BOLD THINKERS DRIVING REAL-WORLD IMPACT

NYC Well Evaluation

Final Report

Final

June 30, 2020

Submitted To:

Mayor's Office for Economic Opportunity
253 Broadway, 10th Floor
New York, NY 10007

Submitted By:

Abt Associates
10 Fawcett St.
Cambridge, MA 02138

Mayor's Office for Economic Opportunity

October 2020

Evaluation of NYC Well

NYC Opportunity Comment

The Mayor's Office for Economic Opportunity (NYC Opportunity) uses evidence and innovation to reduce poverty and increase equity. It advances research, data and design in the City's program and policy development, service delivery, and budget decisions. Given its expertise in program evaluation and management, NYC Opportunity was asked by the Mayor's Office of ThriveNYC to lead the evaluation of NYC Well, offering insight into methodology, findings, and overall context for the evaluation.

Overview

NYC Well, a free and confidential mental health helpline, was launched in October 2016. Operated by Vibrant Emotional Health, NYC Well expanded the services and target population of LifeNet, a 24/7 phone hotline providing crisis counseling, suicide prevention and referrals. As a key initiative of ThriveNYC, NYC Well increased this capacity, offering confidential phone, text, and online chat-based support and expanded service offerings, including not only crisis counseling, but also peer support, information and referral, and follow-up services for mental health or substance use concerns. The service is available in English, Spanish, Mandarin and Cantonese and provides interpreters to over 200 other languages.

This evaluation of NYC Well, which began in 2018, aimed to assess the experience of individuals engaging with NYC Well, as well as the associated impact of engagement with NYC Well on users' access to mental health services and outcomes.

This evaluation was conducted by Abt Associates (Abt) in partnership with the NYC Mayor's Office for Economic Opportunity (NYC Opportunity), NYC Department of Health & Mental Hygiene (DOHMH) and Mayor's Office of ThriveNYC.

Evaluation Methodology

Abt conducted a mixed-methods evaluation using survey data, administrative data, and in-depth interviews from September 2018 to May 2020. The following data sources were used to track NYC Well user experiences and outcomes over a six-month period from time of contact with NYC Well.

- **Follow-up surveys:** A sample of NYC Well users (N=1,037) completed surveys at two time points (one to two weeks following NYC Well contact and again at six months) that collected detailed information on user demographics, experiences with NYC Well,

connections to care, and mental health outcomes. Survey data was collected on a rolling basis from April 2019 through March 2020.

- **In-depth interviews:** A subset of NYC Well users (n=20) also completed an in-depth interview. Interviewees were randomly selected based on a number of demographic characteristics, to better understand individual perceptions of NYC Well, and identify barriers and potential facilitators contributing to service access and use. Interviews were conducted between October 2019 and May 2020.
- **NYC Well administrative data:** Secondary analysis of NYC Well administrative data assessed user demographics and current access pathways. This data reflected service records for users contacting the program between September 2018 and December 2019, including those who were recruited for follow-up surveys.

Survey respondents were recruited by Vibrant staff at the close of service interactions, from April 1, 2019 to August 4, 2019. Not all users were eligible to be recruited for the evaluation survey. Excluded users included individuals under the age of 13 years old; non-English speakers; individuals in acute distress or crisis; individuals referred by Emergency Medical Services, and individuals calling from a third-party service provider on behalf of an individual.

Using this data, Abt examined the following key questions across subgroups:

- Who are NYC Well users?
- How did users learn about NYC Well?
- What were users' experiences with NYC Well?
- What were NYC Well users' mental health outcomes?[1]
- How did NYC Well users engage with other mental health services, including referrals and connections to care?

Throughout the evaluation, users are referred to as primary users – people calling on behalf of themselves; intermediary users – people calling on behalf of others; or individuals with perceived need – people who the intermediary is calling on behalf of.

Findings

- **NYC Well is engaging a diverse population of users.** Among the primary users, 36 percent were White, 30 percent were Black or African American, 8 percent were Asian, 18 percent indicated other, and 8 percent indicated multiple races. Both Black and male survey respondents contacted the program in lower proportions than other groups, but were more likely to have an intermediary contact the program on their behalf.
- **Users contacted NYC Well for a variety of reasons**. These reasons included: to get advice (26%), to get a referral (19%), to get answers to a question or questions (10%), to

[1] Mental health outcomes were measured using the Kessler 6 Psychological Distress Scale that includes six validated questions assessing mental health functioning and distress level during the past 30 days. It was also measured by collecting survey data on whether an NYC Well user needed counseling or treatment right away at some point in the last 6 months.

talk to someone (10%), or for some other reason (10%). A little over one quarter contacted NYC Well for multiple reasons.

- **The majority of individuals in the survey sample were repeat contacts, with primary users more likely to contact NYC Well several times more than intermediary users**. Most NYC Well users contacted the program by phone, but participants appreciated the flexibility to contact NYC Well via other modes such as text or chat.
- **Approximately two thirds of survey participants reported that their contact with NYC Well helped them a lot, and nearly 90% said it helped at least a little.** Users cited the quality of their interactions with counselors and peer support specialists as the main reason for positive experiences. The length of time spent on the call was important to participants and their overall satisfaction with their interactions.
- **Of study participants, 42% reported symptoms of serious psychological distress and 40% reported moderate psychological distress.** Between the first and second surveys, there were significant decreases in the percentages of users with serious psychological distress, those who said they were nervous or hopeless most or all of the time, and those who were depressed.
- **There was important variation across subgroups.** Of note, individuals who identify as transgender, gender non-conforming, or other expressed lower levels of satisfaction with NYC Well and did not see significant changes in their mental health outcomes, as compared to other subgroups; the same is true for Asian populations as compared to all other races. Older adults also reported less positive satisfaction in comparison to younger adults. That said, these subgroups overall still reported high levels of satisfaction.
- **Although participants noted a number of potential alternative services they could contact if NYC Well did not exist, 18 percent of survey participants noted they would not have contacted anyone in the absence of NYC Well.** NYC Well may have diverted behavioral health crises from Emergency Department visits or using emergency services, as 20 percent of primary users and 38 percent of intermediary users said they may have utilized these services if NYC Well did not exist.

Overall Comment on Evaluation

The evaluation suggests that a diverse population is engaging with NYC Well services, across gender, race/ethnicity, as well as mental health needs. The majority of individuals reported positive experiences with NYC Well, citing positive attitudes and empathy of counsellors and peer support specialists as the reason. In addition to improving symptoms among individuals with serious psychological distress, the evaluation suggests that NYC Well may play an important role in filling service gaps for individuals who would have otherwise deferred care or utilized the emergency department, true to its aims.

Abt's study was a rigorously designed and conducted outcome evaluation. However, it had some limitations not uncommon to similar research studies. First, causal attribution is not possible due to lack of a comparison group. Second, due to missing demographic data in the administrative data set, the evaluation is limited in its ability to determine the true distribution of

characteristics of the full NYC Well user population. The generalizability of findings from the evaluation surveys to the full NYC Well user population is also limited, because survey respondents represented a subset of all NYC Well users. Specifically, recruited survey users had more contacts to NYC Well, higher documented risk levels, substance use, and documented suicidal ideation and intent, and more complete administrative data. However, this group represents an important subset of users, which, while representing only 7% of users, accounted for 47% of contacts during the NYC Well evaluation period.

In addition, the sample size was not large enough to examine subgroup differences for certain populations of interest (e.g., the evaluators grouped together respondents who indicated their gender was transgender, gender non-conforming, or other). Moreover, specific to survey questions regarding connection to care, it is not possible to determine an accurate denominator of those who are eligible for a referral, which is information that would help to better interpret the percentage of respondents who receive a referral.

To that end, future assessment of the program may focus on selecting a more generalizable sample for ongoing experience surveys, along with oversampling of some populations by demographic groups (e.g.: Mandarin/Cantonese, transgender, gender non-conforming populations) particularly for qualitative interviews. The current study included a smaller sample of these populations, which limits the evaluators' ability to further assess their disproportionate levels of dissatisfaction with NYC Well services. Gaining a more complete understanding of their experiences and suggestions provides valuable, targeted and culturally competent feedback that lends to overall program improvement.

Putting the Findings to Work

Response from Department of Health and Mental Hygiene

The goal of this evaluation was to learn more about who is seeking help from NYC Well, why these New Yorkers were reaching out, and how the range of services offered through NYC Well are addressing their needs. The findings from this evaluation come at a critical time: four years since NYC Well launched, the helpline has answered over one million calls, texts and chats (contacts) and has recently expanded capacity to meet increased demand.

In line with the recommendations in this study, several strategies have been implemented since this evaluation began:

- In the spring of 2020, NYC Well expanded the number of counselors available to provide support. This new capacity was added in response to increased demand for NYC Well's services, as observed through higher-than-anticipated call, text and chat volume over the prior year. This added capacity has helped to reduce wait times and increase the number of contacts NYC Well answers; in July 2020, NYC Well answered 25% more contacts than in July 2019 and 30% more contacts in August 2020 than in August 2019.
- As recommended in the evaluation, the City has continued to advertise NYC Well's services to increase awareness of its offerings among New Yorkers. As part of the mental health response to the COVID-19 pandemic, the City regularly included information about NYC Well in radio, television and social media advertisements, in text alerts to New Yorkers, in guidance documents and in direct outreach efforts such as phone calls to particularly high-need populations. Additionally, the Department of Health and Mental Hygiene included information about NYC Well in communications and guidance documents sent to primary and behavioral health care providers related to the pandemic.
- According to page 63 of Abt's evaluation, over 80% of NYC Well's incoming calls, texts and chats can be defined as lower risk (i.e., the caller is not in crisis). Since the evaluation began, NYC Well ended the practice of following up with lower-risk users after they receive help through NYC Well, as this was not a critical service and was not used often. Staff time and energy that used to be devoted to following up with lower-risk users is now dedicated to supporting higher-risk users through brief crisis counseling as well as checking in with and counseling users as needed to encourage them to attend their appointments for community-based mental health care.
- In the fall of 2019, New York City announced increased investment in Mobile Crisis Teams in order to move the City toward a goal having these teams respond within a few hours. This investment was part of a larger, multi-agency strategy to improve mental health crisis prevention and response and was driven in part by changes to New York State's Medicaid payment that allow for reimbursement of telephonic and mobile crisis intervention and response within three hours.
- Additionally, around the end of the evaluation period in spring 2020, Vibrant and the Department of Health and Mental Hygiene reached out to the provider community to ensure that NYC Well is getting updated information for its referral database, especially around any changes to services during the COVID-19 pandemic (e.g. virtual services).

This evaluation has importantly documented that NYC Well is meeting a range of mental health needs for New Yorkers, from facilitating referrals to providing crisis counseling. In the future, the findings will inform how NYC Well conducts quality improvement and provides feedback to staff. Additionally, this evaluation will inform ongoing efforts to educate New Yorkers about NYC Well.

About This Report

This report presents findings from the evaluation of NYC Well, New York City's mental health support, crisis intervention, information and referral program. It includes data from a longitudinal survey of primary and intermediary NYC Well users, as well as in-depth interviews with primary users.

Abt would like to thank Amrita Dasgupta and Mifta Chowdhury from NYC Mayor's Office for Economic Opportunity for their leadership and involvement in this report. Additionally, the Abt team thanks ThriveNYC, Department of Health and Mental Hygiene, and Vibrant Emotional Health team for their engagement and participation in biweekly data calls and response to ad hoc questions and requests.

Authors

Alicia Sparks, PhD, MPH
Meaghan Hunt, BA
Sean McClellan, PhD
Farhad Siraj, BA
Anna Robinson, BA
Katherine Armstrong, BA
Maria Alice Manetas, BS
Lauren Olsho, PhD

BOLD THINKERS DRIVING REAL-WORLD IMPACT

Abt Associates | 6130 Executive Boulevard | Rockville, MD 20852

CONTENTS

Executive Summary ..... **i**

1. Introduction **1**
Focus of This Report 1
Background 2

2. Evaluation Design **3**
Goals of the Evaluation 3
Evaluation Design Overview 3

3. Methods **4**
Data Sources and Measures 4
Analysis 8

4. Results **11**
Who are NYC Well Users? 11
How Do Individuals Engage with NYC Well? 17
How Do Individuals Learn about and Decide to Contact NYC Well? 21
What were Users' Experiences with NYC Well? 25
Do NYC Well Contacts Receive Referrals? 31
What Were NYC Well Users' Mental Health Outcomes? 32
How Did NYC Well Users Engage With Other Mental Health Services? 36

5. Discussion **39**
Recommendations to Improve NYC Well Processes and Outcomes 41
Evaluation Challenges and Limitations 43

6. Conclusion **46**

Appendix A. Research Questions **47**

Appendix B: Study Methodology **48**
Quantitative Data 48
Qualitative Data 57

Appendix C: Representativeness of the Survey Sample and Survey Respondents **61**

Appendix D: Supplementary Findings **68**
Who are NYC Well Users? 68
How Do Individuals Engage with NYC Well? 73
How Do Individuals Learn about and Decide to Contact NYC Well? 74
What were users' experiences with NYC Well? 74
What Were NYC Well Users' Mental Health Outcomes? 93
What Were NYC Well Users' Service Outcomes? 102

Appendix E: First and Second Follow-up Survey for Primary Users **105**

Appendix F: First and Second Follow-up Surveys for Intermediary Users **134**

Appendix G: In-Depth Interview Guide **167**

Executive Summary

This report presents the findings of an evaluation of NYC Well, a free and confidential behavioral health helpline in New York City. Launched in October 2016 as part of ThriveNYC, a citywide behavioral health initiative overseen by the Mayor's Office of New York City, NYC Well is operated by Vibrant Emotional Health and provides crisis counseling, mental health and substance misuse support, information and referral 24 hours a day, 7 days a week. It aims to provide a single point of entry to individuals seeking access to behavioral health support and treatment.

In July 2018, the NYC Mayor's Office for Economic Opportunity (NYC Opportunity), in collaboration with the NYC Department of Health & Mental Hygiene and ThriveNYC, contracted Abt Associates (Abt) to evaluate the NYC Well program. This evaluation study employed a mixed-methods approach to describe NYC Well's users, how they learned about and engaged with the helpline, their access to behavioral health services and mental health outcomes immediately after engagement, and changes in outcomes six months later. The evaluation combined NYC Well administrative data with surveys and in-depth interviews of NYC Well users. Both primary users of the helpline (i.e., individuals contacting on their own behalf) and intermediary users (i.e., individuals contacting on behalf of someone else) were surveyed. Abt collected survey data for the evaluation from April 2019 to May 2020. Weighted survey results can be considered representative of the subset of NYC Well users recruited by NYC Well staff to participate in the survey, but do not necessarily generalize to the broader population of all NYC Well users. In-depth interviews were also conducted with 20 NYC Well users, sampled based on a set of characteristics to provide diversity of experiences and perspectives.

The evaluation found that:

- **NYC Well serves a diverse population of users with respect to age, gender, race/ethnicity, education, and insurance status**. Primary users responding to the survey were most likely to be between the ages of 18 and 44, White, and female, though other age groups, genders, and racial groups were also well-represented. Just over 25 percent were Hispanic. The majority had at least some college education. Most primary users reported having some type of insurance coverage.
- **Survey respondents reported contacting NYC Well for many reasons.** Primary users were much more likely to say they contacted "to talk to someone" than intermediary users, while intermediary users were much more likely to indicated they contacted get "answers to questions" or a referral. As compared to other races, Asian respondents had significantly different reasons for contacting than all other races. Asian respondents were least likely to say they contacted to speak with someone or obtain a referral, and more likely to indicated they wanted answers to questions or that they contacted for multiple reasons. The majority of both primary and intermediary users who responded to the survey contacted NYC Well more than once during the evaluation recruitment period.
- **Without NYC Well, users may not have anywhere to turn in a crisis.** Nearly one in five survey respondents noted they would not have contacted anyone in the absence of NYC Well. The program may have diverted behavioral health crises from the emergency department, as 20 percent of primary users and 38 percent of intermediary users said they may have utilized emergency services if NYC Well did not exist.
- **NYC Well users were broadly satisfied with their NYC Well experience.** Approximately two thirds of survey respondents reported that their contact with NYC Well helped them a lot, and nearly 90 percent said it helped at least a little. Interview participants frequently pointed to the empathy and positive attitudes of their NYC Well counselors and Peer Support Specialists as the reason for their positive experience. However, Asian respondents consistently reported lower satisfaction and less favorable experiences relative to respondents of other races, and interviews revealed less satisfaction

among those who identified as transgender, non-binary or an 'other' gender.

- **Nearly two thirds of primary users responding to the survey reported receiving a referral, as did nearly 80 percent of intermediary users.** Despite the relatively high number of referrals provided, only 10 percent of primary users and 19 percent of intermediary users reported contacting NYC Well for the sole purpose of receiving a referral. Relative to intermediary users, primary users were less likely to contact a provider after they were given a referral and were less likely to make an appointment after a direct phone transfer was made directly from NYC Well. Of the 64 percent of primary users who received a referral from NYC Well, less than one quarter made an appointment with a provider they were referred to.
- **Primary users' self-reported mental health status tended to improve between directly after their initial NYC Well contact and six months later**. The proportion of individuals who reported serious psychological distress in the prior 30 days—as assessed using the Kessler 6 Psychological Distress Scale—decreased by 12 percentage points between the first and second follow-up survey. Large and statistically significant decreases were also seen in the percentage of primary users responding to the survey who reported feeling nervous, hopeless, depressed, or worthless in the last 30 days. Male respondents, respondents aged 18-34, those who identified as "other" race, and those who identified as non-Hispanic reported larger decreases in serious psychological distress relative to respondents in other groups.

Based on the findings from this evaluation, Abt proposes the following recommendations to strengthen the NYC Well program:

- **Increase public knowledge of the program** by marketing directly to behavioral health service providers, primary care practitioners, and emergency department staff.
- **Incorporate user feedback on cultural competency** to provide high quality, culturally competent care for all who use NYC Well. This may include additional training for counselors and Peer Support Specialists on understanding the appropriate language to use (e.g., preferred gender pronouns) as well as the specific needs and cultural considerations for different subpopulations.
- **Improve process for identifying appropriate referrals**, potentially including improving the existing provider database by automating or making more regular updates. Ideally this would include information on whether the provider is currently accepting new clients, which insurance plans they accept, and any knowledge of current wait lists for the provider.
- **Review the capacity of New York City's behavioral health workforce** by understanding whether there are gaps in access to inpatient or outpatient mental health or substance use disorder treatment or care as a result of limited capacity. This assessment should determine if there shortages specifically in minority or marginalized communities.

Overall, this evaluation found that NYC Well is providing an important service to New Yorkers, providing access to behavioral health care for individuals who may not have otherwise sought care, and helping improve the mental health status of those who contact the program. NYC Well can further expand their services and overall impact by continuing to focus on providing high quality, culturally competent care to all people who contact the program.

1. Introduction

Mental health conditions and substance use disorders are widespread and prevalent public health issues in New York City. Nine percent, or 548,000, of adult New Yorkers experienced depression in 2016.[1] Among New York City public school students in grades nine through 12, 32 percent reported feeling sad or hopeless for a sustained period of time in 2017.[2] Of these students, 11 percent reported attempting suicide and another 17 percent considered attempting suicide. In addition, every year in New York City, there are over 1,700 alcohol use-related deaths. In 2018, there were 1,444 unintentional overdose deaths,[3] and more recent data show that between January and June of 2019, there were 325 drug-related overdose deaths,[4] resulting in more deaths of New Yorkers than homicides, suicides, and motor vehicle crashes combined.

Though all racial and ethnic groups, gender identities, and ages experience behavioral health conditions,[5] certain populations have less access to care and may experience different treatment and care outcomes. For example, racial and ethnic minorities were more likely to receive a lower quality of care than their non-Hispanic White counterparts.[6] Research also shows increases in unmet mental health need in the immediate and long-term aftermath of traumatic events in New York City, including 9/11 and Hurricane Sandy.[7,8] With the current COVID-19 pandemic, mental health needs continue to increase.[9,10]

However, while New York State has above average spending on mental health care, mental health professionals per capita, and mental health hospital beds, shortages in the mental health workforce in certain geographic areas and facilities are a persistent concern.[11] As of 2017, 30 percent of the New York City population resides in areas designated as health professional shortage areas; in these areas, 118 more full-time behavioral health professionals are needed in each area in order to address the shortage.[12] The vast majority of shortages (37) are in Federally Qualified Health Centers, with two correctional facilities identified as having shortages in mental health professionals and one Indian Health Service, Tribal Health, or Urban Indian Health Organization identified as not having enough providers for their population's need. One state mental hospital was also identified as having a shortage in their behavioral health workforce.[13]

As a response to studies and assessments highlighting gaps in access to mental health care, in January 2015, New York City introduced a comprehensive mental health roadmap to address unmet treatment need among city residents struggling with behavioral health symptoms, including suicidal ideation and acute mental health distress.[14] The resulting initiative was ThriveNYC, a citywide effort, overseen by the Mayor's Office of ThriveNYC, to fill critical gaps in the mental health system in New York City and to promote mental health for all New Yorkers.

A goal of ThriveNYC is to "ensure that every New Yorker who needs mental health support has access to it, where and when they need it."[15] The Mayor's Office of ThriveNYC partners with 12 city agencies to implement over 30 mental health programs reaching hundreds of thousands of New Yorkers every year.

ThriveNYC's initiatives are intended to advance four key goals:[16]

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

Focus of This Report

This evaluation report focuses on a single ThriveNYC initiative: NYC Well, New York City's free behavioral health helpline. NYC Well is intended to contribute primarily to ThriveNYC's goal of eliminating barriers to care.[17]

Background

Launched in October 2016, NYC Well is a free and confidential service for New Yorkers seeking short-term counseling, suicide prevention or other crisis intervention, peer support, information and referral, and follow-up services for mental health or substance use concerns. The initiative is a direct response to feedback from New Yorkers who reported challenges accessing and navigating the mental health and substance use treatment system. The goal of NYC Well is to address these challenges by creating a clear and easy point of entry into the behavioral health system.[18] The service is available 24 hours a day, seven days a week (24/7), and can be accessed through phone, text, or online chat with options for counseling in English, Spanish, Mandarin, or Cantonese, and provides connection to interpreters in over 200 additional languages. People who are deaf or hard of hearing can access the service through a Video Relay Service.

Prior to the launch of ThriveNYC, the organization formerly known as the Mental Health Association of New York City (now Vibrant Emotional Health (Vibrant)) ran LifeNet, a 24/7 phone-based hotline that provided crisis counseling, suicide prevention, and referrals to behavioral health services and mobile crisis teams.[19] ThriveNYC expanded the services offered by LifeNet, as well as its target population. The resulting new program, NYC Well, fortified the capacity of the support service, expanded access to the program by providing services through text messaging and online chat, and broadened the number and type of services offered.

Expanding the target population was one of the key changes in the transition from LifeNet to NYC Well. LifeNet primarily served New Yorkers acutely experiencing a crisis, while NYC Well aims to expand the population served to also meet the needs of individuals not in crisis and help create a "clear path to care before a crisis occurs."[20] To achieve this goal, NYC Well's programmatic approach provides continued support and assistance beyond a client's initial call, text, or chat if needed, including follow-up services and short-term counseling. Individuals are able to contact NYC Well if they are seeking services for themselves, or on behalf of someone who they believe needs services, such as a friend, family member, or client. When indicated, NYC Well takes connection to care a step further by offering warm transfers to services with special consideration of an individual's needs, including insurance and geography. NYC Well can also continue to support to clients until a connection to care is made. Counselors check in with clients by phone or text, and can counsel as needed, offer additional referrals, reminders and encouragement to attend the first appointment. Combined, NYC Well provides a package of services that begin during the contact and may continue well after.

NYC Well also offers the option for clients to speak to either a counselor or a Peer Support Specialist. Peer Support Specialists have themselves experienced mental health or substance use challenges, and can provide guidance and encouragement to clients from a position of personal experience. ThriveNYC incorporated Peer Support Specialists into their programmatic approach based on research that has demonstrated the positive impact peer support can have on sustained recovery.[21] Both counselors and Peer Support Specialists go through a two to three week training period that includes detailed discussions of protocols and approaches to providing NYC Well's service, role modeling overseen by a trained senior counselor or Peer Support Specialist, and a set of observed interactions with NYC Well users.

In July 2018, the NYC Mayor's Office for Economic Opportunity (NYC Opportunity), in collaboration with the NYC Department of Health & Mental Hygiene (DOHMH) and ThriveNYC, contracted Abt Associates (Abt) to evaluate the NYC Well program. This final report combines administrative data, survey data from participants, and in-depth interviews. These sources combined aim to describe who is being served by NYC Well and why they are contacting the program, what study participants liked and disliked about their NYC Well experience, and how users were connected to care. The evaluation also analyzes whether mental health outcomes, including prevalence of serious psychological distress, changed after interaction(s) with NYC Well. Findings are reported overall and by key demographic subgroups. The evaluation research questions are provided in **Appendix A**.

2. Evaluation Design

In this section, we describe the overall goals of the evaluation, followed by a description of evaluation data sources and analysis methods.

Goals of the Evaluation

This evaluation of NYC Well sought to determine:

- The experience of users engaging with NYC Well.
- The associated impact of contact with NYC Well on users' access to behavioral health services and mental health outcomes (i.e., symptom management and functioning).
- How individuals' experiences with NYC Well and mental health outcomes vary across subpopulations.

Evaluation Design Overview

Abt conducted a mixed-methods evaluation that examined dimensions of access and quality associated with NYC Well experience, behavioral health service access, and mental health outcomes. Data collection methods were intended to assess these key domains of access and quality, over a period of six months, from the perspective of individuals and intermediaries (i.e., those calling on behalf of someone else) after their initial engagement with NYC Well. Evaluation data collection and analysis included the following:

- Secondary analysis of NYC Well administrative data that assessed user demographics and current access pathways.
- Follow-up surveys with a sample of NYC Well users at two time points (one to two weeks following NYC Well contact and again at six months) that collected detailed information on user demographics, experiences with NYC Well, connections to care, and mental health outcomes.
- In-depth interviews with a subset of 20 NYC Well users, selected based on a number of demographic characteristics, to better understand individual perceptions of NYC Well, and identify barriers and potential facilitators contributing to service access and use.

3. Methods

This section describes the data sources and analytic methods used in the evaluation. Additional detail can be found in **Appendix B**.

Data Sources and Measures

To comprehensively address questions of demographics of NYC Well users, utilization patterns, and self-reported experiences and outcomes, several data sources were used in this report. Below, we describe the four primary data sources used in the study:

(1) NYC Well administrative data, consisting of service records for all NYC Well users who contacted the program between January 1, 2018 and December 31, 2019;

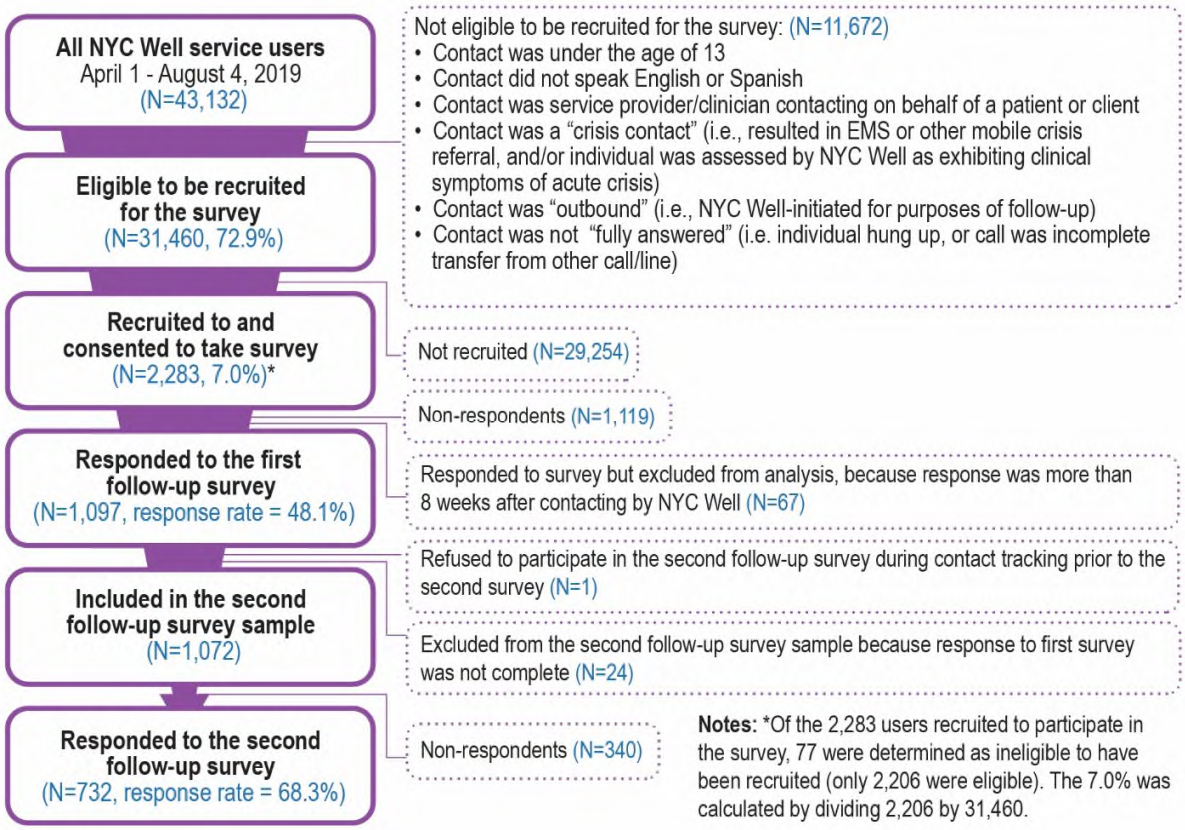
(2) A first follow-up survey of NYC Well users served during the evaluation's recruitment period (April 1, 2019 to August 4, 2019), collected between April 20, 2019 and September 15, 2019;

(3) A second follow-up survey of the same individuals six months after their NYC Well contact, collected between October 21, 2019 and March 16, 2020; and

(4) In-depth interviews, consisting of responses to qualitative interviews conducted with a subset of survey respondents between October 11, 2019 and May 5, 2020.

Exhibit 1 describes how the quantitative data sources were related, and which NYC Well service users were eligible to participate in the study.

Exhibit 1. NYC Well Survey Eligibility and Response Rate



NYC Well Administrative Data

NYC Well administrative data are collected and maintained by Vibrant, the vendor contracted to implement the NYC Well program. Vibrant staff collect and maintain documentation of incoming and outgoing follow-up contacts to NYC Well in an administrative dataset known as the "service interaction record." The Abt study team obtained an extract from Vibrant's administrative data system with records for users contacting NYC Well between January 1, 2018 and December 31, 2019. Two years' worth of data were requested to ensure that variations by month and season were captured in analysis. Data were securely transferred via a secure transfer protocol, and stored on Abt's FISMA-moderate encrypted server. Vibrant provided two unique user identifiers, which enabled us to link contacts across users; these identifiers consisted of Vibrant-generated user and service interaction numbers. Other data elements included the time, date and number of NYC Well contacts made by each user; demographic characteristics; the mode (call, chat, or text) and type (counselor or Peer Support Specialist) of each contact; the user's risk level at the time of each contact (this measure ranges from 0 to 7 and reflects the extent that users are perceived as being a risk to the safety of themselves or others); whether users were referred to emergency medical services (EMS) or the Mobile Crisis Team (MCT); prior level of care used (e.g., inpatient or intensive outpatient settings); substance use status (active, withdrawal, and/or recovery); and documented suicidal ideation or suicidal intent.

First Follow-Up Survey Data Collection

Abt surveyed NYC Well users to assess user demographics, how users learned about NYC Well their experiences with NYC Well, their connections to care following their contact with NYC Well, and their mental health outcomes.

Vibrant staff recruited participants for the NYC Well evaluation at the close of service interactions. Recruitment occurred from April 1, 2019 to August 4, 2019. Not all users were eligible to be recruited for the evaluation survey (**Exhibit 2**). As users could have had multiple interactions with NYC Well during this period, eligibility was determined by the counselor or Peer Support Specialist separately for each contact, and users only needed one eligible contact to be considered eligible. Participants who consented to participate in the study were told to expect an online survey followed by a call from a New York City-area phone number.

Every two weeks, Vibrant created a participant sample file consisting of all contacts who agreed to be contacted for the evaluation survey during the prior 14 days. In total, Vibrant provided Abt with information for 2,283 unique eligible individuals who Abt then asked to participate in the survey, including both "primary users" calling for themselves and "intermediary users" calling on behalf of someone else. Abt collected survey data from April 20, 2019 to September 15, 2019.[i]

[i] Vibrant initially provided Abt with information from 2,489 contacts. After receiving the participant sample file, we removed ineligible participants, records with inadequate contact information, and users who were already included in a previously submitted participant sample file. In total, 206 records were excluded from the Vibrant participant sample files prior to data collection, for a final eligible sample size of 2,283.

Exhibit 2. Recruitment Exclusion Criteria

Contacts were deemed ineligible for recruitment if they met any of the following criteria during a particular contact:

- User was under 13
- User did not speak either English or Spanish
- User was contacting on their own behalf and with a crisis level of 3 or higher (i.e., crisis cases)
- User was referred to Emergency Medical Services (EMS)
- Providers calling on behalf of people using their services (i.e., clinicians and other direct service providers)
- Contact was call from National Suicide Prevention Lifeline (NSPL) from New York City area code that, after routing to NYC Well, rolled over to a NSPL backup center[ii]
- Contact was outbound, i.e., initiated by NYC Well
- Contact was not made by phone, online chat, or text, but instead by a Correspondence Tracking System (CTS) [iii] Letter or a Mobile Crisis Team (MCT)[iv] Online Form

Following Vibrant's delivery of participant sample files every 14 days, Abt made initial contact attempts within 14 days of each user's interaction with NYC Well. The Abt study team sent individuals with a valid email address an initial invitation by email to participate in the survey. Four subsequent email reminders were then sent to participants who had not yet completed the survey, every four days, to maximize participation. Abt staff contacted individuals without a valid email address by phone. To minimize recall bias, users who did not respond to the survey within four weeks of the initial invitation were considered non-respondents. We offered individuals who completed the first follow-up survey a $30 incentive, which they could receive as a physical Visa® prepaid card or as a digital e-gift card. We considered users who completed at least 40 percent of the survey items to have responded to the survey. The final response rate for the first follow-up survey was 48 percent (1,097/2,283).

Second Follow-Up Survey Data Collection

Approximately six months after users' initial NYC Well contact, Abt fielded a second follow-up survey to NYC Well users who completed the first follow-up survey to track changes in mental health status and access to and use of mental health services over time.

Prior to conducting the survey, Abt attempted to track, validate, and update the contact information of eligible participants by sending electronic and mailed requests for individuals to confirm or update their contact information (i.e., phone number and/or email address). Participants could verify or update their contact information by filling out a hard copy form and sending it back in an enclosed postage paid envelope or by filling out the form online. All participants received a $5 incentive regardless of whether they completed the tracking form. Overall, 372 respondents confirmed or updated their contact information. Data collection for the second follow-up survey started on October 21, 2019, and was

---

[ii] Vibrant classifies all contacts as answered, abandoned or "active answer". Contacts are considered answered if they are: connected, incoming, and have a service interaction time > 1 second, or were associated with an SMS, Mobile Crisis Team (MCT) Online Form or MCT Referral, or CTS Letter. "Active answer" contacts refer to incomplete call routing (< 32 seconds in duration) from the National Suicide Prevention Line.

[iii] Correspondence Tracking System (CTS) is the system used by the New York City Deputy Commissioner's office to track all complaints and requests for help submitted to NYC Department of Health and Mental Hygiene (DOHMH), 311 and any political figures within New York City.

[iv] The Mobile Crisis Team sends staff to assess individuals in crisis. Any concerned person can make a referral to the MCT.

completed on March 16, 2020. The sample for the second follow-up survey consisted of the 1,072 eligible individuals who had completed the prior survey.[v] Individuals who completed the second follow-up survey were offered a $25 incentive, which they could receive as a physical Visa® prepaid card or as a digital e-gift card. Upon completion of data collection, 732 surveys had at least 40 percent of the survey items completed, resulting in a final response rate of 68 percent (732/1,072).

Survey Measures

We developed survey questions following a targeted scan of existing survey instruments assessing similar populations and services. Items were drawn from city, state, and national surveys that include questions on mental health status and experiences with mental and behavioral health services, including the NYC Community Health Survey,[16] NYC Community Mental Health Follow-Up Survey, Behavioral Risk Factor Surveillance System Survey,[17] and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes Survey,[18] where available and relevant. Additional survey items were created in order to address research questions when no existing items were available. Primary user instruments included the Kessler 6 Psychological Distress Scale, a validated measure of behavioral health symptoms and functioning.[19] Four additional survey items – derived from Vibrant's existing satisfaction survey, previously fielded at the close of service interactions – were also incorporated, to ensure these data were still collected for Vibrant's internal performance monitoring during the evaluation period. Once compiled, survey items were mapped to the domains of the evaluation's research questions (**Exhibit 3**).

