crime Victim Assistance Program: A universal offer of support

Only one large U.S. city extends a universal offer of support to all people harmed by crime, violence, and abuse: New York City.

Through the Crime Victim Assistance Program, the Mayor’s Office of ThriveNYC partners with the New York City Police Department to place victim advocates in all 77 police precincts and all 9 Police Service Areas across the five boroughs. The program is implemented by Safe Horizon, the nation’s leading victim service agency.

Before ThriveNYC, victim advocates were available in Police Service Areas and just three precincts citywide. Most victims of crime were left to navigate the complicated landscape of the mental health, justice, and social service systems on their own.

Today, every single victim of crime has access to supportive counseling and other practical resources, right in their neighborhood.

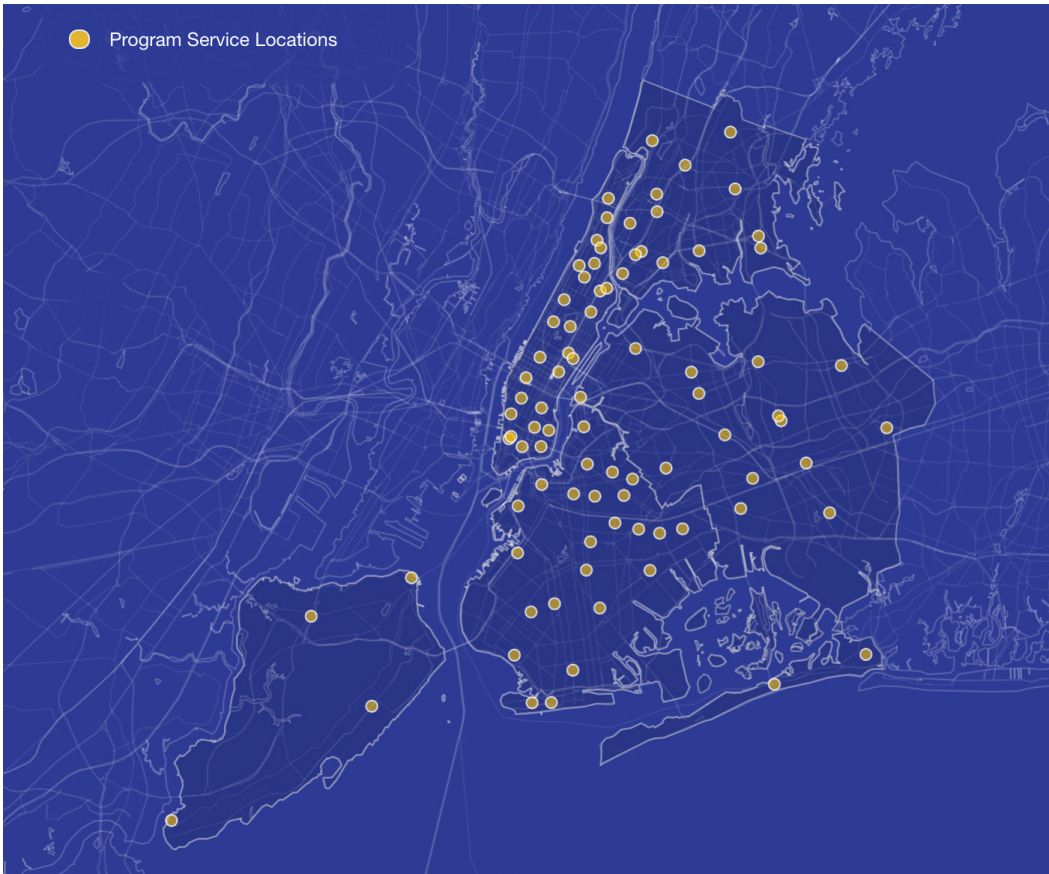
AT A GLANCE Crime Victim Assistance Program

- Victim advocates in 77 precincts, 9 Police Service Areas
- Advocates offer:
 - o Crisis and supportive counseling
 - o Safety planning
 - o Advocacy to schools, employers, creditors, and landlords for accommodations
 - o Assistance applying for victim compensation
 - o Referrals to individual or group therapy
 - o Referrals to legal and social services

FAST FACTS Crime Victim Assistance Program

- Over 165,000 people have received support or services
- 93% of victims report feeling safer physically and/or emotionally after receiving Crime Victim Assistance Program assistance
- 75% of victims served by the Crime Victim Assistance Program are people of color

Advocates support victims of crime in every precinct in the city



The Crime Victim Assistance Program supports victims of crime in all 77 precincts and 9 Police Service Areas in the city

Crime Victim Assistance Program advocates connect with New Yorkers who report a crime and offer supportive counseling, connections to individual and group therapy, and help navigating the many legal and financial challenges that emerge after a crime. Advocates can specialize in support for survivors of intimate partner violence, sexual violence, or elder abuse, while others support victims of every other category of crime, both violent and non-violent. Safe Horizon ensures that all Crime Victim Assistance Program advocates are trained in culturally responsive practices and more than half of all advocates are bilingual.

Support comes in many different forms – it all depends on what the client needs.

One example: when a client in the Bronx had her apartment burglarized, advocate Jailene Panarella helped her get new locks for her door, allowing her to feel safe again. She also helped her find a therapist, so she could process her feelings of fear.

Support during a pandemic

Throughout this tumultuous year, advocates have found innovative new ways to support victims. At the height of the pandemic, Brooklyn-based advocate Crystal White helped one of her clients move due to ongoing violence in her home. She found an air mattress, arranged the movers, and helped de-escalate a tense situation when the client experienced traumatic flashbacks – all remotely.

COMMUNITY STORY A survivor finds support

Elisa sat with a detective at the Bronx precinct where she'd first reported her assault. As she spoke with the detective on the case, she became visibly and increasingly emotional. As her distress escalated, she told the detective she wanted to harm herself.

The detective went straight to Safe Horizon's Crime Victim Assistance Program advocate stationed in his precinct, and asked her to speak with Elisa quickly. The advocate was able to determine that Elisa was not actively suicidal and did not require emergency medical care. But Elisa did need support urgently, and the advocate encouraged her to share what was on her mind. She told the advocate that her parents were leaving the next day. They had come in from out of town to support her after the attack, but now planned to head home. Elisa still felt vulnerable and unsafe – she couldn't bear the idea of being left alone.

The advocate listened and helped Elisa talk through her situation. She called Elisa's parents, and they all spoke together in Spanish about Elisa's concerns. Her parents decided to postpone their return home so they could continue to support her. The advocate connected Elisa to counseling services, so that she could have support in place when her parents eventually left the city. In Elisa's time of need, the Crime Victim Assistance Program was there to help.



Crime victim advocates at a community event in the Bronx

Courtesy of Safe Horizon

WHAT

forms of
support

ThriveNYC

programs offer

In New York City – like in many cities across the country – there are too few mental health professionals to meet the needs of everyone experiencing mental health challenges.²¹ Addressing this provider shortage is a long-term imperative, and one ThriveNYC is actively working to remedy by training more mental health professionals and embedding them into high-need sites across the city. ThriveNYC is also expanding the city’s mental health safety net by incorporating peer support and staff at community-based organizations.

It’s up to all of us to share responsibility for mental health

In the face of a nationwide shortage of mental health professionals, it’s important for all of us to develop skills to recognize mental health problems and support those in need. That’s why several ThriveNYC programs rely on a model that public health experts call task-sharing.

It’s a simple concept: you don’t need years of clinical training to offer meaningful mental health support, just like you don’t need public safety expertise to watch out for your neighbors. To help fill gaps in the mental health workforce and lower barriers to accessing mental healthcare, ThriveNYC supports training, coaching and resources for people who are not mental health clinicians – like faith leaders and staff at community-based organizations – so they can provide mental health support to the people they serve. The strategy has led to early detection and positive outcomes for people worldwide.²²

The approach works in New York City, too. Take the Connections to Care program, a partnership of the Mayor’s Office of ThriveNYC, the Mayor’s Office for Economic Opportunity, and the NYC Department of Health and Mental Hygiene. The program equips trusted staff at community-based nonprofits – like the Red Hook Initiative and the Arab American Association of New York – with new mental health screening and support skills to better serve their clients.

Social service providers who participate in the Connections to Care program consistently say that their staff’s new skills have not only helped clients with their mental health needs, they have helped the agencies advance their mission. Among many findings, a recent evaluation by the RAND Corporation found that clients reached by Connections to Care through youth development programs were three times more likely to seek outpatient care than a comparison group.²³

Explore more findings from this and other independent evaluations of ThriveNYC programs on [our website](#).

Someone who’s been there

Many ThriveNYC programs rely on peer support. Peers are important parts of many treatment teams. Peer support workers are people who have been successful in the recovery process and can provide support that extends beyond clinical services helping others in similar situations toward recovery. **For example, New Yorkers who contact the mental health helpline NYC Well can opt to speak with a trained peer support specialist, and parents receiving support from the Early Childhood Mental Health Network often rely on peer support to help strengthen bonds with their children.**



The Arab American Association of New York, a Connections to Care partner, provides support in southern Brooklyn

Courtesy of Arab American Association of New York

A new kind of mental health helpline

Launched by ThriveNYC in 2016, NYC Well was billed as a new kind of mental health helpline.