Exhibit 3. Research Questions and Survey Instrument Items

Research Question	Survey items
Who are NYC Well Users?	• Age, Gender, Race/ethnicity, Primary referral sources, Insurance type
How Do Individuals Learn about and Decide to Contact NYC Well?	• How individuals learned about NYC Well, including referrals • Reasons for initiating contact and seeking care • Reasons for reaching out to NYC Well • Alternative options if NYC Well did not exist
What were users' experiences with NYC Well?	• Contacting NYC Well helped deal more effectively with problems • Overall status since contacting NYC Well • Satisfaction with experience with NYC Well • Would recommend NYC Well to a friend • Counselor or Peer Support Specialist: spoke in preferred language, listened to you, provided support and treatment recommendations, explained options and potential next steps (including referral), addressed questions or concerns • Experience with counselor or Peer Support Specialist very good across the five items listed above

[v] Of the 1,097 NYC Well users completing at least 40 percent of the questions to the First Follow-Up Survey, one was excluded from the survey sample for the Second Follow-Up Survey because they refused to participate in the survey during the contact tracking process, and an additional 24 users were excluded from the Second Follow-Up Survey sample because they did not complete the entirety of the First Follow-Up Survey.

Research Question	Survey items
What were NYC Well users' mental health outcomes?	• Serious psychological distress, as assessed using the Kessler 6 Psychological Distress Scale – The Kessler 6 Psychological Distress Scale includes six validated questions assessing mental health functioning and distress level during the past 30 days: *Nervous; Hopeless; Restless or fidgety; So depressed that nothing could cheer you up; That everything was an effort; Worthless*. Each item had five response values: none of the time, a little of the time, some of the time, most of the time, and all of the time. – Serious distress was defined as a score of 13 or higher on the 0- to 24-point scale.[22] – We also created binary measures for each Kessler 6 Psychological Distress Scale item, reflecting whether respondents reported feeling each item most or all of the time. • Needed counseling or treatment right away at some point In the last 6 months
How did NYC Well users engage with other mental health services?	• Receipt of a referral to another provider • Received direct phone transfer and appointment was made • Received direct phone transfer and but no appointment was made or was not sure • Contacted and made appointment with provider following NYC Well contact

In-Depth Interviews

Abt also conducted in-depth interviews with NYC Well users using a semi-structured guide, to better understand individuals' reasons for contacting NYC Well and their experiences with the Peer Support Specialists, counselors, and services provided as a result of their contact with NYC Well. Abt conducted 20 in-depth interviews with individuals who completed the first follow-up survey. Participants were selected using purposive sampling, identifying participants based on three to four primary characteristics for which we expected to find variation based on preliminary results from the survey and administrative data analyses. These characteristics included variation in:

- Gender
- Race
- Language
- Level of psychological distress, as measured by the Kessler 6 Psychological Distress Scale[23]
- Satisfaction with NYC Well

Participants were provided with a $30 Visa gift card incentive once the interview was completed. Interview outreach and data collection was conducted between October 11, 2019 and May 5, 2020.

Analysis

Findings from the following analyses are presented in this report.

Frequency, timing and mode of contacts to NYC Well

We used the administrative data to conduct univariate and bivariate descriptive analyses of the frequency, timing and mode of contacts to NYC Well, stratified by user population (all users, users eligible to be recruited for the survey, and users who responded to the survey).

Survey weights and generalizability of analyses of the survey data

The NYC Well users who *were* and *were not* recruited for the survey differed considerably across several important characteristics. Among NYC Well users who were eligible for the survey (N=31,460), those who were recruited for the survey (N=2,283) had more contacts to NYC Well, were less likely to contact NYC Well only via chat relative to other modes or multiple modes, had higher documented risk levels, substance use, and documented suicidal ideation and intent, and had more complete administrative data than those who were not recruited (N=29,254). While the users who were recruited for the survey

represented only about 7 percent of all users who contacted NYC Well during the recruitment period, they accounted for approximately 47 percent of the contacts made to NYC Well during the recruitment period; that is, recruited users disproportionately included users who frequently contact the program, an important NYC Well constituency. Nonetheless, this difference suggests our survey results may not generalize to the broader population of eligible NYC Well users.

The standard approach to adjusting survey data to account for observable differences introduced by sampling is the development and application of sampling weights. However, we did not apply sampling weights in this case for two related reasons: (1) observable characteristics between recruited and eligible NYC Well users were sufficiently large as to raise concerns about potential differences on *unobservable* characteristics that could not be addressed by sampling weights, casting doubt as to whether even weighted results could be considered generalizable to the eligible population; and (2) as a result of the substantial differences between sampled and eligible users, if sampling weights were used, the large variance of the sampling weight would diminish the precision of analyses, meaning that weighted results would be too imprecisely estimated to support interpretation.

Our analyses do, however, use non-response weights to account for minor differences between the population of NYC Well users *recruited* to the sample and those who actually to the survey. Notably, among those NYC Well users recruited to the survey (N=2,283), survey respondents (1,097) and non-respondents (1,186) to the first follow-up survey were broadly similar across most observed user characteristics, with a few moderate differences by age, gender, and proportion of primary vs. intermediary users. To account for these minor differences, for both the first and second follow-up surveys, we calculated non-response weights reflecting the probability of survey response among all users selected by Vibrant into the initial survey sample. Accordingly, weighted analyses of both surveys can be considered representative of the users selected by Vibrant into the survey sample, but not generalizable to the broader population of eligible or all NYC Well users.

Appendix C describes in greater detail how individuals sampled for the survey compare to the population of all NYC Well users who were eligible to participate in the study, and how survey respondents compare to the individuals sampled for the survey.

Analysis of the First Follow-Up Survey

We conducted univariate and bivariate descriptive analyses, separately for primary users (who contacted on their own behalf) and for intermediaries (who contacted on behalf of someone else). Survey measures were coded into binary or categorical measures. We calculated unweighted frequencies and weighted percentages for the response options to each survey measure. Bivariate analyses were conducted to explore differences across key demographic measures of how users learned about NYC Well, mode of contact, whether or not they reported having a mental health provider, self-reported need for and receipt of treatment in the prior six months, and experiences with NYC Well.

Subgroup analysis. We also assessed demographic and other characteristics associated with users' experiences with NYC Well, using cross-sectional logistic multivariate regression, to assess the association of certain characteristics while controlling for other measures.[vi] These analyses were conducted only for primary users due to the limited sample size of intermediary users.

Analysis of changes in mental health outcomes between the First and Second Follow-Up Surveys

We conducted descriptive analyses of mental health outcomes for both the first and second follow-up surveys. Descriptive analyses included unweighted frequencies and weighted percentages for survey

[vi] Estimates were regression-adjusted for age, gender, race, ethnicity, education, region, number of NYC Well contacts during the recruitment period, NYC Well contact mode, whether respondent reported having a mental health provider, and self-reported psychiatric distress.

responses at each point in time, and the difference between the two time points. We calculated a p-value for the difference between survey waves, using chi-squared tests weighted for survey non-response.

Subgroup analysis. We also used longitudinal multivariate logistic regression to assess whether changes over time in mental health outcome measures differed across key demographic groups.[vii]

In-depth interviews

We analyzed data from the in-depth interviews using NVivo 12, a qualitative analytic software. We used both inductive and deductive approaches to develop a codebook of key themes based on the conceptual framework and interview guide. The codebook was continually updated as new themes emerged in the interviews and analysis. Trained NVivo coders independently cross-coded a set of interview notes and then met to discuss emerging themes and divergences and refine the codebook, and continued to cross-code and revise until coding was consistent. Co-coding occurred until a Kappa coefficient of 0.9 was consistently reached. Once the team reached a strong inter-rater reliability, the rest of the transcripts were independently coded. Attributes were added to each set of notes to allow for analytical stratifications by different classifications (**Exhibit B4**).

[vii] Estimates were regression-adjusted for age, gender, race, and ethnicity.

4. Results

The following section presents findings from our evaluation. This report provides insight into a sample of individuals who have contacted NYC Well. It describes characteristics and patterns of NYC Well service interactions as a whole; describes demographics, engagement with other mental health services, and experiences with NYC Well as reported by survey and interview participants; and includes changes in self-reported mental health status and use of services between the first and second follow-up surveys. The report includes subgroup comparisons for measures of experience with NYC Well, changes in mental health status, and use of services. Statistically significant differences between subgroups are highlighted, and non-significant findings are presented when they are deemed substantively important for providing insight into the program. All statistically significant findings presented in this report are significant at the 95 percent confidence level. Results are organized by topic throughout this section, integrating results from the survey, administrative data, and in-depth interviews throughout.

Throughout the report, we refer to study participants using the following terminology:

Study Participants

- **Primary users**: Those who contact NYC Well on behalf of themselves
- **Intermediaries**: Those who contact NYC Well on behalf of someone else, such as a family member, friend, or has another connection to the person they are contacting on behalf of
- **Individuals with perceived need**: Those who the intermediary is contacting NYC Well on behalf of, who may ultimately benefit from the services provided by NYC Well

Who are NYC Well Users?

Key Findings

Overall, the demographics of individuals using NYC Well who completed the survey suggest that a diverse population is engaging with the program. Our findings are consistent with the literature on care seeking behavior, and indicate that both Black[24] and male[25] survey respondents contacted the program in lower proportions than other groups, but were more likely to have an intermediary contact the program on their behalf. This finding suggests that Black and male survey respondents may be less likely to seek care than other races or gender identities. Mental health stigma, medical system discrimination, and historical trauma remains present in the Black community, as well as mental health stigma among men, and a qualitative study found that Black individuals with mental health conditions are more likely to engage with their social networks than seek help themselves.[26]

This section describes the demographics and characteristics of NYC Well users, including primary, intermediary, and individuals in perceived need.

Who Is Contacting NYC Well?

From January 1, 2018 through December 31, 2019, we identified 202,106 unique users who contacted NYC Well (**Exhibit D1),** including 43,132 users who contacted NYC Well during the survey recruitment period (April 1, 2019 to August 4, 2019). Approximately two-thirds of the 43,132 users contacting NYC Well during the survey recruitment period had only one contact, approximately 25 percent had between two and five contacts, six percent had between six and 19 contacts, and two percent of users had 20 or more contacts during that period. While there is a high degree of missingness among the demographic variables in the administrative data, these data indicate that users tended to be relatively young (a majority of users reported their age was under 30 years) and were more likely to be female. Among the 43,132

users who contacted NYC Well during the survey recruitment period, approximately 15 percent had at least one contact where an NYC Well counselor documented a risk level of 3 or greater (indicating that they were in crisis),[8] 18 percent had a documented record of active substance use, and 10 percent had a documented record of suicidal ideation. Among the 60 percent of users with non-missing information in the administrative data about their location when contacting NYC Well, 80 percent of those users contacted NYC Well from New York City, and the remainder contacted NYC Well from New York State. Given the missing values in the administrative data, demographic data collected through the survey offer valuable insight on the characteristics of NYC Well users, though these results are representative only of the group of users recruited by Vibrant to complete the survey.[9] The first follow-up survey results showed a diverse population of individuals in this sample contacted NYC Well across age, gender, race/ethnicity, education and insurance status (**Exhibits 4-10**). For intermediary contacts, unless otherwise noted, the data reported in **Exhibit 4** reflects the individual on whose behalf they had contacted the program. Full demographics for the intermediaries themselves are provided in **Exhibit 11.**

Age

Approximately two-thirds of primary users in the survey sample were between the ages of 18 and 44. Relatively few primary users were adolescents (13 to 17 years old; 4 percent) or older adults (ages 65 and older; 5 percent) (**Exhibit 4**). In contrast, intermediaries were significantly more likely to contact NYC Well on behalf of an adolescent (25 percent) or elderly (8 percent) individual. Nearly half of intermediaries contacted NYC Well on behalf of their child, and another 39 percent responded on behalf of a parent, spouse or other family member (**Exhibit 4.** Age of Primary Users and Individuals with Perceived Need

Age	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
13 to 17	28	3.5	46	25.3
18 to 24	195	20.9	26	11.4
25 to 34	294	32.2	56	26.6
35 to 44	136	15.7	20	9.0
45 to 54	85	9.8	10	4.2
55 to 64	103	11.7	9	6.8
65 or older	40	4.6	18	8.1
Don't know or not provided	15	1.6	16	8.6

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of age group varied significantly across primary and intermediary users ($p<0.001$).

---

8 The risk level measure used by NYC Well service providers ranges from 0 to 7, and reflects the extent that users are perceived as being a risk to the safety of themselves or others. A risk level of 3 indicates that the Vibrant service provider assessed the user as having passive suicidal or homicidal intent, impaired functioning or other psychiatric distress, and were unable or unwilling to seek treatment. While users with risk levels of 3 or higher would have been considered in crisis, and therefore ineligible for participation in the NYC Well Evaluation at the time of that contact, users could have been eligible to participate in the evaluation if they were not in crisis at the time of another NYC Well contact.

9 Appendix C compares characteristics of the survey sample to characteristics of all NYC Well users who were eligible to participate in the study, and characteristics of the survey respondents to characteristics of individuals in the survey sample.

Exhibit 5).

Exhibit 4. Age of Primary Users and Individuals with Perceived Need

Age	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
13 to 17	28	3.5	46	25.3
18 to 24	195	20.9	26	11.4
25 to 34	294	32.2	56	26.6
35 to 44	136	15.7	20	9.0
45 to 54	85	9.8	10	4.2
55 to 64	103	11.7	9	6.8
65 or older	40	4.6	18	8.1
Don't know or not provided	15	1.6	16	8.6

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of age group varied significantly across primary and intermediary users ($p<0.001$).

Exhibit 5. Relationship to Individual with Perceived Need, as Reported by Intermediaries

Relationship to Individual with Perceived Need	Intermediary Users (n=201)	
	Unweighted n	Weighted %
Child	88	46.0
Parent	24	11.3
Spouse or Partner	16	7.3
Other Family Member	43	20.8
Friend	20	9.7
Other Relationship	10	5.0

Source: The NYC Well Evaluation Follow-Up Survey 1 (April – September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

Gender

Among survey respondents who contacted NYC Well on their own behalf, 60 percent were female, 35 percent were male, and 4 percent were transgender or gender non-conforming (**Exhibit 6**). Approximately two percent of primary users reported "don't know" or refused to answer the question. Relative to primary users, significantly more individuals with perceived need were identified as male (49 percent of individuals with perceived need vs 35 percent of primary respondents). Less than 3 percent of intermediary users contacted NYC Well on behalf of someone they identified as transgender or gender non-conforming.

Exhibit 6. Gender of Primary Users and Individuals with Perceived Need

Gender	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
Gender				
Male	283	34.6	93	49.3
Female	562	59.9	94	43.6
Other, transgender, or non-conforming†	35	3.7	5	2.5
Don't know or not provided	16	1.8	9	4.7

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of gender varied significantly across primary and intermediary users ($p<0.001$).
† Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

Race and Ethnicity

Among survey respondents, both primary users and individuals with perceived need were racially diverse. Among primary users, 36 percent were White, 30 percent were Black or African American, 8 percent were Asian, 18 percent indicated other, and 8 percent indicated multiple races (**Exhibit 7**). Relative to primary users, significantly more individuals with perceived need were identified by intermediary users as Black or African American and were less likely to be identified as White. Relative to all New York City residents, both primary and intermediary survey respondents were relatively more likely to identify as Black or African American and relatively less likely to identify as Asian.[27]

Among primary users, roughly a quarter identified as Hispanic or Latino (26 percent). Intermediaries were significantly more likely than primary users to contact NYC Well on behalf of someone they identified as a Hispanic or Latino (32 percent).

Exhibit 7. Race and Ethnicity of Primary Users and Individuals with Perceived Need

User Characteristics	Primary Users (n=896)		Individuals with Perceived Need (n=201)		p-value
	Unweighted n	Weighted %	Unweighted n	Weighted %	
Race					<0.001**
White	320	35.8	47	22.4	
Black or African American	263	29.8	75	37.1	
Asian	70	7.8	13	7.3	
AI/AN or NHPI or Other‡	151	17.8	38	20.5	
Multiple	68	7.5	13	6.2	
Don't know or not provided	11	1.2	11	6.5	
Ethnicity					0.012*
Not Hispanic	651	72.2	129	63.2	
Hispanic	227	25.9	62	32.0	
Don't know or not provided	18	1.9	10	4.7	

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of.
*p<0.05
**p<0.01
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Language

Survey respondents included those who spoke English or Spanish; those who exclusively used NYC Well in another language were ineligible for inclusion in the evaluation. Intermediary users were significantly more likely than primary users to take the survey in Spanish (8 percent vs 2 percent) (**Exhibit 8**).

Exhibit 8. Language of Primary Users and Individuals with Perceived Need

Language in which the survey was completed§	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
English	882	97.8	189	91.8
Spanish	14	2.2	12	8.2

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of language varied significantly across primary and intermediary users (p<0.001).
§ Language is reported for intermediary user who contacted NYC Well rather than for the individual with perceived need.

Educational Attainment

Most primary users (approximately 71 percent) had at least some college education, while only 36 percent of individuals with perceived need had at least some college education as reported by their intermediaries (**Exhibit 9**). The level of educational attainment reported by intermediaries regarding individuals with

perceived need is consistent with the finding that many intermediary users contacted NYC Well on behalf of minors or young adults.

Exhibit 9. Educational Attainment of Primary Users and Individuals with Perceived Need

Educational Attainment	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
8th grade or less	11	1.6	37	20.0
Some high school	74	8.5	36	17.4
High school graduate	149	17.5	35	17.6
Some college	290	32.5	44	20.7
4 year college graduate	200	21.4	25	11.7
More than 4 years of college	158	17.0	8	3.8
Don't know or not provided	14	1.5	16	8.8

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of educational attainment varied significantly across primary and intermediary users ($p<0.001$).

Insurance Status

A majority of both primary respondents and individuals with perceived need had some type of insurance. Primary users were slightly more likely to *not* have insurance (13 percent) than individuals with a perceived need (10 percent) (**Exhibit 10**). Intermediary users were more likely to report not knowing the insurance status of the individual with perceived need (7 percent) compared to primary users (3 percent). This may account for the slightly higher percentage of primary users reporting no insurance.

Exhibit 10. Insurance Status of Primary Users and Individuals with Perceived Need

Insurance Status	Primary Users (n=896)		Individuals with Perceived Need (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
No insurance	113	12.8	22	9.6
Has insurance	759	84.4	164	83.2
Don't know or not provided	24	2.9	15	7.2

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Intermediaries reported the demographic characteristics for the individual with the perceived need that they contacted NYC Well on behalf of. The distribution of insurance status varied significantly across primary and intermediary users ($p=0.012$).

Characteristics of Intermediary Users

Among the 201 individuals who had contacted NYC Well on behalf of someone else (i.e., as an intermediary), approximately two thirds reported being between the ages of 25 and 54 (**Exhibit 11**). Intermediary users most often identified as female (75 percent).

Exhibit 11. Demographics of Intermediary Users

	Intermediary Users (n = 201)	
User Characteristics	Unweighted n	Weighted %
Age		
13 to 17	1	0.5
18 to 24	19	8.3
25 to 34	47	23.6
35 to 44	44	23.1
45 to 54	41	20.1
55 to 64	32	15.9
65 or older	14	6.8
Don't know or not provided	3	1.6
Gender		
Male	46	21.7
Female	149	75.1
Other, transgender, or non-conforming†	3	1.5
Don't know or not provided	3	1.6
Race		
White	48	22.5
Black or African American	74	36.9
Asian	14	8.0
AI/AN or NHPI or Other‡	42	22.9
Multiple	9	4.0
Don't know or not provided	11	5.6
Ethnicity		
Not Hispanic	122	59.5
Hispanic	69	35.9
Don't know or not provided	10	4.6

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

How Do Individuals Engage with NYC Well?

This section describes when and how NYC Well users contacted the program, and who they spoke with during their interaction.

Key Findings

The majority of individuals in the survey sample were repeat contacts, with primary users more likely to contact NYC Well several times than intermediary users. Most NYC Well users contacted the program by phone, but participants appreciated the flexibility to contact NYC Well via other modes such as text or chat.

On weekdays, the greatest volume of calls occurred between 12:00 and 3:59pm. People contacted the program later on the weekends, primarily from 4:00 to 11:59pm. Interview participants emphasized the value of having the program accessible 24 hours a day, 7 days a week, even though contact volume was lower in the middle of the night.

Participants are able to choose whether they speak to a Peer Support Specialist or a counselor when they contact NYC Well. The majority (nearly 90 percent) spoke with a counselor. Many interview participants could not recall whether they spoke with a Peer Support specialist or a counselor, often due to the fact that they have contacted the program multiple times; some participants were also not aware that they could choose between the two.

How Do Individuals Contact NYC Well (i.e., Phone, Text, Chat)?

We also looked at how respondents contacted NYC Well (**Exhibit 12**), as documented in the NYC Well administrative data. A majority of primary users who responded to the survey contacted the program by phone (75 percent), followed by text (7 percent) and online chat (5 percent). Fourteen percent of primary users contacted the program using multiple modes. More intermediaries who responded to the survey contacted NYC Well by calling (87 percent) than by chat (2 percent) or text (2 percent). Ten percent of intermediary users contacted the program using multiple modes.

Exhibit 12. Primary and Intermediary Users' Contact Method

Contact Method	Primary Users (n=896)		Intermediary Users (n=201)	
	Unweighted n	**Weighted %**	**Unweighted n**	**Weighted %**
Call	653	74.5	172	86.5
Chat	46	4.6	6	2.3
Text	64	6.6	4	1.6
Multi-Mode	133	14.3	19	9.6

Source: NYC Well administrative records (January 1, 2018 – December 31, 2019).and the NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)

Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. The survey did not include CTS letters or MCT online referral forms, which are also distinct modes of contact. Contact method varied significantly by whether users were calling on behalf of themselves or someone else (p=0.001).

Across all age groups, survey respondents were more likely to call NYC Well than to use any other mode of contact (text or chat), but users under the age of 18 were much more likely than older users to use chat, text, or multiple modes to contact NYC Well. (**Exhibit 13**).

Exhibit 13. Contact Method by Contact Age (Primary Users)

Contact Method	Age			
	Under 18 (n=28), Weighted %	18 – 64 (n=813), Weighted %	65+ (n=40), Weighted %	Don't know or refused (n=15), Weighted %
Call	30.7	75.4	92.5	71.4
Chat	29.4	3.8	0.0	4.9
Text	17.5	6.4	0.0	11.0
Multi-Mode	22.4	14.4	7.5	12.7

Source: NYC Well administrative records (January 1, 2018 – December 31, 2019) and the NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: The analysis included only primary users (N=896). Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. The survey did not include CTS letters or MCT online referral forms, which are also distinct modes of contact. Contact method varied significantly by contact age (p<0.001).

We also analyzed potential differences in contacting patterns by first time versus repeat contacts (**Exhibit 14**). Across both groups, the majority of survey respondents called the program (68 percent of first time contacts and 78 percent of repeat contacts). When asked why they contacted multiple times, the majority of interviewees stated that they contacted NYC Well about new or different issues each time, but discussed an underlying feeling of being overwhelmed or experiencing strong emotions each time they called.

Exhibit 14. Contact Method by Contact History

Contact Method	First time contacting (n=296) , %	Repeat user (n=598) , %
Call	67.5	77.7
Chat	3.2	5.2
Text	5.8	7.0
Multiple modes	23.5*	10.1

Source: NYC Well administrative records (January 1, 2018 – December 31, 2019) and the NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis included only primary users (N=896). Contact method was identified according to whether used multiple methods of accessing NYC Well in the administrative data. First time contacting vs repeat user was identified via self-report in the survey. Contact method varied significantly by repeat contact history (p<0.001).
*It is possible that some respondents who identified as first-time users were thinking about the general situation about which they had contacted NYC Well, but had contacted NYC Well multiple times about that situation using more than one mode.

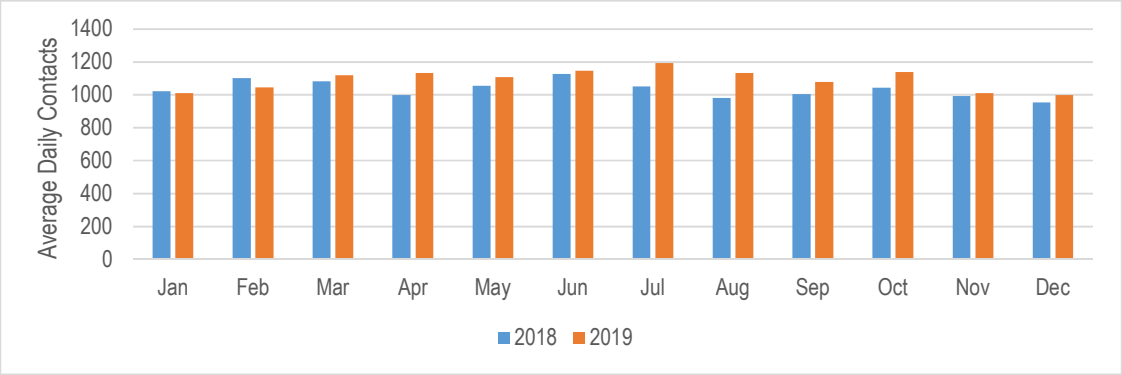
When Are People Contacting NYC Well?

Through analysis of the NYC Well administrative data, we were able to explore variations in the times of the year, week, and day that all NYC users—both those included in the evaluation surveys and interviews and the broader NYC user base—interacted with NYC Well; these numbers represent data from January 2018 to December 2019, and include outgoing and unanswered contacts.

Contacts by Month

The average daily number of contacts were largely consistent from month to month, although contacts tended to be slightly lower during the winter months (November through February) than during the rest of the yearExhibit 15Error! Reference source not found.. December 2019 had the fewest average daily contacts (998, or 4 percent of all contacts) and July 2019 had the most average daily contacts (1,194, or 5 percent of all contacts) (**Exhibit 15**).

Exhibit 15. Average Daily Contacts to NYC Well per Month



Source: NYC Well administrative records (January 1, 2018 – December 31, 2019).
Notes: N=776,287 contacts. Month was determined by the time at the start of the contact with NYC Well.

Time of Day

On weekdays, 12:00 to 3:59PM was the period of highest contact volume for contacts by all NYC Well users (both primary and intermediary user, (25 percent) (**Exhibit D4**). On weekends, 4:00 to 7:59PM was the period of highest contact volume for all users (22 percent).

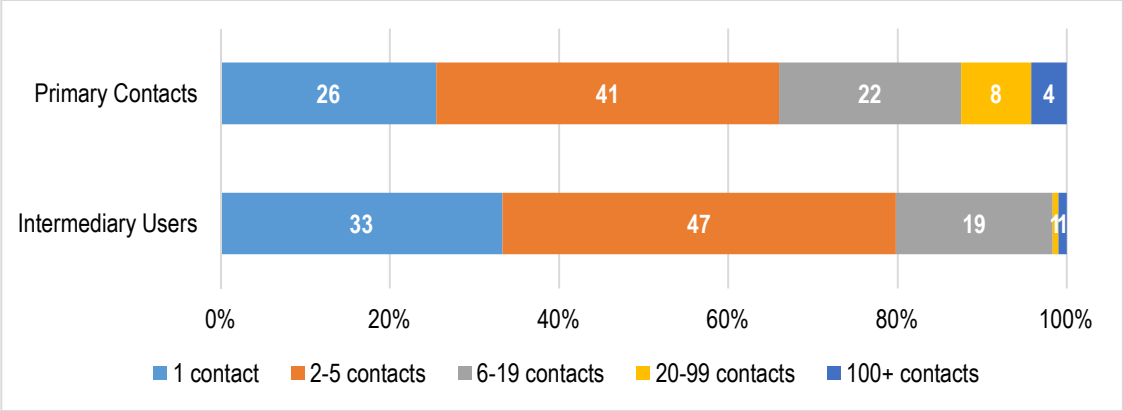
Days of NYC Well Contact

There was little variation in contact volume on weekdays (roughly 15 percent of users contacted NYC Well each day from Monday-Friday), and slightly fewer contacts during the weekend (roughly 12 percent each day on Saturday and Sunday).

Re-engagement with NYC Well

Among survey respondents, 74 percent of primary users and 67 percent of intermediary users were repeat contacts (**Exhibit 16**). During the survey recruitment period (April 1, 2019 to August 4, 2019), primary and intermediary users were most likely to contact NYC Well between two and five times, but primary users were much more likely than intermediary users to have contacted the program more than five times. Approximately one-third of intermediary users in this sample contacted NYC Well only once.

Exhibit 16. Number of Contacts during the Survey Recruitment Period among Primary and Intermediary Users



Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: N=1,097 survey respondents. Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Distributions for primary and secondary respondents significantly differed (p<0.001).

Of the 20 NYC Well primary users interviewed, only one reported contacting the program again following the interaction discussed in the survey (though many had contacted the program numerous times before that). This could partially be an issue of recall bias, as many respondents had contacted the program multiple times and could not remember the exact instance that the interviewer was referring to. Others may have felt their issue was addressed, or had an alternate service provider or support to contact during crisis. One user described her willingness to contact NYC Well again, citing accessibility *"…but you know I definitely thought of NYC Well the next time that I found myself in a really off hour and definitely feeling like I exhausted my emergency contacts and did have access to, you know my therapist was probably not even awake to answer texts.*" Though only one reported contacting again, many reported that they would seek out NYC Well again if they felt they needed those services. One user explained, "*Maybe if I get stressed again or if I need some type of help, I probably would reach out to them again because they were so helpful the first time*."

Interviewees were also asked whether they had sought additional services for the same reasons that they had previously contacted NYC Well. Most users who reported not having sought additional services following their NYC Well interactions did not offer an explanation as to why they had not done so. However, one primary user interviewed explained that his life "*normalized a bit*" and that "*things started getting better*." Another primary user interviewed had expressed interest in seeking additional services but reported that she had not done so for several reasons, including because she is undocumented. Some interview participants reported seeking alternative behavioral health services following their NYC Well interaction, including continuing with current therapy. For many interviewees, there was a reported need for longer-term care beyond addressing the immediate concern they may have contacted NYC Well for.

Contacts with Counselors and Peer Support Specialists

NYC Well also offers the option for clients to speak to either a counselor or a Peer Support Specialist. Among all users who contacted NYC Well between January 2018 and December 2019, most only spoke with a counselor (88 percent) as opposed to a Peer Support Specialist (6 percent); the remaining small percentage spoke to both types of operators (6 percent).

Facilitators to Utilizing NYC Well

Among interviewees, the most commonly cited facilitator for accessing NYC Well was the 24/7 access the program offered. As one primary user interviewed described, *"There's no schedule on panic attacks, so like… just to have that access of calling and getting through to someone, it's really comforting."* Interviewees appreciated that they could call, text, or chat at any time on any day; the flexibility in contact mode and hours was a benefit of the service over their existing mental health providers or reaching out to family or friends in times of need. Interviewees also felt comforted by the anonymity of the program: *"I think perhaps one of the benefits is that you won't see the people again, so you feel a little less inhibited."* Some interviewees also noted that it was relatively easy to find the program's contact information – they just had to search for a crisis hotline online and it came up.

How Do Individuals Learn about and Decide to Contact NYC Well?

This section provides insight into the different ways in which NYC Well users surveyed reported they first heard of the program, and what made them decide to contact it. Data are provided for primary and intermediary users surveyed, as well as specific subpopulations.

Key Findings

While one of NYC Well's key goals is to connect first time users to behavioral health services, our results suggest that NYC Well continues to be an important service for New Yorkers already connected to a mental health provider. The majority of users surveyed (67 percent) were already connected with a mental health provider at the time they contacted NYC Well. Only 10 percent of primary users surveyed indicated they had contacted NYC Well to get a referral, compared to over one third (36 percent) who said they contacted NYC Well to talk to someone. Of the 42,132 unique users who contacted NYC Well during the survey recruitment period, around 15 percent were in crisis (i.e., had a risk level of 3 or greater). These findings suggest that NYC Well is frequently accessed by users who are not in crisis and who are not looking for a referral.

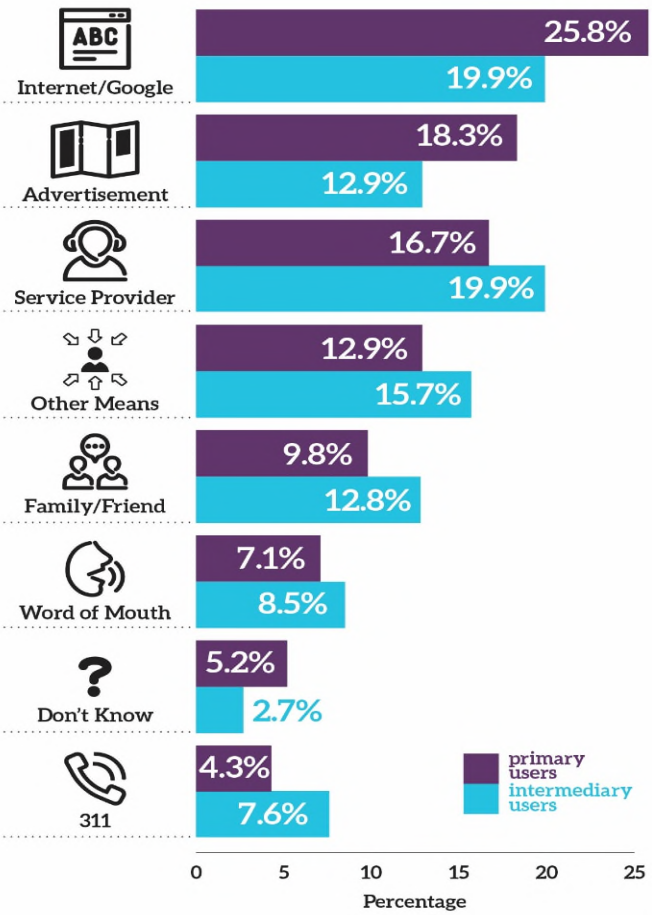
NYC Well is also providing an important service to about a fifth of surveyed users (18 percent), who said they would not have spoken to anyone if NYC Well did not exist. The program is also providing an alternative method of support for surveyed users who would have otherwise contacted emergency services (23 percent).

How Contacts Learned about NYC Well

Among survey participants, primary and intermediary users reported similar means of learning about NYC Well (**Exhibit 17**). Across both primary users and intermediaries, approximately a quarter of primary users and a fifth of intermediaries said they had used Google or otherwise searched the internet to find NYC Well. As several primary users described in their interview, NYC Well was the first link that was returned when they searched for "*free*" or "*24/7*" mental health services. Many users also learned about NYC Well through an advertisement or service provider. Another 10 percent said they heard about the program from a family member or friend, 7 percent through word of mouth, 4 percent through 311, and 13 percent through a difference source.

Knowledge of NYC Well among intermediaries surveyed followed similar trends. Thirteen percent of intermediaries learned about NYC Well through an advertisement, 20 percent learned through a service provider, 13 percent said they heard about NYC Well through a family member or friend, 9 percent through word of mouth, 8 percent through

Exhibit 17. Knowledge of NYC Well by Primary and Intermediary Users



Souce: NYC Well administrative records (January 1, 2018 – December 31, 2019) and the NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)

Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

311, and 16 percent through another source. The remaining 5 percent of primary users and 3 percent of intermediaries did not know where they learned about NYC Well (**Exhibit D2**). When interviewed, two users said they had originally contacted the National Suicide Prevention Lifeline and were automatically re-directed to NYC Well.

There were no statistically significant differences in how survey respondents learned about NYC Well by age, race, gender, language, or educational attainment (**Exhibit D3)**. Primary users ages 13 to 17 (43 percent) and 18 to 24 (32 percent) were more likely to learn about NYC Well through Google or the internet, with a decreasing trend, although non-statistically significant, as age increased.

Why Individuals Contacted NYC Well

Statistically significant differences were observed between primary and intermediary users surveyed in their reasons for contacting NYC Well. Primary users who responded to the survey were significantly more likely to say that they contacted NYC Well because they wanted to talk to someone (36 percent) than intermediary users (10 percent). On the other hand, intermediary users (26 percent) were more likely than primary users (6 percent) to report looking for advice as a motivation for contacting NYC Well. Intermediary users were also more likely to want answers to questions than primary users (10 percent vs. 3 percent), to want a referral (19 percent vs. 10 percent), and to report calling for a reason not specified in the response options (10 percent vs. 3 percent). Primary users (41 percent), however, were more likely than intermediary users (26 percent) to contact NYC Well for multiple reasons **(Exhibit 18**).