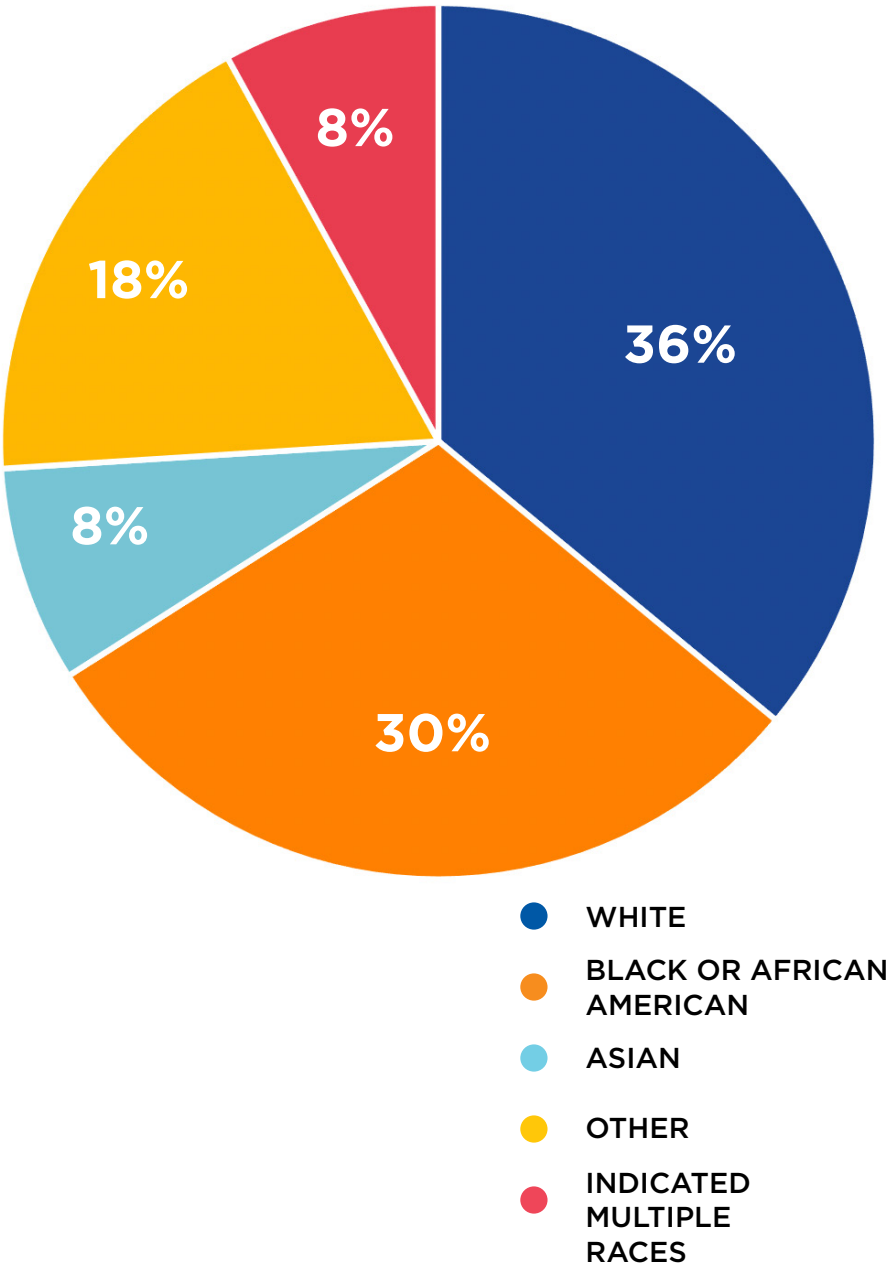
Available 24/7 by phone, text, or online chat, NYC Well is staffed by trained mental health counselors and peer support specialists, people with lived experience with mental illness and substance use challenges. Counselors speak English, Spanish, Mandarin, and Cantonese; translation is available for more than 200 languages. The service is 100 percent free – regardless of insurance or immigration status.

Like a more traditional crisis hotline, NYC Well helps people struggling with suicidal thoughts. Additionally, NYC Well offers peer support and brief counseling for anyone looking for help processing their emotions, advice about a loved one’s mental health, or just someone to talk to.

Peer support and crisis counseling are available to anyone looking for help processing their emotions, advice about a loved one’s mental health, or just someone to talk to. NYC Well is also a referral service – an open doorway to mental health treatment options across the five boroughs. When needed, NYC Well can send out Mobile Crisis Teams, groups of clinicians and peers who provide in-person assessments and short-term care for people experiencing a behavioral health crisis.

It’s no surprise that thousands of New Yorkers continue to rely on NYC Well for mental health support. **In September 2020, NYC Well achieved an exciting milestone – counselors and peer support specialists have responded to more than one million calls, texts, and online chats since the helpline launched in 2016.**

NYC Well supports a diverse range of New Yorkers



Data on NYC Well usage from an independent evaluation of NYC Well conducted by Abt Associates²⁴

COMMUNITY STORY
One in a million

Whenever Zisa Azisa (pronouns: they/them/theirs) needed to talk to someone, an NYC Well counselor was there to listen.

Zisa, a case manager for adolescent youth in Queens, lives with a dual diagnosis of schizoaffective bipolar disorder and post-traumatic stress disorder (PTSD). Today, they treat their mental illness with medication and therapy, a combination that has helped Zisa maintain stability in their life. Zisa says NYC Well played an important role in the journey to get where they are today.

Before Zisa was connected to ongoing treatment, they turned to NYC Well for interim therapeutic support. When untreated, their illness can cause mood swings, insomnia, irritability, grandiosity and psychosis – symptoms that can be extremely disruptive to daily life. Zisa found that conversations with NYC Well counselors could help them de-escalate emotions and self-regulate.

“There was an intense time in my life when I was calling NYC Well once or twice a week,” recalls Zisa. At times, the calls to NYC Well prevented a walk to the nearby hospital for emergency psychiatric care. Many New Yorkers have experienced something similar: more than 20 percent of surveyed NYC Well users say they would have considered calling 911 or going to the emergency room without NYC Well.

For Zisa, having someone to talk to helped resolve issues long before they disrupted parts of their life that supported stability, like relationships and employment. Zisa’s work with young people requires emotional engagement, and can sometimes trigger strong psychological reactions. In a painful instance when Zisa felt a supervisor in a former job was using their mental illness to gaslight them, Zisa left work and dialed 888-NYC-Well. As Zisa walked around the block, a counselor helped them process the experience, so they could return to work and address the issue productively.

Zisa encourages people to contact NYC Well. Having been in therapy consistently for two years now, Zisa sees extraordinary value in the helpline as an entryway to long-term support for people living with mental illness, whether through referrals and online resources, or simply helping people learn to ask for help.

“Although seeking help evokes feelings of vulnerability, it also confers the possibility for immense resilience,” says Zisa. “The ability to reach out to another human being and receive some kind of support or compassion over the phone can really make or break your day.”

“Although seeking help evokes feelings of vulnerability, it also confers the possibility for immense resilience”

**- Zisa
NYC Well caller**



Zisa says that NYC Well counselors have helped them de-escalate emotions and self-regulate

Anthony Falco/Mayor’s Office of Creative Communications

WHERE

ThriveNYC
programs embed
mental health
services

Over the past five years,
ThriveNYC programs have
dramatically changed the
landscape of mental health
care in New York City

FAST FACTS

ThriveNYC has added on-site mental health support to:

- More than 240 high-need schools
- More than 100 shelters for families with children
- All 50 runaway and homeless youth residences and drop-in centers
- More than 50 older adult centers
- Historically underserved neighborhoods across the city

Federally-designated mental health provider shortage areas

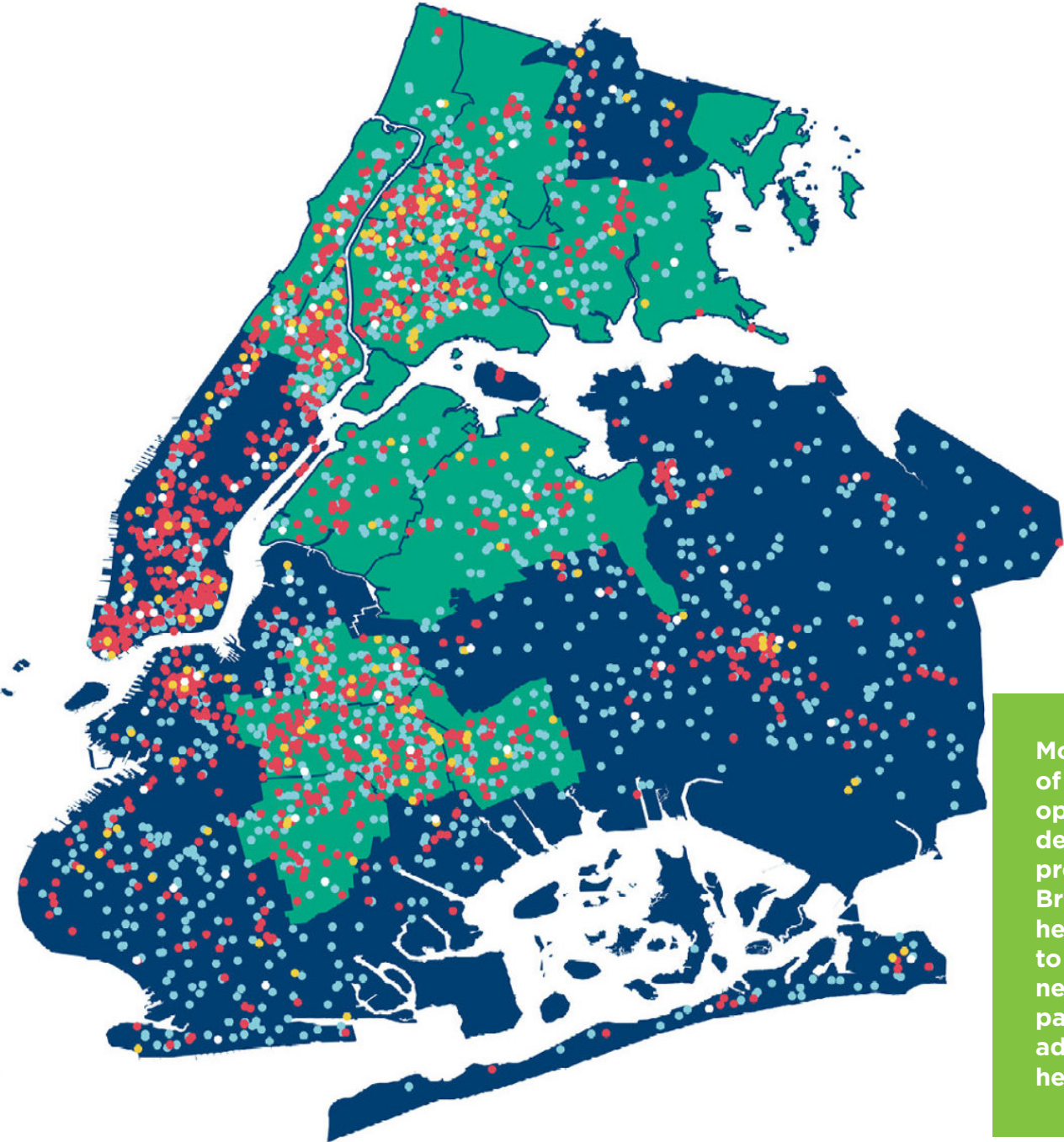
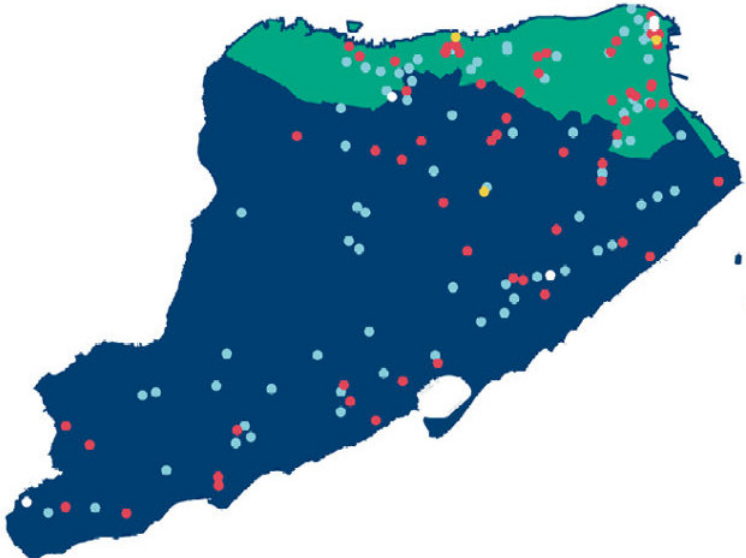
Other areas

ThriveNYC programs managed by social service agencies
(such as the Department for the Aging and the Department of Homeless Services)

ThriveNYC programs managed by youth-serving agencies
(such as the Department of Education and the Department of Youth and
Community Development)

ThriveNYC programs managed by health agencies
(such as the Department of Health and Mental Hygiene and NYC Health +
Hospitals)

ThriveNYC programs managed by justice agencies
(such as the New York City Police Department and Correctional Health
Services)



More than 70 percent
of ThriveNYC programs
operate in federally
designated mental health
provider shortage areas.
Bringing more mental
health support
to underserved
neighborhoods is a central
part of how ThriveNYC
advances mental
healthcare equity.

Serving people in need

Through the Mental Health Service Corps, ThriveNYC partners with NYC Health + Hospitals to place social workers at high-need sites within the City’s public health system. In addition to serving thousands of New Yorkers in underserved neighborhoods across the five boroughs, the Mental Health Service Corps offers an intensive training program for early-career clinicians.

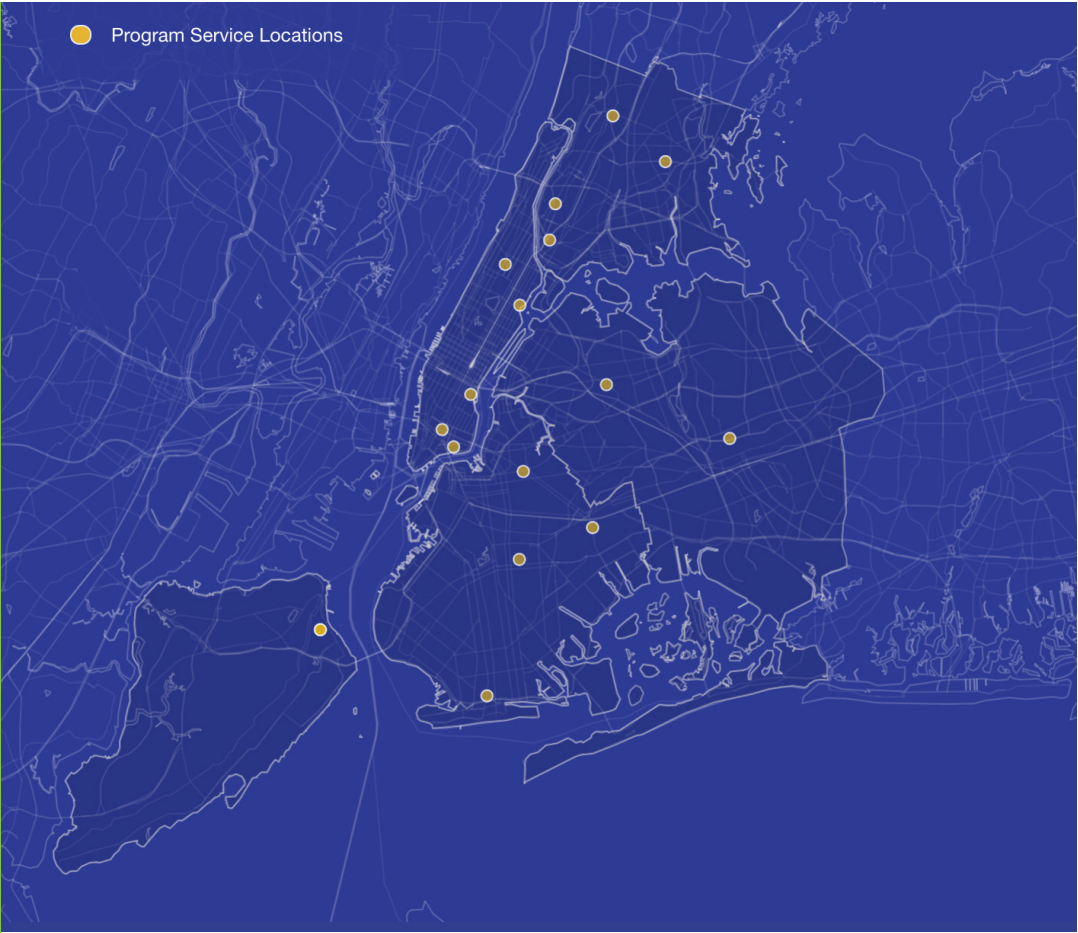
The Mental Health Service Corps serves neighborhoods across the city

AT A GLANCE Mental Health Service Corps

- Early-career clinical social workers serve thousands of high-need New Yorkers who might otherwise go without care
- Corps Members placed at over 48 clinical sites in the NYC Health + Hospital System – the largest public health system in the country
- Intensive training program, with service counting toward thousands of hours of supervised clinical care required for social work licensing

FAST FACTS Mental Health Service Corps

- Since the launch of the Mental Health Service Corps at NYC Health + Hospitals in January 2020, Corps Members have provided clinical services to over 2,700 New Yorkers
- 76% of Mental Health Service Corps sites are located in federally designated mental health professional shortage areas



The Mental Health Service Corps provides services to New Yorkers at 48 sites in 16 NYC Health + Hospital facilities

COMMUNITY STORY

A new generation of mental health clinicians

Karen Noyes hadn't been on the job long when a doctor first came to talk to her about one of her patients, Valeria. This kind of meeting is typical for a member of the Mental Health Service Corps. At H+H/Metropolitan Hospital where she's stationed, Karen regularly consults with doctors and nurses about patients who may have unmet mental health needs.