Exhibit 18. Primary and Intermediary Users' Reason(s) for Contacting NYC Well

Reason for Contacting NYC Well	Primary Users		Intermediary Users	
	Unweighted n	Weighted %	Unweighted n	Weighted %
To Talk to Someone	320	35.6	18	9.5
For Advice	57	6.3	50	25.5
To Get Answers to a Question or Questions	31	3.4	22	9.5
To Get a Referral	91	10.2	38	18.8
Other Reason	28	3.2	19	10.1
Multiple Reasons	364	40.9	52	25.7
Not Sure or Reason Not Provided	5	0.5	2	0.8

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Response options were not mutually exclusive and therefore the totals may add up to more than 100 percent.

There were differences in motivation for contacting NYC Well by race (**Exhibit D6**). Primary users who identified as Asian were significantly less likely than other races to contact NYC Well in order to talk to someone (26 percent) or want a referral, instead reporting that they had primarily wanted answers to questions. There was not significant variation among users who identified as Black, White, or two or more races.

Primary Users Referred through a Provider

Of the primary users who participated in the survey, only 19 percent reported receiving a referral to NYC Well through a provider (**Exhibit D7).** Another 49 percent reported having a provider but not receiving a referral through them, and 32 percent did not have a mental health provider. Intermediary users were not asked about whether a mental health provider referred them.

Interview participants were also asked about their existing mental health providers. About half of users interviewed had seen or were seeing a therapist or counselor at the time of their interview. Three of these users had also seen or were seeing a psychiatrist. Of the users who had previous experience with mental health services or providers, three discussed their providers offering after-hours support. However, two of these providers were only available for after-hours support during emergencies.

Other Options Contacts Had

Possible Alternatives to NYC Well

Nearly half of primary users (47 percent) and intermediary users (39 percent) surveyed reported that if NYC Well did not exist, they would have used another hotline (**Exhibit 19).** Other common responses included talking to a family member or friend, or using emergency services.

Exhibit 19. Primary and Intermediary Users' Reported Alternatives to NYC Well

Alternatives to NYC Well	Primary Users (n=896)		Intermediary Users (n=201)		p-value
	Unweighted n	Weighted %	Unweighted n	Weighted %	
Another hotline	432	47.7	79	38.9	0.033*
One or more of my health care providers	113	13.1	22	11.8	0.649
Emergency services	173	20.0	76	38.2	<0.001**
Insurance plan's list of mental health providers	191	20.6	54	26.4	0.089
Family/friend	347	38.4	52	27.1	0.005**
Other (specify)	72	8.4	29	14.5	0.013*
No one	179	19.5	18	8.2	<0.001**
Don't know	52	6.0	11	6.5	0.798
Respondent Refuses to Indicate which Option They Would Have Considered	1	0.1	1	0.3	0.409

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Response options were not mutually exclusive and therefore the totals may add up to more than 100 percent.
*p<0.05
**p<0.01

We also asked interview participants about their reasons for and alternatives to contacting NYC Well. A little less than half of interviewed primary users contacted NYC Well because of an urgent need and three discussed a panic or anxiety attack prompting their call. The accessibility of the service and ability to connect with care at any hour of the day was mentioned by more than a third of interviewees as one of the main reasons they decided to contact NYC Well over an alternative option. For several interviewees who had a mental health provider or said they would have spoken to a family member or friend if NYC Well did not exist, NYC Well's 24/7 availability filled a gap in their support networks when providers or friends would otherwise not be available.

Some interviewees used NYC Well as a supplemental resource to a mental health provider they were seeing or as an interim support while they were getting connected to care through their insurance. For these primary users, the connection to services was not an applicable service offered by NYC Well. Two primary users interviewed who were already seeing a mental health professional contacted NYC Well for after-hours support. As one interviewee described, "*I didn't really want to bother my provider, I had probably contacted them [the user's mental health provider] in the past outside of business hours, I felt like I wasn't paying them outside of business hours…*" Two other primary users interviewed were working with their insurance to connect with care at the time they contacted NYC Well. One of these

users was on the wait list for a provider through his insurance and contacted NYC Well while he was waiting to see his provider.

Among survey respondents, primary users (20 percent) were significantly more likely than intermediary users (8 percent) to indicate they would otherwise not have spoken to anyone if NYC Well does not exist, indicating the service may fill a particularly important gap for these users (**Exhibit 19)**. When asked who they may have reached out to had NYC Well not existed, approximately half of interviewees mentioned a friend or family member they could call. However, many of these users discussed the limitations of the support that could be offered by these networks. Friends or family were often not available during the times when interviewees were feeling strong emotions, which were often late at night or early in the morning. Primary users interviewed also discussed having reservations about sharing certain things with friends or family and felt like they could not get the support they needed from these networks, especially if they were looking for a referral.

NYC Well may additionally have diverted behavioral health crises from emergency department (ED) visits or using emergency services, as 20 percent of primary users and 38 percent of intermediary users surveyed said they would have utilized these services if NYC Well did not exist.

What were Users' Experiences with NYC Well?

This section discusses the experiences of survey and interview respondents with NYC Well, including their overall satisfaction, specific ratings of different dimensions of their interaction, and whether they would recommend the program to a friend. Data are provided for primary and intermediary users surveyed, and are also analyzed by subpopulations.

Key Findings

Overall, participants in this study had positive experiences with NYC Well. Approximately two thirds of survey participants reported that their contact with NYC Well helped them a lot, and nearly 90 percent said it helped at least a little. Participants frequently pointed to the empathy and positive attitudes of their counselors and Peer Support Specialists as the reason for their positive experience. An overarching theme was that it is critical to listen to the individual user and what they are looking for – not everyone was interested in a referral or advice, but all wanted to be heard. Understanding the specific needs and requests of the users was paramount. That said, interview participants noted that they were not sure if the good experience they had with NYC Well had long-term effects.

There were differences in experiences reported by certain subgroups. Relative to other groups, older adults and individuals who identified as Asian were significantly less likely to report positive experiences, including lower scores on whether contacting NYC Well helped deal with their problems, whether they would recommend NYC Well to a friend, and whether their counselor or Peer Support Specialist spoke their preferred language. These findings suggest that particular attention needs to be paid to serving different racial and ethnic groups, providing culturally competent and language accessible services to all who contact the program.

NYC Well user's interviewed discussed the service's 24/7 accessibility and multi-modal contact options as key facilitators to contacting NYC Well. The overwhelming emotions that users discussed experiencing that led to contacting NYC Well did not always occur during business hours and other support systems, such as friends and family, were not always available during these times. Wait times for accessing the care referred by NYC Well was also identified as a consistent barrier for many of those who contacted the program.

Perceived Experiences with NYC Well

Both the first and second follow-up surveys asked users about their experiences with NYC Well, including their experiences with their counselor or Peer Support Specialist, whether contacting NYC Well helped them deal more effectively with problems, their overall status since contacting NYC Well, their

satisfaction with NYC Well, and whether they would recommend NYC Well to a friend. We assessed differences in self-reported experiences with NYC Well as reported in the surveys across user subgroups, using logistic regression to adjust for NYC Well user characteristics.[10] This section includes a discussion of notable patterns in these analyses. Findings for all subgroup analyses are available in **Appendix D**. This section also includes findings from the qualitative interviews regarding users' experiences with NYC Well, woven throughout.

Overall, NYC Well users surveyed reported positive experiences in their interactions with NYC Well (**Exhibit 20**). Approximately 89 percent of NYC Well primary users surveyed reported that their conversation when contacting NYC Well helped them at least a little, and 59 percent of users reported that NYC Well helped a lot. Responses about satisfaction with NYC Well and whether users would recommend NYC Well to a friend followed a similar pattern, with well over 50 percent of primary and intermediary users indicating the most positive response option. Additionally, 54 percent of primary users and 64 percent of intermediary users indicated very good experiences on each of five aspects of their interactions with counselors or Peer Support Specialists: used preferred language, listened, provided recommendations, explained options, and addressed questions or concerns. Across nearly all of the NYC Well experience questions, intermediary users surveyed reported more positive experiences with the program as compared to primary users, many of which were statistically significant differences. A full set of descriptive statistics, including all response options for each question, can be found in **Appendix D**.

Exhibit 20. Experiences with NYC Well among Primary and Intermediary Users Reported in the First Follow-Up Survey

Experience with NYC Well	Primary (N=896)		Intermediary (N=201)		P-value
	N	Weighted % reporting a positive experience	N	Weighted % reporting a positive experience	
Contacting NYC Well helped deal more effectively with problems (a lot vs a little or worse)	883	59.0	199	68.1	0.022*
Overall status since contacting NYC Well (Better vs same or worse)	884	59.8	196	63.0	0.421
Satisfaction with experience with NYC Well (Very much satisfied vs somewhat satisfied or worse)	883	69.1	197	70.1	0.800
Would recommend NYC Well to a friend (definitely vs probably or worse)	882	74.9	198	78.7	0.275
Experience with counselor or Peer Support Specialist very good across all five items	879	53.6	198	64.7	0.007**
Counselor or Peer Support Specialist spoke in preferred language (very good vs good or worse)	893	88.2	199	86.1	0.450
Counselor or Peer Support Specialist listened to you (very good vs good or worse)	895	78.9	200	84.9	0.068
Counselor or Peer Support Specialist provided support and treatment	889	68.9	201	73.0	0.268

[10] We did not conduct subgroup analyses for intermediary users, due to the small sample size. Intermediary users were also excluded from subgroup analyses of primary users, because of the substantial differences between primary and intermediary users. Estimates are presented in the report as regression-adjusted means, stratified by subgroup characteristics, adjusting for age, gender, race, ethnicity, education, region, number of NYC Well contacts during the recruitment period, NYC Well contact mode, whether respondent reported having a mental health provider, and their Kessler 6 Psychological Distress Scale category (no psychological distress, moderate psychological distress, and serious psychological distress).

Experience with NYC Well	Primary (N=896)		Intermediary (N=201)		P-value
	N	Weighted % reporting a positive experience	N	Weighted % reporting a positive experience	
recommendations (very good vs good or worse)					
Counselor or Peer Support Specialist explained options and potential next steps (including referral) (very good vs good or worse)	891	64.8	200	76.0	0.003**
Counselor or Peer Support Specialist addressed questions or concerns (very good vs good or worse)	894	71.0	201	78.9	0.026*

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.
*p<0.05
**p<0.01

Primary users interviewed provided additional and substantial insight into their experiences with the dimensions of care listed above. Many interviewees pointed to their high-quality counselor or Peer Support Specialist, noting they were "*engaged*," "*interested*," and "*empathetic*". They spoke about provider attitudes and the importance of their ability to feel understood when interacting with a provider, as opposed to receiving specific services such as a referral. One participant summarized their satisfaction with the service by saying: "*Sometimes when you go through the systems you can feel de-humanized, because you are not treated with a level of humanity. You are directed [to a] service, so it is like you are shuffled through. This felt like it had a much more human touch*."

There were some common qualitative factors that led to dissatisfaction with the service interaction. Some primary users interviewed felt rushed off the phone, pushed to receive referrals rather than just being listened to and heard. Many expressed frustration with the referrals they received. For many, receiving a list of phone numbers was insufficient for their needs. A direct connection to care was important for them to ensure follow-through and help navigate issues with insurance and other issues. The receipt of inappropriate referrals was also a common source of dissatisfaction, with many not able to use the referral they received due to insurance issues, wait times, or citizenship status (see more in **Do NYC Well Contacts Receive Referrals?).**

Differences in Experience by Subgroups

We observed notable differences across subgroups in both the survey responses and in the interviews, discussed below. All survey estimates were adjusted for age, gender, race, ethnicity, education, region, number of NYC Well contacts during the recruitment period, NYC Well contact mode, whether respondent reported having a mental health provider, and self-reported psychological distress. Exhibits supporting these findings can be found in **Appendix D**.

Contact mode. After adjusting for other NYC Well user characteristics, users surveyed who contacted NYC Well by chat were significantly less likely to report positive experiences than those contacting NYC Well through other modes. Surveyed users who contacted via chat were less likely to report that contacting NYC Well helped a lot in dealing with problems. Fewer of these users, as compared to call and text contacts, reported they were very satisfied with their experience with NYC Well and that their experience with their counselor or Peer Support Specialist was very good at all five elements of service (speaking to them in their preferred language, listening to them, providing support and treatment recommendations, explaining options, and addressing their questions or concerns).

Age. Younger survey respondents were significantly more likely than older survey respondents to report a very good rating on how their counselors or Peer Support Specialists explained options and potential next steps to them. The greatest difference can be seen between 25 to 34 year olds, 61 percent of whom reported a very good rating, compared to 56 percent of those 65 and older.

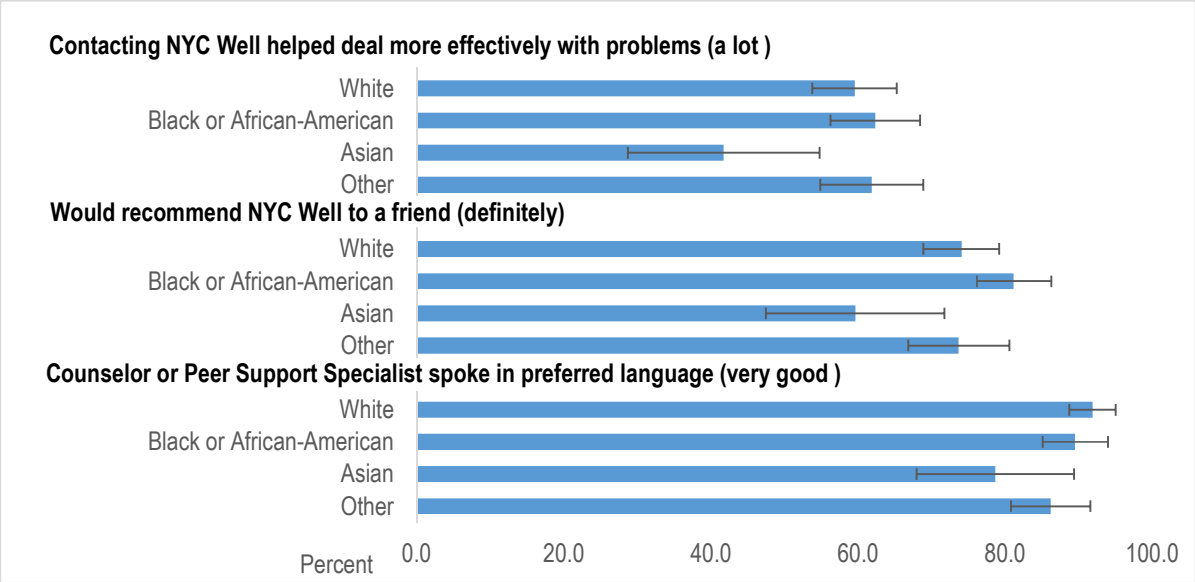
Gender. Relative to survey respondents who indicated that their gender was female, survey respondents indicating that their gender was other, transgender, or non-conforming were 20 percent less likely to report that that they would definitely recommend NYC Well to a friend in need of similar help. One transgender male felt that the advice provided was insensitive and not helpful; when asked what he felt was most helpful or unhelpful about their interaction with their counselor or Peer Support Specialist, he noted that it was helpful when the provider would ask questions to prompt him to talk about the things that were difficult, but found it frustrating when he would be told things like "*well, you just have to get yourself together*" or "*you just have to try.*" The interviewee reported this type of advice was not helpful, and that he did not feel heard, understood, or welcome. Though this is a more extreme example, participants not feeling heard or understood was a recurring theme among interviewees.

Race/Ethnicity. Experiences with NYC Well varied significantly by race for three of the experience measures (**Exhibit 21**). A lower number of Asian survey respondents, as compared to other racial subgroups, reported that their counselors or Peer Support Specialists were very good at speaking in their preferred language (79 percent of respondents, versus 89 percent of Black or African American respondents, 92 percent of White respondents). Asian survey respondents also reported NYC Well helped a lot in dealing with their problems, though in lower numbers (42 percent of respondents, versus 62 percent of Black or African American respondents and 60 percent of White respondents), and similarly, fewer Asian respondents said they would definitely recommend NYC Well to a friend (60 percent of respondents, versus 81 percent of Black or African American respondents and 74 percent of White respondents). Among the two Asian participants interviewed, there was a range in their experiences with NYC Well; one user reported that NYC Well, "*was everything [they] needed for a crisis line*;" while the other user reported variable experiences between their interactions with NYC Well counselors and Peer Support Specialist. When asked about their overall interaction with NYC Well, the participant reported, "*I feel like that it's like meant to be a free, like accessible service, and for like you know anyone I think that's really good. Yeah, I mean of course like with anything that is free there are things that could be improvements that could be made. I mean whether or not those would be implemented, I do like that like, it's good, it is really helpful when you have someone to talk to…*"

For the two Spanish speakers interviewed, language access was also associated with satisfaction. Neither of the Spanish speakers interviewed as part of this evaluation reported using interpretation services during their respective NYC Well interactions. One user could not recall whether their interaction with their mental health provider had been in English or Spanish; they explained, "*No, I did not use [an interpretation service during the conversation]. I think it [the interaction with the mental health provider] was in English, but I don't remember well. As someone who speaks both languages, I think it was in English.*" While the other interviewee who identified as a Spanish speaker also reported that they had not used an interpretation service, they noted that they did experience three failed attempts to connect to an interpreter. They described this challenge, "*Well, I think [my counselor/Peer Support Specialist] was someone who could help me, but couldn't do it in my language. She tried but couldn't do it.*" When asked what could have been done differently to improve their experience with NYC Well, this user reported that their interaction would have been improved had their mental health provider spoken Spanish.

One interviewee specifically noted the cultural competence of their interaction, stating "*I have some trust issues with therapist and psychology and psychologists… I am queer and Puerto Rican and I think that more people are able to hold more world views, different spiritual views even, services for queer people… you know what I mean? NYC Well has opened me up to feeling that other options could be supportive for me.*"

Exhibit 21. Select Experiences with NYC Well among Primary Users, Stratified by Race



Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analyses were limited to only primary users (N=896). Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey, and were adjusted for age, gender, race, ethnicity, education, region, number of NYC Well contacts during the recruitment period, NYC Well contact mode, whether respondent reported having a mental health provider, and self-reported psychological distress. 95% confidence intervals are presented in brackets. Regression-adjusted Wald chi-squared tests by race were statistically significant for all three measures ($p<0.05$).

Mental health. Primary users whose survey responses indicated that they had serious psychological distress were less likely than primary users without psychological distress to report that NYC Well helped a lot in dealing with their problems (-11 percentage points) and that they had better "overall status" since contacting NYC Well (-32 percentage points). These primary users were not, however, any less likely to report very good satisfaction with NYC Well, to report that they would recommend NYC Well to friends, or to report positive experiences about interactions with counselors or Peer Support Specialists.

Overarching Themes of User Experience

The qualitative data provided further valuable insight into individuals' experience with NYC Well across a number of key domains.

Receiving Advice. Many interview participants talked about their experience receiving advice from their counselor or Peer Support Specialist. For most, receiving advice is much more than just referrals. It was important to users that their counselor or Peer Support Specialist go beyond just listening and actually provide concrete suggestions and ideas to improve their current situation. Some interviewees suggested that having the NYC Well service provider share their own experiences and tools with users was greatly appreciated.

Interviewees' experiences with Peer Support specialists, as they related to receiving advice, were mixed. Interviewees who discussed their appreciation of NYC Well's ability to provide concrete, helpful advice had often spoken with Peer Support Specialists. The open communication between the Peer Support Specialist and the user seemed of particular value for many interview participants. One interviewee summarized this sentiment: "*And then she kind of gave a little bit of her own background and to a similar situation and talked about how she dealt with that. And I think that's where the peer aspect comes in. But, I thought that was helpful, just knowing, like just having some sort of, you know, like having someone talk*

about they actually adjust to stress issues or advice on stress issues, rather than just, you know, blindly saying 'yeah I understand.' I thought that was pretty helpful." However, other interviewees felt frustrated by their experience with their Peer Support Specialist, specifically. One participant noted that there was a difference between "*Having people listen without judgement, relate to their own experiences, and … [provide] feedback without giving advice*" and Peer Support Specialists who "*want to impart their own wisdom rather than listen*." However, this participant also noted that Peer Support Specialists were more conversational and less robotic than counselors, and would still prefer to speak with a peer.

Attitude of Counselor or Peer Support Specialist. In the interviews, the tone of one's NYC Well provider was identified as an important component of the NYC Well experience. Participants appreciated "*gentle*" tones to help calm them down, as well as those who were more upbeat. Depending on the need of the interviewee, this tone made a difference in whether they reporting being able to feel more relaxed or "*feel less dragged down.*" Most interviewees noted, however, that the most important thing was empathy, compassion, kindness, and warmth. One interviewees stated "*I think [NYC Well] just have a very empathetic staff, who are probably able to read people a little bit better during those times of anguish.*"

Feeling Understood. Nearly all interview participants spoke of the importance of feeling understood during their contact with NYC Well. This was evident through the discussions of receiving advice and the attitude of the provider, and was relevant for those who just contacted in order to talk through an acute crisis but may not be looking for more than that. Many interviewees felt particularly understood when they spoke with Peer Support Specialists, who have been through similar experiences and are able to directly relate. One interviewee articulated this by saying "*me speaking to someone that understands what I was going through but was also grounded helped me become grounded also.*" However, some participants interviewed noted that Peer Support Specialists seemed a little less well-trained than the counselors, which sometimes made them feel less understood.

Progress over Contacts and Contact Duration. All interviewees noted that they felt like they made progress on the reason they called. However, these effects were often short-term. The interaction with NYC Well was seen as a strong and effective temporary fix to get people out of their immediate crisis – interviewees often reported they felt more calm and had some tools to apply to future occurrences – but they remained unclear on the long-term effects of the their contact. One participant said: "*I would say that the most helpful part was talking to him on the phone. You know, he was asking me a lot of questions, doing a lot of breathing work with me, things like that. But then after I had got off the phone and he had sent me the referrals, those didn't do anything*."

A few interviewees also described their satisfaction with the amount of time they had spent with their respective counselor or Peer Support Specialist; interviewees who had interactions of at least one hour with their respective counselor or Peer Support Specialist were more likely to also describe their satisfaction with their provider [when asked about the length of time]. One interviewee described, "*Luckily I think I had a little over an hour to talk to them, so luckily I was able to kind of cover all the ground, all the concerns that I had and be able to look at the situation in a variety of aspects and to come up with a plan…*" Another user noted, *"Well you know what when I made the initial call, what really made me feel good…they were so courteous to me. She stayed on the phone with me for about – I was going through a real traumatic experience – she stayed on the phone with me for at least 2 hours that Saturday if not longer. She was listening, then at the end she would ask me if I felt suicidal or hurting someone, that attracted me to keep calling."*

Do NYC Well Contacts Receive Referrals?

In this section, we describe referrals received by both primary and intermediary users participating in the surveys, as well as their self-reported interactions with follow-up care, as reported in the first follow-up survey.

Key Findings

A key component of the NYC Well experience was receipt of a referral. Older users surveyed were less likely to receive a referral than younger ones. Those who contacted NYC Well just once, and those who contacted more than 20 times, were least likely to receive a referral, as were those who used the online chat function.

For many interview participants, there were a number of challenges in utilizing the referrals that were provided by NYC Well. Participants expressed frustration with not being able to access the behavioral health care they needed due to the referred provider not taking their insurance or long wait times to make an appointment. Some participants noted that even though they were given the names of three or four potential providers, they were not able to find one that was a good fit for their personality, finances, or acuity of need.

In order to understand connections to care made by survey respondents, participants were asked to recall whether they had received a referral and, if so, whether they received a direct phone transfer to that provider or contacted the provider at another time, as well as whether they ultimately made an appointment or visit with that provider (**Exhibit 22**). Approximately 64 percent of primary users and nearly 80 percent of intermediary users reported receiving a referral to another provider following their contact with NYC Well. However, among those receiving a referral, only 36 percent of primary users and 46 percent of intermediary users ended up making an appointment.

Exhibit 22. Receipt of and Follow-Up to Referrals to another Provider among Primary and Intermediary Users in the First Follow-Up Survey

Receipt of and follow-up to referrals to another provider	Primary (N=896)		Intermediary (N=201)	
	n	%	n	%
Receipt of a referral to another provider				
Received a referral	574	63.5	158	79.0
Did not receive a referral or wasn't sure	314	35.5	42	20.3
Refused	8	1.0	1	0.7
Among those receiving a referral:				
Received direct phone transfer and appointment was made	133	24.1	38	26.2
Received direct phone transfer and but no appointment was made or was not sure	146	25.7	25	16.1
Contacted provider following NYC Well contact and appointment was made	73	12.3	32	19.2
Contacted provider following NYC Well contact but no appointment was made or was not sure	110	19.2	33	19.1
Did not receive a direct phone transfer and did not contact the provider following the NYC Well contact	112	18.7	30	19.4

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. The distribution of responses was significantly different between primary and intermediary users ($p<0.001$). Percentages for sub-categories among users receiving a referral were calculated using only those who received a referral as the denominator.

We assessed differences in receipt of referrals across surveyed user subgroups, using logistic regression to adjust for user characteristics. Different populations were more likely to receive referrals than others, including:

- Those living in New York City (as compared to those living elsewhere in the state);
- Those younger than the age of 44, compared to those 45 and older;
- Those who contacted NYC Well only once or more than 20 times, compared to those who contacted the program between two and 19 times; and
- Those contacting NYC Well via calling or texting, compared to those who connected via online chat.

Some of this variation may be due to requests for referrals. Data from the interim report of this study (not shown) found that those who contacted the NYC Well by calling in were most likely to say they were calling to obtain a referral while people who used the online chat function were least likely to say that was why they were contacting the program. Similar patterns may be true for the other subpopulations as well, and are also dependent on whether the individual spoke with a counselor or Peer Support Specialist, given that only counselors are able to provide referrals.

During the in-depth interviews we spoke to participants who chose not to receive a referral, or not to follow up with the contact they were given. Some participants who received a referral did not want to be directly connected during the call and did not follow up with any referrals after their contact. Two of these users felt they did not have time to follow up on the referral after their contact. One user described anticipating substantial barriers to connecting with a provider, such as a finding a good fit and navigating insurance. Given the challenge in obtaining and providing up to date information on appropriate service providers based on insurance and wait times, it is important that NYC Well provide the immediate needed support to users who may require additional time to connect to long-term behavioral health care.

Barriers to Utilizing Referred Services

Challenges connecting to care following contact with NYC Well was the most common barrier to accessing services discussed by over half of users interviewed. Of the 20 interviews conducted, the majority of participants who were given a referral through NYC Well said they did not ultimately use the provider or service they were referred to, largely due to issues of accessibility and availability of services. Most participants who attempted to contact the provider they were referred to following their contact with NYC Well encountered barriers connecting with care. Interviewees described providers having wait times of six to eight weeks while other providers were not accepting any new patients. As one interviewee explained, *"… if I'm calling the 1-800 line I'm not looking for an appointment two months out."* For other interviewees, providers they were referred to did not accept their insurance or were not accepting new clients. One interviewee reported she was unable to connect with any referrals because of her undocumented status, which she disclosed during her encounter with NYC Well. The majority of interviewees who reported challenges connecting to services after contacting NYC Well still felt satisfied with their NYC Well experience, despite their frustration with sometimes receiving referrals they felt were inappropriate or their inability to make follow-up appointments due to wait times or insurance status.

What Were NYC Well Users' Mental Health Outcomes?

In this section, we report primary users' mental health status as assessed during the first follow-up survey and changes over time between the first and second follow-up surveys. Key changes analyzed include:

- survey respondents' overall psychological distress in the prior 30 days;
- whether survey respondents reported feeling specific symptoms consistent with psychological distress over the prior 30 days (nervous, hopeless, restless or fidgety, so depressed that nothing could cheer

you up, that everything was an effort, and worthless); and

- whether survey respondents reported needing counseling or treatment right away at some point in the prior six months.

Key Findings

NYC Well reaches individuals in crisis, as well as those across a range of mental health status. Among primary users surveyed, 42 percent reported symptoms of serious psychological distress at first follow-up survey, as measured by the Kessler 6 Psychological Distress scale. An additional 40 percent reported moderate psychological distress, and 19 percent reported no psychological distress. Between the first and second follow-up survey, the percentage of primary users with serious psychological distress decreased, as did the percent of users who said they were nervous or hopeless most or all of the time in the past 30 days. Significant decreases were also seen on other depression indicators, including feeling worthless and everything taking an effort (all within the last 30 days). Males between the ages of 25 to 34 who identified as non-Hispanic had the largest improvement in their level of psychological distress between the two survey waves.

Overall, primary users responding to the survey experienced greater improvements in their level of psychological distress six months after their contact with NYC Well, relative to one to two weeks after their contact. While it is important to note that these changes cannot be directly attributed to participants' experience with NYC Well, they suggest positive patterns over time.

Mental Health Symptoms and Functioning Reported in the First Follow-Up Survey

At the time of the first follow-up survey (i.e., within one to two weeks of their contact with NYC Well), 42 percent of primary users were assessed as having symptoms of serious psychological distress in the prior 30 days, 40 percent were assessed as having moderate psychological distress, and 19 percent were assessed as having no psychological distress (**Exhibit 23**). Depending on the item on the Kessler 6 Psychological Distress scale, between 24 and 39 percent of respondents indicated experiencing each of the individual symptoms associated with psychological distress. Results from this study suggest that NYC Well is not exclusively used for crisis situations, as there is a nearly equal split between those reporting serious psychological distress and those reporting moderate psychological distress. Approximately 46 percent of primary users surveyed reported that they had needed counseling or treatment right away at some point in the last six months. The program may provide needed services for those who are looking for different types and levels of supports, in addition to those calling in a behavioral health crisis. A full set of descriptive statistics, including all response options for each question, can be found in **Appendix D**.

Exhibit 23. Mental Health Outcomes Reported by Primary Users in the First Follow-Up Survey

Mental health outcome	Primary Users n=896)	
	Unweighted n	Weighted %
Self-reported psychological distress*		
No psychological distress	879	18.7
Moderate psychological distress	879	39.5
Serious psychological distress	879	41.8
Reported symptoms most or all of the time during the last 30 days		
Nervous	887	38.6
Hopeless	887	29.9
Restless or fidgety	886	31.2
So depressed that nothing could cheer you up	886	23.7
That everything was an effort	887	39.2
Worthless	885	26.6
Urgent need for services		
Needed counseling or treatment right away at some point in the last 6 months	890	45.9

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Includes primary users only (N=896). Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.
*We identified psychological distress using the Kessler 6 Psychological Distress Scale methodology. Respondents completed the Kessler 6 Psychological Distress Scale, a six-item series of validated questions assessing mental health functioning and distress level during the past 30 days. Each item had five response values (i.e., none of the time, a little of the time, some of the time, most of the time, and all of the time). Following the Kessler 6 Psychological Distress Scale guidelines, we scored each response on a scale from 0 (none of the time) to 4 (all of the time), and summed the responses to each item together to generate a composite Kessler 6 Psychological Distress Scale score ranging from 0 to 24. Individuals with scores between 0 and 4 were assessed as having no psychological distress, between 5 and 12 were assessed as having moderate psychological distress, and a score of 13 or higher were assessed as having serious psychological distress.

Changes in Mental Health Symptoms and Functioning over Time

In the six months between the first and second follow-up surveys, on average, respondents to both surveys indicated substantial improvements in mental health status (**Exhibit 24**). In the second follow-up survey, respondents were 12 percentage points less likely than in the first follow-up survey to report serious psychological distress (95 percent confidence interval (CI): -17 to -8) and were also significantly less likely to report that they felt nervous, hopeless, depressed, and worthless and that everything was an effort in the last 30 days.

Exhibit 24. Change over Time in Mental Health Outcomes Reported by Primary Users

Mental health outcome	Unweighted n	First follow-up survey, Weighted %	Second follow-up Survey, Weighted %	Difference, Percentage Points	95% CI	p-value
Serious psychological distress†	595	41.3	28.9	-12.4	-17.0 to -7.7	<0.001**
Nervous most or all of the time during the last 30 days	601	38.6	30.8	-7.8	-12.4 to -3.2	0.001**
Hopeless most or all of the time during the last 30 days	598	29.6	18.2	-11.4	-15.6 to -7.2	<0.001**
Restless or fidgety most or all of the time during the last 30 days	600	30.3	29.9	-0.4	-5.2 to 4.4	0.866
So depressed that nothing could cheer you up most or all of the time during the last 30 days	599	22.8	15.8	-7.0	-11.2 to -2.9	0.001**
That everything was an effort most or all of the time during the last 30 days	600	39.3	32.7	-6.6	-11.1 to -2.0	0.004**
Felt worthless most or all of the time during the last 30 days	598	26.9	20.6	-6.3	-10.4 to -2.2	0.003**
Needed counseling or treatment right away at some point In the last 6 months	598	45.1	46.4	1.2	-4.0 to 6.5	0.649

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: Includes primary users only (N=611). Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval.

**p<0.01

†We identified psychological distress using the Kessler 6 Psychological Distress Scale methodology. Respondents completed the Kessler 6 Psychological Distress Scale, a six-item series of validated questions assessing mental health functioning and distress level during the past 30 days. Each item had five response values (i.e., none of the time, a little of the time, some of the time, most of the time, and all of the time). Following the Kessler 6 Psychological Distress Scale guidelines, we scored each response on a scale from 0 (none of the time) to 4 (all of the time), and summed the responses to each item together to generate a composite Kessler 6 Psychological Distress Scale score ranging from 0 to 24. Individuals with scores between 0 and 4 were assessed as having no psychological distress, between 5 and 12 were assessed as having moderate psychological distress, and a score of 13 or higher were assessed as having serious psychological distress.

Changes over time in the probability of having serious psychological distress varied by subgroups, with the largest decreases occurring for respondents who were aged 25 to 34, male, reported other race/ethnicity, and indicated they were not Hispanic (**Exhibit 25**). Broadly similar trends were found across the six items used to identify psychological distress (**Appendix D**). These findings suggest that, on average, primary users responding to the survey experienced improved mental health six months after they contacted NYC Well relative to immediately after they contacted NYC Well. However, we found no overall change in the proportion of respondents who reported they had needed counseling or treatment at some point in the prior six months between the two survey waves, either overall or within specific subgroups.

Exhibit 25. Change over Time in Serious Psychological Distress by Subgroups

Subgroup characteristics	First follow-up, Weighted %	Second follow-up, Weighted %	Difference, Percentage Points	95% CI	p-value
Overall	41.3	28.9	-12.4	-17.0 to -7.7	<0.001**
Age					
13-17	51.7	52.4	0.7	-31.7 to 33.1	0.967
18-24	48.7	36.6	-12.1	-21.7 to -2.5	0.013*
25-34	47.9	29.2	-18.7	-26.8 to -10.6	<0.001**
35-44	38.0	29.1	-8.9	-22.1 to 4.2	0.184
45-54	37.7	27.1	-10.6	-22.3 to 1.1	0.076
55-64	26.9	13.5	-13.3	-24.0 to -2.7	0.014*
65+	14.0	22.9	8.9	-14.6 to 32.4	0.459
Gender					
Male	40.6	26.5	-14.2	-21.9 to -6.4	<0.001**
Female	41.2	29.9	-11.3	-17.4 to -5.2	<0.001**
Other, transgender, or non-conforming†	48.0	36.0	-11.9	-27.3 to 3.5	0.129
Race					
White	46.5	33.8	-12.7	-20.5 to -5.0	0.001**
Black or African-American	34.7	26.5	-8.2	-16.4 to -0.1	0.048*
Asian	40.4	28.0	-12.4	-32.9 to 8.1	0.235
AI/AN or NHPI or Other‡	42.5	25.6	-16.9	-26.2 to -7.5	<0.001**
Ethnicity					
Not Hispanic	43.1	29.7	-13.4	-18.8 to -8.1	<0.001**
Hispanic	36.6	26.8	-9.8	-19.6 to 0.0	0.049*

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: n=595 primary users. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response such that weighted results can be considered representative of those who were recruited to complete the survey. We identified psychological distress using the Kessler 6 Psychological Distress Scale methodology. Respondents completed the Kessler 6 Psychological Distress Scale, a six-item series of validated questions assessing mental health functioning and distress level during the past 30 days. Each item had five response values (i.e., none of the time, a little of the time, some of the time, most of the time, and all of the time). Following the Kessler 6 Psychological Distress Scale guidelines, we scored each response on a scale from 0 (none of the time) to 4 (all of the time), and summed the responses to each item together to generate a composite Kessler 6 Psychological Distress Scale score ranging from 0 to 24. Individuals with scores between 0 and 4 were assessed as having no psychological distress, between 5 and 12 were assessed as having moderate psychological distress, and a score of 13 or higher were assessed as having serious psychological distress. Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

How Did NYC Well Users Engage With Other Mental Health Services?

In this section, we report on users' other mental health service use, as reported in the first follow-up survey, and changes over time between the first and second follow-up surveys, including self-reported use of an ED or outpatient service provider for mental health services, and booking a mental health-related appointment in the prior six months.

Key Findings

Between the first and second follow-up surveys, primary users surveyed reported using more non-crisis mental health treatment. This increase in utilization of care was not accompanied by a statistically significant change in the percentage of survey respondents who reported visiting the ED or using a crisis center for behavioral health care. Because this evaluation does not have an external comparison group of individuals with similar mental health profiles that did not contact NYC Well, we cannot definitively conclude that ED and crisis center use would have increased in the absence of the service. Nonetheless, given the relative severity of reported psychological distress among NYC Well primary users shortly after their initial contact with the service, and user reports that they would have used emergency services in the absence of NYC Well, these results are encouraging.

Changes in Emergency Department and Outpatient Service Use over Time

In both the first and second follow-up surveys, primary users were asked about their service use in the prior six months. Respondents to both surveys reported using outpatient, non-crisis mental health services in higher numbers in the second follow-up survey, but reported little change in use of emergency services (**Exhibit 26**). In the second follow-up survey, respondents were eight percentage points more likely than in the first follow-up survey to report booking an appointment for non-crisis mental health counseling for themselves (95 percent CI: 3.0 to 12.9) and were 12 percentage points more likely to report going to an outpatient clinic or treatment program for mental health counseling or medicine for themselves (95 percent CI: 7.3 to 16.8); both findings were associated with a statistically significant difference over time. Respondents indicated they went to the ED or a crisis center for mental health treatment in slightly lower numbers at six-month follow up (18 versus 20 percent), though this difference was not statistically significant.

Exhibit 26. Change over Time in Service Use Reported by Primary Users

Service use outcome	Unweighted n	First follow-up survey, Weighted %	Second follow-up survey, Weighted %	Difference, Percentage Points	95% CI	p-value
Made an appointment for non-crisis counseling or treatment for themselves	602	58.4	66.4	8.0	3.0 to 12.9	0.002**
Went to an office, clinic, or other treatment program to get counseling, treatment, or medicine for themselves	602	53.8	65.9	12.1	7.3 to 16.8	<0.001**
Went to an emergency room or crisis center to get counseling or treatment for themselves	573	19.7	18.4	-1.3	-5.2 to 2.7	0.531

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: Includes primary users only (N=611). Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

Among subgroups, statistically significant increases in reported appointment scheduling were noted among adolescents (13 to 17 years old) and older adults (65+ years old), and individuals who identified as Black or African American. Statistically significant increases in reported outpatient treatment receipt were observed among primary users of all genders, all ages *except* those 18 to 24 and 65+ years old, and among all race/ethnicities *except* those identifying as Asian. Full tables displaying outcomes by subgroup can be found in **Appendix D**.

5. Discussion

This study used a mixed-methods evaluation approach to describe NYC Well's users, how users learned about NYC Well, their experiences engaging with NYC Well, their access to behavioral health services and mental health outcomes immediately after accessing NYC Well, and changes in mental health outcomes six months after they contacted the program. The evaluation combined NYC Well's administrative data with surveys and in-depth interviews of NYC Well users. We found that NYC Well serves a diverse population of users, and that those users were broadly satisfied with their NYC Well experience. Among those participating in the evaluation, nearly two thirds of primary users received a referral as did nearly 80 percent of intermediary users. Primary users' self-reported mental health status tended to improve between directly after their initial NYC Well contact and six months later. Below, we contextualize and discuss these findings in greater detail, along with implications for the implementation of NYC Well.

NYC Well serves a high volume of users, with minimal variation by time of day or day of week. Our evaluation survey sample represents a diverse population of individuals engaging with NYC Well across age, gender, race/ethnicity, education, insurance status, and knowledge of NYC Well. While the majority of evaluation participants were primary users (i.e., individuals contacting the service on their own behalf), a substantial minority of contacts indicated they were acting as an intermediary on behalf of someone else, most often their child. Nearly three quarters of primary users contacted the program by phone, followed by texting and online chatting, with younger age groups more likely than older users to text or chat. The majority of both primary and intermediary users contacted NYC Well more than once during the evaluation recruitment period. Most survey participants found out about NYC Well by searching the internet, while nearly one in five intermediary users learned about NYC Well from service providers. NYC Well has created a presence through multiple mechanisms, including advertisements, word of mouth, the internet, service providers, and other behavioral health hotlines. These multiple points of access and knowledge are critical for increasing the reach of the program, and additional research should be conducted to ensure that NYC Well is marketing equally across boroughs and geographic areas. Additionally, some interview participants recommended additional advertising, both publicly and specifically with behavioral health and primary care providers in the community, to increase utilization of the program.

Overall, participants were very satisfied with their NYC Well experience. The quality of the counselors and Peer Support Specialists was one of the primary factors to which interview respondents attributed their positive experience. In some cases, however, there were concerns about whether participants were heard during their interaction – some felt rushed off the call or were handed a referral when they simply needed tools and strategies to mitigate the current crisis at hand. The length of time spent on the call was important to participants and their overall satisfaction with their interaction; this suggests that NYC Well should ensure that they have the staff capacity to handle potentially longer interactions without increasing wait times to speak with an NYC Well counselor or Peer Support Specialist.

Additionally, satisfaction level varied by mode of contact. Those who exclusively texted the program were the least likely to report positive experiences as compared to those who exclusively called in or exclusively used the online chat. This may be a function of the challenge of users not feeling heard or receiving the empathy or support needed via a text message exchange. Texting can be frustrating as responses are not always immediate, which may lead to individuals not feeling like they are a priority or being paid attention to. Despite these challenges, crisis and suicide hotlines have increasingly incorporated a texting option into their services; contacting the program through text message provides an additional level of anonymity for those who are seeking services.[28] Conducting additional research specifically with those who use NYC Well's text messaging option to understand what may be leading to slightly lower satisfaction levels may help provide insight into how this service can be improved.

This study also found that intermediary contacts reported higher levels of satisfaction than primary users. This may be a result of the type of service intermediaries were seeking; more intermediaries reported wanting advice, answers to specific questions, or a referral, whereas substantially more primary contacts called primarily to talk with someone. It is possible that intermediaries' assessment of whether their needs were met was more tangible and concrete – they either received the advice, answers, or the referral they were looking for – whereas whether a primary was satisfied with their conversation with their counselor or Peer Support Specialist is a more subjective measure. This evaluation did not include in-depth interviews with intermediaries; additional research should be conducted to further explore reasons for differences in satisfaction levels between these two groups.

Survey respondents and interview participants indicated that NYC Well appears to be filling an important gap in mental health services, both for users with and without other forms of mental health support. While participants noted a number of potential alternative services they could contact if NYC Well did not exist, nearly one in five primary users surveyed indicated they would not have contacted anyone in the absence of NYC Well. In fact, NYC Well may have diverted behavioral health crises from ED visits or using emergency services, as 20 percent of primary users and 38 percent of intermediary users said they may have utilized these services if NYC Well did not exist. While there are other crisis intervention programs throughout the city, many are limited by geographic area, level of crisis, or insurance status. NYC Well provides services to anyone in need, regardless of location or acuity. Maintaining the broad reach of and accessibility of the program will be critical in continuing to divert potential behavioral health crises from EDs or potentially harmful situations.

Though only 10 percent of primary users and 19 percent of intermediary users surveyed had contacted NYC Well specifically to request a referral, nearly two thirds of primary users received one, as did nearly 80 percent of intermediary users. Referrals are only provided by counselors, and are at the discretion of their clinical expertise or upon request by the NYC Well user. However, among those receiving a referral, only 36 percent of primary users and 46 percent of intermediary users surveyed ended up making an appointment. As noted above, some interviewees indicated that receiving a referral was not one of their primary motivations for engaging NYC Well, instead citing the short-term counseling and support NYC Well counselors and Peer Support Specialists offer as their primary reason for contacting the program. Survey respondents further echoed this sentiment, with over one third (36 percent) of primary users reporting they contacted NYC Well exclusively to talk to someone. However, among those who *were* seeking a referral, many expressed frustration with the referral process, noting that they were given referrals to providers who did not take their insurance, who had long wait times, or who were not a good fit for their particular need. This finding reflects one of the primary challenges that a service like NYC Well may face: it is difficult for a counselor to know the insurance status or plan of every user, or the accepted insurance of service providers. Additionally, long wait times are a ubiquitous issue with behavioral health services across the country.[29,30] A study published in 2015 across three major cities in the U.S. found that patients seeking mental health care, irrespective of insurance or out of pocket payment, experienced an average wait time of 25 days for their first appointment, with some providers having wait times up to 93 days.[31] Similar findings emerged from a nationally representative 2018 survey, which estimated that 38 percent of Americans have to wait over a week to access mental health services.[32] The contributing factors to long wait times are complex and the literature suggests they can vary based on the location, insurance type, the demand for services, provider settings, and the volume of providers in a certain location.[33,34,35] The city should consider the unique landscape of factors contributing to wait times in New York City to identify the factors that to be targeted to improve timely connection to care.

Despite these challenges in connecting users to care, we observed statistically significant improvements in mental health status at six months following NYC Well contact, with the percentage of primary users surveyed reporting serious psychological distress decreasing by 12 percentage points over this interval. Statistically significant decreases were also seen in the percentage of individuals who reported feeling

nervous, hopeless, depressed, or worthless in the last 30 days. While these findings clearly reflect improvements in surveyed primary users' mental health in the six months after their contact to NYC Well, these improvements cannot be causally attributed to NYC Well. Individuals may be most likely to contact NYC Well when they are in a moment of crisis, and many other factors may have contributed to these improvements over the course of six months. Nonetheless, many NYC Well contacts are frequent users and reach out to the program many times, which is consistent with literature on frequent callers across similar hotlines. One study of Lifeline, Australia's largest helpline, for example, found that frequent callers represent 3 percent of callers but make up 60 percent of all calls received.[36] These findings suggest that NYC Well may be an important component in helping improve the mental health of those who use the program, and some individuals may need multiple contacts in order to experience improvement or receive the service they were looking for.

There were important variations in surveyed NYC Well users' experiences and outcomes across subpopulations. Younger survey respondents were more likely to report positive experiences with NYC Well as compared to older adults. Of particular note, individuals who identify as other, transgender, or gender non-conforming expressed less satisfaction with NYC Well and did not see significant changes in their mental health status; the same is true for Asian individuals as compared to all other races. This may be related to small sample sizes, but given the difference in satisfaction and positive experience scores among these same groups, it is worth noting that these populations do not seem to be receiving the same services or the provided services do not meet their needs. Ensuring that all counselors and Peer Support Specialists receive regular and current training in cultural competency, including as it pertains to race, ethnicity, and gender, will be critical in generating more parity across satisfaction levels by subgroup. As noted above, counselors and Peer Support Specialists already undergo a two to three week training, but there may be additional opportunities to improve and update the training based on changing language, capacity, and approaches to behavioral health services. New York State's Office of Mental Health has a Bureau of Cultural Competence, which provides training for behavioral health programs and agencies across the state. The Bureau also has numerous cultural competence assessment tools that may be helpful in providing additional resources to NYC Well counselors and Peer Support Specialists.[xi] Stakeholders from these organizations could inform training development and materials for NYC Well, potentially participating in focus groups or message testing to ensure that the training uses best practices for adult learning and covers relevant topics in a culturally sensitive and nuanced way. It is also possible that these findings reflect cultural differences in how people respond to care experience surveys.[37,38,39] For example, a recent study at one large medical group found that Asian subgroups gave worse ratings about wait times in patient experience surveys than non-Hispanic whites, while wait times noted in electronic health records (time from check-in to start of appointment) were similar across race.[40 41] Survey questions about experiences of care are inherently subjective, and responses may be influenced by culturally-defined expectations that vary across groups.

Recommendations to Improve NYC Well Processes and Outcomes

Recommendations from Participants

The most common recommendation from interview participants was to refine the referral process so that counselors are providing referrals that are appropriate for the users' specific behavioral health need, that accepted the user's insurance, and that do not have long waiting periods. Participants also recommended that NYC Well advertise the service more. One individual interviewed only knew of the program because she works for the government, and suggested that others would likely utilize the service if they knew that they could pick up the phone to speak with someone. As such, it may be beneficial to expand efforts to ensure that primary care and behavioral health providers are all aware of this service, potentially with materials that can be sent home with individuals. Other interviewee recommendations included expanding

[xi] See more: https://omh.ny.gov/omhweb/cultural_competence/assessment_tools.html

the number of NYC Well counselors or Peer Support Specialists to shorten wait times during peak call times, ensuring that all providers are properly trained to provide care. Interview participants also wanted to have an option to provide feedback on interactions that users felt were troubling or concerning.

Not all interview participants provided concrete recommendations on what NYC Well could do to improve their services; many said they could not think of any ideas and were generally pleased with their contact.

Abt Recommendations

In order to provide the best possible services to those who contact NYC Well, Abt has synthesized responses from participants and results from this study to make the following program recommendations. Additionally, we provide suggestions on future research and evaluation studies of NYC Well.

Program Recommendations

Increasing knowledge of the program through more marketing directly to service providers may increase utilization of the service. This could include behavioral health service providers, who may not be accessible to clients after hours, as well as primary care practitioners and those working in EDs.

Vibrant maintains a database of approximately 1,500 behavioral health programs in the NYC area for the purpose of referrals. The directory is available both to counselors through an internal portal and to members of the public through the NYC Well website. Vibrant staff currently oversee verification updates to the directory, which occur annually on a rolling basis, working directly with providers to provide updated insurance, appointment availability, and hours of operation information. Vibrant staff also maintain data on New York City outpatient clinics' availability for new client intakes and wait times for appointments; these data are updated quarterly. Maintaining this database relies on provider and clinic engagement, which can be challenging and time-delayed. Ideally the database would include functionalities to make this updating process more automatic and routinized, which would in turn improve the effectiveness of the tool. Though concerns with personality fit may remain for NYC Well clients who receive referrals, this database may help reduce some of the barriers NYC Well users reported facing. NYC Well should also consider increasing utilization of direct transfers rather than providing referrals without the warm handoff; additional research could further explore best practices around these approaches to increase utilization of behavioral health services.

There may also be value in assessing the capacity of behavioral health providers in New York City, understanding whether and where there are gaps in outpatient or inpatient behavioral healthcare treatment. It may be particularly useful to know whether there are behavioral health provider shortages in certain geographic areas or within certain minority or marginalized communities. This information can help inform the provider directory above, and be a useful tool for the broader New York City behavioral health community.

As described in this report, there were differences in positive experiences and overall satisfaction by some racial/ethnic and gender groups. Additional efforts should be undertaken to provide high quality, culturally competent care for all who use NYC Well. This may include additional training for counselors and Peer Support Specialists on understanding the appropriate language to use (e.g., preferred gender pronouns) as well as the specific needs and cultural considerations for different subpopulations. As mentioned above, there are existing programs, training, and resources that may be implemented and standardized across NYC Well service providers.

Finally, providing opportunities for NYC Well users to provide feedback was identified as important for many interviewees. NYC Well should continue fielding its satisfaction survey after each contact, but may also want to explore other mechanisms through which users can provide feedback on their experience, ideally including qualitative responses for more detailed explanations of users' thoughts and experiences.

Future Evaluation Recommendations

There are also considerations for future evaluations of this program. One critical component is selecting a more generalizable sample for ongoing experience of care surveys. Relative to eligible NYC Well users who were not recruited for the survey, those who were recruited had more contacts with NYC Well, higher documented risk levels, substance use, and documented suicidal ideation and intent, and more complete administrative data (**Exhibit C1**). This indicates that the NYC Well users who were recruited for the survey were not a representative sample of all NYC Well users who were eligible to be recruited for the survey. For Vibrant to select a more generalizable sample of users to participate in ongoing experience of care surveys, it may be necessary to over-sample users who are less likely to agree to participate (i.e., first contact, contacting NYC Well by chat and from outside of NYC, and having a risk level of zero), though challenges following up with and obtaining sufficiently detailed contact information for these users would need to be mitigated. Ongoing monitoring of recruitment efforts may help identify under-represented populations.

Additionally, future research should include broader representation of Asian NYC Well users, particularly in qualitative interviews. This current study included a small sample of this population, and results showed they reported disproportionate levels of dissatisfaction with NYC Well. Acquiring more granular data on race would allow for additional disaggregating of findings by subpopulations within those who identify as Asian. Recognizing the diversity within specific subpopulations is critical to providing tailored, culturally appropriate care. Gaining a better understanding of different Asian experiences and any suggestions for improvement would allow for increased and targeted cultural competency recommendations for program improvement.

Future research could also delve deeper into NYC Well's administrative data, exploring demographic differences in call times, wait times, and other contact patterns over a longer timeframe. These findings may provide additional insight into potential equity issues in accessing NYC Well that could be explored in future surveys and qualitative research.

Evaluation Challenges and Limitations

This study had a number of limitations that must be considered when interpreting the results presented in this report.

Analyses of the administrative data were limited by missing values for measures that were collected by counselors and Peer Support Specialists. Vibrant, the NYC Well vendor, creates and collects the NYC Well administrative data in the course of providing the NYC Well services. While some measures are created automatically by the software used by Vibrant to manage their administrative data (e.g., contact mode and time, primary language of service user), many other measures must be collected by counselors and Peer Support Specialists by asking NYC Well users for information. Reflecting its purpose as a confidential resource, many NYC Well users may not want to disclose their age, gender, geographic location, and prior service use. Counselors and Peer Support Specialists may also not have an opportunity to collect information from other users. Given the high prevalence of missing values in several key administrative measures, we reported the frequency and percent of records or users missing values in analyses. However, to the extent values are missing, we were limited in drawing complete conclusions about differences between populations of interest in this study.

Evaluation survey respondents were not representative of all NYC Well users. Exclusion criteria were applied when initially asking NYC Well users for consent to participate in the evaluation survey. Eligible contacts included incoming, non-crisis contacts, made by users 13 years of age or older who spoke English or Spanish and who were not contacting the program as a clinicians or direct service provider on behalf of a client or patient. These eligible contacts represented approximately 68 percent of all NYC Well contacts during the study recruitment period (April 1, 2019 and August 4, 2019), and approximately

73 percent of all NYC Well users making at least once contact during the recruitment period. Additionally, even among users with at least one eligible contact during the study recruitment period, NYC Well users who consented to participate in the survey differed systematically from those that did not. Relative to those who did not consent to participate, recruited participants had more contacts to NYC Well, higher documented risk levels, substance use and documented suicidal ideation and intent, and more complete administrative data. We therefore concluded that the NYC Well users who were recruited for the survey were not representative of all NYC Well users who were eligible to be recruited for the survey. However, while the users who were recruited for the survey represented only about 7 percent of all individual users who contacted NYC Well during the recruitment period, they accounted for 47 percent of the contacts made to NYC Well during the recruitment period.

The generalizability of findings from the evaluation surveys was also limited by survey non-response. The response rate to the first survey was approximately 48 percent and the response rate to the second survey was approximately 68 percent (i.e., 68 percent of the original 48 percent who responded to the first survey). However, among NYC Well users recruited to the survey (N=2,283), survey respondents and non-respondents to the first follow-up survey were well-balanced by NYC Well contact volume, age, gender, military status, receipt of EMS and MCT referrals, risk level, substance use history, and documented records of suicidal ideation and intent. This indicates that the users responding to the survey were reasonably representative of the population of NYC Well users who were recruited for the survey on observable characteristics. Additionally, we used non-response weights for all analyses of survey responses to adjust for any potential bias from survey non-response.

Our mental health and service use findings cannot support causal interpretations about the impact of NYC Well. The first follow-up survey was conducted approximately two to 14 days after users contacted NYC Well. We were not able to collect surveys with users prior to their contacting NYC Well, and so do not have any information on their baseline mental health status or service use. The second follow-up survey was conducted approximately six months after users contacted NYC Well. However, the evaluation was not able to recruit a comparison group of individuals who were similar to NYC Well's users but who did not use NYC Well to serve as a counter-factual in assessing changes over time, given challenges related to feasibility (i.e., how to find and recruit people for the comparison group) and ethical considerations. Changes in mental health and service use outcomes may have been driven by many other factors than contacting NYC Well, such as use of other mental health services, broader community trends in mental health changes, and the need for acute versus long-term mental health services. Without a strong comparison group, it is not possible to causally attribute changes in mental health to NYC Well alone.

Many questions in the survey asked respondents to recall prior actions, experiences, or behaviors, including how respondents learned about NYC Well, their prior experiences with the program, and prior service use. Analyses of questions requiring respondents to remember events in the past may subject to recall bias. To the extent respondents were not able to accurately recall their prior actions, experiences, or behaviors, they may have been more likely to say "not sure" or to refuse answering a particular question. Recall bias may also have diminished our ability to detect changes over time.

Similarly, although the first follow-up survey asked participants to recall a specific NYC Well interaction, most NYC Well users had several interactions with NYC Well, even just during the survey recruitment period. For this reason, attributes of specific NYC Well contacts, such as whether users interacted with counselors or Peer Support Specialists, may not accurately reflect all of the contacts that NYC Well users had in mind when responding to the survey (e.g., about their experiences with NYC Well, receipt of referrals, etc.).

For analyses of the survey data, we lacked a sufficient sample size to examine subgroup differences for certain populations of interest (first follow-up survey N=1,097; second follow-up survey N=732). For

example, due to small cell sizes, we grouped respondents who indicated their gender was transgender male, transgender female, gender non-conforming, or other into an “other, transgender, or non-conforming” gender category, but still had limited power to detect differences of moderate to large magnitude between this group and male or female respondents as statistically significant. We similarly grouped respondents who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other into an “other” race category, as there were too few responses to support meaningful analyses among each of those individual groups.

We also faced several challenges when recruiting survey participants to participate in the qualitative interviews. Of the 31 participants who initially agreed to and were selected to participate in an interview, 11 (or 36 percent) failed to attend their respective scheduled interviews. In an attempt to mitigate these absences, we began phoning participants either the day before or the morning of the scheduled interviews, to remind them of their respective scheduled interviews, and began phoning participants directly from the interview recording software at the time of the scheduled interviews, rather than relying on the participants to call-in themselves. These revised techniques assisted in the successful completion of all 20 interviews.

It is important to note that these data were all collected prior to the COVID-19 outbreak and ensuing community quarantine in New York City in spring 2020; the administrative data were collected between January 1, 2018 and December 31, 2019. Second follow-up surveys were fielded from October 21, 2019 through March 16, 2020. We do not believe that our data were influenced by the behavioral health impacts of COVID-19, but future studies should further explore mental health impacts emerging during and after the pandemic.

6. Conclusion

Overall, NYC Well is providing behavioral health services to a variety of users. New Yorkers contact the program for a number of reasons, including wanting to speak to someone, to ask questions, or to obtain a referral. This program served as an important resource for many survey participants, including those who noted that they would not have had anyone else to contact if NYC Well did not exist; others said they would have sought care from an ED without NYC Well. This study found significant reductions in serious psychological distress and other mental health concerns between 1 to 2 weeks and approximately six months after users' interaction with NYC Well. Overall, NYC Well is meeting its goal of providing access to mental health to all New Yorkers; however, there remain subpopulations that are not reporting the same levels of satisfaction or positive experiences. Additionally, the referrals received from NYC Well left many participants frustrated as they were given referrals they were unable to use, whether because of insurance status or long wait times for community mental health providers. This may be due in part to lack of capacity within the behavioral health care system in New York City, but participants may not distinguish between NYC Well and the broader behavioral health landscape. Despite these frustrations, NYC Well is providing an important service to New Yorkers, providing access to behavioral health care for individuals who may otherwise have nowhere to turn, and helping improve the mental health status of those who contact the program. NYC can further expand their services and overall impact by continuing to focus on providing quality, culturally competent care to all people who contact the program.

Appendix A. Research Questions

NYC Well Evaluation Research Questions
User & Sample Characteristics
What are patterns in contacts by: geographic location of contact, age, gender, type of contact (identified patient vs. family member/friend vs. provider), risk level, type of problem (substance use vs. mental health), type of call (crisis vs. support vs. information referral), and intervention provided (Motivational Interviewing vs. Cognitive Behavioral Therapy vs. Dialectical Behavioral Therapy vs. other)?
• Do these patterns vary by whether the contact came via phone, text, or chat?
• What are the implications of these patterns for service delivery and call answerer training?
• Do they vary by time of day or day of the week?
Are there areas of underutilization or low call volume (e.g., by language or geographic areas)?
How many individuals from the full quantitative sample agreed to be contacted for follow up?
How do characteristics of the sample selected for the qualitative analysis compare to those of the full qualitative sample?
What are the patterns of NYC Well access for individuals who are in crisis?
Reasons for Contacting NYC Well
How did contacts learn about NYC Well?
What led the person to contact NYC Well? What made them decide to contact at that time, and were there any reasons they hesitated to do so?
For those who are accessing services for the first time, what led them to get into care now?
For those who have called back multiple times, what are the reasons they have done so?
How many NYC Well callers and text or chat visitors covered by insurance choose to reach out to NYC Well rather than around-the-clock services that may be offered through their plan?
How many NYC Well callers and text or chat visitors enrolled in treatment services choose to reach out to NYC Well rather than calling their program's after-hours line (if there is one)?
How many callers and chat or text visitors have been advised to call NYC Well by their treatment provider as part of their after-hours needs or treatment plan?
What types of care would callers and text or chat visitors have accessed if NYC Well did not exist?
User Perspectives & Experiences
What are contacts' experiences with counselor/Peer Support Specialist effectiveness (e.g. in solving their problem or providing referral)?
What are contacts' perspectives and experiences of:
• Effectiveness being linked to services by direct hand-off or follow up?
• The outcomes and effects of the call on their situation?
• What their counselor or Peer Support Specialist did well and did not do well?
• How interpretation services can be improved, if they were used?
• Any barriers to contacting NYC Well and any factors that facilitated contact?
For those who have not requested direct hand-off, short-term counseling, or follow up, what are the reasons they have not done so? What, if anything, would make them more likely to use these options?
For those who have used those services, what messaging or design makes them more used? What, if anything, could be improved to make these options less labor and time intensive for them?
How does NYC Well interplay with routine treatment for those connected with care?
How many people reach out multiple times reporting non-crisis needs before establishing adequate trust to share the experience of crisis or risk? How can delays in this regard be reduced?
What barriers exist for non-English speakers?
Outcomes
For those who called on their own behalf, what are contacts' current levels of self-reported psychological distress?
Do contacts improve in measurable outcomes of symptoms, distress, and function, and over what time period?
What characteristics of contacts, call experience, other supports, or frequency of NYC Well use are associated with outcomes?

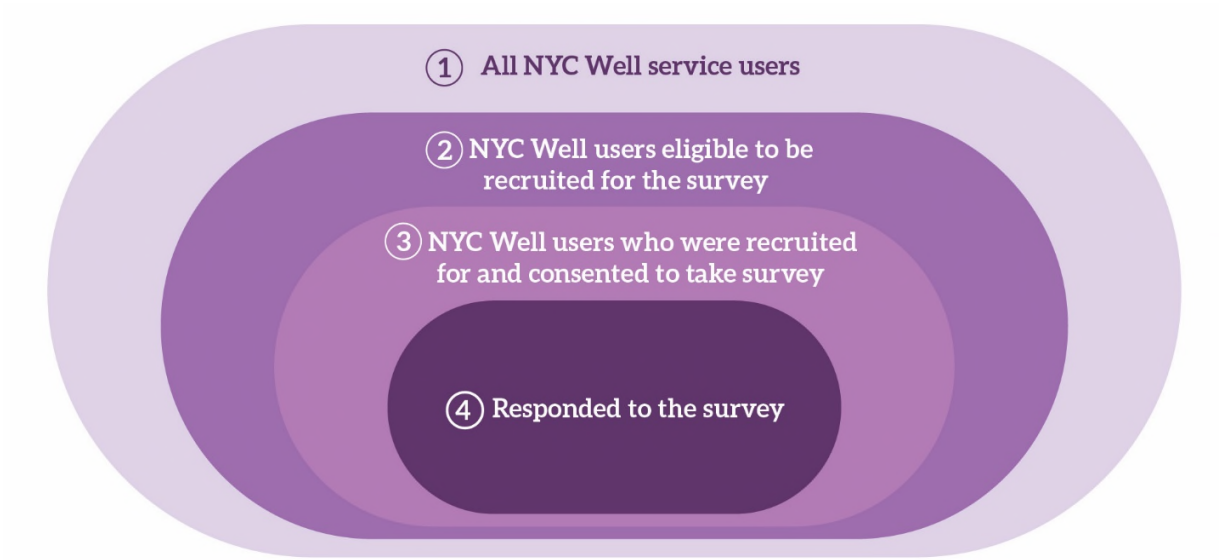
Appendix B: Study Methodology

This Appendix describes the data sources and analytic methods used in the evaluation.

Quantitative Data

The quantitative component of the NYC Well evaluation used multiple data sources to identify populations relevant to the study (**Exhibit B1**Exhibit B1.). Administrative collected and maintained by Vibrant, the vendor contracted to implement the NYC Well program, were used to identify populations **one** and **two**, all NYC Well service users and NYC Well users eligible to be recruited for the surveys. Based on their recruitment efforts, Vibrant provided Abt with contact information for population **three**, the NYC Well users who were recruited to and consented to take the surveys. Abt then conducted outreach to those users, some of whom responded to the survey (group **four**). Each of these populations and the data sources used to identify them is described in greater detail below.

Exhibit B1. Groups of NYC Well Users identified for the NYC Well Evaluation Quantitative Analyses



NYC Well Administrative Data

Vibrant staff collect and maintain documentation of incoming and outgoing follow-up contacts to NYC Well in an administrative dataset known as the "service interaction record." The Abt study team obtained an extract from Vibrant's administrative data with records for users contacting NYC Well between January 1, 2018 and December 31, 2019. Two years' worth of data were requested to ensure variations by month and season were captured in the evaluation's analytic assessments. These service interaction data include data elements allowing us to longitudinally assess service volume, characteristics, and user needs, including:

- Time, duration, and mode of contact (i.e., call, text, or chat).
- Geographic location, primary language, age, and gender of the service user.
- Service user's referral source and presenting concern.
- Interventions, assessments, and referrals (including "direct transfers") provided by Vibrant staff to the individual, and their results.

Follow-Up Surveys with NYC Well Users

Using the aforementioned sample of NYC Well users recruited by Vibrant for participation in the evaluation, we conducted outreach and administered surveys to participants at two time points – a first follow-up survey, fielded 1-2 weeks after the NYC Well contact during which they were recruited to participate in the evaluation, and a second follow-up survey, fielded six months after the NYC Well contact.

Participant Recruitment and Consent Protocol

Abt recruited users for the evaluation's follow-up surveys and in-depth interviews by embedding recruitment and consent language into NYC Well's existing workflows. From April 1, 2019 through August 4, 2019, Vibrant staff recruited participants for the NYC Well evaluation at the close of service interactions. In developing the consent protocol, Abt collaborated with NYC Opportunity, DOHMH, and Vibrant to develop appropriate language for NYC Well staff to obtain voluntary permission to reconnect with NYC Well clients via telephone, text, or email for evaluation purposes.[xii] Participants who granted permission to reconnect by telephone, text, or email were told to expect an online survey followed by a call from a NYC-area phone number.

Not all users were eligible to be recruited for the evaluation survey. As users could have had multiple interactions with NYC Well during this period, eligibility was determined by the counselor or Peer Support Specialist separately for each contact, and users only needed to have one eligible contact in order to be considered eligible for the survey. To maximize representativeness of the evaluation sample and align with the consent protocol currently used by Vibrant for its consumer satisfaction survey, Abt included both intermediary (e.g., friends or family members) and adolescent (13 to 17 years old) contacts to NYC Well in the evaluation sampling plan. Due to Children's Online Privacy Protection Act of 1998 restrictions, individuals under 13 were unable to participate. Providers calling on behalf of people using their services (i.e., clinicians and other direct service providers) were excluded because they are not able to speak about their patients' care in compliance with The Health Insurance Portability and Accountability Act. The sample was not restricted on the basis of geographic location. Users were *not* eligible for recruitment if their NYC Well service provider 1) could not use the recruitment protocol because of contact logistics (i.e., contact direction, termination, or language), and/or 2) the user was deemed too distressed (i.e., in crisis, and/or requiring escalation to emergency services) to provide informed consent. Specifically, a contact was deemed ineligible for recruitment if they met any of the following criteria during a particular contact:

- Contact was abandoned or an active answer
- Contact was outgoing, i.e., initiated by NYC Well
- Contact was not made by phone, online chat, or text, but instead by a Correspondence Tracking System (CTS) [xiii] Letter or an Mobile Crisis Team (MCT)[xiv] Online Form

---

[xii] The consent process noted the voluntary nature of the follow-up surveys (e.g., timing, length, incentive), was succinctly designed to avoid interference with NYC Well service provision, explained that data or contact information collected would only be used for the purposes of this evaluation, and assured that study findings would be shared only in de-identified, summative form with NYC Well stakeholders. The language also noted how and the extent to which users' administrative data would be linked to survey responses, and how participant confidentiality would be protected.

[xiii] The Correspondence Tracking System is used by the New York City Deputy Commissioner's office to track all complaints and requests for help submitted to DOHMH, 311 and any political figures within New York City.

[xiv] The Mobile Crisis Team sends staff to assess individuals in crisis. Any concerned person can make a referral to the MCT.

- Individuals under 13
- User did not speak either English or Spanish
- User was contacting on their own behalf and with a crisis level of 3 or higher (i.e., crisis cases)
- User was referred to Emergency Medical Services (EMS)
- Providers calling on behalf of people using their services (i.e., clinicians and other direct service providers)

Abt identified 144,254 individual contacts during the recruitment period (April 1, 2019 through August 4, 2019), corresponding to 43,132 unique NYC Well users making at least one contact during the recruitment period.[xv] Of these, Abt identified 97,920 contacts (67.9 percent) as being eligible for recruitment to the survey, corresponding with 31,460 (72.9 percent) unique users who were eligible to be recruited for the survey.

Vibrant ultimately recruited 2,283 unique NYC Well users who were eligible for the survey. Of the 2,283 recruited users, 2,206 (96.6 percent) were identified in the administrative data as eligible to be recruited, but the Abt study team was not able to identify an eligible contact in the administrative data for the other 77 (3.4 percent) users recruited by Vibrant for the survey sample. While the users who were recruited for the survey represented only about 7 percent of all users who contacted NYC Well during the recruitment period (2,206/31,460), they accounted for 47 percent of the contacts made to NYC Well during the recruitment period.

Instrument Development

We developed two sets of survey instruments designed to accommodate individuals contacting NYC Well on their own behalf (primary users – **Appendix E**) and individuals contacting the program on behalf of someone else (intermediaries – **Appendix F**).

Survey questions were developed following a targeted scan of existing survey instruments assessing similar populations and services. Items were drawn from city, state, and national surveys that include questions on mental health status and experiences with mental and behavioral health services, including the NYC Community Health Survey,[16] NYC Community Mental Health Follow-Up Survey, Behavioral Risk Factor Surveillance System Survey,[17] and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Experience of Care and Health Outcomes Survey,[18] where available and relevant. Additional survey items were created in order to address research questions when no existing items were available. Primary user instruments included the Kessler 6 Psychological Distress Scale, a validated measure of behavioral health symptoms and functioning.[19] Four additional survey items – derived from Vibrant's existing satisfaction survey, previously fielded at the close of service interactions – were also incorporated, to ensure these data were still collected for Vibrant's internal performance monitoring during the evaluation period. Once compiled, survey items were mapped to the domains of the evaluation's research questions; a list of domains and survey items can be found in **Exhibit** below.

[xv] To track individuals across contacts, Vibrant assigned a unique identifier according to the IP Address or phone number of user contacts. If users contacted NYC Well from multiple IP Addresses and/or phone numbers, those contacts may not have been linked together by the unique identifier.