"In many of the communities we serve, therapy is not normalized, but there is tremendous respect for doctors and medical professionals," said Karen. "So through our relationship with the doctors, we're able to reach people like Valeria who wouldn't seek mental healthcare on their own."

Approaching 60, Valeria was at the hospital for a routine physical. But during the depression screening that is part of all standard health assessments at behavioral health and primary care NYC Health + Hospital sites, Valeria began talking to her doctor about the crushing stress she was under, eventually revealing that she cried every day. That's when Valeria's doctor paid Karen a visit, and they quickly agreed that Valeria would benefit from counseling. The doctor walked Valeria to Karen's office and introduced them. Health professionals depend on this simple act — called a "warm hand-off" — to build trust with new patients. That shared trust is a key part of the collaborative care model that Corps Members make possible.

Karen immediately began growing that little seed of trust. Valeria saw an encouraging pattern emerge: the more she disclosed, the more support she received.

When Valeria talked about being harassed by her ex-husband, but expressed worries about police involvement because of her undocumented immigration status, Karen was able to connect her with an on-site legal services clinic to offer support. When Valeria showed some risk for suicidal thoughts, Karen worked with her to develop a safety plan. When Valeria said she hadn't told her adult children about any of her struggles, Karen used supportive counseling and several different therapeutic interventions to help Valeria understand why.

Karen has been regularly trained in such interventions throughout her time in the Service Corps. In addition to directly serving New Yorkers in need, the Mental Health Service Corps is an intensive training program for early career clinicians. A masters-level graduate of Silberman School of Social Work at Hunter College,

"In many of the communities we serve, therapy is not normalized, but there is tremendous respect for doctors and medical professionals. So through our relationship with the doctors, we're able to reach people like Valeria who wouldn't seek mental healthcare on their own."

**-Karen
Corps Member**



Karen Noyes, a Mental Health Service Corps Member, provides support to patients at Metropolitan Hospital

JC BU/Mayor's Office of ThriveNYC

Karen's service as a Corps Member counts toward the thousands of hours of supervised clinical care required for her licensing. At the start of 2020, Karen happily signed on to serve in a hospital setting. It was the right choice, Karen says, because she gets to serve patients like Valeria.

Through multiple counseling sessions with Karen, Valeria was able to recognize and articulate her underlying fears, many of which were related to the family she left behind in South America. Karen also helped her decide to reveal her struggles to her children, a major milestone in her recovery. Instead of feeling she was burdening her children, she felt their love and concern shine through.

Today, Valeria has seen a dramatic reduction in her symptoms. She told Karen that she has a full system of support around her: "I no longer cry every day. I told my children, and someone calls me every night. I know they care, and I feel so much better knowing there are people who are helping me."

For Karen, that's what the Mental Health Service Corps is all about — she has often seen how counseling can be transformative not just for her patients, but for their entire families. The experience has been transformative for Karen, too. She knows her time in the Service Corps will stay with her.

"I feel very passionate about collaborative care, about working in the community, and serving people who haven't had easy access to mental health support. Whatever I do next, I know I'll continue doing that."

Reaching students at school

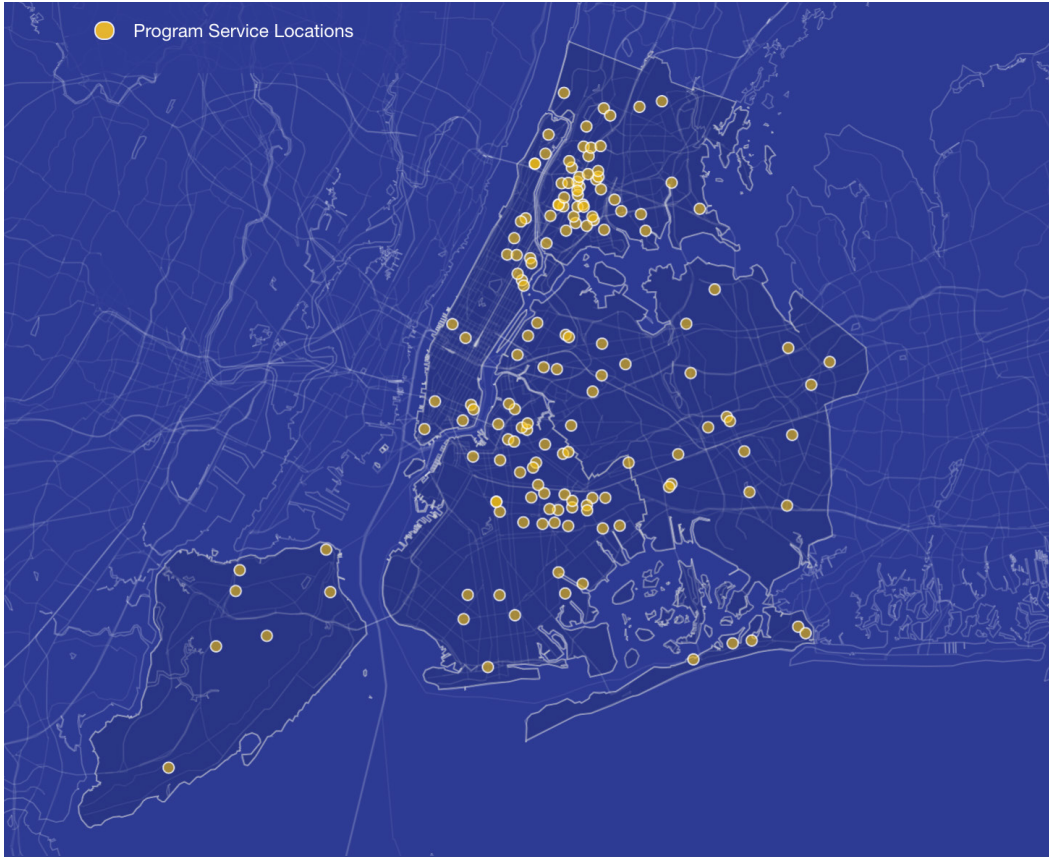
In New York City, nearly 270,000 school-age children – ages 5 to 17 – have a diagnosable mental health condition. Almost half of these children and youth have symptoms that are severe enough to affect day-to-day functioning.²⁵

That’s why the Mayor’s Office of ThriveNYC partners with the NYC Department of Education and NYC Department of Health and Mental Hygiene to bring on-site, mental health services to 248 high-need schools across the five boroughs. Trusted community-based organizations – like Henry Street Settlement, Astor Services, and Counseling in Schools – provide services and training to students, families, teachers and staff to support a healthy school community.



Mayor de Blasio visits an elementary school classroom
Benjamin Kanter/Mayoral Photography Office

ThriveNYC added on-site mental health services to 248 schools across the city



AT A GLANCE
Mental Health Services for High-Needs Schools

- Mental health services are on-site at 248 high-needs schools across the five boroughs
- Students have access to individual and group supportive counseling and psychiatric treatment
- Community partners also focus on building each school’s capacity to address mental health needs

FAST FACTS
Mental Health Services for High-Needs Schools

- Students have participated in over 181,000 individual or group supportive counseling sessions since the program began in 2017
- Over 14,000 trainings have been provided to teachers, staff and families through this program

COMMUNITY STORY

What finding a therapist in school meant for one student

For more than two years at Jill Chaifetz Transfer School (JCTS) in the Bronx, Yuri met weekly with her therapist, Samantha Arfin. A licensed clinical social worker with Astor Services for Children and Families, Samantha offers therapy and other clinical services to students like Yuri with support from the Mayor's Office of ThriveNYC and the Office of School Health. This is Yuri's story, in her own words:

"I like to be called Yuri; on the outside I'm a pretty simple kid but inside is another world. My childhood was based on being bullied: I got the best grades, cleaned the house, was the sweetest kid... but still got bullied. I didn't speak until I was two, and even then, chose not to. Why speak when no one listens? My mom was all I had, until I didn't. I was 16, completely alone, and then my advisor introduced me to Sam.

When I transferred to JCTS, anger became my best friend. I looked for fights. They frightened me, but adrenaline felt powerful. I feel God put the words in my mouth to get help. I remember wanting to be mean to Sam because she was being nice to me. I was hurt, confused, alone, not used to people trying to understand me enough to dig to the bottom of my hurt. Sam reminds me who I am and gave me a place to belong — to reflect, understand, and feel safe within myself. What struck most, she went out of her way to make sure I was okay even after sessions. I wanted to dislike this lady but she was so genuine.