Exhibit B2. Research Questions and Survey Instrument Items

Research Question	Survey items
Who are NYC Well Users?	• Age, Gender, Race/ethnicity, Primary referral sources, Insurance type
How Do Individuals Learn about and Decide to Contact NYC Well?	• How individuals learned about NYC Well, including referrals • Reasons for initiating contact and seeking care • Reasons for reaching out to NYC Well • Alternative options if NYC Well did not exist
What were users' experiences with NYC Well?	• Contacting NYC Well helped deal more effectively with problems • Overall status since contacting NYC Well • Satisfaction with experience with NYC Well • Would recommend NYC Well to a friend • Counselor or Peer Support Specialist: spoke in preferred language, listened to you, provided support and treatment recommendations, explained options and potential next steps (including referral), addressed questions or concerns • Experience with counselor or Peer Support Specialist very good across the five items listed above

What were NYC Well users' mental health outcomes?	• Serious psychological distress, as assessed using the Kessler 6 Psychological Distress Scale
	  • The Kessler 6 Psychological Distress Scale includes six validated questions assessing mental health functioning and distress level during the past 30 days: ***Nervous; Hopeless; Restless or fidgety; So depressed that nothing could cheer you up; That everything was an effort; Worthless***. Each item had five response values: none of the time, a little of the time, some of the time, most of the time, and all of the time.
	  • Serious distress was defined as a score of 13 or higher on the 0- to 24-point scale.[42]
	  • We also created binary measures for each Kessler 6 Psychological Distress Scale item, reflecting whether respondents reported feeling each most or all of the time.
	• Needed counseling or treatment right away at some point In the last 6 months

How did NYC Well users engage with other mental health services?	• Receipt of a referral to another provider • Received direct phone transfer and appointment was made • Received direct phone transfer and but no appointment was made or was not sure • Contacted and made appointment with provider following NYC Well contact

Final versions of the instruments were reviewed and approved by NYC Opportunity, Vibrant, ThriveNYC, NYC DOHMH, and the NYC DOHMH Institutional Review Board.

Data collection procedures

We collected surveys over the course of two waves, separated by six months, referred to as the first and second follow-up surveys.

First follow-up survey

We conducted the first follow-up survey to assess NYC Well user demographics, how users learned about NYC Well, and their experiences with NYC Well, their connections to care following their contact with NYC Well, and their mental health outcomes.

Survey sample. Every two weeks, Vibrant created a participant sample file consisting of all contacts who agreed to be contacted for the evaluation survey during the prior 14 days. The participant sample file included the date and time of the interaction with NYC Well, the mode and language of contact, and the

participant's first name, phone number, and email address. The file included eligibility flags for use in sample data processing as described below and unique identifiers for linking to survey responses. In total, Vibrant provided Abt with information for 2,489 individuals recruited between April 1, 2019 and August 4, 2019. After receiving the participant sample file, we reviewed the data and removed ineligible participants (i.e., those under 13 years of age, service providers calling on behalf of a client, contacts whose relation to the service user could not be determined, and anyone whose primary language is anything other than English or Spanish). We additionally removed records with inadequate contact information and those already included in a previously submitted participant sample file. In total, 206 records were excluded from the Vibrant participant sample files prior to data collection, for a final eligible sample size of 2,283.

Survey recruitment timeline. Abt collected survey data from April 20, 2019 through September 15, 2019. We made initial contact attempts between two and 14 days after the individual's interaction with NYC Well, depending on when the individual contacted the program. We aimed for participants to complete surveys as close to their interaction with NYC Well as possible. Because of concerns about potential recall bias, attempts to contact a participant were stopped six weeks after Abt received each participant sample file (within eight weeks of their contact with NYC Well). Because the electronic survey links remained active until a survey was completed, several participants completed the initial survey after all active communication attempts had ceased for their participant sample file. To reduce the risk of recall bias, 69 surveys completed more than eight weeks (56 days) after their initial contact with NYC Well were excluded from the analyses.

Email outreach. The Abt study team sent individuals with a valid email address an initial invitation by email to participate in the survey. Four subsequent email reminders were then sent to participants who had not yet completed the survey, every four days, to maximize participation. If a participant had not completed the survey four days after the final reminder email (20 days after the initial email), additional contact attempts were made by phone. Although active email reminders were no longer sent, the survey links previously provided remained open indefinitely, permitting participants to complete the survey electronically after the 21-day mark.

Phone outreach. Abt staff contacted individuals without a valid email address by phone. Sample records more than six weeks old (from Abt's receipt of the participant sample file) were disabled. Contact with each sample record was attempted up to 10 times and callbacks were scheduled if a participant was unable to complete the survey at the time of the call. Calls were generally made during the evening on weekdays and daytime on weekends unless the participant requested a specific time during the day by contacting the project helpline or email. Participants were first asked screener questions to confirm their identity and eligibility for the survey. The phone interview typically lasted 30 to 45 minutes and the participant's contact information was collected at the end of the interview so they could receive financial compensation for their time.

Incentive. Individuals who completed the first follow-up survey were offered a $30 incentive, which they could receive as a physical Visa® prepaid card or as a digital e-gift card.

Response rate. We considered users who completed at least 40 percent of the survey items to have responded to the survey. The final response rate for the first follow-up survey was 48.1 percent (1,097/2,283).

Second follow-up survey

We fielded a second follow-up survey to NYC Well users who completed the first follow-up survey to track changes in mental health status and access to and use of mental health services over time.

Contact Tracking. A tracking effort to validate and update the contact information of eligible participants took place prior to the second follow-up survey. Participants could verify or update their contact information by filling out the form and sending it back in an enclosed postage paid or filling out the form online. All participants received a $5 incentive regardless of whether they completed the tracking form. Overall, 372 respondents confirmed or updated their contact info.

Data collection. The second follow-up survey took place six months after the participants' contact with NYC Well and followed the same procedures as the initial survey. Data collection started on October 21, 2019, and was completed on March 16, 2020. The sample for the second follow-up survey consisted of the 1,072 eligible completes from the prior survey.[xvi] Individuals who completed the second follow-up survey were offered a $25 incentive which they could receive as a physical Visa® prepaid card or as a digital e-gift card. Upon completion of data collection, 732 surveys had least 40 percent of the survey items completed, resulting in a final response rate of 68 percent (732/1,072).

Adverse Event Protocol (Both Surveys)

Due to the nature of NYC Well and the services it provides, we developed a detailed adverse event protocol to handle situations where a participant became upset or distressed during the survey. This protocol has been used in other surveys with highly sensitive questions or participants with behavioral health needs. If a participant was struggling to maintain their composure, the adverse event protocol instructed the Abt interviewer to acknowledge their distress and give the individual time to regain their composure. Interviewers were instructed to respond warmly to distressed participants, but not to act as counselors. The protocol instructed interviewers to offer participants contact information for NYC Well or other crisis mental health services, when deemed appropriate. When more serious situations occurred, such as a participant threatening to harm themselves or others, Abt staff were directed to contact their supervisor to determine the appropriate course of action. Call-center supervisors were provided pre-determined protocols to guide next steps.

Data Processing and Analytic Measures

We created two main analytic files: one at the contact level, to describe the frequency and timing of contacts with NYC Well, and one at the user level, including administrative data summarized at the user level and linked with the survey sample and responses to the survey. We cleaned and validated the administrative and survey datasets prior to analysis.

The measures from the administrative and survey data sources used in this report are described below.

Administrative Data

Demographic Characteristics

Vibrant staff collect demographic information from NYC Well users and record this information in the administrative data, including age, gender, primary language, region of contact (New York City, New York State, other), military experience, and whether the user was identified as an intermediary user. Race and ethnicity were not available in the administrative data. Due to the confidential and sensitive nature of the services offered through NYC Well, counselors and Peer Support Specialists are not always able to collect demographic information about users. For this reason, there is a high degree of missingness among the demographic variables in the administrative data.

[xvi] Of the 1,097 NYC Well users completing at least 40 percent of the questions to the First Follow-Up Survey, one was excluded from the survey sample for the Second Follow-Up Survey because they refused to participate in the survey during the contact tracking process, and an additional 24 users were excluded from the Second Follow-Up Survey sample because they did not complete the entirety of the First Follow-Up Survey.

Mental Health Status and Prior Use of Mental Health Services

We also used the following measures from the administrative data related to mental health status and prior use of mental health services:

- Risk level
  - Level 0 - No active or passive SI/HI (suicidal ideation/homicidal ideation), no referrals provided, support only (including repeat contacts out of state/outside NYC)
  - Level 1: No active SI/HI, Possible passive SI/HI, open to referrals plans to follow through
  - Level 2: No active SI/HI, Possible passive SI/HI, open to referrals but hesitant to follow through
  - Level 3: No active SI/HI, Possible passive SI/HI, impaired functioning or other psychological distress unable or unwilling to seek treatment
  - Level 4: No active SI/HI, maybe passive SI, impaired functioning or other psychological distress seeking additional support and safety in supervised environment
  - Level 5: Active SI/HI, willing to keep self-safe and had safety plan wellness check
    - Level 6: Active SI/HI, willing to take self to emergency care
    - Level 7: Active SI/HI, unwilling to plan for safety
- Referred to EMS
- Referred to MCT
- Prior level of care in inpatient or intensive outpatient settings
- Substance use status (active, withdrawal, and/or recovery)
- Documented suicidal ideation or suicidal intent

Time and Method of Contacting NYC Well

We used the contact-level administrative data to summarize the frequency and timing of contacts to NYC Well. Specifically, we assessed timing of contacts using the following measures:

- Number of contacts by month
- Number of contacts by day of week
- Number of contacts by time of day on weekdays (Monday-Friday)
- Number of contacts by time of day on weekends (Saturday and Sunday)

We also identified several user-level measures of contacting NYC Well:

- NYC Well contacts during the recruitment period
- Identified as a known frequent caller
- Contact mode (call, chat, SMS, multi-mode, MCT Online Form, CTS Letter)
- Operator type (counselor-only, Peer Support Specialist-only, both)

Survey data

Demographic Characteristics in the Survey Data

We used the following demographic characteristics from the survey data: age, gender, race, ethnicity, education, insurance status, and the language in which the survey was completed. Notably, intermediary users reported age, gender, race, ethnicity, and education both for themselves and the person for whom they were calling on behalf of.

How Users First Learned About NYC Well

To determine how evaluation participants first heard about NYC Well, we included a question in the first follow-up survey asking all respondents (i.e., both primary users and intermediaries) how they first learned of the program. Respondents were asked to select from one of the following options: Service Provider, Family/Friend, Word of Mouth, Advertisement, Internet/Google, Other, or Don't Know. For

primary users, we included an additional survey item in both the First and second follow-up surveys asking if one or more of their health providers ever advised them to contact NYC Well.

Experiences with NYC Well

To measure experiences with NYC Well, we included the four measures from Vibrant's existing satisfaction survey, previously fielded at the close of service interactions:

- Contacting NYC Well helped you deal a lot more effectively with your problems, vs helped a little, did not help or hurt, or made things worse
- Since contacting NYC Well are you better, vs about the same, or worse
- Very much satisfied with your experience with NYC Well, vs somewhat satisfied or worse
- If a friend were in need of similar help, you would definitely recommend NYC Well to them, vs probably would recommend or would not recommend

We also used several measures related to experiences with counselors or Peer Support Specialists, which were rated on a four point scale (poor, not very good, good, and very good):

- Counselor or Peer Support Specialist spoke in preferred language
- Counselor or Peer Support Specialist listened to you
- Counselor or Peer Support Specialist provided support and treatment recommendations
- Counselor or Peer Support Specialist explained options and potential next steps (including referral)
- Counselor or Peer Support Specialist addressed questions or concerns

To assess whether experiences with counselors or Peer Support Specialists were consistently high, we created an overall measure of whether experiences with counselors or Peer Support Specialists were always very good across all five items.

As a more object measure of user experiences with NYC Well, we assessed whether NYC Well users reported receiving a referral or contact information for another provider to follow up with for additional help or services.

Mental Health Outcomes

We asked respondents who contacted NYC Well on their own behalf (primary users) to complete the Kessler 6 Psychological Distress Scale, a six-item series of validated questions assessing mental health functioning and distress level. The Kessler 6 Psychological Distress Scale requires respondents to report how often respondents felt the following during the past 30 days:

- Nervous
- Hopeless
- Restless or fidgety
- So depressed that nothing could cheer you up
- That everything was an effort
- Worthless

Each item had five response values (i.e., none of the time, a little of the time, some of the time, most of the time, and all of the time). Following the Kessler 6 Psychological Distress Scale guidelines, we scored each response on a scale from 0 (none of the time) to 4 (all of the time), and summed the responses to each item together to generate a composite Kessler 6 Psychological Distress Scale score ranging from 0 to 24. Individuals with scores between 0 and 4 were assessed as having no psychological distress, between 5 and 12 were assessed as having moderate psychological distress, and a score of 13 or higher were assessed as having serious psychological distress.[20] We also created binary measures for each of the six

items, reflecting whether respondents reported feeling most or all of the time for each Kessler 6 Psychological Distress Scale item, relative to none, a little or some of the time.

We additionally included a measure of whether respondents reported needing counseling or treatment right away at some point in the last 6 months.

Analysis

Quantitative analyses conducted for this report are described below.

Frequency, Timing and Mode of Contacts to NYC Well

We first conducted univariate and bivariate descriptive analyses of the frequency, timing and mode of contacts to NYC Well, stratified by user population (all users, users eligible to be recruited for the survey, and users who responded to the survey). Statistical tests were not used for these analyses, because of the large sample size of the administrative data.

Representativeness of the Survey Sample and Survey Respondents to All NYC Well Users

To compare NYC Well users who were recruited for the survey with users who were eligible to be recruited but were not, we calculated descriptive statistics for the characteristics of both groups and standardized mean differences between the groups for each characteristic (calculated as the difference between groups for each characteristic, divided by the pooled standard deviation). We used standardized mean differences to assess the similarity of the two groups, because standardized mean differences are less sensitive to sample size than p-values (even small differences may be statistically significant with a sufficiently large sample size). Standardized mean differences of greater than 0.10 indicate moderate differences between groups, and differences of greater than 0.25 indicate large differences between groups.[xvii] The same approach was used to compare survey respondents and non-respondents.

Survey Weights

For all analyses of survey data, survey weights were used to improve the generalizability of estimates, to account for survey non-response. We used non-response weights for all analyses of survey responses, but did not use a sampling weight for two related reasons: (1) the NYC Well users who were recruited to participate in the survey were substantially different on several important dimensions from users who were not recruited to participate in the survey, such that weights could not fully account for selection into the recruited group and would not allow analyses to generalize to the population of all eligible users; and (2) as a result, if sampling weights were used, the large variance of the sampling weight would diminish the precision of analyses, such that weighted results were too imprecisely estimated to support interpretation. For both the first and the second follow-up surveys, we calculated non-response weights reflecting the probability of survey response among all users selected by Vibrant into the initial survey sample. Accordingly, analyses of both surveys can be considered representative of the users selected by Vibrant into the initial survey sample but not generalizable to the broader population of eligible or all NYC Well users.

Analysis of the First Follow-Up Survey

We first conducted univariate and bivariate descriptive analyses, separately for primary users (who contacted on their own behalf) and for intermediaries (who contacted on behalf of someone else). Survey measures were coded into binary or categorical measures. We calculated unweighted frequencies and weighted percentages for the response options to each survey measure. Bivariate analyses were conducted to explore differences across key demographic measures of how users learned about NYC Well, mode of contact, whether or not they reported having a mental health provider, self-reported need for and receipt

[xvii] Garrido MM, Kelley AS, Paris J, et al. Methods for constructing and assessing propensity scores. Health Serv Res. 2014;49(5): 1701-1720.

of treatment in the prior six months, self-reported overall status at follow up, and satisfaction with NYC Well services.

We also assessed demographic and other characteristics associated with users' experiences with NYC Well, using cross-sectional logistic multivariate regression of responses to the initial survey. These analyses were conducted only for primary users, because of the limited sample size of intermediary users. Explanatory measures in the multivariate regressions included: age, gender, race, ethnicity, region of NYC Well contact, the number of contacts to NYC Well made during the recruitment period, mode of contacts to NYC Well, whether respondents reported currently having a mental health provider, and self-reported mental health status (no psychological distress, moderate psychological distress, or serious psychological distress, as determined through the Kessler 6 Psychological Distress Scale).

Analysis of Changes in Mental Health Outcomes between the First and Second Follow-Up Surveys

We conducted descriptive analyses of mental health outcomes for both the first and second follow-up surveys.

Descriptive analyses included unweighted frequencies and weighted percentages for survey responses at each point in time, and the difference between the two time points. We calculated a p-value for the difference between survey waves, using chi-squared tests weighted for survey non-response.

We also used longitudinal multivariate logistic regression to assess whether changes over time in mental health outcome measures differed across key demographic groups. To account for repeated measures across survey respondents, we used Generalized Estimating Equations (GEE) regressions, with an exchangeable correlation structure and robust standard errors. Due to the relatively small sample size for these analyses, subgroup characteristics included in these regressions were limited to age, gender, race, and ethnicity.

Qualitative Data

Instrument Development

The research questions shown in **Appendix A** informed the content and structure of the in-depth interview guide; the final guide can be found in **Appendix G**. We developed a semi-structured guide that allowed interviewers flexibility to pursue relevant themes that interviewees may introduce to the conversation, while still addressing the research questions with each participant. The goal of the in-depth interviews was to better understand an individual's reason for contacting NYC Well and their experience with the Peer Support Specialists, counselors, and services provided as a result of their contact with NYC Well. The in-depth interviews also explored facilitators and barriers to connecting and receiving services, including any warm transfer or referrals provided. The interview protocol focused on, but was not limited to, the following domains:

- Reasons for contacting NYC Well
- User perspectives and experiences
- Referral process
- Barriers to using NYC Well

All questions were culturally appropriate, used person-first language, and avoided any stigmatizing questions or language. We sought feedback from NYC Opportunity, DOHMH, and NYC Well staff (counselors and peers) on the draft in-depth interview guides before finalizing.

In-Depth Interview Data Collection

In total, we conducted 20 in-depth interviews with individuals who completed the first follow-up survey (**Exhibit B3**). The initial survey included an option to opt-in to the in-depth interview; this determined the baseline sample from which the interview participants were drawn. The in-depth interview sampling

frame was determined in consultation with NYC Opportunity based on early findings from the first follow-up survey. We used purposive sampling, selecting participants based on three to four primary characteristics for which we expected to find interesting variation based on preliminary results from the survey and administrative data analyses (e.g., risk-level, language, types of service received, individuals contacting NYC Well for the first time versus re-contacts). Participants who agreed to do the interview and were selected using our purposive sampling approach were be called or emailed to recruit them specifically into the interview. Once they consented to the interview, a member of the evaluation team set up a time to conduct the interview by phone, and the consent process was conducted before the interview began. Participants were provided with a $30 Visa gift card incentive once the interview was completed.

Exhibit B3. In-Depth Interview Recruitment Efforts

	Number of Participants	Percent of Total
Total Participants Contacted	**83**	
Non-responsive participants	49	59.0
Participants refused	3	3.6
Participants scheduled	31	37.3
Total Interviews Scheduled	**31**	
Scheduled but never showed up; interview not completed	11	35.5
Scheduled and then rescheduled, but interview was ultimately completed	8	25.8
Scheduled & showed up the first time; interview completed	12	38.7
Total Interviews Completed	**20**	**100**

Source: NYC Well evaluation In-Depth Interviews

The 20 interviewees represented a diverse population of NYC Well users (**Exhibit B4**).

Exhibit B4. In-Depth Interview Participant Demographics

Demographic Category	Counts
Age	
18 to 24	4
25 to 34	9
35 to 44	2
45 to 64	2
65 or older	3
Gender	
Male	7
Female	11
Trans-gender male	1
Gender non-conforming	1
Language	
English	18
Spanish	2
Mode	
Call	16
Text	3
Multi-mode	1
Race	
White	6
Black	8

Demographic Category	Counts
Asian	2
Two or more races	1
Other	3
Mental health status (K6)	
No psychological distress	3
Moderate psychological distress	10
Serious psychological distress	7
Self-reported satisfaction with NYC Well	
Somewhat satisfied or somewhat dissatisfied	5
Very dissatisfied	2
Very satisfied	13

Source: NYC Well evaluation In-Depth Interviews

Prior to beginning data collection, Abt's interviewers were trained to ensure that the in-depth interviews were conducted with fidelity, sensitivity, and integrity. Interviewers were trained on best practices for IDIs and cultural and content competency, and:

- Engaged in role playing exercises with Abt's qualitative lead;
- Reviewed protocols for adverse event reporting; and
- Received training on:
    - Confidentiality procedures to ensure the participants' privacy; and
    - Best practices for note-taking, to ensure consistency in documentation of interview data before they are uploaded into NVivo for coding.

Interviewers conducted the interviews via telephone using the interview guide. Each interview took between 15 and 30 minutes. The two interviews with predominantly Spanish speaking individuals were conducted by a native Spanish speaker and translated into English for coding. All calls with anyone who had screened as having serious psychological distress (as determined by Kessler 6 Psychological Distress Scale score on the first follow-up survey) were conducted by a trained mental health professional at Abt.

At the start of each interview, the interviewer read a consent form for the participant to provide verbal consent. We used the DOHMH IRB-approved consent protocol and informed participants that the interviews would be recorded and transcribed for data analysis purposes, but that no names or personally identifiable information would be captured and the recording will be destroyed upon the completion of analysis. Participants were also informed that participation was voluntary, they were not required to answer any question that they did not want to, and they could stop the interview at any time. All consent procedures were reviewed and approved by the DOHMH IRB.

Analysis

We analyzed data from the in-depth interviews using the NVivo 12 qualitative analytic software. We used both inductive and deductive approaches to develop a codebook of key themes; the codebook was based on the conceptual framework and interview guide, and was continually updated as new themes emerged in the interviews and analysis. Trained NVivo coders used the codebook to independently cross-coded a set of interview notes and then met to discuss emerging themes and divergence, refine the codebook, and continued to cross-code and revise until coding was consistent. Co-coding continued a Kappa of 0.9 was consistently reached. Administrative and survey data on key demographic and usage information was programmed into NVivo 12 to facilitate thematic analysis across and within subgroups of users interviewed. This included information about user's satisfaction score, Kessler 6 Psychological Distress Scale score, race, and age, for example.

Once the team reached a strong inter-rater reliability, the rest of the transcripts were independently coded. The full dataset was combined to allow for a comprehensive analysis of all transcripts together. The attributes described in **Exhibit B4** were added to each set of notes to allow for analytical stratifications by different classifications.

Appendix C: Representativeness of the Survey Sample and Survey Respondents

This appendix reports on the representativeness of the survey sample to all NYC Well users who were eligible to participate in the study and of the survey respondents to the individuals in the survey sample. From the 43,132 NYC Well users who contacted NYC Well at least once between April 1, 2019 and August 4, 2019, 31,460 were eligible to be recruited for the survey, 2,283 consented to be included in the survey sample. We then collected survey responses from 1,097 users in the first follow-up survey and responses from 732 users in the second follow-up survey.

How Representative was the Survey Sample of all NYC Well Users Who Were Eligible to Participate in the Study?

We compared the NYC Well users who were and were not recruited for the survey to assess the representativeness of the survey sample to the broader NYC Well user population. Among NYC Well users who were eligible for the survey (N=31,460), those who were recruited for the survey had more contacts to NYC Well, higher documented risk levels, substance use, and documented suicidal ideation and intent, and more complete administrative data (**Exhibit C1**).[xviii] While the users who were recruited for the survey represented only about 7 percent of all users who contacted NYC Well during the recruitment period (2,206 of the 31,460), they accounted for approximately 47 percent of the contacts made to NYC Well during the recruitment period. Therefore, though users who were recruited for the survey may not be representative of all NYC Well users, they represent a very important NYC Well constituency, disproportionately including users who frequently contact the program.

How Representative were the Survey Respondents of the Survey Sample?

Among those NYC Well users recruited to the survey (N=2,283), survey respondents and non-respondents to the first follow-up survey were broadly similar across observed user characteristics (**Exhibit C2**). Intermediaries were less likely to respond to the survey than primary users, but the survey respondents and non-respondents were well-balanced by NYC Well contact volume, age, gender, military status, receipt of EMS and MCT referrals, risk level, substance use history, and documented records of suicidal ideation and intent.

[xviii] Standardized mean differences of greater than 0.10 indicate moderate differences between groups, and differences of greater than 0.25 indicate large differences between groups.

Exhibit C1. Comparison of NYC Well Users who were and Were Not Recruited for the Survey, among NYC Well Users who were Eligible for the Survey

User characteristics	Not in sample (N=29,254)		Sampled (N=2,206)		Standardized mean difference
	n	%	n	%	
NYC Well contacts during the recruitment period					
1	18,613	63.6	597	27.1	-0.558**
2-5	8,151	27.9	921	41.7	0.208*
6-19	1,917	6.6	461	20.9	0.301*
20-99	480	1.6	149	6.8	0.182*
100+	93	0.3	78	3.5	0.167*
Identified as a known frequent caller					
No	25,931	88.6	1,740	78.9	-0.189*
Yes	3,323	11.4	466	21.1	0.189*
Contact mode					
Call	15,651	53.5	1,697	76.9	0.359**
Chat	10,159	34.7	91	4.1	-0.593**
SMS	2,132	7.3	123	5.6	-0.049
Multi-mode	1,312	4.5	295	13.4	0.223*
Operator type					
Counselor-only	24,024	82.1	1,733	78.6	-0.063
Peer Support Specialist-only	2,057	7.0	45	2.0	-0.171*
Both	3,173	10.8	428	19.4	0.170*
Age					
19 or younger	3,375	11.5	292	13.2	0.036
20-29	4,638	15.9	674	30.6	0.250**
30-39	2,705	9.2	406	18.4	0.189*
40-49	1,428	4.9	242	11.0	0.160*
50-64	1,682	5.7	287	13.0	0.177*
65+	797	2.7	117	5.3	0.093
Missing	14,629	50.0	188	8.5	-0.724**
Gender					
Female	9,984	34.1	1,270	57.6	0.342**
Male	7,302	25.0	886	40.2	0.232*
Other	121	0.4	14	0.6	0.022
Missing	11,847	40.5	36	1.6	-0.767**
User ever identified as an intermediary caller ((friend, relative, or service provider)					
No	16,366	55.9	1,572	71.3	0.228*
Yes	5,024	17.2	634	28.7	0.196*
Missing	7,864	26.9	0	0.0	-0.606**
Region					
Ever contacted from NYC	13,356	45.7	1,729	78.4	0.506**

User characteristics	Not in sample (N=29,254)		Sampled (N=2,206)		Standardized mean difference
	n	%	n	%	
Ever contacted from NYS	4,310	14.7	194	8.8	-0.131*
Missing	11,588	39.6	283	12.8	-0.452**
Primary language of contact was Spanish					
No	28,426	97.2	2,176	98.6	0.073
Yes	828	2.8	30	1.4	-0.073
Documented military experience					
No	28,840	98.6	2,098	95.1	-0.141*
Yes	414	1.4	108	4.9	0.141*
Maximum risk level recorded					
Level 0 - No active or passive SI/HI, no referrals provided, support only	19,976	68.3	429	19.4	-0.799**
Level 1: Possible passive SI/HI, open to referrals plans to follow through	5,695	19.5	1,261	57.2	0.595**
Level 2: Possible passive SI/HI, open to referrals but hesitant to follow through	1,185	4.1	139	6.3	0.072
Level 3: Possible passive SI/HI, impaired functioning or psychological distress; unable or unwilling to seek treatment	1,338	4.6	206	9.3	0.133*
Level 4: May have passive SI; impaired functioning or psychological distress; seeking additional support and safety in supervised environment	237	0.8	40	1.8	0.062
Level 5: Active SI/HI; willing to keep self-safe and had safety plan wellness check	222	0.8	45	2.0	0.077
Level 6: Active SI/HI; willing to take self to emergency care	134	0.5	17	0.8	0.028
Level 7: Active SI/HI; unwilling to plan for safety	302	1.0	66	3.0	0.099
Missing	165	0.6	3	0.1	-0.051
Ever referred to EMS					
No	28,969	99.0	2,145	97.2	-0.094
Yes	285	1.0	61	2.8	0.094
Ever referred to MCT					
No	28,103	96.1	1,985	90.0	-0.170*
Yes	1,151	3.9	221	10.0	0.170*
Prior level of care in Inpatient or Intensive Outpatient settings					
No	7,163	24.5	470	21.3	-0.054
Yes	1,103	3.8	104	4.7	0.033
Missing	20,988	71.7	1,632	74.0	0.036
Documented record of active substance use					
No	24,034	82.2	1,248	56.6	-0.408**
Yes	5,220	17.8	958	43.4	0.408**
Documented record of substance use recovery					
No	28,778	98.4	2,071	93.9	-0.166*
Yes	476	1.6	135	6.1	0.166*

User characteristics	Not in sample (N=29,254)		Sampled (N=2,206)		Standardized mean difference
	n	%	n	%	
Documented record of substance use withdrawal					
No	29,084	99.4	2,136	96.8	-0.136*
Yes	170	0.6	70	3.2	0.136*
Documented record of suicidal ideation					
No	26,281	89.8	1,821	82.5	-0.150*
Yes	2,973	10.2	385	17.5	0.150*
Documented record of suicidal intent					
No	28,483	97.4	2,051	93.0	-0.146*
Yes	771	2.6	155	7.0	0.146*

Source: NYC Well administrative data (1/1/2018-12/31/2019)

Note: The number of users included in the "Recruited for the survey" group (n=2,206) excludes 77 NYC Well users who were recruited for the survey but who were considered ineligible to be recruited according to the NYC Well administrative data.

Abbreviations: SI/HI, suicidal ideation/homicidal ideation.

*Absolute value of the standardized mean difference>=0.10 and <0.25.

**Absolute value of the standardized mean difference>=0.25.

Exhibit C2. Comparison of Survey Respondents and Non-respondents to the First Follow-Up Survey, among NYC Well Users who were recruited for the Survey

User characteristics	Non-respondents (N=1,186)		Respondents (N=1,097)		Standardized mean difference
	n	%	n	%	
NYC Well contacts during the recruitment period					
1	325	27.4	299	27.3	-0.002
2-5	507	42.7	451	41.1	-0.023
6-19	253	21.3	221	20.1	-0.021
20-99	54	4.6	95	8.7	0.117*
100+	47	4.0	31	2.8	-0.044
Identified as a known frequent caller					
No	980	82.6	837	76.3	-0.111*
Yes	206	17.4	260	23.7	0.111*
Contact mode					
Call	942	79.4	825	75.2	-0.071
Chat	40	3.4	52	4.7	0.049
SMS	55	4.6	68	6.2	0.049
Multi-mode	149	12.6	152	13.9	0.027
Operator type					
Counselor-only	961	81.0	848	77.3	-0.065
Peer Support Specialist-only	18	1.5	27	2.5	0.048
Both	207	17.5	222	20.2	0.050
Survey recruitment cohort					
April 2019 – 1	227	19.1	188	17.1	-0.037
April 2019 – 2	156	13.2	139	12.7	-0.010
May 2019 – 1	177	14.9	133	12.1	-0.058
May 2019 – 2	158	13.3	114	10.4	-0.064
June 2019 – 1	116	9.8	120	10.9	0.027
June 2019 – 2	116	9.8	105	9.6	-0.005
July 2019 – 1	86	7.3	98	8.9	0.044
July 2019 – 2	69	5.8	99	9.0	0.087
August 2019 – 1	81	6.8	101	9.2	0.062
Language of the NYC Well contact					
English	1167	98.4	1092	99.5	0.080
Spanish	19	1.6	5	0.5	-0.080
User type					
Primary	842	71.0	896	81.7	0.179*
Intermediary	344	29.0	201	18.3	-0.179*
Age					
19 or younger	199	16.8	127	11.6	-0.106*
20-29	325	27.4	360	32.8	0.084
30-39	220	18.5	199	18.1	-0.007

User characteristics	Non-respondents (N=1,186)		Respondents (N=1,097)		Standardized mean difference
	n	%	n	%	
40-49	128	10.8	123	11.2	0.009
50-64	156	13.2	138	12.6	-0.012
65+	62	5.2	56	5.1	-0.004
Missing	96	8.1	94	8.6	0.012
Gender					
Female	631	53.2	670	61.1	0.113*
Male	531	44.8	399	36.4	-0.121*
Other	5	0.4	9	0.8	0.036
Missing	19	1.6	19	1.7	0.007
User ever identified as an intermediary caller (friend, relative, or service provider)					
No	782	65.9	827	75.4	0.148*
Yes	404	34.1	270	24.6	-0.148*
Region					
Ever contacted from NYC	939	79.2	858	78.2	-0.017
Ever contacted from NYS	104	8.8	95	8.7	-0.003
Missing	143	12.1	144	13.1	0.023
Primary language of contact was Spanish					
No	1,162	98.0	1,088	99.2	0.072
Yes	24	2.0	9	0.8	-0.072
Documented military experience					
No	1127	95.0	1046	95.4	0.011
Yes	59	5.0	51	4.6	-0.011
Maximum risk level recorded					
Level 0 - No active or passive SI/HI, no referrals provided, support only	221	18.6	209	19.1	0.008
Level 1: Possible passive SI/HI, open to referrals plans to follow through	670	56.5	622	56.7	0.003
Level 2: Possible passive SI/HI, open to referrals but hesitant to follow through	61	5.1	79	7.2	0.061
Level 3: Possible passive SI/HI, impaired functioning or psychological distress; unable or unwilling to seek treatment	126	10.6	91	8.3	-0.056
Level 4: May have passive SI; impaired functioning or psychological distress; seeking additional support and safety in supervised environment	35	3.0	21	1.9	-0.048
Level 5: Active SI/HI; willing to keep self-safe and had safety plan wellness check	24	2.0	35	3.2	0.052
Level 6: Active SI/HI; willing to take self to emergency care	10	0.8	9	0.8	-0.002
Level 7: Active SI/HI; unwilling to plan for safety	38	3.2	29	2.6	-0.024
Missing	1	0.1	2	0.2	0.019
Ever referred to EMS					
No	1151	97.0	1069	97.4	0.017

User characteristics	Non-respondents (N=1,186)		Respondents (N=1,097)		Standardized mean difference
	n	%	n	%	
Yes	35	3.0	28	2.6	-0.017
Ever referred to MCT					
No	1051	88.6	1000	91.2	0.060
Yes	135	11.4	97	8.8	-0.060
Documented record of active substance use					
No	659	55.6	634	57.8	0.032
Yes	527	44.4	463	42.2	-0.032
Documented record of substance use recovery					
No	1114	93.9	1034	94.3	0.010
Yes	72	6.1	63	5.7	-0.010
Documented record of suicidal ideation					
No	982	82.8	889	81.0	-0.032
Yes	204	17.2	208	19.0	0.032

Source: NYC Well administrative data (1/1/2018-12/31/2019)
Note: Abbreviations: SI/HI, suicidal ideation/homicidal ideation.
*Absolute value of the standardized mean difference>=0.10 and <0.25.
**Absolute value of the standardized mean difference>=0.25.

Appendix D: Supplementary Findings

This Appendix section presents supplementary findings to those discussed in the main Results section.

Who are NYC Well Users?