Therapy taught me how our minds are the biggest pawns — how to learn the root of hurt and trauma instead of turning to anger. My message to others: learn to sit with yourself. We avoid being alone in a quiet room trapped with emotions fearing vulnerability. Sit and feel, question it. Cry it out until you feel like giving up. Then remember the times you didn't — the times you survived. Pay attention; realize the person who stuck around is YOU. Understand yourself, listen to yourself, and don't be afraid to be yourself! Question. Feel. Be human, because we all have traumas and pains. All of this, I learned in my little time sitting in my little room with my favorite little person. It's the little things about us that make the big things important."



A Bronx middle school classroom adapts to COVID-19

Michael Appleton/Mayoral Photography Office

COMMUNITY STORY

A therapist shares the story of one student's transformation

With the support of the Mayor's Office of ThriveNYC and the Office of School Health, Henry Street Settlement operates a mental health clinic in eight schools on Manhattan's Lower East Side. Here, a therapist at the Clinic shares the story of one student's transformation:

"Miguel sat across from me in my office, hoodie up and arms tightly crossed, making little to no eye contact. He didn't talk much, but it was clear he was in deep pain.

It was his freshman year of high school, and Miguel had been referred to our clinic by his school social worker. At the time, Miguel was experiencing anxiety, depression and self-harm. He was suffering from the recent loss of his grandfather, and symptoms of trauma stemming from years of physical and emotional abuse.

It took weekly sessions and extra support from his school community to demonstrate my care for him – and for him to begin sharing more in therapy. His teachers and school social worker met with me on a consistent basis to discuss ways to provide support during class, especially in those tough moments when he refused to engage in classwork. We collaborated to become more aware of his warning signs, and to offer helpful coping strategies during the school year. Collaboration is the basis of our clinic – we work to strengthen mental health supports for students throughout the school community.

To offer additional support, I referred Miguel to Henry Street Settlement's outpatient psychiatric clinic for an evaluation. Our psychiatrist prescribed psychotropic medication to support with symptom management, and worked closely with me to ensure that Miguel was getting the best possible treatment.

I continued working with Miguel over the next four years – his entire high school experience. Throughout this time, his grades and attendance improved significantly. He began to sit comfortably with me: hoodie off, with open body language and consistent eye contact.



Graduation at a high school in the Bronx

Edwin J. Torres/Mayoral Photography Office

Being on-site helped make this progress possible. It allowed me to support him immediately in times of crisis – whether I found him somewhere in the school, or he came looking for me in my office. We made sure to reserve therapeutic space every week – and sometimes met outside of our scheduled meetings. Miguel became comfortable enough to text me on my work cellphone, asking to come and see me when he was having panic attacks. He began to acknowledge to his peers and teachers that I was his therapist when I went to pick him up from class.

By working with Miguel for four years, I can see clearly the relationship that developed, and the transformation he made. His self-harm ended, and he began building stronger relationships with friends and family. By the end of his senior year, he accepted an offer to attend college – to study psychology! And he agreed to continue his treatment with a new therapist."

WHEN

ThriveNYC

programs

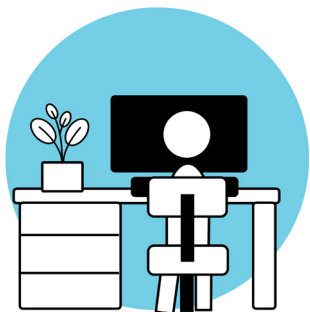
provide support



**Early
childhood
care
and family
support**



**Student &
teen
support**



**Support for
adults**



**Services for
aging
New Yorkers**

ThriveNYC reaches people across the entire lifespan

ThriveNYC programs reach people across the entire lifespan, from young people building resilience, to those exposed to trauma as adults, to socially isolated older adults vulnerable to depression.

Take this example - about half of all lifetime mental illnesses show signs before the age of 14,²⁶ and evidence shows that early detection and intervention can lessen suffering.²⁷ That's why one of ThriveNYC's core goals is to promote mental health for the youngest New Yorkers.

But the work doesn't stop there. ThriveNYC programs have touchpoints with New Yorkers at every stage of life, from a Pre-K classroom to an older adult center rec room.

Reaching the youngest New Yorkers

ThriveNYC’s earliest touchpoint, the **Early Childhood Mental Health Network** is a partnership between the Mayor’s Office of ThriveNYC and the NYC Department of Health and Mental Hygiene. The Network serves the City’s youngest New Yorkers— from birth to age five – and their families.



AT A GLANCE

Early Childhood Mental Health Network

- 7 early childhood therapeutic centers, open to all New York City residents, offer specialized mental health treatment for children from birth to age five – and their families
- Families served have access to family peer advocates and ongoing support
- Therapy is provided by licensed mental health professionals who receive specialized training in evidence-based practices and early childhood development
- Mental health professionals consult with Department of Education-partnered early childhood programs to strengthen capacity of teachers and caregivers to meet children’s mental health needs

FAST FACTS

Early Childhood Mental Health Network

- Over 6,400 have received a mental health consultation through this program
- Trained 4,722 early childhood professionals in mental health best practices
- Over 3,400 parents and families received peer support services
- In the most recent reporting period, 82% of families referred to an Early Childhood Mental Health Network Clinic by an early childhood program made their first appointment⁹

COMMUNITY STORY
**Supporting parents of children
with mental health challenges**

When Yudelka Ramirez’s son – now 11-years-old – was just a toddler, she felt frustrated by his behavior. Her older daughter had never acted out the way he did. She realized he needed help, but she didn’t know what kind. It was another mom who explained the steps she could take to address her son’s behavioral challenges, which she now knows were rooted in mental health and developmental issues including attention deficit hyperactivity disorder (ADHD).

Today, Yudelka’s job is to do the same for other parents. As a Family Peer Advocate with The Child Center of NY – the Queens provider for the Early Childhood Mental Health Network – she supports parents of young children with mental health challenges.

Many people don’t know much about early childhood mental health, or much about mental health at all. Yudelka helps them understand – often sharing her experiences with her son to build trust and rapport. While the children participate in therapy sessions at the clinic, Yudelka spends time with parents, talking through challenges and offering support, tips and referrals.

Her work includes leading workshops for families on topics such as bonding and attachment, positive parenting, and her favorite, the parenting journey. This is an intensive 12-week workshop where parents talk about how their own upbringing influences their parenting, and their goals for their children. It’s not easy for participants to share those intimate details, especially at first. But those who go on the journey thank her for helping them think about parenting in a new way.

“As a parent, and I know this from experience – you feel so great when somebody cares about you,” Yudelka says. Many of the parents she works with are struggling with their own challenges – including domestic violence, maternal depression, and divorce – and they don’t know how to support their child during these challenging times. Yudelka listens without judgment. The people she works with come from all different backgrounds – they are African American, Latinx, Bengali, Chinese, and more. She says understanding and respecting a family’s culture is a key part of her success – it allows the parents to express themselves freely, which helps Yudelka identify what they need.

“I don’t see the people I work with as clients – I see them as family,” said Yudelka. From all she’s seen in her work – she knows one thing for sure: If you want to support the mental health of a child, it starts with supporting the whole family.

“As a parent, and I know this from experience – you feel so great when somebody cares about you”

**- Yudelka
Family Peer Advocate**



Yudelka Ramirez conducts a family support workshop for parents with young children

Mental health support at work

ThriveNYC supports the mental health of adults in several ways, including focusing on those in the workforce.

Most adults spend nearly 60 percent of their waking hours working.²⁸ Thrive in Your Workplace (TWP) – a public-private partnership implemented by the Mayor’s Office of ThriveNYC and supported by the Mayor’s Fund to Advance New York City – engages with private sector and non-profit employers in high-stress industries to help them create mental health friendly workplaces and improve access to care, all free of charge.

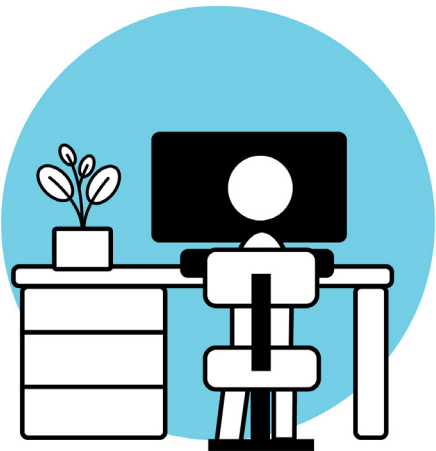
Every organization – from Fortune 500 companies to small businesses and nonprofits – has a stake in the mental health and well-being of their workforce. Think about it – it makes sense that mental health is linked to employee productivity, morale, retention, and quality of work. It helps shape a business’s bottom line, and a nonprofit’s success advancing its mission. When employees know how to get help for a mental health problem and feel comfortable doing so, it’s better for business – **80 percent of employees treated for mental health problems report improvements in job satisfaction and productivity.**²⁹

But many employers don’t know where to start when it comes to mental health – or they may need expert guidance to deepen their commitment. That’s where TWP comes in.