Exhibit D1. Comparison of NYC Well Users who were and Were Not Recruited for the Survey, among NYC Well Users who were Eligible for the Survey

User characteristics	All NYC Well users, 2018-2019 (N=202,106), %	Contacted NYC Well during the evaluation survey recruitment period (N=43,132), %	Eligible to be sampled (N=31,460), %	In survey sample (N=2,283), %	Responded to first survey (N=1,097), %	Responded to second survey (N=732), %
NYC Well contacts during the recruitment period						
0	78.7	0.0	0.0	0.0	0.0	0.0
1	13.7	64.2	61.1	27.3	27.3	24.9
2-5	5.9	27.6	28.8	42.0	41.1	43.0
6-19	1.3	6.3	7.6	20.8	20.1	19.4
20-99	0.3	1.5	2.0	6.5	8.7	10.0
100+	0.1	0.4	0.5	3.4	2.8	2.7
Identified as a known frequent caller						
No	93.4	90.7	88.0	79.6	76.3	74.2
Yes	6.6	9.3	12.0	20.4	23.7	25.8
Contact mode						
Call	55.4	61.9	55.1	77.4	75.2	73.8
Chat	31.3	24.4	32.6	4.0	4.7	4.2
SMS	6.5	5.3	7.2	5.4	6.2	6.4
Multi-mode	3.0	5.2	5.1	13.2	13.9	15.6
MCT Online Form	3.8	3.1	0.0	0.0	0.0	0.0
CTS Letter	0.0	0.0	0.0	0.0	0.0	0.0
Operator type						
Counselor-only	88.4	86.3	81.9	79.2	77.3	75.7
Peer Support Specialist-only	6.0	5.0	6.7	2.0	2.5	2.5
Both	5.6	8.7	11.4	18.8	20.2	21.9
Age						
19 or younger	11.0	12.5	11.7	14.3	11.6	10.4
20-29	13.4	15.3	16.9	30.0	32.8	33.7
30-39	8.5	9.4	9.9	18.4	18.1	17.6
40-49	4.8	5.5	5.3	11.0	11.2	11.9
50-64	5.5	6.6	6.3	12.9	12.6	12.6
65+	2.5	3.0	2.9	5.2	5.1	4.9
Missing	54.3	47.8	47.1	8.3	8.6	8.9

User characteristics	All NYC Well users, 2018-2019 (N=202,106), %	Contacted NYC Well during the evaluation survey recruitment period (N=43,132), %	Eligible to be sampled (N=31,460), %	In survey sample (N=2,283), %	Responded to first survey (N=1,097), %	Responded to second survey (N=732), %
Gender						
Female	27.7	32.0	35.8	57.0	61.1	61.1
Male	21.2	24.1	26.0	40.7	36.4	35.5
Other	0.3	0.4	0.4	0.6	0.8	1.1
Missing	50.7	43.6	37.8	1.7	1.7	2.3
User ever identified as an intermediary caller (friend, relative, or service provider)						
No	40.9	45.4	57.0	70.5	75.4	77.5
Yes	23.3	24.6	18.0	29.5	24.6	22.5
Missing	35.8	30.0	25.0	0.0	0.0	0.0
Region						
Ever contacted from NYC	44.1	49.5	47.9	78.7	78.2	78.6
Ever contacted from NYS	10.0	11.2	14.3	8.7	8.7	8.5
Missing	45.9	39.3	37.7	12.6	13.1	13.0
Primary language of contact was Spanish						
No	97.1	97.5	97.3	98.6	99.2	99.6
Yes	2.9	2.5	2.7	1.4	0.8	0.4
Documented military experience						
No	99.2	98.6	98.3	95.2	95.4	94.7
Yes	0.8	1.4	1.7	4.8	4.6	5.3
Maximum risk level recorded						
Level 0 - No active or passive SI/HI, no referrals provided, support only	65.7	61.2	64.9	18.8	19.1	19.0
Level 1: Possible passive SI/HI, open to referrals plans to follow through	17.9	20.1	22.1	56.6	56.7	57.4
Level 2: Possible passive SI/HI, open to referrals but hesitant to follow through	2.8	3.7	4.2	6.1	7.2	7.4
Level 3: Possible passive SI/HI, impaired functioning or psychological distress; unable or unwilling to seek treatment	10.4	10.5	4.9	9.5	8.3	7.4
Level 4: May have passive SI; impaired functioning or psychological distress; seeking additional support/safety in supervised environment	0.8	1.0	0.9	2.5	1.9	1.9
Level 5: Active SI/HI; willing to keep self-safe and had safety plan wellness check	0.7	1.1	0.8	2.6	3.2	3.3

User characteristics	All NYC Well users, 2018-2019 (N=202,106), %	Contacted NYC Well during the evaluation survey recruitment period (N=43,132), %	Eligible to be sampled (N=31,460), %	In survey sample (N=2,283), %	Responded to first survey (N=1,097), %	Responded to second survey (N=732), %
Level 6: Active SI/HI; willing to take self to emergency care	0.4	0.6	0.5	0.8	0.8	0.8
Level 7: Active SI/HI; unwilling to plan for safety	0.9	1.4	1.2	2.9	2.6	2.7
Missing	0.5	0.4	0.5	0.1	0.2	0.1
Ever referred to EMS						
No	99.1	98.5	98.9	97.2	97.4	97.4
Yes	0.9	1.5	1.1	2.8	2.6	2.6
Ever referred to MCT						
No	90.6	90.3	95.6	89.8	91.2	92.3
Yes	9.4	9.7	4.4	10.2	8.8	7.7
Prior level of care in Inpatient or Intensive Outpatient settings						
No	24.2	21.0	24.3	21.4	20.7	19.3
Yes	4.7	4.2	3.8	4.7	4.7	4.1
Missing	71.1	74.8	71.9	73.9	74.6	76.6
Documented record of active substance use						
No	87.4	82.5	80.4	56.6	57.8	58.5
Yes	12.6	17.5	19.6	43.4	42.2	41.5
Documented record of substance use recovery						
No	99.1	98.4	98.1	94.1	94.3	93.7
Yes	0.9	1.6	1.9	5.9	5.7	6.3
Documented record of substance use withdrawal						
No	99.7	99.4	99.2	96.9	97.3	97.0
Yes	0.3	0.6	0.8	3.1	2.7	3.0
Documented record of suicidal ideation						
No	92.6	89.6	89.3	82.0	81.0	80.5
Yes	7.4	10.4	10.7	18.0	19.0	19.5
Documented record of suicidal intent						
No	98.2	97.0	97.1	92.6	92.4	91.9
Yes	1.8	3.0	2.9	7.4	7.6	8.1

Source: NYC Well administrative data (1/1/2018-12/31/2019)

Notes: Abbreviations: SI/HI, suicidal ideation/homicidal ideation.

Exhibit D2. Primary and Intermediary Contacts' Knowledge of NYC Well

Knowledge of NYC Well	Primary Users (n=896)		Intermediary Users (n=201)	
	Unweighted n	Weighted %	Unweighted n	Weighted %
Service Provider	153	16.7	38	19.9
Family/Friend	85	9.8	27	12.8
Word of Mouth	64	7.1	18	8.5
Advertisement	165	18.3	29	12.9
Internet/Google	225	25.8	42	19.9
311	35	4.3	15	7.6
Other Means	122	12.9	26	15.7
Don't know or not provided	47	5.2	6	2.7

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)

Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

Exhibit D3. Primary Contacts' Knowledge of NYC Well

Race:	Knowledge of NYC Well							
	Service Provider	Family/ Friend	Word of Mouth	Advertisement	Internet/ Google	311	Other Means	Don't Know
Age								0.097
13 to 17	18.2	6.9	2.8	13.1	43.0	0.0	8.5	7.5
18 to 24	14.2	11.2	6.4	18.5	32.0	0.6	13.3	3.7
25 to 34	15.1	10.6	7.8	19.7	27.5	3.2	11.8	4.3
35 to 44	15.0	10.6	8.0	19.0	24.1	7.8	10.2	5.2
45 to 54	21.0	4.4	6.3	21.3	21.5	7.0	16.3	2.2
55 to 64	23.4	7.8	6.5	14.4	15.4	6.2	17.5	8.9
65 or older	20.0	9.0	6.0	18.5	9.1	7.8	16.4	13.2
Don't know or not provided	11.8	20.7	12.9	5.4	36.6	6.9	0.0	5.6
Gender								0.205
Male	18.2	6.0	5.9	16.8	27.6	5.0	12.5	8.0
Female	16.3	11.4	7.3	19.4	24.3	4.2	13.3	3.8
Other, transgender, or non-conforming†	12.0	13.6	15.5	16.6	28.5	0.0	13.9	0.0
Don't know or not provided	10.7	18.8	5.6	17.9	33.2	0.0	4.0	9.8
Race								0.152
White	17.2	7.6	7.9	16.9	25.5	3.5	13.5	7.9
Black or African American	15.2	11.4	6.0	21.4	26.2	6.1	10.7	3.1
Asian	14.5	14.4	10.1	18.4	23.6	1.2	13.0	4.8
AI/AN or NHPI or Other‡	21.5	7.6	6.0	17.8	25.3	5.3	12.2	4.2
Multiple	13.6	12.8	7.9	17.4	27.3	1.4	15.7	3.9
Don't know or not provided	6.7	0.0	0.0	15.8	12.0	9.3	56.3	0.0

Race:	Knowledge of NYC Well							
	Service Provider	Family/ Friend	Word of Mouth	Advertisement	Internet/ Google	311	Other Means	Don't Know
Ethnicity								0.171
Not Hispanic	16.0	10.1	7.5	17.8	27.7	3.9	11.9	5.0
Hispanic	19.2	7.8	5.9	20.5	19.8	4.8	16.4	5.6
Don't know or not provided	10.1	23.7	5.3	9.1	31.3	11.8	3.8	4.8
Education								0.306
8th or less	15.9	19.0	0.0	8.4	49.4	0.0	0.0	7.2
Some HS	28.6	8.4	2.1	10.3	26.2	6.8	11.1	6.5
HS grad	15.5	8.4	8.4	15.6	22.6	7.9	15.3	6.2
Some college	16.5	11.5	7.7	17.7	26.1	3.6	12.3	4.7
4yr college	14.3	8.1	7.4	23.2	28.8	2.4	10.8	4.9
More than 4yr college	16.0	8.6	7.3	22.4	20.8	3.6	16.9	4.4
Don't know or not provided	13.0	22.8	6.8	5.9	40.3	0.0	4.9	6.2
Language in which the survey was completed§								0.097
English	16.5	9.9	7.1	17.9	26.0	4.3	13.0	5.2
Spanish	36.7	0.0	0.0	63.3	0.0	0.0	0.0	0.0

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)

Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

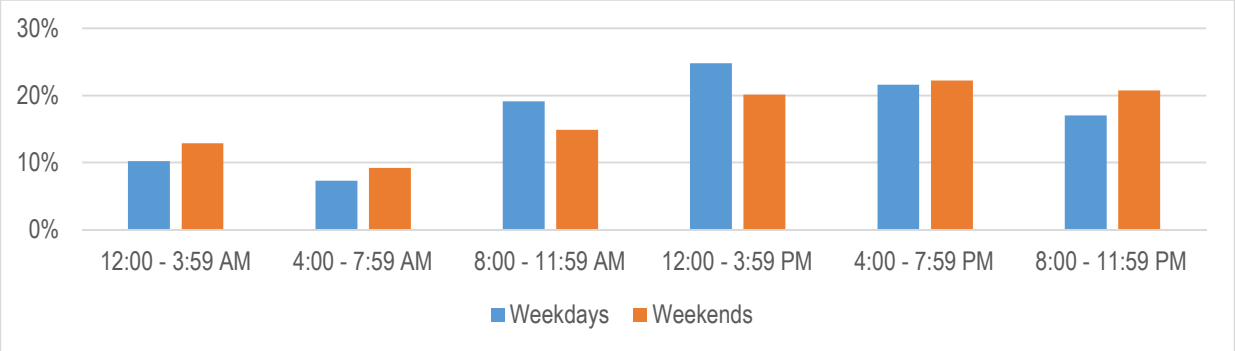
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

§Language is reported for intermediary user who contacted NYC Well rather than for the individual with perceived need.

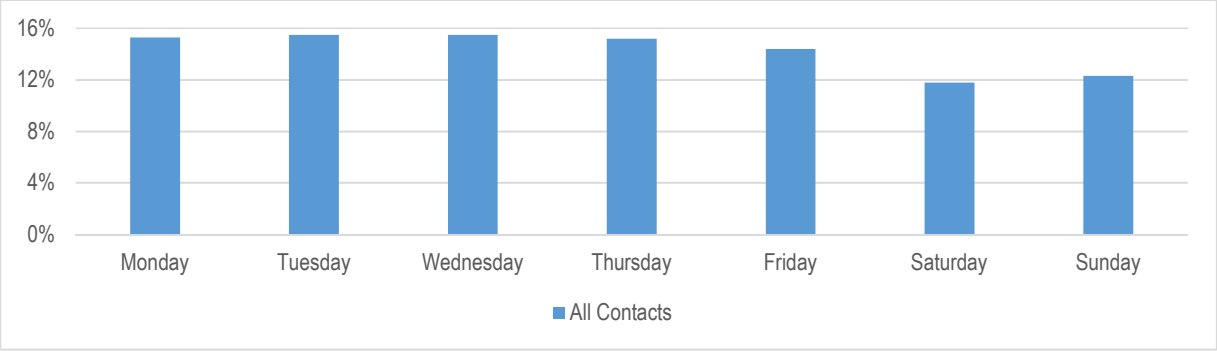
How Do Individuals Engage with NYC Well?

Exhibit D4. Time and Day of Contact with NYC Well



Source: NYC Well administrative records (January 1, 2018 – December 31, 2019).
Notes: N=776,287 contacts.

Exhibit D5. Day of Contact with NYC Well



Source: NYC Well administrative records (January 1, 2018 – December 31, 2019).
Notes: N=776,287 contacts.

How Do Individuals Learn about and Decide to Contact NYC Well?

Exhibit D6. Primary Users' Reasons for Contacting NYC Well, by Race

Race:	Reason for Contacting NYC Well						
	To Talk to Someone	For Advice	To Get Answers to a Question or Questions	To Get a Referral	Other Reason	Multiple Reasons	Not Sure or Reason Not Provided
White	37.2	6.4	2.6	11.8	2.2	39.5	0.2
Black or African American	34.3	7.1	2.8	9.5	3.2	42.8	0.3
Asian	26.2	2.3	6.2	4.2	1.5	58.5	1.2
AI/AN or NHPI or Other‡	38.3	8.0	4.7	9.4	4.6	35.0	0.0
Multiple	36.1	2.8	2.0	13.2	4.5	40.2	1.2
Don't know or not provided	26.0	5.9	0.0	0.0	15.1	45.5	7.6

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. P-value is 0.037.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D7. Primary User's referred to NYC Well through a Mental Health Provider

	Primary Contacts	
	Unweighted n	Weighted %
Mental health provider recommended contacting NYC Well	166	18.5
Not referred to NYC Well by mental health provider	444	48.7
Do not have mental health provider	273	31.5
Refused	13	1.4

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

What were users' experiences with NYC Well?

Exhibit D8. Experiences with NYC Well among Primary and Intermediary Users Reported in the First Follow-Up Survey

Experiences with NYC Well	Primary Users (n=896*)		Intermediary Users (n=201*)		p-value
	Unweighted n	Weighted %	Unweighted n	Weighted %	
Whether contacting NYC Well helped deal more effectively with problems					0.002**
Helped a lot	511	59.0	132	68.1	
Helped a little	267	29.6	48	23.1	
Didn't help or hurt	94	10.2	15	6.7	
Little worse	10	1.0	1	0.5	
Lot worse	1	0.1	3	1.6	
Overall status since contacting NYC Well					0.519
Better	526	59.8	121	63.0	
About the same	330	37.2	67	33.1	
Worse	28	3.0	8	3.9	

Experiences with NYC Well	Primary Users (n=896*)		Intermediary Users (n=201*)		p-value
	Unweighted n	Weighted %	Unweighted n	Weighted %	
Satisfaction with experience with NYC Well					0.037
Very satisfied	606	69.1	134	70.1	
Somewhat satisfied	233	25.9	47	21.6	
Somewhat dissatisfied	31	3.7	9	4.0	
Very dissatisfied	13	1.3	7	4.3	
Would recommend NYC Well to a friend					0.028
Definitely yes	653	74.9	155	78.7	
Probably yes	186	20.8	35	16.5	
Probably not	34	3.4	2	1.3	
Definitely not	9	1.0	6	3.5	
Overall experience with counselor or Peer Support Specialist					0.007**
Very good experience across all five elements (used preferred language, listened, provided recommendations, explained options, addressed questions or concerns)	472	53.6	127	64.7	
Less than always very good across all five elements	407	46.4	71	35.3	
Counselor or Peer Support Specialist spoke in preferred language					0.826
Very good	792	88.2	172	86.1	
Good	95	11.2	25	13.0	
Not very good	4	0.4	1	0.4	
Poor	2	0.2	1	0.5	
Counselor or Peer Support Specialist listened to you					0.039*
Very good	706	78.9	170	84.9	
Good	176	19.9	25	12.8	
Not very good	8	0.8	1	0.5	
Poor	5	0.5	4	1.8	
Counselor or Peer Support Specialist provided support and treatment recommendations					0.288
Very good	611	68.9	145	73.0	
Good	227	25.4	41	20.1	
Not very good	36	3.8	8	3.4	
Poor	15	2.0	7	3.5	
Counselor or Peer Support Specialist explained options and potential next steps (including referral)					0.004**
Very good	576	64.8	150	76.0	
Good	247	27.9	36	17.3	
Not very good	55	5.9	9	3.7	
Poor	13	1.4	5	3.0	

Experiences with NYC Well	Primary Users (n=896*)		Intermediary Users (n=201*)		p-value
	Unweighted n	Weighted %	Unweighted n	Weighted %	
Counselor or Peer Support Specialist addressed questions or concerns					0.143
Very good	632	71.0	155	78.9	
Good	222	24.9	38	17.3	
Not very good	30	3.0	6	2.9	
Poor	10	1.1	2	1.0	

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Some measures may have fewer respondents than the overall n, due to item non-response.
*p<0.05
**p<0.01

Exhibit D9. Subgroup Characteristics Associated with Whether Contacting NYC Well Helped User Deal with Their Problems, among Primary Users in the First Follow-Up Survey

User characteristics	Contacting NYC Well helped deal a lot more effectively with problems		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.763
13 to 17	60.6	37.3 to 83.9	
18 to 24	54.5	47.0 to 61.9	
25 to 34	61.3	55.6 to 67.1	
35 to 44	59.6	51.0 to 68.1	
45 to 54	64.4	54.2 to 74.6	
55 to 64	61.1	51.2 to 71.0	
65 or older	56.0	40.1 to 71.9	
Gender			0.569
Male	57.1	51.1 to 63.0	
Female	61.0	57.0 to 65.0	
Other, transgender, or non-conforming†	58.6	40.1 to 77.2	
Race			0.040*
White	59.5	53.8 to 65.3	
Black or African American	62.3	56.2 to 68.4	
Asian	41.7	28.7 to 54.7	
AI/AN or NHPI or Other‡	61.8	54.8 to 68.8	
Ethnicity			0.688
Not Hispanic	59.1	55.1 to 63.1	
Hispanic	60.8	53.9 to 67.8	
Education			0.244
Less than high school graduate	64.8	53.2 to 76.4	
High school graduate	61.0	52.7 to 69.2	
Some college	61.5	55.7 to 67.3	
4 year college graduate	52.1	44.9 to 59.3	
More than 4 years of college	60.7	52.7 to 68.8	
Region			0.010*
Ever contacted from NYC	56.6	52.7 to 60.6	
Ever contacted from NY state	73.3	64.0 to 82.5	
Missing	63.9	55.6 to 72.2	

User characteristics	Contacting NYC Well helped deal a lot more effectively with problems		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
N contacts during recruitment period			0.245
1	56.9	49.9 to 63.8	
2-5	57.3	52.1 to 62.6	
6-19	65.6	58.8 to 72.5	
20+	61.5	51.9 to 71.2	
Contact mode			0.012*
Call	61.2	57.3 to 65.1	
Chat	31.1	15.6 to 46.5	
SMS	58.6	45.9 to 71.3	
Multi-mode	59.9	51.0 to 68.7	
Had a mental health provider			0.045*
Had a mental health provider	63.1	58.4 to 67.7	
Did not have a mental health provider	56.2	51.4 to 60.9	
Mental health status (K6)			0.095
No psychological distress	67.2	59.6 to 74.7	
Moderate psychological distress	59.1	53.9 to 64.4	
Serious psychological distress	56.6	51.4 to 61.7	
N	854		
F	2.05		
p	0.001		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April – September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05
**p<0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D10. Subgroup Characteristics Associated with Overall Status since Contacting NYC Well, among Primary Users in the First Follow-Up Survey

User characteristics	Overall status since contacting NYC Well (Better vs same or worse)		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.340
13 to 17	47.1	22.7 to 71.5	
18 to 24	65.9	58.9 to 72.9	
25 to 34	62.3	56.7 to 67.8	
35 to 44	54.7	46.3 to 63.1	
45 to 54	56.4	45.8 to 67.0	
55 to 64	59.2	49.5 to 69.0	
65 or older	51.6	34.0 to 69.1	
Gender			0.543
Male	59.6	53.8 to 65.3	
Female	60.8	56.7 to 64.9	
Other, transgender, or non-conforming†	50.1	31.1 to 69.1	

User characteristics	Overall status since contacting NYC Well (Better vs same or worse)		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Race			0.582
White	57.7	52.0 to 63.4	
Black or African American	63.4	57.4 to 69.3	
Asian	57.7	45.3 to 70.2	
AI/AN or NHPI or Other‡	60.0	53.1 to 67.0	
Ethnicity			0.478
Not Hispanic	59.2	55.2 to 63.1	
Hispanic	62.2	55.3 to 69.0	
Education			0.303
Less than high school graduate	70.0	58.8 to 81.3	
High school graduate	59.3	50.9 to 67.8	
Some college	61.0	55.5 to 66.6	
4 year college graduate	54.4	46.9 to 61.8	
More than 4 years of college	59.8	52.1 to 67.4	
Region			0.408
Ever contacted from NYC	60.0	56.1 to 63.9	
Ever contacted from NY state	65.5	55.4 to 75.6	
Missing	56.2	47.2 to 65.1	
N contacts during recruitment period			0.259
1	59.7	52.9 to 66.5	
2-5	56.6	51.5 to 61.8	
6-19	62.0	55.1 to 68.9	
20+	67.7	58.0 to 77.4	
Contact mode			0.312
Call	60.5	56.6 to 64.4	
Chat	44.7	27.9 to 61.5	
SMS	57.7	45.3 to 70.0	
Multi-mode	62.6	54.0 to 71.2	
Had a mental health provider			<0.001**
Had a mental health provider	66.5	62.0 to 71.0	
Did not have a mental health provider	53.6	48.8 to 58.3	
Mental health status (K6)			<0.001**
No psychological distress	80.2	73.6 to 86.9	
Moderate psychological distress	62.5	57.2 to 67.9	
Serious psychological distress	48.4	43.1 to 53.6	
N	854		
F	2.91		
p	<0.001		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05, **p<0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D11. Subgroup Characteristics Associated with Satisfaction with Experience with NYC Well among Primary Users in the First Follow-Up Survey

User characteristics	Very much satisfied with experience with NYC Well		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.250
13 to 17	59.8	36.4 to 83.2	
18 to 24	73.6	66.8 to 80.3	
25 to 34	69.9	64.5 to 75.2	
35 to 44	72.2	64.7 to 79.8	
45 to 54	74.5	65.3 to 83.7	
55 to 64	63.3	52.9 to 73.7	
65 or older	56.4	39.9 to 72.9	
Gender			0.428
Male	67.1	61.4 to 72.8	
Female	71.5	67.7 to 75.3	
Other, transgender, or non-conforming†	67.2	51.1 to 83.4	
Race			0.061
White	66.8	61.3 to 72.4	
Black or African American	74.8	69.1 to 80.5	
Asian	59.0	46.2 to 71.8	
AI/AN or NHPI or Other‡	71.7	64.9 to 78.5	
Ethnicity			0.961
Not Hispanic	69.8	66.0 to 73.6	
Hispanic	70.0	63.0 to 77.0	
Education			0.300
Less than high school graduate	75.7	65.8 to 85.7	
High school graduate	68.0	60.1 to 75.9	
Some college	68.7	63.1 to 74.3	
4 year college graduate	65.8	58.9 to 72.8	
More than 4 years of college	75.2	68.0 to 82.4	
Region			0.017
Ever contacted from NYC	67.0	63.3 to 70.8	
Ever contacted from NY state	80.7	72.6 to 88.8	
Missing	75.2	67.5 to 82.8	
N contacts during recruitment period			0.711
1	68.4	61.9 to 74.8	
2-5	68.6	63.6 to 73.7	
6-19	73.0	66.6 to 79.3	
20+	71.4	62.4 to 80.4	
Contact mode			0.003**
Call	72.3	68.7 to 75.9	
Chat	39.5	22.2 to 56.8	

User characteristics	Very much satisfied with experience with NYC Well		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
SMS	63.6	51.2 to 76.1	
Multi-mode	68.9	60.6 to 77.2	
Had a mental health provider			0.026
Had a mental health provider	73.5	69.3 to 77.8	
Did not have a mental health provider	66.3	61.8 to 70.8	
Mental health status (K6)			0.224
No psychological distress	75.6	68.8 to 82.4	
Moderate psychological distress	67.9	62.8 to 73.0	
Serious psychological distress	69.2	64.4 to 74.0	
N	854		
F	1.83		
p	0.006		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05
**p<0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D12. Subgroup Characteristics Associated with Whether Primary Users Would Recommend NYC Well to a Friend in the First Follow-Up Survey

User characteristics	Would definitely recommend NYC Well to a friend		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.440
13 to 17	53.8	28.5 to 79.1	
18 to 24	76.8	70.5 to 83.1	
25 to 34	74.3	69.2 to 79.4	
35 to 44	78.6	71.7 to 85.5	
45 to 54	72.6	62.7 to 82.5	
55 to 64	77.0	68.2 to 85.8	
65 or older	68.7	52.6 to 84.8	
Gender			0.045*
Male	74.0	68.7 to 79.4	
Female	76.4	72.9 to 79.9	
Other, transgender, or non-conforming†	56.4	39.3 to 73.5	
Race			0.005**
White	74.0	68.9 to 79.2	
Black or African American	81.1	76.0 to 86.1	
Asian	59.6	47.5 to 71.8	
AI/AN or NHPI or Other‡	73.6	66.7 to 80.4	
Ethnicity			0.011*
Not Hispanic	72.2	68.6 to 75.8	
Hispanic	82.5	76.7 to 88.2	
Education			0.080
Less than high school graduate	89.0	82.1 to 96.0	
High school graduate	72.6	64.8 to 80.3	
Some college	73.0	67.5 to 78.5	
4 year college graduate	71.8	65.4 to 78.1	
More than 4 years of college	75.3	68.5 to 82.1	
Region			0.306
Ever contacted from NYC	73.9	70.5 to 77.4	
Ever contacted from NY state	82.0	73.3 to 90.6	
Missing	73.8	66.4 to 81.2	
N contacts during recruitment period			0.118
1	70.2	64.0 to 76.3	
2-5	74.1	69.3 to 79.0	
6-19	81.1	75.2 to 86.9	
20+	76.4	67.7 to 85.1	
Contact mode			0.248
Call	75.9	72.5 to 79.3	
Chat	61.9	45.9 to 77.8	
SMS	69.6	58.1 to 81.1	
Multi-mode	75.9	68.4 to 83.4	

User characteristics	Would definitely recommend NYC Well to a friend		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Had a mental health provider			0.812
Had a mental health provider	75.2	71.2 to 79.3	
Did not have a mental health provider	74.5	70.2 to 78.7	
Mental health status (K6)			0.157
No psychological distress	80.8	74.3 to 87.3	
Moderate psychological distress	72.4	67.6 to 77.2	
Serious psychological distress	74.6	70.1 to 79.0	
N	854		
F	2.12		
p	0.001		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05
**p<0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D13. Subgroup Characteristics Associated with Primary Users Reporting Their Experience with Their Counselor or Peer Support Specialist Was "Very Good" across All Five Items, in the First Follow-Up Survey

User characteristics	Experience with counselor or Peer Support Specialist very good across all five items		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.224
13 to 17	54.5	31.7 to 77.2	
18 to 24	61.8	54.5 to 69.2	
25 to 34	56.8	50.8 to 62.8	
35 to 44	46.0	37.1 to 54.9	
45 to 54	54.9	43.3 to 66.6	
55 to 64	49.0	38.2 to 59.8	
65 or older	48.2	30.7 to 65.6	
Gender			0.687
Male	56.3	50.1 to 62.4	
Female	54.1	49.8 to 58.4	
Other, transgender, or non-conforming†	49.0	32.0 to 66.0	
Race			0.428
White	55.1	49.1 to 61.1	
Black or African American	58.5	52.1 to 65.0	
Asian	53.0	40.3 to 65.7	
AI/AN or NHPI or Other‡	49.9	42.3 to 57.5	

User characteristics	Experience with counselor or Peer Support Specialist very good across all five items		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Ethnicity			0.144
Not Hispanic	52.9	48.7 to 57.1	
Hispanic	59.6	52.3 to 66.9	
Education			0.126
Less than high school graduate	54.6	42.2 to 67.0	
High school graduate	49.1	40.2 to 58.1	
Some college	56.5	50.4 to 62.6	
4 year college graduate	49.7	42.2 to 57.1	
More than 4 years of college	62.9	54.7 to 71.1	
Region			0.982
Ever contacted from NYC	54.8	50.7 to 58.8	
Ever contacted from NY state	55.1	43.5 to 66.8	
Missing	53.9	44.9 to 62.9	
N contacts during recruitment period			0.500
1	55.0	47.8 to 62.2	
2-5	55.9	50.5 to 61.4	
6-19	55.9	48.3 to 63.5	
20+	46.9	36.4 to 57.4	
Contact mode			0.039*
Call	56.3	52.3 to 60.3	
Chat	30.8	15.6 to 46.0	
SMS	49.3	36.1 to 62.6	
Multi-mode	56.1	46.8 to 65.4	
Had a mental health provider			0.772
Had a mental health provider	54.1	49.3 to 59.0	
Did not have a mental health provider	55.2	50.2 to 60.2	
Mental health status (K6)			0.619
No psychological distress	51.3	43.1 to 59.5	
Moderate psychological distress	56.2	50.8 to 61.6	
Serious psychological distress	54.7	49.3 to 60.1	
N	840		
F	1.07		
p	0.369		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D14. Subgroup Characteristics Associated with Primary Users Reporting their Counselor or Peer Support Specialist Was "Very Good" at Speaking in Their Preferred Language, in the First Follow-Up Survey

User characteristics	Counselor or Peer Support Specialist spoke in preferred language		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.420
13 to 17	89.3	78.2 to 100.5	
18 to 24	91.4	87.3 to 95.5	
25 to 34	90.8	87.3 to 94.2	
35 to 44	88.1	82.3 to 94.0	
45 to 54	86.8	78.3 to 95.2	
55 to 64	80.8	71.3 to 90.3	
65 or older	84.8	71.0 to 98.6	
Gender			0.817
Male	89.2	85.4 to 93.0	
Female	88.4	85.5 to 91.3	
Other, transgender, or non-conforming†	91.6	82.5 to 100.8	
Race			0.029*
White	91.8	88.7 to 95.0	
Black or African American	89.4	84.9 to 93.8	
Asian	78.6	67.9 to 89.3	
AI/AN or NHPI or Other‡	86.1	80.7 to 91.5	
Ethnicity			0.985
Not Hispanic	88.8	86.1 to 91.5	
Hispanic	88.8	84.1 to 93.4	
Education			0.154
Less than high school graduate	81.0	71.5 to 90.6	
High school graduate	87.9	82.0 to 93.8	
Some college	88.1	84.2 to 92.0	
4 year college graduate	89.3	84.9 to 93.8	
More than 4 years of college	95.1	90.8 to 99.4	
Region			0.375
Ever contacted from NYC	89.7	87.3 to 92.2	
Ever contacted from NY state	87.5	79.3 to 95.7	
Missing	85.2	78.7 to 91.6	
N contacts during recruitment period			0.207
1	91.3	87.1 to 95.4	
2-5	88.5	84.8 to 92.2	
6-19	89.7	85.2 to 94.1	
20+	83.2	76.2 to 90.1	
Contact mode			0.807
Call	88.8	86.3 to 91.4	
Chat	89.2	78.5 to 100.0	
SMS	92.5	84.6 to 100.4	
Multi-mode	86.9	80.7 to 93.1	

User characteristics	Counselor or Peer Support Specialist spoke in preferred language		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Had a mental health provider			0.522
Had a mental health provider	89.5	86.6 to 92.5	
Did not have a mental health provider	88.1	84.8 to 91.4	
Mental health status (K6)			0.673
No psychological distress	88.4	83.2 to 93.7	
Moderate psychological distress	89.9	86.7 to 93.1	
Serious psychological distress	87.9	84.4 to 91.4	
N	852		
F	1.26		
p	0.175		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D15. Subgroup Characteristics Associated with Primary Users Reporting Their Counselor or Peer Support Specialist Was "Very Good" at Listening to You, in the First Follow-Up Survey

Primary User characteristics	Counselor or Peer Support Specialist listened to you		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.637
13 to 17	86.7	76.1 to 97.4	
18 to 24	82.5	76.8 to 88.1	
25 to 34	78.3	73.3 to 83.3	
35 to 44	76.3	68.9 to 83.7	
45 to 54	82.2	73.5 to 90.9	
55 to 64	75.0	65.6 to 84.4	
65 or older	77.0	61.9 to 92.1	
Gender			0.788
Male	80.6	75.9 to 85.4	
Female	78.7	75.2 to 82.2	
Other, transgender, or non-conforming†	77.4	63.2 to 91.6	
Race			0.152
White	80.5	75.9 to 85.1	
Black or African American	81.8	76.6 to 86.9	
Asian	69.0	57.4 to 80.7	
AI/AN or NHPI or Other‡	77.7	71.9 to 83.6	
Ethnicity			0.780
Not Hispanic	79.6	76.4 to 82.8	
Hispanic	78.6	72.9 to 84.4	

Primary User characteristics	Counselor or Peer Support Specialist listened to you		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Education			0.053
Less than high school graduate	68.2	56.8 to 79.5	
High school graduate	76.2	68.8 to 83.5	
Some college	79.7	74.8 to 84.6	
4 year college graduate	80.8	75.3 to 86.3	
More than 4 years of college	86.4	80.7 to 92.0	
Region			0.369
Ever contacted from NYC	80.3	77.2 to 83.5	
Ever contacted from NY state	79.6	70.3 to 88.9	
Missing	74.6	66.9 to 82.2	
N contacts during recruitment period			0.014
1	85.3	80.4 to 90.3	
2-5	79.2	74.7 to 83.8	
6-19	78.6	72.3 to 84.8	
20+	67.9	58.6 to 77.3	
Contact mode			0.014
Call	81.3	78.2 to 84.4	
Chat	59.7	43.6 to 75.8	
SMS	80.2	69.0 to 91.3	
Multi-mode	74.3	66.2 to 82.3	
Had a mental health provider			0.870
Had a mental health provider	79.1	75.2 to 83.0	
Did not have a mental health provider	79.6	75.7 to 83.5	
Mental health status (K6)			0.362
No psychological distress	75.1	68.0 to 82.1	
Moderate psychological distress	79.8	75.6 to 84.1	
Serious psychological distress	80.7	76.7 to 84.8	
N	854		
F	1.47		
p	0.060		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D16. Subgroup Characteristics Associated with Primary Users Reporting Their Counselor or Peer Support Specialist Was "Very Good" at Providing Support and Treatment Recommendations, in the First Follow-Up Survey

Primary User Characteristics	Counselor or Peer Support Specialist provided support and treatment recommendations		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.066
13 to 17	72.5	53.7 to 91.3	
18 to 24	76.7	70.6 to 82.9	
25 to 34	70.3	64.8 to 75.8	
35 to 44	59.6	50.8 to 68.5	
45 to 54	75.2	65.2 to 85.2	
55 to 64	67.3	57.2 to 77.4	
65 or older	59.0	41.9 to 76.1	
Gender			0.376
Male	70.7	65.2 to 76.2	
Female	69.9	65.9 to 73.8	
Other, transgender, or non-conforming†	59.5	43.9 to 75.2	
Race			0.453
White	69.0	63.6 to 74.4	
Black or African American	73.3	67.5 to 79.0	
Asian	63.7	51.5 to 75.9	
AI/AN or NHPI or Other‡	68.6	61.6 to 75.6	
Ethnicity			0.206
Not Hispanic	68.4	64.6 to 72.2	
Hispanic	73.7	67.2 to 80.2	
Education			0.334
Less than high school graduate	73.2	62.2 to 84.1	
High school graduate	61.8	53.1 to 70.5	
Some college	70.9	65.5 to 76.4	
4 year college graduate	69.8	63.1 to 76.5	
More than 4 years of college	72.9	65.5 to 80.3	
Region			0.872
Ever contacted from NYC	69.3	65.7 to 73.0	
Ever contacted from NY state	72.2	62.4 to 82.0	
Missing	70.1	62.2 to 78.1	
N contacts during recruitment period			0.154
1	66.9	60.2 to 73.6	
2-5	73.2	68.3 to 78.0	
6-19	71.2	64.4 to 78.0	
20+	62.0	52.0 to 72.0	
Contact mode			0.006**
Call	71.2	67.5 to 74.8	
Chat	43.0	27.5 to 58.6	
SMS	71.9	60.4 to 83.4	
Multi-mode	69.7	61.4 to 77.9	

Primary User Characteristics	Counselor or Peer Support Specialist provided support and treatment recommendations		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Had a mental health provider			0.856
Had a mental health provider	70.1	65.7 to 74.4	
Did not have a mental health provider	69.5	64.9 to 74.0	
Mental health status (K6)			0.409
No psychological distress	74.1	67.0 to 81.2	
Moderate psychological distress	68.0	63.0 to 72.9	
Serious psychological distress	69.5	64.6 to 74.5	
N	849		
F	1.46		
p	0.062		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April – September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
**p <0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D17. Subgroup Characteristics Associated with Primary Users Reporting Their Counselor or Peer Support Specialist Was "Very Good" at Explaining Options and Potential Next Steps, in the First Follow-Up Survey