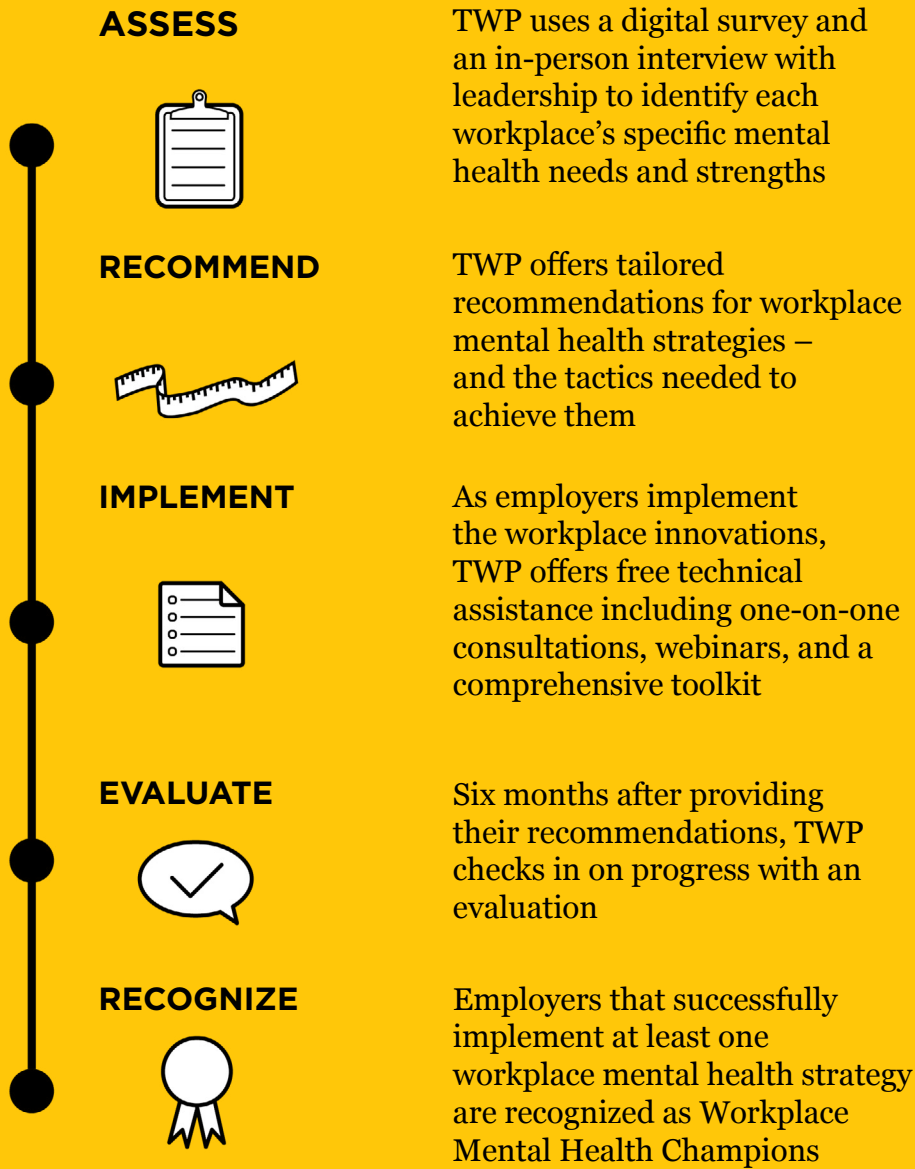
Adapting during the COVID-19 pandemic

The COVID-19 pandemic profoundly affected every aspect of New Yorkers’ lives, including how they work. Since April 2020, TWP has delivered 20 online workshops and webinars reaching over 4,000 employers and employees on topics such as addressing collective trauma from COVID-19, vicarious trauma in the workplace, managing for mental health, and supporting colleagues of color.

Webinars are available to stream at thrivenyc.cityofnewyork.us/workplace.



AT A GLANCE Thrive in Your Workplace (TWP)



COMMUNITY STORY

A workplace mental health champion

For the hard-working staff at UnLocal, a community-centered nonprofit that serves New Yorkers across the five boroughs, exposure to their clients' trauma is part of the job.

UnLocal provides free legal services for immigrant communities – with a special focus on supporting New York City's undocumented immigrants. Fifteen team members educate people on their rights, and advocate on their behalf for asylum and other legal protections. They fight every day to keep families from being torn apart by deportation and detention. It is intense work that takes an emotional toll.

“Within our work in immigration legal services, we are at the forefront of daunting and challenging issues, which include working with asylum seekers and those who have been exposed to intense trauma, says Michael Younker, Supervising Attorney for UnLocal. “This important work has a great impact on our advocates and staff as they work in this challenging environment daily.”

That's why the UnLocal leadership team was excited to partner with Thrive in Your Workplace. Executive Director Michele Lampach and Supervising Attorney Michael Younker care deeply about the mental health of their employees. Even before the partnership, the organization had supportive mental health programs in place – including a strong health benefits package and free therapy offered through the William Alanson White Institute. Still, UnLocal's leadership team wanted to do more for their employees.

Thrive in Your Workplace's expert team worked closely with UnLocal to understand their specific strengths and needs, and recommend tailored, achievable workplace mental health strategies. The recommendations for UnLocal included a focus on vicarious trauma, the emotional and psychological impact of working with traumatized clients – a common challenge among social service providers.

“UnLocal employees are front line responders for immigrant families in crisis, so there is a pressing need for ongoing mental health support for staff,” said Rachael Steimnitz, Senior Manager



UnLocal team members host an immigration legal fair for educators

Courtesy of UnLocal

for Program Implementation. “Thrive in Your Workplace was able to help the leadership team incorporate evidence-based tactics for reducing the negative effects of vicarious trauma into their work, including open communication, supportive supervision, and specific training.”

In the months following, as the COVID-19 pandemic exacerbated mental health needs across the city, the Thrive in Your Workplace team provided free technical assistance to help Unlocal's leadership team implement new strategies to reduce vicarious trauma. In July 2020, they were officially recognized by ThriveNYC as a Workplace Mental Health Champion. Today, the work continues.

“Through all this learning we have updated a COVID policy that specifically addresses the mental health impacts of this pandemic,” Michael Younker says. “UnLocal has always stressed the health of our advocates and with the assistance of Thrive in Your Workplace we have been able to implement various recommendations and continue to make mental health a priority and a major focus area of our work by listening to the needs of our staff, updating policy on a regular basis and remaining informed on these issues as much as we can.”

“UnLocal has always stressed the health of our advocates and with the assistance of Thrive in Your Workplace we have been able to implement various recommendations and continue to make mental health a priority...”

-Michael Younker
Supervising
Attorney, UnLocal

Mental health and aging

There are mental health risks at every stage of life. For many people, aging itself can be an isolating process. In New York City, 85,000 older adults suffered from depression in 2017, but evidence shows that less than 25 percent of older adults with mental illness currently receive treatment from a mental health professional.³⁰

The Mayor’s Office of ThriveNYC works with the NYC Department for the Aging to help close that critical gap. Through the Visiting Program for Homebound Older Adults, volunteers visit older adults with ongoing health challenges that make it difficult for them to leave their home. Through Clinicians in Older Adult Centers, mental health clinicians work directly in the City’s older adult centers, where they lead educational programs around mental health topics and have conversations and share information with older adults about depression, anxiety, and other mental health topics. Clinicians also screen participants for a variety of mental health needs, including depression and anxiety, provide on-site therapy, and provide referrals as needed.

COMMUNITY STORY

Regaining control of her life

When Alma’s mother died last year, the grief hit her hard. Even before the loss, she was struggling with her own aging process, and experiencing symptoms of a major depressive disorder, which had so far gone undiagnosed. Alma knew she needed help. But she kept getting turned away from nearby clinics – either they had months-long waiting lists, or they didn’t take her insurance at all.

Alma was a member of the Department for the Aging’s older adult center in her neighborhood. Through a partnership with ThriveNYC, an on-site behavioral health clinician was able to offer Alma individual psychotherapy and psychiatric care in her native Spanish. Like they do for most people, the sessions helped.

In just about three months, Alma felt like she had regained control of her life. She is adjusting better to aging, and spending more time with her children and friends – rebuilding relationships that had been strained during an isolating period of illness and mourning. Before the COVID-19 pandemic began, she was able to spend time enjoying the activities and company at her older adult center, too.



AT A GLANCE Clinicians in Older Adult Centers

- Clinicians at more than 45 older adult centers across the 5 boroughs, who:
 - o Screen participants for a variety of mental health needs including depression and anxiety
 - o Provide on-site therapy and referrals as needed
 - o Lead educational programs, facilitate conversations and share information with older adults about anxiety, depression and other mental health topics

FAST FACTS Clinicians in Older Adult Centers

- Over 2,600 older New Yorkers assessed for mental health needs since this program began in 2016
- Over 15,500 clinical sessions conducted
- In the most recent reporting period, older New Yorkers in treatment showed
 - o A 57% clinically significant improvement in anxiety three months after initiating treatment
 - o A 62% clinically significant improvement in depression three months after initiating treatment

HOW

ThriveNYC
programs
deliver care

Mobile clinical care

ThriveNYC supports 58 mobile treatment teams that bring clinical services directly to New Yorkers, wherever and whenever they need it

Many ThriveNYC programs deliver mobile treatment to reach people with serious mental illness who have been poorly served by traditional forms of care for a number of reasons, including high levels of homelessness and involvement with the legal system. Sometimes, those who can access treatment have trouble staying connected to it over time, making their illness more difficult to manage.

ThriveNYC supports 58 mobile treatment teams that bring clinical services directly to New Yorkers, wherever and whenever they need it. Mobile treatments teams supported by ThriveNYC serve about 3,800 New Yorkers with serious mental illness at any given time. Clinicians go directly to people wherever they are to assess needs and deliver ongoing treatment, to great effect.

AT A GLANCE Intensive Mobile Treatment

- ThriveNYC supports this new mobile treatment model by the Department of Health and Mental Hygiene
- Full-service mental health treatment teams include psychiatrists, social workers, case managers, nurses, and peer specialists
- Teams serve clients who have:
 - Had recent and frequent contact with the mental health, legal, and homeless service systems,
 - Displayed recent behavior that is unsafe and escalating, and
 - Been poorly served by traditional treatment models

FAST FACTS Intensive Mobile Treatment

- Currently, there are 11 Intensive Mobile Treatment teams in New York City, with the capacity to serve 297 clients at any given time
- Since 2016, 91% of Intensive Mobile Treatment clients have continued to receive services for a year or more
- Since 2016, half of Intensive Mobile Treatment clients experiencing homelessness have secured non-shelter housing while working with Intensive Mobile Treatment teams

COMMUNITY STORY

“This is where I’ve come from”

Derrick Brown speaks from experience. He knows what it feels like to not know where his next meal will come from, or where he’ll sleep the next night. He knows how to navigate the complex legal system, and the stigma that comes with a record. He knows the weight of mental health and substance use challenges. He’s lived them.

For new clients to the Center for Alternative Sentencing and Employment Services’ (CASES) Brooklyn Intensive Mobile Treatment team, Derrick’s is usually the first face they see. That’s by design.

“Our peers are normally the first point of contact with our clients,” says Patricia Haversham-Brown, Director of Intensive Mobile Treatment at CASES. “They’re able to say, ‘I slept in that same park, I slept under that bridge’ – and connect with a client without talking down to him.”

Every morning, Derrick joins a team meeting to discuss client needs. In addition to Derrick and another Peer Specialist, the full team includes a team leader, three behavioral health specialists, a registered nurse, a nurse practitioner, and a program assistant. Every team member serves every client, providing extensive, wraparound support – from administering psychiatric medications to taking clients to parole meetings, to finding permanent housing.

Of all the team members, peers typically spend the most time engaging with clients – Derrick might see as many as 5 people a day. When he first meets with a new client, he works to help them understand all the services available. From there, Derrick helps the client with whatever they need. When one client had her food stamps cut, it was Derrick who jumped the hurdles to get them reinstated. When another client’s green card expired – through no fault of his own – CASES paid for another one. Derrick did the legwork to make it happen. When a client didn’t feel comfortable riding the subway, Derrick jumped in a cab to take him to his appointment.

“Derrick shows people, ‘This is where I am, and this is where I’ve come from.’ To give them an opening to see they can also change their lives.”

**- Patricia Haversham-Brown
Director of Intensive Mobile Treatment, CASES**



Derrick Brown, a Peer on an Intensive Mobile Treatment team, is often the first face new clients see

JC BU/Mayor’s Office of ThriveNYC

As clients open up to Derrick, he shares what he learns with the whole team, so they can better meet the client’s needs. This deeply personal approach is a signature of the Intensive Mobile Treatment program, and a major factor behind their tremendous success citywide. These are clients who have been poorly served by traditional models of care – often for years. Instead of letting people continue to fall through the cracks in the mental health, legal and homeless service systems, Intensive Mobile Treatment teams are there to offer the support and care they need.

Haversham-Brown says that peers like Derrick are a key part of that work: “Derrick shows people, ‘This is where I am, and this is where I’ve come from.’ To give them an opening to see they can also change their lives.”

Help before and after crises

In New York City, Co-Response Teams of two police officers and one behavioral health professional are available in all five boroughs to intervene before and after crises to support New Yorkers at an increased risk of harm to self or others.

This innovative collaboration among the New York City Police Department, the NYC Department of Health and Mental Hygiene, and the Mayor’s Office of ThriveNYC has helped connect hundreds of New Yorkers with mental illness to mental health care and other support.



A Co-Response Team meets about the day’s plans

JC BU/Mayor’s Office of ThriveNYC

AT A GLANCE Co-Response Teams

- Teams of 2 police officers and 1 behavioral health professional proactively intervene both before and after crises to support New Yorkers at an increased risk of harm to self or others
- Available 16 hours a day, 7 days a week in all 5 boroughs
- Staffed by both NYPD officers and DOHMH clinicians, the Co-Response Teams’ Triage Desk is operational 24 hours a day, 7 days a week, and is a resource for police officers in the field who encounter persons exhibiting signs of mental illness
- Teams provide connection to mental health care and other support, including housing, employment, social services, and family, leading to greater stability to people’s lives

FAST FACTS Co-Response Teams

- Co-Response Teams have served 1,925 New Yorkers since 2016
- In the most recent reporting period, there was a 91% reduction in police contacts involving violent offenses among New Yorkers who had previous violent offenses

COMMUNITY STORY

A mother's worry led to lasting change

Victor's mother was worried.

She lives in Queens with her son, his ex-wife, and their three children. In October of 2019, she noticed that her son's behavior was getting increasingly erratic and self-destructive. Since losing his job earlier in the year, Victor was drinking more, and taking Xanax, too. Lately he was making threats of aggression and suicide. Then one day, he received a head injury in a physical altercation with someone on the street.

It was clear that Victor needed assistance – and soon, before he or someone else was hurt. That's when his mother called NYC Well.

Because of the potential for violence, NYC Well asked for a Co-Response Team to intervene. Within 24 hours, a team consisting of one behavioral health clinician and two police officers went to Victor's home. A collaboration between the New York City Police Department and the NYC Department of Health and Mental Hygiene, Co-Response Teams work 16 hours a day, 7 days a week, to support community members like Victor, who are experiencing mental health challenges and face an elevated risk of harm to themselves or others. All police officers assigned to Co-Response Teams have received Crisis Intervention Team training, a four-day in-service training course designed to teach officers how to identify different types of mental health crises, as well as crisis intervention and de-escalation concepts.

Brett, the clinician on the team, has extensive experience working with people struggling with substance use. In talking with Victor, Brett and the officers were able to zero in on Victor's needs and intervene in ways that worked best for him. All three of them acknowledged his many strengths. For Victor, the support of his family, work experience and previous periods of stability were all motivators for getting better. This client-centered, collaborative decision-making is at the heart of the Co-Response Team approach. As Brett puts it, "it's always important to meet the client where they're at."

The team got to work, meeting with Victor every couple of weeks over the next three months. Between meetings, they helped find long-term mental health services to support Victor's progress. Brett called nearby clinics and found a Mental Illness Chemical Abuse Program where Victor enrolled, and began seeing a therapist.

"After continuously engaging with Victor, we developed a strong bond and trust that made it very easy to work with and connect him to services," said Marcos, one of the police officers on the Co-Response team. With the team's help and his family's encouragement, Victor started attending Alcoholics Anonymous meetings to build a sober support network. The team also referred him to a job training and placement agency so he could connect to stable employment.

Within months, Victor was showing significant improvement. The Co-Response Team saw physical signs of progress in the way Victor presented himself and lived. Victor felt the change, too – **he told the team that he was hopeful for his future again. Most importantly, he felt able to be there for his kids in a way he couldn't before.**

"After continuously engaging with Victor, we developed a strong bond and trust that made it very easy to work with and connect him to services"

**– Marcos
A police officer
on a Co-Response
Team**

"It's always important to meet the client where they're at."