Primary User Characteristics	Counselor or Peer Support Specialist explained options and potential next steps (including referral)		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.016*
13 to 17	77.4	60.3 to 94.6	
18 to 24	74.0	67.7 to 80.3	
25 to 34	67.5	61.8 to 73.2	
35 to 44	57.6	48.8 to 66.4	
45 to 54	59.6	48.5 to 70.7	
55 to 64	58.8	47.9 to 69.8	
65 or older	47.6	30.9 to 64.3	
Gender			0.909
Male	66.1	60.3 to 71.9	
Female	64.9	60.8 to 69.0	
Other, transgender, or non-conforming†	63.0	47.1 to 78.9	
Race			0.476
White	64.5	59.0 to 70.1	
Black or African American	69.3	63.2 to 75.3	
Asian	64.7	52.7 to 76.7	
AI/AN or NHPI or Other‡	61.6	54.2 to 69.0	

Primary User Characteristics	Counselor or Peer Support Specialist explained options and potential next steps (including referral)		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Ethnicity			0.487
Not Hispanic	64.5	60.5 to 68.4	
Hispanic	67.5	60.6 to 74.3	
Education			0.018*
Less than high school graduate	63.8	51.8 to 75.9	
High school graduate	56.9	48.2 to 65.6	
Some college	66.9	61.1 to 72.7	
4 year college graduate	61.3	54.2 to 68.4	
More than 4 years of college	75.6	68.7 to 82.5	
Region			0.815
Ever contacted from NYC	64.9	61.1 to 68.7	
Ever contacted from NY state	64.1	53.8 to 74.4	
Missing	67.7	59.4 to 76.0	
N contacts during recruitment period			0.266
1	64.6	57.8 to 71.3	
2-5	68.7	63.6 to 73.8	
6-19	63.8	56.5 to 71.2	
20+	57.9	47.8 to 67.9	
Contact mode			0.024*
Call	67.7	64.0 to 71.4	
Chat	43.8	27.7 to 59.8	
SMS	59.0	45.4 to 72.5	
Multi-mode	61.6	52.7 to 70.6	
Had a mental health provider			0.394
Had a mental health provider	63.8	59.2 to 68.4	
Did not have a mental health provider	66.7	62.1 to 71.3	
Mental health status (K6)			0.922
No psychological distress	65.3	57.5 to 73.1	
Moderate psychological distress	64.5	59.4 to 69.6	
Serious psychological distress	66.0	60.9 to 71.1	
N	850		
F	1.45		
p	0.066		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April – September 2019)

Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval

*p <0.05

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D18. Subgroup Characteristics Associated with Primary Users Reporting Their Counselor or Peer Support Specialist Was "Very Good" at Addressing Questions or Concerns, in the First Follow-Up Survey

Primary User characteristics	Counselor or Peer Support Specialist addressed questions or concerns		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.061
13 to 17	82.5	67.0 to 98.1	
18 to 24	76.5	70.3 to 82.7	
25 to 34	73.6	68.4 to 78.7	
35 to 44	62.6	54.1 to 71.2	
45 to 54	76.5	66.8 to 86.2	
55 to 64	65.7	55.3 to 76.0	
65 or older	59.3	41.6 to 76.9	
Gender			0.967
Male	71.7	66.3 to 77.1	
Female	71.4	67.5 to 75.3	
Other, transgender, or non-conforming†	73.4	58.2 to 88.6	
Race			0.115
White	73.1	68.0 to 78.3	
Black or African American	75.7	70.2 to 81.2	
Asian	65.3	53.3 to 77.3	
AI/AN or NHPI or Other‡	66.1	59.0 to 73.2	
Ethnicity			0.639
Not Hispanic	71.1	67.3 to 74.8	
Hispanic	73.0	66.6 to 79.3	
Education			0.181
Less than high school graduate	73.5	62.9 to 84.2	
High school graduate	68.4	60.3 to 76.5	
Some college	71.9	66.4 to 77.4	
4 year college graduate	67.0	60.3 to 73.8	
More than 4 years of college	78.5	72.0 to 85.0	
Region			0.584
Ever contacted from NYC	71.0	67.3 to 74.6	
Ever contacted from NY state	76.6	67.2 to 86.0	
Missing	71.1	63.2 to 79.0	
N contacts during recruitment period			0.380
1	73.6	67.2 to 79.9	
2-5	71.9	67.1 to 76.8	
6-19	72.9	66.3 to 79.6	
20+	64.0	54.4 to 73.7	
Contact mode			0.002
Call	73.2	69.7 to 76.7	
Chat	42.2	26.6 to 57.8	
SMS	74.0	62.1 to 85.9	
Multi-mode	70.4	62.2 to 78.7	

Primary User characteristics	Counselor or Peer Support Specialist addressed questions or concerns		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Had a mental health provider			0.405
Had a mental health provider	72.9	68.7 to 77.2	
Did not have a mental health provider	70.3	65.9 to 74.7	
Mental health status (K6)			0.279
No psychological distress	67.3	59.7 to 74.9	
Moderate psychological distress	70.8	66.0 to 75.7	
Serious psychological distress	74.2	69.7 to 78.8	
N	854		
F	1.51		
p	0.048		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D19. Subgroup Characteristics Associated with Whether Primary Users Received a Referral to another Provider through NYC Well in the First Follow-Up Survey

Primary User Characteristics	Received a referral to another provider		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Age			0.005**
13 to 17	68.0	50.9 to 85.2	
18 to 24	75.0	68.4 to 81.7	
25 to 34	71.7	67.0 to 76.5	
35 to 44	69.0	61.8 to 76.3	
45 to 54	53.9	42.8 to 65.0	
55 to 64	57.5	47.1 to 67.9	
65 or older	55.2	39.8 to 70.5	
Gender			0.471
Male	65.2	59.4 to 71.0	
Female	69.3	65.8 to 72.8	
Other, transgender, or non-conforming†	64.6	44.0 to 85.2	
Race			0.428
White	69.3	64.5 to 74.1	
Black or African American	67.6	61.9 to 73.2	
Asian	58.3	45.7 to 71.0	
AI/AN or NHPI or Other‡	68.4	62.0 to 74.8	
Ethnicity			0.279
Not Hispanic	66.6	63.2 to 70.1	
Hispanic	71.1	64.3 to 77.9	

Primary User Characteristics	Received a referral to another provider		
	Regression-adjusted percent	95% CI	P-value, regression-adjusted Wald test for each category
Education			0.837
Less than high school graduate	68.7	57.8 to 79.7	
High school graduate	64.5	56.8 to 72.3	
Some college	67.0	61.9 to 72.1	
4 year college graduate	68.4	61.9 to 74.9	
More than 4 years of college	70.9	63.5 to 78.2	
Region			<0.001**
Ever contacted from NYC	77.2	73.8 to 80.6	
Ever contacted from NY state	49.0	37.8 to 60.1	
Missing	36.1	26.0 to 46.1	
N contacts during recruitment period			<0.001**
1	62.1	55.3 to 68.9	
2-5	77.1	72.3 to 81.9	
6-19	66.2	59.5 to 72.9	
20+	52.9	42.8 to 63.0	
Contact mode			0.041*
Call	70.2	66.7 to 73.8	
Chat	55.4	42.2 to 68.6	
SMS	66.7	57.0 to 76.4	
Multi-mode	60.6	52.1 to 69.1	
Had a mental health provider			0.629
Had a mental health provider	67.1	62.9 to 71.2	
Did not have a mental health provider	68.5	64.2 to 72.8	
Mental health status (K6)			0.150
No psychological distress	73.1	65.9 to 80.2	
Moderate psychological distress	64.6	59.7 to 69.5	
Serious psychological distress	68.6	64.1 to 73.2	
N	806		
F	4.96		
p	<0.001		

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Analysis includes primary users only. Estimates are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. Abbreviations: CI, confidence interval
*p<0.05
**p<0.01
†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.
‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

What Were NYC Well Users' Mental Health Outcomes?

Exhibit D20. Mental Health Outcomes Reported by Primary Users in the First Follow-Up Survey

Mental health outcomes	Primary Users (n=896)	
	Unweighted n	Weighted %
Kessler 6 Psychological Distress Scale composite measure		
No psychological distress	161	18.7
Moderate psychological distress	342	39.5
Serious psychological distress	376	41.8
Nervous, in prior 30 days		
All of the time	111	12.2
Most of the time	232	26.4
Some of the time	323	36.1
Little of the time	125	14.0
None of the time	96	11.3
Hopeless, in prior 30 days		
All of the time	81	9.1
Most of the time	189	20.8
Some of the time	248	27.7
Little of the time	172	19.7
None of the time	197	22.7
Restless, in prior 30 days		
All of the time	100	10.9
Most of the time	180	20.3
Some of the time	292	33.4
Little of the time	153	17.2
None of the time	161	18.3
Depressed, in prior 30 days		
All of the time	59	6.3
Most of the time	160	17.4
Some of the time	254	28.8
Little of the time	167	19.0
None of the time	246	28.4
Like everything is an effort, in prior 30 days		
All of the time	171	18.8
Most of the time	185	20.4
Some of the time	226	26.3
Little of the time	163	18.2
None of the time	142	16.4
Worthless, in prior 30 days		
All of the time	103	11.1
Most of the time	137	15.5
Some of the time	210	23.7

Mental health outcomes	Primary Users (n=896)	
	Unweighted n	Weighted %
Little of the time	138	15.6
None of the time	297	34.0
Needed counseling or treatment right away, in prior six months		
Yes	416	45.9
No	474	54.1

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019)
Notes: Includes primary users only (N=896). Estimates are weighted to adjust for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey.

Exhibit D21. Change over Time in Feeling "Nervous" Most or All of the Time during the Last 30 Days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	38.6	30.8	-7.8	-12.4 to -3.2	0.001**
Age					
13-17	59.7	49.3	-10.4	-31.2 to 10.4	0.326
18-24	36.3	37.4	1.1	-9.0 to 11.2	0.830
25-34	42.4	29.8	-12.6	-20.3 to -4.9	0.001**
35-44	47.9	29.4	-18.5	-31.1 to -6.0	0.004**
45-54	29.0	27.4	-1.6	-17.8 to 14.7	0.850
55-64	23.8	20.1	-3.7	-16.0 to 8.7	0.563
65+	36.9	38.6	1.7	-13.2 to 16.5	0.827
Gender					
Male	34.1	27.1	-7.0	-15.3 to 1.3	0.098
Female	41.4	32.6	-8.8	-14.3 to -3.2	0.002**
Other, transgender, or non-conforming†	37.7	37.2	-0.5	-27.9 to 27.0	0.973
Race					
White	48.0	37.3	-10.6	-19.5 to -1.8	0.018*
Black or African-American	30.0	28.1	-1.9	-9.9 to 6.2	0.648
Asian	46.8	30.7	-16.1	-29.8 to -2.4	0.021*
AI/AN or NHPI or Other‡	32.8	25.1	-7.7	-16.0 to 0.7	0.072
Ethnicity					
Not Hispanic	41.1	30.8	-10.2	-15.4 to -5.1	<0.001**
Hispanic	31.3	30.6	-0.6	-12.0 to 10.7	0.911

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=601 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 91.6 (p<0.001). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D22. Change over Time in Feeling "Hopeless" Most or All of the Time during the Last 30 Days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	29.6	18.2	-11.4	-15.6 to -7.2	<0.001**
Age					
13-17	49.3	41.3	-8.1	-39.6 to 23.5	0.616
18-24	28.9	23.7	-5.1	-14.4 to 4.1	0.274
25-34	32.2	14.4	-17.9	-25.8 to -10.0	<0.001**
35-44	29.3	23.1	-6.1	-16.2 to 3.9	0.232
45-54	26.1	13.6	-12.5	-24.0 to -0.9	0.034*
55-64	21.6	9.5	-12.1	-22.9 to -1.3	0.028*
65+	29.2	21.3	-7.9	-16.7 to 0.9	0.078
Gender					
Male	26.3	17.9	-8.4	-15.6 to -1.2	0.023*
Female	31.8	18.3	-13.6	-18.9 to -8.2	<0.001**
Other, transgender, or non-conforming†	24.9	19.0	-5.9	-24.5 to 12.8	0.536
Race					
White	31.8	21.1	-10.7	-18.1 to -3.2	0.005**
Black or African-American	27.2	17.7	-9.5	-17.0 to -2.0	0.013*
Asian	25.5	15.0	-10.5	-27.4 to 6.4	0.224
AI/AN or NHPI or Other‡	30.7	15.3	-15.4	-23.4 to -7.4	<0.001**
Ethnicity					
Not Hispanic	31.3	19.3	-12.0	-17.0 to -7.0	<0.001**
Hispanic	25.1	14.9	-10.2	-18.2 to -2.3	0.012*

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=598 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 56.0 (p<0.001). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D23. Change over Time in Feeling "Restless or Fidgety" Most or All of the Time during the Last 30 Days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	30.3	29.9	-0.4	-5.2 to 4.4	0.866
Age					
13-17	42.1	37.3	-4.8	-30.1 to 20.5	0.710
18-24	29.1	41.4	12.4	1.7 to 23.1	0.024*
25-34	32.0	29.2	-2.8	-10.7 to 5.0	0.483
35-44	37.4	30.3	-7.2	-22.1 to 7.7	0.346
45-54	24.9	25.3	0.4	-12.3 to 13.1	0.950
55-64	24.7	14.7	-10.0	-23.5 to 3.5	0.146
65+	14.3	28.2	13.9	-11.2 to 39.1	0.276
Gender					
Male	28.0	26.3	-1.7	-9.9 to 6.5	0.679
Female	31.1	32.2	1.1	-5.3 to 7.5	0.737
Other, transgender, or non-conforming†	37.9	26.2	-11.7	-31.1 to 7.7	0.238
Race					
White	33.3	33.5	0.2	-8.6 to 8.9	0.971
Black or African-American	27.4	25.4	-2.1	-10.5 to 6.4	0.633
Asian	36.1	35.0	-1.1	-20.2 to 18.0	0.913
AI/AN or NHPI or Other‡	27.8	29.0	1.2	-8.7 to 11.1	0.815
Ethnicity					
Not Hispanic	29.5	29.3	-0.2	-5.7 to 5.3	0.945
Hispanic	32.5	31.4	-1.1	-12.9 to 10.6	0.852

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=600 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 27.6 (p=0.327). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D24. Change over Time in Feeling "So Depressed that Nothing Could Cheer You Up" Most or All of the Time during the Last 30 Days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	22.8	15.8	-7.0	-11.2 to -2.9	0.001**
Age					
13-17	36.5	38.6	2.1	-23.9 to 28.0	0.876
18-24	28.5	22.5	-6.0	-15.1 to 3.1	0.194
25-34	23.8	13.7	-10.1	-17.5 to -2.7	0.007**
35-44	17.8	19.6	1.8	-11.0 to 14.7	0.779
45-54	21.7	8.0	-13.7	-25.7 to -1.7	0.025*
55-64	17.4	8.9	-8.5	-17.4 to 0.3	0.059
65+	16.3	9.5	-6.8	-15.5 to 1.9	0.125
Gender					
Male	22.6	15.2	-7.4	-15.1 to 0.3	0.059
Female	22.6	16.6	-6.1	-11.1 to -1.1	0.018*
Other, transgender, or non-conforming†	26.9	10.0	-16.9	-33.1 to -0.8	0.040*
Race					
White	24.6	19.0	-5.6	-13.3 to 2.1	0.156
Black or African-American	21.1	12.8	-8.3	-15.7 to -1.0	0.026*
Asian	18.0	11.1	-7.0	-22.5 to 8.5	0.377
AI/AN or NHPI or Other‡	23.9	16.7	-7.2	-14.8 to 0.4	0.064
Ethnicity					
Not Hispanic	23.6	17.0	-6.6	-11.5 to -1.8	0.007**
Hispanic	20.8	13.0	-7.9	-16.1 to 0.4	0.062

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=599 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 34.1 (p=0.106). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D25 Change over Time in Feeling "That Everything Was an Effort" Most or All of the Time during the Last 30 days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	39.3	32.7	-6.6	-11.1 to -2.0	0.004**
Age					
13-17	55.3	46.4	-8.9	-36.9 to 19.0	0.530
18-24	45.3	35.3	-10.0	-21.0 to 1.0	0.076
25-34	41.7	31.6	-10.1	-17.8 to -2.4	0.010**
35-44	33.2	37.3	4.1	-6.9 to 15.2	0.461
45-54	44.0	35.2	-8.9	-24.4 to 6.6	0.263
55-64	29.9	20.9	-8.9	-19.3 to 1.5	0.092
65+	13.5	28.0	14.5	-7.7 to 36.8	0.199
Gender					
Male	36.8	30.6	-6.2	-13.9 to 1.4	0.111
Female	40.5	33.9	-6.5	-12.4 to -0.7	0.029*
Other, transgender, or non-conforming†	42.1	33.0	-9.1	-29.8 to 11.6	0.389
Race					
White	37.5	35.1	-2.4	-10.1 to 5.4	0.544
Black or African-American	38.1	31.9	-6.1	-14.1 to 1.8	0.132
Asian	41.1	27.6	-13.6	-33.5 to 6.4	0.183
AI/AN or NHPI or Other‡	42.5	31.7	-10.8	-20.5 to -1.1	0.029*
Ethnicity					
Not Hispanic	40.5	33.9	-6.6	-11.9 to -1.2	0.016*
Hispanic	36.0	29.3	-6.7	-15.7 to 2.3	0.144

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=600 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 32.3 (p=0.150). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native, Other.

Exhibit D26. Change over Time in Feeling "Worthless" Most or All of the Time during the Last 30 Days among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, weighted %	Second follow-up survey, weighted %	Difference, percentage points	95% CI	p-value
Overall	26.9	20.6	-6.3	-10.4 to -2.2	0.003**
Age					
13-17	52.7	36.1	-16.6	-50.3 to 17.0	0.333
18-24	38.6	26.7	-11.8	-20.9 to -2.8	0.011*
25-34	27.5	17.7	-9.9	-17.0 to -2.7	0.007**
35-44	24.4	25.2	0.8	-9.8 to 11.4	0.882
45-54	20.2	16.8	-3.4	-17.4 to 10.6	0.634
55-64	12.2	10.7	-1.5	-8.5 to 5.4	0.662
65+	13.8	22.7	8.9	-14.0 to 31.8	0.447
Gender					
Male	24.5	19.7	-4.7	-11.3 to 1.9	0.162
Female	27.3	20.4	-6.9	-12.4 to -1.4	0.015*
Other, transgender, or non-conforming†	39.2	30.1	-9.1	-27.8 to 9.5	0.338
Race					
White	31.1	22.5	-8.6	-16.2 to -1.1	0.026*
Black or African-American	20.8	19.1	-1.7	-8.9 to 5.5	0.643
Asian	26.6	19.3	-7.2	-22.0 to 7.5	0.336
AI/AN or NHPI or Other‡	28.5	20.1	-8.4	-16.3 to -0.4	0.039*
Ethnicity					
Not Hispanic	26.8	21.4	-5.4	-10.2 to -0.6	0.028*
Hispanic	26.9	18.3	-8.6	-16.2 to -1.0	0.027*

Source: The NYC Well Evaluation Follow-Up Survey 1 (April – September 2019) & Follow-Up Survey 2 (October 2019 – March 2020)

Notes: N=598 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 67.0 ($p<0.001$). Abbreviations: CI, confidence interval.

*$p<0.05$

**$p<0.01$

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D27. Change over Time in Needing Counseling or Treatment Right Away at Some Point in the Last 6 months among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, Weighted %	Second follow-up survey, Weighted %	Difference, percentage points	95% CI	p-value
Overall	45.1	46.4	1.2	-4.0 to 6.5	0.649
Age					
13-17	41.1	53.9	12.8	-12.4 to 38.0	0.320
18-24	38.5	43.3	4.8	-5.9 to 15.5	0.377
25-34	50.3	47.2	-3.1	-12.4 to 6.3	0.522
35-44	51.9	49.2	-2.7	-16.4 to 11.0	0.697
45-54	39.2	46.7	7.5	-10.6 to 25.6	0.415
55-64	42.5	45.6	3.1	-11.5 to 17.7	0.681
65+	36.8	37.8	0.9	-18.2 to 20.1	0.923
Gender					
Male	45.3	41.0	-4.3	-14.5 to 5.9	0.407
Female	44.6	49.3	4.7	-1.5 to 10.9	0.138
Other, transgender, or non-conforming†	50.8	51.1	0.3	-14.8 to 15.5	0.964
Race					
White	42.3	45.3	3.1	-6.5 to 12.6	0.530
Black or African-American	49.2	45.3	-3.8	-13.0 to 5.3	0.413
Asian	30.2	34.5	4.3	-10.7 to 19.3	0.572
AI/AN or NHPI or Other‡	48.3	52.1	3.9	-7.4 to 15.1	0.501
Ethnicity					
Not Hispanic	44.5	46.2	1.7	-4.6 to 8.1	0.593
Hispanic	46.8	46.7	-0.1	-11.0 to 10.8	0.986

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=598 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 19.3 (p=0.782). Abbreviations: CI, confidence interval.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

What Were NYC Well Users' Service Outcomes?

Exhibit D28. Change over Time in Making an Appointment for Non-Crisis Counseling or Treatment in the Last 6 Months among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, Weighted %	Second follow-up survey, Weighted %	Difference, percentage points	95% CI	p-value
Overall	58.4	66.4	8.0	3.0 to 12.9	0.002**
Age					
13-17	26.4	53.3	26.9	4.4 to 49.3	0.019*
18-24	56.1	65.8	9.7	-2.5 to 21.9	0.120
25-34	57.6	61.9	4.3	-4.0 to 12.7	0.311
35-44	59.2	66.5	7.3	-4.4 to 18.9	0.221
45-54	73.7	76.6	3.0	-10.9 to 16.8	0.676
55-64	60.2	79.9	19.7	9.1 to 30.4	<0.001**
65+	55.6	47.1	-8.5	-38.9 to 21.9	0.583
Gender					
Male	57.4	60.8	3.4	-4.7 to 11.4	0.413
Female	58.2	69.5	11.3	4.9 to 17.7	<0.001**
Other, transgender, or non-conforming†	71.0	71.8	0.7	-9.3 to 10.7	0.889
Race					
White	65.0	72.4	7.4	-0.5 to 15.3	0.065
Black or African-American	53.2	65.3	12.1	3.1 to 21.0	0.008**
Asian	52.0	44.9	-7.2	-29.2 to 14.8	0.522
AI/AN or NHPI or Other‡	56.9	65.0	8.0	-1.0 to 17.1	0.083
Ethnicity§					
Hispanic	NR	NR	NR	NR	NR
Not Hispanic	NR	NR	NR	NR	NR

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=602 primary users who completed the items necessary for both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 94.7 (p=<0.001). Abbreviations: CI, confidence interval, NR, not reported.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

§ The measure of Hispanic ethnicity was excluded so that regressions would converge.

Exhibit D29. Change over Time in Going to an Office, Clinic, or Other Treatment Program to Get Counseling, Treatment, or Medicine for Themselves the Last 6 Months among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, Weighted %	Second follow-up survey, Weighted %	Difference, percentage points	95% CI	p-value
Overall	53.8	65.9	12.1	7.3 to 16.8	<0.001**
Age					
13-17	42.9	40.3	-2.6	-20.0 to 14.9	0.773
18-24	51.7	60.0	8.4	-2.5 to 19.2	0.133
25-34	54.0	63.9	10.0	1.5 to 18.5	0.021*
35-44	52.6	65.0	12.4	1.6 to 23.1	0.024*
45-54	57.9	78.8	21.0	7.7 to 34.2	0.002**
55-64	58.8	78.8	20.0	9.4 to 30.5	<0.001**
65+	52.0	62.8	10.9	-22.1 to 43.8	0.518
Gender					
Male	52.5	62.2	9.7	2.0 to 17.4	0.014*
Female	54.7	68.3	13.6	7.9 to 19.3	<0.001**
Other, transgender, or non-conforming†‡	NR	NR	NR	NR	NR
Race					
White	64.5	72.8	8.3	1.0 to 15.5	0.025*
Black or African-American	45.4	60.5	15.1	6.4 to 23.8	0.001**
Asian	42.5	52.1	9.6	-7.1 to 26.3	0.261
AI/AN or NHPI or Other§	51.6	66.3	14.7	4.2 to 25.2	0.006**
Ethnicity	53.5	67.2	13.8	8.2 to 19.4	<0.001**
Hispanic	54.8	62.3	7.5	-1.1 to 16.1	0.086
Not Hispanic	53.8	65.9	12.1	7.3 to 16.8	<0.001**

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=573 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 99.7 (p=<0.001). Abbreviations: CI, confidence interval, NR, not reported.

*p<0.05

**p<0.01

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Respondents with gender of other, transgender, and non-confirming were excluded in order for regression to converge.

§ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Exhibit D30. Change over Time in Going to an Emergency Room or Crisis Center to Get Counseling or Treatment for Themselves the Last 6 Months among Primary Users, by Subgroup

Subgroup characteristics	First follow-up survey, Weighted %	Second follow-up survey, Weighted %	Difference, percentage points	95% CI	p-value
Overall	19.7	18.4	-1.3	-5.2 to 2.7	0.531
Age					
13-17	25.6	18.9	-6.7	-37.9 to 24.6	0.675
18-24	21.4	16.2	-5.2	-14.8 to 4.5	0.293
25-34	18.4	18.9	0.6	-5.3 to 6.5	0.848
35-44	19.3	12.1	-7.2	-18.3 to 4.0	0.207
45-54	22.2	31.0	8.8	-1.4 to 19.0	0.092
55-64	21.8	15.1	-6.7	-17.2 to 3.8	0.211
65+	6.7	24.9	18.2	-4.5 to 40.8	0.116
Gender					
Male	25.1	21.1	-4.0	-11.1 to 3.1	0.270
Female	17.2	16.5	-0.7	-5.7 to 4.3	0.774
Other, transgender, or non-conforming†	7.0	20.6	13.6	-0.1 to 27.3	0.052
Race					
White	19.9	17.6	-2.4	-7.9 to 3.2	0.405
Black or African-American	23.0	21.3	-1.8	-10.1 to 6.6	0.683
Asian	9.8	8.3	-1.5	-13.9 to 10.8	0.808
AI/AN or NHPI or Other‡	18.3	18.9	0.6	-9.3 to 10.5	0.904
Ethnicity	17.7	17.1	-0.6	-5.4 to 4.3	0.819
Hispanic	25.1	21.7	-3.4	-13.3 to 6.6	0.508
Not Hispanic	19.7	18.4	-1.3	-5.2 to 2.7	0.531

Source: The NYC Well Evaluation Follow-Up Survey 1 (April - September 2019) & Follow-Up Survey 2 (October 2019 - March 2020)

Notes: N=602 primary users who completed the items necessary in both surveys. Estimates are adjusted for age, gender, race and ethnicity, and are weighted for survey non-response, such that weighted results can be considered representative of those who were recruited to complete the survey. F-statistic for the entire regression = 36.1 (p=0.070). Abbreviations: CI, confidence interval.

†Due to small cell sizes, we grouped respondents into the "Other, transgender, or non-conforming" gender category who indicated their gender was transgender male, transgender female, gender non-conforming, or other.

‡ Due to small cell sizes, we grouped respondents into the "AI/AN or NHPI or Other" race category who indicated their race was Native Hawaiian or Pacific Islander, American Indian or Alaska Native or Other.

Appendix E: First and Second Follow-up Survey for Primary Users

NYC Well Evaluation – 1st Follow-Up Survey Instrument

Final 4/19/19

[CAWI only: Before we begin, are you [Respondent Name]]?

1. Yes [Continue to Intro]
2. No [Go to Outro]

[Outro] This survey was intended for [RESPONDENT NAME]. If you received an invitation for this survey and the person named is not you, please contact us at 646-486-8449 or NYC_Study@abtassoc.com so we can send you the correct information. Sorry for the inconvenience.

[CATI only:] Hello. My name is [INTERVIEWER]. I am calling from Abt Associates. Could I please speak with [RESPONDENT NAME]?

INTERVIEWER: IF NECESSARY, READ: "[RESPONDENT NAME] agreed to be called about a survey that Abt Associates is conducting. Is [RESPONDENT NAME] available to speak with me? [INTERVIEWER: IF NO - SCHEDULE APPOINTMENT TO CALL BACK AT A BETTER TIME]

INTERVIEWER: IF FIRST PERSON WAS NOT REPONDENT AND NOW TALKING TO RESPONDENT, READ: Hello. My name is [INTERVIEWER]. I am calling from Abt Associates.

[Intro] Thank you for your willingness to participate. Abt Associates is an independent research company. We have been hired by the New York City Mayor's Office for Economic Opportunity to evaluate the NYC Well program that you recently interacted with. The purpose of this evaluation is to help NYC understand how well the program is working and what can be improved.

During a recent [CALL/CHAT/TEXT SESSION] with NYC Well on (CONTACT DATE), you agreed to be contacted for an additional survey through web or telephone. Your name, phone number, and email address will be kept safe and secure; we will never share or sell this information, and will use it only for this survey. Participation is voluntary and will not impact any services you are receiving from NYC Well. You can stop participating at any time or decide not to answer any question. If you feel distressed at any point during the survey, [CATI: WE; CAWI: YOU] can stop and look at some mental health and wellness resources available to you.

The survey should take about 30 minutes to complete. There is a slight risk of loss of confidentiality, but we have measures in place to protect your data. All information provided will remain private, and we will not identify any individual people in reports or briefings. The research team will have access to service records from your NYC Well contact, and these records will be linked to your survey answers for the purposes of analysis, but these data will be securely stored at Abt Associates and only used for this study.

[CATI ONLY: If you have any questions I can't answer, I can give you a telephone number or email address for more information]. In appreciation of the time that you spend answering our questions, we will provide you with a $30 Visa® prepaid card as a thank you.

This research has been approved by the New York City Department of Health and Mental Hygiene's (DOHMH) Institutional Review Board, a research ethics board.

Do you have any questions about this survey, the study or your rights as a study participant?

1.	YES	(CATI: ANSWER IF POSSIBLE OR SEE BELOW; CAWI: SEE BELOW)
2.	NO	

(IF QUESTION CANNOT BE ANSWERED BY INTERVIEWER):

- For questions about study, please call Abt Associates at 646-486-8449 or email us at NYC_Study@abtassoc.com.
- For questions about participant rights, please call DOHMH Institutional Review Board at 347-396-6118.

INTERVIEWER: IF THE RESPONDENT REQUESTS TO TAKE THE SURVEY ONLINE, SELECT 102 AT EITHER THE DIAL SCREEN OR THE STOP MENU. YOU WILL FIRST BE PROMPTED FOR A COMMENT, AND THEN FOR THE RESPONDENT'S EMAIL ADDRESS.

INTERVIEWER: AFTER EMAIL IS SENT READ: "You should have just received the email with the link to take the survey. If you did not, please check your SPAM filter for an email from NYC_Study@abtassoc.com."

Are you 13 years old or older?

1.	YES
2.	NO

Is this your first time participating in a survey from Abt Associates about your NYC Well experience?

1.	YES	[Continue]
2.	NO	[Go to Outro2]

[Outro2] Thank you for your time. In order to provide everyone the opportunity to participate, individuals are only allowed to participate in our survey once. If you have already completed an initial survey, you will receive a follow-up survey within six months. Please contact the Abt Associates team if you have any questions at 646-486-8449 or NYC_Study@abtassoc.com.

Shall we begin (CATI ONLY)?

1.	YES	
2.	NO	[SCHEDULE CALLBACK]
77.	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]
99.	REFUSED	[THANK AND END. DISPO AS HARD REFUSAL]

To begin, we would like to ask about your service interaction with NYC Well on [DATE]. [CAWI ONLY] A few instructions before you begin…

- *[CAWI ONLY] To respond to a question, select the best answer and then hit the "NEXT" button.*
- *[CAWI ONLY] If you do not want to answer a question, you can hit "NEXT" without selecting an answer and you will be given the option of declining to answer.*

2. How did you first learn about NYC Well? *Please select the best response.*

O Service provider [01]

O Family/friend [02]

O Word of mouth [03]

O Advertisement [04]

O Other (please specify): [77]

_____

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

3. Which of the following statements best explain your reason for contacting NYC Well this past month? *Select all that apply.*

O I wanted to talk to someone. [01]

O I wanted advice. [02]

O I had a question or questions I wanted answered. [03]

O I wanted a referral. [04]

O Other (please specify): [77]

_____

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

4. Was this your first time contacting NYC Well?

O Yes [IF "YES," SKIP TO Q6] [01]

O No [02]

O Refused [Soft Prompt] [99]

5. **Which of the following statements best explain your reason(s) for re-contacting NYC Well?** ***Select all that apply.***

O For the same reason(s) I had contacted them previously. [01]

O For a different reason [02]

O Other (please specify): [77]

_____

O Refused [Soft Prompt] [99]

6. **Thinking back to your recent contact with NYC Well, how would you rate your counselor/peer support specialist in the following areas:**

	Very good *[1]*	*Good* *[2]*	*Not very good* *[3]*	*Poor* *[4]*
6a Speaking with you in your preferred language	O	O	O	O
6b: Listening to you	O	O	O	O
6c: Providing you with support and treatment recommendations	O	O	O	O
6d: Explaining your options and potential next steps (including referral)	O	O	O	O
6e: Addressing your questions or concerns	O	O	O	O

O Refused [Soft Prompt] [99]

7. **Did you <u>receive</u> a referral, or contact information for another provider you could follow up with for additional help or services, from your NYC Well counselor/peer support specialist?**

O Yes [01]

O No [SKIP TO Q16] [02]

O Not sure/don't know [SKIP TO Q16] [88]

O Refused [Soft Prompt] [SKIP TO Q16] [99]

8. Did the counselor/peer support specialist offer you a direct phone transfer to the provider you were referred to?

- O Yes [SKIP TO Q13] [01]
- O No [02]
- O Refused [Soft Prompt] [99]

11. Did you attempt to contact the provider you were referred to?

- O Yes [SKIP to Q13] [01]
- O No [02]
- O Refused [Soft Prompt] [99]

12. Which of the following statements *best* explain why you did not contact the provider you were referred to? *Select all that apply.* [ANSWER & SKIP TO Q16]

- O You didn't think you needed additional mental health or wellness services at the time. [01]
- O You didn't think additional mental health or wellness services would help. [02]
- O You thought you could handle the problem without the provider's help. [03]
- O You couldn't afford the cost. [04]
- O Your health insurance does not cover <u>any</u> mental health or wellness services. [05]
- O Your health insurance does not pay <u>enough</u> for mental health or wellness services. [06]
- O You didn't have time (because of job, childcare, or other commitments). [07]
- O You didn't want others to find out that you were getting mental health or wellness services. [08]
- O You were concerned that getting mental health or wellness services might cause your family, friends, or community to have a negative opinion of you. [09]
- O You were concerned that getting mental health or wellness services might have a negative effect on your job. [10]
- O You were concerned that the information you gave the provider might not be kept confidential. [11]
- O You were concerned that you might be committed to a psychiatric hospital or might have to take medicine. [12]
- O You did not know how to contact the provider. [13]

- O You had no transportation, or the provider was too far away, or their hours were not convenient. [14]
- O Some other reason or reasons (please specify): [77]

_____

- O Refused [Soft Prompt] [99]

13. Did you make an appointment or visit with that provider?

- O Yes [SKIP to Q16] [01]
- O No [02]
- O Refused [Soft Prompt] [99]

14. Why did you not get an appointment or visit with that provider? *Select all that apply.*

- O The provider was not accepting new clients/patients. [01]
- O The provider did not accept your form of insurance. [02]
- O The provider did not speak your preferred language. [03]
- O You didn't think you needed additional mental health or wellness services at the time. [04]
- O You didn't think additional mental health or wellness services would help. [05]
- O You thought you could handle the problem without the provider's help. [06]
- O You couldn't afford the cost. [07]
- O Your health insurance does not cover <u>any</u> mental health or wellness services. [08]
- O Your health insurance does not pay <u>enough</u> for mental health or wellness services. [09]
- O You didn't have time (because of job, childcare, or other commitments). [10]
- O You didn't want others to find out that you were getting mental health or wellness services. [11]
- O You were concerned that getting mental health or wellness services might cause your family, friends, or community to have a negative opinion of you. [12]
- O You were concerned that getting mental health or wellness services might have a negative effect on your job. [13]
- O You were concerned that the information you gave the provider might not be kept confidential. [14]

- O You were concerned that you might be committed to a psychiatric hospital or might have to take medicine. [15]
- O You did not know how to contact the provider. [16]
- O You had no transportation, or the provider was too far away, or their hours were not convenient. [17]
- O Some other reason or reasons (please specify): [77]

_____

- O Refused [Soft Prompt] [99]

Next, we would like to ask some questions about the mental health and wellness services you use and have used.