**- Brett
A behavioral health
professional on a
Co-Response Team**



Co-Response Teams of behavioral health professionals and NYPD officers work together to connect people to treatment and social service support

JC BU/Mayor's Office of ThriveNYC

THRIVENYC PROGRAMS

GOAL 1: PROMOTE MENTAL HEALTH FOR THE YOUNGEST NEW YORKERS

AGENCY	PROGRAM
DOE	Mental Health Services for High-Needs Schools
DOE	School Response Clinicians
DOE	Social-Emotional Learning
DOHMH	Early Childhood Mental Health Network
DOHMH	School Mental Health Specialists

GOAL 2: ELIMINATE BARRIERS TO CARE

AGENCY	PROGRAM
DOHMH	NYC Well
DOHMH	Mental Health First Aid
DOHMH	Public Education Campaigns and Educational Resources
OEO	Connections to Care: Mental Health Integration in Community-Based Organizations
HRA	Connections to Care: JobsPlus
OLR	Be Well: Mental Health Support for City Employees

GOAL 3: REACH PEOPLE WITH THE HIGHEST NEED

AGENCY	PROGRAM
People harmed by crime, violence or abuse	
ENDGBV	Mental Health Services in all Family Justice Centers
NYPD	Crime Victim Assistance Program
Veterans	
DVS	Mental Health Outreach and Support for Veterans

Vulnerable young people	
DYCD	Mental Health Services in Runaway and Homeless Youth Residences and Drop-In Centers
H+H/CHS	Behavioral Health Assessment and Support for Young Adults in Detention

Older adults	
DFTA	Clinicians in Older Adult Centers
DFTA	Visiting Program for Homebound Older Adults

Families experiencing homelessness	
DHS	Mental Health Services in Family Shelters
DOHMH	Newborn Home Visiting Program in Shelters

New Yorkers living in historically underserved neighborhoods	
H+H	Mental Health Service Corps

GOAL 4: STRENGTHEN CRISIS PREVENTION AND RESPONSE

AGENCY	PROGRAM
DOHMH	Assisted Outpatient Treatment Coordination
DOHMH	Intensive Mobile Treatment (IMT) Teams
DOHMH	Assertive Community Treatment (ACT) Teams
DOHMH	Forensic Assertive Community Treatment (FACT) Teams
DOHMH/NYPD	Co-Response Teams
NYPD	Crisis Intervention Training
DOHMH	Support and Connection Centers
DOHMH/NYPD	Crisis Prevention and Response Task Force

ACKNOWLEDGEMENTS

The individual stories featured in this report are shared with permission. Unless an individual wanted their name used, it was changed to protect privacy.

We thank the following people and organizations for enriching this report with their stories:

Counseling in Schools; Jose*, a student at the Heritage School in East Harlem; Robert Marchesani; Safe Horizon; Elisa*, a client of the Crime Victim Assistance Program; Zisa Azisa; Karen Noyes; Astor Services for Children & Families; Samantha Arfin; Yuri*, a student at Jill Chaifetz Transfer School in the Bronx; Henry Street Settlement; Miguel*, a student on the Lower East Side, and his therapist; The Child Center of New York; Yudelka Ramirez; UnLocal; Michael Younker; Alma*, a client of the Clinicians in Older Adult Centers program; The Center for Alternative Sentencing and Employment Services; Derrick Brown; Patricia Haversham-Brown; Victor*, a client of a Co-Response Team; Brett*, a clinician on a Co-Response Team.

*Names changed to protect privacy

For free and confidential mental health and substance use support:

CALL 1-888-NYC-WELL (692-9355)

TEXT “WELL” to 65173

**CHAT ONLINE at
nycwell.cityofnewyork.us**

Available 24/7 for all New Yorkers

NYC Well guide to recommended apps offering free mental health support during the COVID-19 pandemic:

nycwell.cityofnewyork.us/en/app-library

NYC Well database of mental health and substance use services:

nycwell.cityofnewyork.us/en/find-services

1 New York City Department of Health and Mental Hygiene. EpiQuery -NYC Health and Nutrition Examination Survey 2014. April 28th, 2020. <https://nyc.gov/health/epiquery>.

2 New York City Department of Health and Mental Hygiene. EpiQuery -NYC Health and Nutrition Examination Survey 2014. December, 2020. <https://nyc.gov/health/epiquery>.

3 “Detailing the Expansion of Behavioral Health Services: City-Funded Spending Drives New & Growing Programs Under the Mayor’s ThriveNYC Initiative.” New York City Independent Budget Office, 2017, ibo.<https://ibo.nyc.ny.us/iboreports/detailing-the-expansion-of-behavioral-health-services-city-funded-spending-drives-new-growing-programs-under-the-mayor’s-thivnyc-initiative.html>.

4 New York City Department of Health and Mental Hygiene. EpiQuery -NYC Health and Nutrition Examination Survey 2014. December, 2020. <https://nyc.gov/health/epiquery>.

5 Choden T, Huynh S, Hoenig J, Norman C. Serious psychological distress among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (102); May 2018.

6 Wojas E, Meausoone V, Norman C. Adult Psychiatric Hospitalizations in New York City. Department of Health and Mental Hygiene: Epi Data Brief (71); June 2016.

7 New York City Department of Health and Mental Hygiene. EpiQuery - NYC Youth Risk Behavior Survey 2017. February, 2021. <https://a816-health.nyc.gov/hdi/epiquery/visualizations?PageType=ts&PopulationSource=YRBS&Topic=5&Subtopic=3>.

8 New York City agency and ThriveNYC programmatic data. Percentages are approximate for Fiscal Year 2019.

9 Magas, I., Norman, C., Baxter, A., Harrison, M. Impact of COVID-19 on Mental Health in New York City. New York City Department of Health and Mental Hygiene, September 2020.

10 NYC Well Evaluation: Final Report. New York, NY: Abt Associates, 2020. <https://www1.nyc.gov/assets/opportunity/pdf/evidence/nyc-well-evaluation-final.pdf>.

11 NYC Well Evaluation: Final Report. New York, NY: Abt Associates, 2020. <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2020/11/nyc-well-evaluation-final.pdf>.

12 NYC Well Evaluation: Final Report. New York, NY: Abt Associates, 2020. <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2020/11/nyc-well-evaluation-final.pdf>.

13 New York City Department of Health and Mental Hygiene. Community Health Survey, 2018.

14 New York City Department of Health and Mental Hygiene. Community Health Survey 2018; public use dataset accessed on January 28, 2021; available at <https://a816-health.nyc.gov/hdi/epiquery/visualizations?PageType=ts&PopulationSource=CHS&Topic=3&Subtopic=27>.

15 “Serious Mental Illness and Prolonged Youth Homelessness.” Health and Human Services, aspe.hhs.gov/system/files/pdf/257811/SMIProlongedYouthHomelessness.pdf.

16 Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). A Youth Homelessness System Assessment for New York City. Chicago, IL: Chapin Hall at the University of Chicago.

17 Kilpatrick, D. G., & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 16(2), 119-132.

18 Sered, Danielle. “Young Men of Color and the Other Side of Harm: Addressing Disparities in Our Responses to Violence.” Vera Institute of Justice , 2015, nycourts.gov/ip/justiceforchildren/PDF/RestorativePracticeConf/J3-Sered-Other_Side_of_Harm.pdf.

19 DePrince, A. P., Belknap, J., Labus, J. S., Buckingham, S. E., & Gover, A. R. (2012). The impact of victim-focused outreach on criminal legal system outcomes following police-reported intimate partner abuse. Violence against women, 18(8), 861-881.

20 Litz, B. T., Gray, M. J., Bryant, R. A., & Adler, A. B. (2002). Early intervention for trauma: Current status and future directions. Clinical psychology: science and practice, 9(2), 112-134.

21 Health Resources & Services Administration (2018). Area HPSA Designation Boundaries. Public use dataset accessed December 2020.

22 Hoeft TJ, Fortney JC, Patel V, Unützer J. Task-Sharing Approaches to Improve Mental Health Care in Rural and Other Low-Resource Settings: A Systematic Review. J Rural Health. 2018 Dec;34(1):48-62. doi: 10.1111/jrh.12229. Epub 2017 Jan 13. PMID: 28084667; PMCID: PMC509535.

23 Ayer, Lynsay and Dana Schultz, eds., Mental Health Task-Shifting in Community-Based Organizations: Implementation, Impact, and Cost — Evaluation of the Connections to Care Program. Santa Monica, CA: RAND Corporation, 2020. https://www.rand.org/pubs/research_reports/RR3083.html.

24 NYC Well Evaluation: Final Report. New York, NY: Abt Associates, 2020. <https://www1.nyc.gov/assets/opportunity/pdf/evidence/nyc-well-evaluation-final.pdf>.

25 School-Based Mental Health Report. Citizen’s Committee for New York. New York, NY. 2013. <https://cccnewyork.org/wp-content/uploads/2013/08/CCCSchoolBasedMentalHealthReport.August-2013.pdf>.

26 Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. Current opinion in psychiatry, 20(4), 359–364. doi:10.1097/YCO.0b013e32816ebc8c.

27 Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., Lochman, J. E., McMahon, R. J., ... & Conduct Problems Prevention Research Group. (2014). Impact of early intervention on psychopathology, crime, and well-being at age 25. American Journal of Psychiatry, 172(1), 59-70. National Suicide Prevention Lifeline: Evaluation of callers’ perceptions of care. Suicide and Life-Threatening Behavior, 48(1), 75-86.

28 “Hardest Working Cities.” Office of the New York City Comptroller. 2015. https://comptroller.nyc.gov/wp-content/uploads/documents/Longest_Work_Weeks_March_2015.pdf.

29 Joyce S, Modini M, Christensen H, Mykletun A, Bryant R, Mitchell PB, Harvey SB. Workplace interventions for common mental disorders: a systematic meta-review. Psychol Med. 2016 Mar;46(4):683-97. doi: 10.1017/S0033291715002408. Epub 2015 Dec 1. PMID: 26620157.

30 New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014); public use dataset accessed December 2020.