16. In the last 6 months, did you need counseling or treatment right away?

- O Yes [01]
- O No [SKIP TO Q18] [02]
- O Refused [SKIP TO Q18] [Soft Prompt] [99]

17. In the last 6 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

- O Never [01]
- O Sometimes [02]
- O Usually [02]
- O Always [04]
- O Refused [Soft Prompt] [99]

18. In the last 6 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?

- O Yes [01]
- O No [SKIP TO Q20] [02]
- O Refused [SKIP TO Q20] [Soft Prompt] [99]

19. In the last 6 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

- O Never [01]
- O Sometimes [02]
- O Usually [03]
- O Always [04]
- O Refused [Soft Prompt] [99]

20. In the last 6 months, how many times did you go to an <u>emergency room or crisis center</u> to get counseling or treatment for yourself?

- O None [01]
- O 1 [02]
- O 2 [03]
- O 3 or more [04]
- O Refused [Soft Prompt] [99]

21. In the last 6 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment, or medicine for yourself?

- O None [01]
- O 1 to 10 [02]
- O 11 to 20 [03]
- O 21 or more [04]
- O Refused [Soft Prompt] [99]

22. During the past 6 months, was there ever a time when you did not get, or delayed getting, mental health treatment because:

	Yes [1]	*No [2]*	*Not sure/ don't know [88]*
22a: You had trouble finding a provider you liked?	O	O	O
22b: It seemed too difficult or overwhelming?	O	O	O
22c: You were worried about the cost or could not afford it?	O	O	O
22d: You did not have the time because of a job, childcare, or other commitments?	O	O	O
22e: You could not find a provider who spoke your language?	O	O	O
22f: Of some other reason? (If YES, please specify): _____	O	O	O

O Refused [Soft Prompt] [99]

23. Does your language, race, religion, gender, sexual identification, ethnic background or culture make any difference in the kind of counseling or treatment <u>you need</u>?

O Yes [01]

O No [SKIP TO Q25] [02]

O Refused [SKIP TO Q25] [Soft Prompt] [99]

24. In the last 6 months, was the care you received responsive to those needs?

O Yes [01]

O No [02]

O Refused [Soft Prompt] [99]

25. Do you have any kind of health insurance coverage, including private health insurance or government plans such as Medicare or Medicaid?

O Yes [01]

O No [SKIP TO Q29] [02]

O Not sure/don't know [SKIP TO Q29] [88]

O Refused [SKIP TO Q29] [Soft Prompt] [99]

26. What type of health insurance do you currently use to pay for mental health and wellness services? Is it insurance through:

- O Your employer [01]
- O Someone else's employer [02]
- O A plan that you or someone else buys on your own [03]
- O Medicare [04]
- O Medicaid (also known as Family Health Plus, and including Medicaid Managed Care) [05]
- O COBRA [06]
- O Other (please specify): [77]

  _____

- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

27. Does your insurance plan offer a helpline for mental health and wellness questions?

- O Yes [01]
- O No [SKIP to Q29] [02]
- O Not sure/don't know [SKIP to Q29] [88]
- O Refused [SKIP to Q29] [Soft Prompt] [99]

28. Did you contact that helpline in the last six months?

- O Yes [01]
- O No (Please specify why not:____) [02]
- O Refused [Soft Prompt] [99]

29. Do you have one person or more than one person you think of as your mental health and wellness provider?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

30. What type of provider or provider(s) do you currently see for your mental health and wellness? ***Select all that apply.***

O Primary care physician or nurse practitioner [01]

O Mental health care provider (e.g., counselor, therapist, and/or psychiatrist). [02]

O Peer support provider [03]

O Care/case manager [04]

O Other (please specify): [77]

_____

O I do not currently see any of these kinds of providers. [SKIP to Q34] [05]

O Refused [SKIP to Q34] [Soft Prompt] [99]

31. Do any of these providers offer access to care after business hours? This may be through an answering service, call line, or other means.

O Yes [01]

O No [SKIP to Q33] [02]

O Not sure/don't know [SKIP to Q33] [88]

O Refused [SKIP to Q33] [Soft Prompt] [99]

32. Have you contacted any of these providers via their after-hours service/call line?

O Yes [01]

O No (Please specify why not:____) [02]

O Refused [Soft Prompt] [99]

33. Have any of your providers ever recommended that you contact NYC Well?

O Yes [01]

O No [02]

O Refused [Soft Prompt] [99]

34. If NYC Well did not exist, what other options would you have considered? ***Select all that apply.***

O Another hotline [01]

O One or more of my health care or wellness providers (please specify provider type): [02]

_____

O Emergency services [03]

O My insurance plan's list of mental health providers [04]

O Family/friend [05]

O Other (please specify): [77]

_____

O I would not have spoken to anyone [06]

O Don't know/refused [88]

O Refused [Soft Prompt] [99]

The following questions ask about how you have been feeling during the past 30 days.

35. During the past 30 days, about how often did you feel:

	All of the time *[1]*	*Most of the time* *[2]*	*Some of the time* *[3]*	*A little of the time* *[4]*	*None of the time* *[5]*
35a: Nervous?	O	O	O	O	O
35b: Hopeless?	O	O	O	O	O
35c: Restless or fidgety?	O	O	O	O	O
35d: So depressed that nothing could cheer you up?	O	O	O	O	O
35e: That everything was an effort?	O	O	O	O	O
35f: Worthless?	O	O	O	O	O

O Refused [Soft Prompt] [99]

[IF RESPONDENT SELECTS "NONE OF THE ABOVE" or "Refused" FOR all of 35A-F, SKIP TO Q43]

36. Taking them together, did these feelings occur MORE OFTEN in the past 30 days than is usual for you, ABOUT THE SAME as usual, or LESS OFTEN than usual?

- O More often than usual [SKIP to Q38] [01]
- O About the same as usual [SKIP TO Q39] [02]
- O Less often than usual [SKIP to Q37] [03]
- O Refused [SKIP TO Q39] [Soft Prompt] [99]

37. A LOT less than usual, SOMEWHAT less, or ONLY A LITTLE less than usual?

- O A lot [SKIP to Q39] [01]
- O Somewhat [SKIP to Q39] [02]
- O A little [SKIP to Q39] [03]
- O Refused [SKIP to Q39] [Soft Prompt] [99]

38. A LOT more than usual, SOMEWHAT more, or ONLY A LITTLE more than usual?

- O A lot [01]
- O Somewhat [02]
- O A little [03]
- O Refused [Soft Prompt] [99]

The next questions are about how these feelings may have affected you in the past 30 days.

39. How many days out of the past 30 were you <u>totally</u> unable to work or carry out your normal activities because of these feelings? _____ (Number of days) [IF N=30, SKIP TO Q41] [Range = 0-30]

Refused [SKIP TO Q41] [Soft Prompt] [99]

40. [Not counting (that day/those days)], how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings? _____ (Number of days) [Range = 0-30]

Refused [Soft Prompt] [99]

41. During the past 30 days, how many times did you see a doctor or other health professional about these feelings? _____ (Number of days) [Range = 0-30]

Refused [Soft Prompt] [99]

42. During the past 30 days, how often have physical health problems been the main cause of these feelings?

- O All of the time [01]
- O Most of the time [02]
- O Some of the time [03]
- O A little of the time [04]
- O None of the time [05]
- O Refused [Soft Prompt] [99]

The next set of questions asks about your overall experience with NYC Well.

43. When you contacted NYC Well, did the conversation you had help you deal more effectively with your problems?

- O Yes, it helped me a lot [01]
- O Yes, it helped me a little [02]
- O It didn't really help or hurt [SKIP TO Q46] [03]
- O No, it made things a little worse [SKIP TO Q45] [04]
- O No, it made things a lot worse [SKIP TO Q45] [05]
- O Refused [SKIP TO Q46] [Soft Prompt] [99]

44. How did NYC Well help? ***Please specify.*** [ANSWER & THEN SKIP TO Q46]

_____

Refused [Soft Prompt] [99]

45. How did NYC Well make things worse? ***Please specify.***

_____

Refused [Soft Prompt] [99]

46. Overall, since you contacted NYC Well, are you--

- O Better [01]
- O About the same [02]
- O Worse [03]
- O Refused [Soft Prompt] [99]

47. In general, how satisfied are you with your experience with NYC Well?

- O Very much satisfied [01]
- O Somewhat satisfied [02]
- O Somewhat dissatisfied [03]
- O Very dissatisfied [04]
- O Refused [Soft Prompt] [99]

48. If a friend were in need of similar help, would you recommend NYC Well to them?

- O Definitely yes [01]
- O Probably yes [02]
- O Probably not [03]
- O Definitely not [04]
- O Refused [Soft Prompt] [99]

Our final set of questions asks for a bit more information about you.

54. What is your age now?

- O 13 to 17 [01]
- O 18 to 24 [02]
- O 25 to 34 [03]
- O 35 to 44 [04]
- O 45 to 54 [05]
- O 55 to 64 [06]

- O 65 to 74 [07]
- O 75 or older [08]
- O Refused [Soft Prompt] [99]

55. How would you describe your current gender identity?

- O As a male [01]
- O As a female [02]
- O As a transgender male [03]
- O As a transgender female [04]
- O As gender non-conforming [05]
- O Other (please specify): [77]

_____

- O Don't know/not sure [88]
- O Refused [99]

56. What is the highest grade or level of school that you have <u>completed</u>?

- O 8th grade or less [01]
- O Some high school, but did not graduate [02]
- O High school graduate or GED [03]
- O Some college or 2-year degree [04]
- O 4-year college degree [05]
- O More than 4-year college degree [06]
- O Refused [Soft Prompt] [99]

57. Are you of Hispanic or Latino origin or descent?

- O Yes, Hispanic or Latino [01]
- O No, not Hispanic or Latino [02]
- O Refused [Soft Prompt] [99]

58. What is your race? ***Select all that apply.***

- O White [01]
- O Black or African American [02]
- O Asian [03]
- O Native Hawaiian or Pacific Islander [04]
- O American Indian or Alaska Native [05]
- O Other [77]
- O Refused [Soft Prompt] [99]

Lastly, our team will be conducting approximately 40 in-depth interviews with a subset of survey participants like you in the coming months. Individuals selected for in-depth interview will receive an additional $30 incentive, in addition to those received for completion of the surveys.

59. Would you be willing to participate in such an interview?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

Inc. Please provide your contact information so we can send you the incentive for completing this survey.

- O Provided information (go to address module)
- O Refused [99]: Go to Inc2

First and last name: _____

Street address: _____

Apt/Suite: _____

City: _____

State: _____

ZIP code: _____

Phone number 1: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Phone number 2: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Email address: _____@_____

[IF EMAIL ADDRESS PROVIDED GO TO Inc3a, IF EMAIL ADDRESS NOT PROVIDED GO TO Inc3b, IF ONLY PHONE NUMBER PROVIDED GO TO Inc2]

Inc2. [IF REFUSED OR ONLY PHONE NUMBER] By refusing to provide your contact information, we will not be able to provide you with a $30 Visa prepaid card for completing the survey. Please confirm that you do not want to receive this, or go back to provide your information.

O Provided information (go to address module)

O Refused [99]: Go to end

Inc3a. ***[PROVIDED EMAIL ADDRESS:]*** In the next few days, you will receive an email from notification@prepaiddigitalsolutions.com. If the email is not in your inbox, please check your junk mail or spam folders. If you do not receive an email after 5-7 business days, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST.

Inc3b. ***[DID NOT PROVIDE EMAIL ADDRESS:]*** In the next few weeks, you will receive a letter containing your incentive card. If you do not receive a letter after 1 to 2 weeks, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST. You may use your Visa Prepaid card anywhere Visa debit cards are accepted in the U.S. The Visa card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

End: Thank you for completing this survey. We look forward to speaking with you again in 6 months.

APPENDIX E. FIRST AND SECOND FOLLOW-UP FOR PRIMARY USERS

NYC Well Evaluation – 2nd Follow-Up Survey Instrument

Final 3/28/19

[CAWI only: Before we begin, are you [Respondent Name]]?

3. Yes [Continue to Intro]
4. No [Go to Outro]

[Outro] This survey was intended for [RESPONDENT NAME]. If you received an invitation for this survey and the person named is not you, please contact us at 646-486-8449 or NYC_Study@abtassoc.com so we can send you the correct information. Sorry for the inconvenience.

[CATI only:] Hello. My name is [INTERVIEWER]. I am calling from Abt Associates. Could I please speak with [RESPONDENT NAME]?

INTERVIEWER: IF NECESSARY, READ: "[RESPONDENT NAME] agreed to be called about a survey that Abt Associates is conducting. Is [RESPONDENT NAME] available to speak with me? [INTERVIEWER: IF NO - SCHEDULE APPOINTMENT TO CALL BACK AT A BETTER TIME]

INTERVIEWER: IF FIRST PERSON WAS NOT REPONDENT AND NOW TALKING TO RESPONDENT, READ: Hello. My name is [INTERVIEWER]. I am calling from Abt Associates.

[Intro] Thank you for your willingness to participate. Abt Associates is an independent research company. We have been hired by the New York City Mayor's Office for Economic Opportunity to evaluate the NYC Well program that you interacted with about 6 months ago. You may recall that we mentioned we would be contacting you again to complete a follow-up survey.

This survey should take about 30 minutes to complete. There is a slight risk of loss of confidentiality, but we have measures in place to protect your data. All information provided will remain private, and we will not identify any individual people in reports or briefings. The research team will have access to service records from your NYC Well contact, and these records will be linked to your survey answers for the purposes of analysis, but these data will be securely stored at Abt Associates and only used for this study.

In appreciation of the time that you spend answering our questions, we will provide you with a $25 Visa® prepaid visa gift card as a thank you.

This research has been approved by the New York City Department of Health and Mental Hygiene's (DOHMH) Institutional Review Board, a research ethics board.

Do you have any questions about this survey, the study or your rights as a study participant?

1. YES (CATI: ANSWER IF POSSIBLE OR SEE BELOW; CAWI: SEE BELOW)
2. NO

(IF QUESTION CANNOT BE ANSWERED BY INTERVIEWER):

- For questions about study, please call Abt Associates at 646-486-8449 or email us at NYC_Study@abtassoc.com.
- For questions about participant rights, please call DOHMH Institutional Review Board at 347-396-6118.

INTERVIEWER: IF THE RESPONDENT REQUESTS TO TAKE THE SURVEY ONLINE, SELECT 102 AT EITHER THE DIAL SCREEN OR THE STOP MENU. YOU WILL FIRST BE PROMPTED FOR A COMMENT, AND THEN FOR THE RESPONDENT'S EMAIL ADDRESS.

INTERVIEWER: AFTER EMAIL IS SENT READ: "You should have just received the email with the link to take the survey. If you did not, please check your SPAM filter for an email from NYC_Study@abtassoc.com."

Shall we begin (CATI ONLY)?

1.	YES	
2.	NO	[SCHEDULE CALLBACK]
77.	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]
99.	REFUSED	[THANK AND END. DISPO AS HARD REFUSAL]

To begin, we would like to ask about your service interaction with NYC Well since your last survey with us on [PREVIOUS SURVEY DATE]. A few instructions before you begin…

- *To respond to a question, select the best answer and then hit the "NEXT" button.*
- *If you do not want to answer a question, you can hit "NEXT" without selecting an answer and you will be given the option of declining to answer.*

9. Have you contacted NYC Well since you completed our first follow-up survey in [MONTH]?

- O Yes [01]
- O No [SKIP TO Q6] [02]
- O Not sure/don't know [SKIP TO Q6] [88]
- O Refused [SKIP TO Q6] [Soft Prompt] [99]

10. Which of the following statements best explain your reason(s) for re-contacting NYC Well? *Select all that apply.*

- O For the same reason(s) I had contacted them previously. [SKIP TO Q4] [01]
- O For a different reason [02]
- O Other (please specify): [77]

  _____

- O Refused [Soft Prompt] [99]

11. Which of the following statements best explain your reason for contacting NYC Well since we last spoke? *Select all that apply.*

- O I wanted to talk to someone. [01]
- O I wanted advice. [02]
- O I had a question or questions I wanted answered. [03]
- O I wanted a referral. [04]

O Other (please specify): [77]

_____

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

12. When you re-contacted NYC Well, how would you rate your counselor/peer support specialist in the following areas:

	Very good [01]	*Good* [02]	*Not very good* [03]	*Poor* [04]
4a: Speaking with you in your preferred language	O	O	O	O
4b: Listening to you	O	O	O	O
4c: Providing you with support and treatment recommendations	O	O	O	O
4d: Explaining your options and potential next steps (including referral)	O	O	O	O
4e: Addressing your questions or concerns	O	O	O	O

O Refused [Soft Prompt] [99]

Next, we would like to ask some questions about the mental health and wellness services you use and have used.

6. In the last 6 months, did you need counseling or treatment right away?

O Yes [01]

O No [SKIP TO Q8] [02]

O Refused [SKIP TO Q8] [Soft Prompt] [99]

7. In the last 6 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

O Never [01]

O Sometimes [02]

O Usually [03]

O Always [04]

O Refused [Soft Prompt] [99]

8. In the last 6 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?

O Yes [01]

- O No [SKIP TO Q10] [02]
- O Refused [SKIP TO Q10] [Soft Prompt] [99]

9. Was the provider you made an appointment for counseling or treatment with someone NYC Well referred you to?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

10. In the last 6 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

- O Never [01]
- O Sometimes [02]
- O Usually [03]
- O Always [04]
- O Refused [Soft Prompt] [99]

11. In the last 6 months, how many times did you go to an <u>emergency room or crisis center</u> to get counseling or treatment for yourself?

- O None [01]
- O 1 [02]
- O 2 [03]
- O 3 or more [04]
- O Refused [Soft Prompt] [99]

12. In the last six months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment, or medicine for yourself?

- O None [01]
- O 1 to 10 [02]
- O 11 to 20 [03]
- O 21 or more [04]
- O Refused [Soft Prompt] [99]

13. During the past six months, was there ever a time when you did not get, or delayed getting, mental health treatment because:

	Yes [01]	*No* [02]	*Not sure/ don't know* [88]
13a: You had trouble finding a provider you liked?	O	O	O
13b: It seemed too difficult or overwhelming?	O	O	O
13c: You were worried about the cost or could not afford it?	O	O	O
13d: You did not have the time because of a job, childcare, or other commitments?	O	O	O
13e: You could not find a provider who spoke your language?	O	O	O
13f: Or some other reason? (If YES, please specify): _____	O	O	O

O Refused [Soft Prompt] [99]

14. Does your language, race, religion, gender, sexual identification, ethnic background or culture make any difference in the kind of counseling or treatment <u>you need</u>?

O Yes [01]
O No [SKIP TO Q15] [02]
O Refused [SKIP TO Q15] [Soft Prompt] [99]

15. In the last six months, was the care you received responsive to those needs?

O Yes [01]
O No [02]
O Refused [Soft Prompt] [99]

16. Has the type of health insurance you have changed since you initially contacted NYC Well?

O Yes [01]
O No [SKIP to Q21] [02]
O Not sure/don't know [SKIP to Q21] [88]
O Refused [SKIP to Q21] [Soft Prompt] [99]

17. Which of the following statements best describes your change in health insurance?

O I did not have health insurance when I first contacted NYC Well, and now have it. [01]
O I had health insurance when I first contacted NYC Well, but no longer have it. [02]
O I had a different kind of health insurance when I first contacted NYC Well than I do now. [03]
O Refused [Soft Prompt] [99]

18. What type of health insurance do you currently use to pay for mental health and wellness services? Is it insurance through:

- O Your employer [01]
- O Someone else's employer [02]
- O A plan that you or someone else buys on your own [03]
- O Medicare [04]
- O Medicaid (also known as Family Health Plus, and including Medicaid Managed Care) [05]
- O COBRA [06]
- O Self-pay/out of pocket [07]
- O Other (please specify) [77]: _____
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

19. Does your insurance plan offer a helpline for mental health and wellness questions?

- O Yes [01]
- O No [SKIP to Q20] [02]
- O Not sure/don't know [SKIP to Q20] [88]
- O Refused [SKIP to Q20] [Soft Prompt] [99]

20. Did you contact that helpline in the last six months?

- O Yes [01]
- O No (Please specify why not:____) [02]
- O Refused [Soft Prompt] [99]

21. Do you have one person or more than one person you think of as your mental health and wellness provider?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

22. What type of provider or provider(s) do you currently see for your mental health and wellness? *Select all that apply.*

- O Primary care physician or nurse practitioner [01]
- O Mental health care provider (e.g., counselor, therapist, and/or psychiatrist). [02]
- O Peer support provider [03]
- O Care/case manager [04]

- O Other (please specify): [77]

_____

- O I do not currently see any of these kinds of providers. [SKIP to Q32] [05]
- O Refused [SKIP to Q32] [Soft Prompt] [99]

23. Have the health care and wellness providers you see changed since you first contacted NYC Well?

- O Yes [01]
- O No [SKIP to Q30] [02]
- O Refused [SKIP to Q30] [Soft Prompt] [99]

24. Which of the following statements best describes your change in health care and wellness providers?

- O I have ***more*** health care and wellness providers now than I did when I first contacted NYC Well. [01]
- O I have ***fewer*** health care and wellness providers now than I did when I first contacted NYC Well. [02]
- O I have the same number but ***different*** health care and wellness providers now than I did when I first contacted NYC Well. [03]
- O Refused [Soft Prompt] [99]

25. Which of your health care and wellness providers changed? *Select all that apply.*

- O Primary care doctor [01]
- O Mental health care provider (e.g., counselor, therapist, and psychiatrist). [02]
- O Peer support provider [03]
- O Care/case manager [04]
- O Other (please specify) [77]:

  _____

- O Refused [Soft Prompt] [99]

28. Do any of these providers offer access to care after business hours? This may be through an answering service, call line, or other means.

- O Yes [01]
- O No [SKIP to Q32] [02]
- O Not sure/don't know [SKIP to Q32] [88]
- O Refused [SKIP to Q32] [Soft Prompt] [99]

29. Have you contacted any of these providers via their after-hours service/call line?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

30. Have any of your providers ever recommended that you contact NYC Well?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

The following questions ask about how you have been feeling during the past 30 days.

32. During the past 30 days, about how often did you feel:

	All of the time [01]	*Most of the time*[02]	*Some of the time* [03]	*A little of the time*[04]	*None of the time* [05]
32a: Nervous?	O	O	O	O	O
32b: Hopeless?	O	O	O	O	O
32c: Restless or fidgety?	O	O	O	O	O
32d: So depressed that nothing could cheer you up?	O	O	O	O	O
32e: That everything was an effort?	O	O	O	O	O
32f: Worthless?	O	O	O	O	O

- O Refused [Soft Prompt] [99]

[IF RESPONDENT SELECTS "NONE OF THE ABOVE" FOR 32A-F, SKIP TO Q40]

33. Taking them together, did these feelings occur MORE OFTEN in the past 30 days than is usual for you, ABOUT THE SAME as usual, or LESS OFTEN than usual?

- O More often than usual [SKIP to Q35] [01]
- O About the same as usual [SKIP to Q36] [02]
- O Less often than usual [03]
- O Refused [SKIP to Q36] [Soft Prompt] [99]

34. A LOT less than usual, SOMEWHAT less, or ONLY A LITTLE less than usual?

- O A lot [SKIP to Q36] [01]
- O Somewhat [SKIP to Q36] [02]
- O A little [SKIP to Q36] [03]
- O Refused [SKIP to Q36] [Soft Prompt] [99]

35. A LOT more than usual, SOMEWHAT more, or ONLY A LITTLE more than usual?

- O A lot [01]
- O Somewhat [02]
- O A little [03]
- O Refused [Soft Prompt] [99]

The next questions are about how these feelings may have affected you in the past 30 days.

36. How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings? _____ (Number of days) [IF N=30, SKIP TO Q38] [Range 0-30]

- O Refused [Soft Prompt] [99]

37. [Not counting (that day/those days)], how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings? _____ (Number of days) [Range 0-30]

- O Refused [Soft Prompt] [99]

38. During the past 30 days, how many times did you see a doctor or other health professional about these feelings? _____ (Number of days) [Range 0-30]

- O Refused [Soft Prompt] [99]

39. During the past 30 days, how often have physical health problems been the main cause of these feelings?

- O All of the time [01]
- O Most of the time [02]
- O Some of the time [03]
- O A little of the time [04]
- O None of the time [05]
- O Refused [Soft Prompt] [99]

The next set of questions asks about your overall experience with NYC Well.

40. Has/have your conversation(s) with NYC Well helped you deal more effectively with your problems?

- O Yes, it helped me a lot [01]
- O Yes, it helped me a little [02]
- O It didn't really help or hurt [03]
- O No, it made things a little worse [04]
- O No, it made things a lot worse [05]
- O Refused [Soft Prompt] [99]

41. Overall, since you FIRST contacted NYC Well, are you--

- O Better [01]
- O About the same [02]
- O Worse [03]
- O Refused [Soft Prompt] [99]

42. In general, how satisfied are you with your OVERALL experience with NYC Well?

- O Very much satisfied [01]
- O Somewhat satisfied [02]
- O Somewhat dissatisfied [03]
- O Very dissatisfied [04]
- O Refused [Soft Prompt] [99]

43. If a friend were in need of similar help, would you recommend NYC Well to him or her?

- O Definitely yes [01]
- O Probably yes [02]
- O Probably not [03]
- O Definitely not [04]
- O Refused [Soft Prompt] [99]

Inc. Please provide your contact information so we can send you the incentive for completing this survey. [If CAWI: You can choose to receive an electronic prepaid card or have a physical card mailed to you.]

- O Provided information (go to address module)
- O Refused [99]: Go to Inc2

First and last name:_____

Street address: _____

Apt/Suite: _____

City: _____

State: _____

ZIP code: _____

Phone number 1: (_____) _____-_____

- O ***Home***
- O ***Cell***
- O ***Work***

Phone number 2: (_____) _____-_____

- O ***Home***
- O ***Cell***
- O ***Work***

Email address: _____@_____

[IF EMAIL ADDRESS PROVIDED GO TO Inc3a, IF EMAIL ADDRESS NOT PROVIDED GO TO Inc3b, IF ONLY PHONE NUMBER PROVIDED GO TO Inc2]

Inc2. [IF REFUSED OR ONLY PHONE NUMBER] By refusing to provide your contact information, we will not be able to provide you with a $25 Visa prepaid card for completing the survey. Please confirm that you do not want to receive this, or go back to provide your information.

- O Provided information (go to address module)
- O Refused [99]: Go to end

Inc3a. ***[PROVIDED EMAIL ADDRESS:]*** In the next few days, you will receive an email from notification@prepaiddigitalsolutions.com. If the email is not in your inbox, please check your junk mail or spam folders. If you do not receive an email after 5-7 business days, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST.

Inc3b. ***[DID NOT PROVIDE EMAIL ADDRESS:]*** In the next few weeks, you will receive a letter containing your incentive card. If you do not receive a letter after 1 to 2 weeks, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST. You may use your Visa Prepaid card anywhere Visa debit cards are accepted in the U.S. The Visa card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

End: Thank you for completing this survey.

Appendix F: First and Second Follow-up Surveys for Intermediary Users

NYC Well Evaluation – 1st Follow-Up Survey Instrument – Third Party Callers

Final 4/19/19

[CAWI only: Before we begin, are you [Respondent Name]]?

5. Yes [Continue to Intro]
6. No [Go to Outro]

[Outro] This survey was intended for [RESPONDENT NAME]. If you received an invitation for this survey and the person named is not you, please contact us at 646-486-8449 or NYC_Study@abtassoc.com so we can send you the correct information. Sorry for the inconvenience.

[CATI only:] Hello. My name is [INTERVIEWER]. I am calling from Abt Associates. Could I please speak with [RESPONDENT NAME]?

INTERVIEWER: IF NECESSARY, READ: "[RESPONDENT NAME] agreed to be called about a survey that Abt Associates is conducting. Is [RESPONDENT NAME] available to speak with me? [INTERVIEWER: IF NO - SCHEDULE APPOINTMENT TO CALL BACK AT A BETTER TIME]

INTERVIEWER: IF FIRST PERSON WAS NOT REPONDENT AND NOW TALKING TO RESPONDENT, READ: Hello. My name is [INTERVIEWER]. I am calling from Abt Associates.

[Intro] Thank you for your willingness to participate. Abt Associates is an independent research company. We have been hired by the New York City Mayor's Office for Economic Opportunity to evaluate the NYC Well program that you recently interacted with. The purpose of this evaluation is to help NYC understand how well the program is working and what can be improved.

During a recent [CALL/CHAT/TEXT SESSION] with NYC Well on (CONTACT DATE), you agreed to be contacted for an additional survey through web or telephone. Your name, phone number, and email address will be kept safe and secure; we will never share or sell this information, and will use it only for this survey. Participation is voluntary and will not impact any services you are receiving from NYC Well. You can stop participating at any time or decide not to answer any question. If you feel distressed at any point during the survey, [CATI: WE; CAWI: YOU] can stop and look at some mental health and wellness resources available to you.

The survey should take about 30 minutes to complete. There is a slight risk of loss of confidentiality, but we have measures in place to protect your data. All information provided will remain private, and we will not identify any individual people in reports or briefings. The research team will have access to service records from your NYC Well contact, and these records will be linked to your survey answers for the purposes of analysis, but these data will be securely stored at Abt Associates and only used for this study.

[CATI ONLY: If you have any questions I can't answer, I can give you a telephone number or email address for more information]. In appreciation of the time that you spend answering our questions, we will provide you with a $30 Visa® prepaid card as a thank you.

This research has been approved by the New York City Department of Health and Mental Hygiene's (DOHMH) Institutional Review Board, a research ethics board.

Do you have any questions about this survey, the study or your rights as a study participant?

1.	YES	(CATI: ANSWER IF POSSIBLE OR SEE BELOW; CAWI: SEE BELOW)
2.	NO	

(IF QUESTION CANNOT BE ANSWERED BY INTERVIEWER):

- For questions about study, please call Abt Associates at 646-486-8449 or email us at NYC_Study@abtassoc.com.
- For questions about participant rights, please call DOHMH Institutional Review Board at 347-396-6118.

INTERVIEWER: IF THE RESPONDENT REQUESTS TO TAKE THE SURVEY ONLINE, SELECT 102 AT EITHER THE DIAL SCREEN OR THE STOP MENU. YOU WILL FIRST BE PROMPTED FOR A COMMENT, AND THEN FOR THE RESPONDENT'S EMAIL ADDRESS.

INTERVIEWER: AFTER EMAIL IS SENT READ: "You should have just received the email with the link to take the survey. If you did not, please check your SPAM filter for an email from NYC_Study@abtassoc.com."

Are you 13 years old or older?

1.	YES
2.	NO

Is this your first time participating in a survey from Abt Associates about your NYC Well experience?

1.	YES	[Continue]
2.	NO	[Go to Outro2]

[Outro2] Thank you for your time. In order to provide everyone the opportunity to participate, individuals are only allowed to participate in our survey once. If you have already completed an initial survey, you will receive a follow-up survey within six months. Please contact the Abt Associates team if you have any questions at 646-486-8449 or NYC_Study@abtassoc.com.

Shall we begin (CATI ONLY)?

1.	YES	
2.	NO	[SCHEDULE CALLBACK]
77.	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]
99.	REFUSED	[THANK AND END. DISPO AS HARD REFUSAL]

To begin, we would like to ask about your service interaction with NYC Well on [DATE]. A few instructions before you begin…

- *To respond to a question, select the best answer and then hit the "NEXT" button.*
- *If you do not want to answer a question, you can hit "NEXT" without selecting an answer and you will be given the option of declining to answer.*

13. What is your relationship with the individual whom you contacted NYC Well on behalf of on [DATE]? Are they your…

O Patient or client [IF YES, TERMINATE SURVEY] [01]

O Child [02]

O Parent [03]

O Spouse or partner [04]

O Other family member [05]

O Friend [06]

O Other relationship (please specify): [77]

_____

O Refused [Soft Prompt] [99]

14. How did you first learn about NYC Well? ***Please select the best response.***

O Service provider [01]
O Family/friend [02]
O Word of mouth [03]
O Advertisement [04]
O Other (please specify): [77]

_____

O Not sure/don't know [88]
O Refused [Soft Prompt] [99]

15. Which of the following statements best explain your reason for contacting NYC Well this past month? ***Select all that apply.***

O I wanted to talk to someone. [01]

O I wanted advice. [02]

O I had a question or questions I wanted answered. [03]

O I wanted a referral for _____. [04]

O Other (please specify): [77]

_____

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

16. Was this your first time contacting NYC Well?

O Yes [IF "YES," SKIP TO Q6] [01]

O No [02]

O Refused [Soft Prompt] [99]

17. Which of the following statements best explain your reason(s) for re-contacting NYC Well? ***Select all that apply.***

O For the same reason(s) I had contacted them previously. [01]

O For a different reason [02]

O Other (please specify): [77]

_____

O Refused [Soft Prompt] [99]

18. Thinking back to your recent contact with NYC Well, how would you rate your counselor/peer support specialist in the following areas:

	Very good *[1]*	*Good* *[2]*	*Not very good* *[3]*	*Poor* *[4]*
6a Speaking with you in your preferred language	O	O	O	O
6b: Listening to you	O	O	O	O
6c: Providing you with support and treatment recommendations	O	O	O	O
6d: Explaining your options and potential next steps (including referral)	O	O	O	O
6e: Addressing your questions or concerns	O	O	O	O

O Refused [Soft Prompt] [99]

19. Did you <u>receive</u> a referral, or contact information for another provider whom you or your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] could follow up with for additional help or services, from your NYC Well counselor/peer support specialist?

O Yes [01]

O No [SKIP TO Q15] [02]

O Not sure/don't know [SKIP TO Q15] [88]

O Refused [SKIP TO Q15] [Soft Prompt] [99]

20. Did the counselor/peer support specialist offer you a direct phone transfer to the provider you were referred to?

O Yes [01]

O No [SKIP TO Q10] [02]

O Refused [SKIP TO Q10] [Soft Prompt] [99]

21. Did you accept the direct phone transfer to the provider you were transferred to?

O Yes [SKIP TO Q13] [01]

O No (Please specify why not: _____)[02]

O Refused [Soft Prompt] [99]

22. Did you attempt to contact the provider you were referred to for your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]?

O Yes [SKIP to Q13] [01]

O No [02]

O Refused [Soft Prompt] [99]

23. Did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] attempt to contact the provider you were referred to?

O Yes [SKIP to Q13] [01]

O No [02]

O Not sure/don't know [SKIP TO Q15] [88]

O Refused [SKIP TO Q15] [Soft Prompt] [99]

24. Why did you and/or your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] decide not to contact the provider you were referred to? ***Select all that apply.*** [ANSWER & SKIP TO Q15]

- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't think they needed additional mental health or wellness services at the time. [01]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't think additional mental health or wellness services would help. [02]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] thought they could handle the problem without the provider's help. [03]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] couldn't afford the cost. [04]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health insurance does not cover <u>any</u> mental health or wellness services. [05]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health insurance does not pay <u>enough</u> for mental health or wellness services. [06]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't have time (because of job, childcare, or other commitments). [07]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't want others to find out that they were getting mental health or wellness services. [08]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that getting mental health or wellness services might cause their family, friends, or community to have a negative opinion of them. [09]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that getting mental health or wellness services might have a negative effect on their job. [10]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that the information they gave the provider might not be kept confidential. [11]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that they might be committed to a psychiatric hospital or might have to take medicine. [12]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] did not know how to contact the provider. [13]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had no transportation, or the provider was too far away, or their hours were not convenient. [14]
- O Some other reason or reasons (please specify): [77]

  _____

- O Not sure/don't know [88]

- O Refused [Soft Prompt] [99]

25. Were you or your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] able to make an appointment or visit with that provider?

- O Yes [SKIP to Q15] [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

26. Why did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] not get an appointment or visit with that provider? ***Select all that apply.***

- O The provider was not accepting new clients/patients. [01]
- O The provider did not accept your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s form of insurance. [02]
- O The provider did not speak your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s preferred language. [03]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't think they needed additional mental health or wellness services at the time. [04]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't think additional mental health or wellness services would help. [05]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] thought they could handle the problem without the provider's help. [06]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] couldn't afford the cost. [07]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health insurance does not cover <u>any</u> mental health or wellness services. [08]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health insurance does not pay <u>enough</u> for mental health or wellness services. [09]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't have time (because of job, childcare, or other commitments). [10]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] didn't want others to find out that they were getting mental health or wellness services. [11]

- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that getting mental health or wellness services might cause their family, friends, or community to have a negative opinion of them. [12]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that getting mental health or wellness services might have a negative effect on their job. [13]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that the information they gave the provider might not be kept confidential. [14]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] was concerned that they might be committed to a psychiatric hospital or might have to take medicine. [15]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] did not know how to contact the provider. [16]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had no transportation, or the provider was too far away, or their hours were not convenient. [17]
- O Other reason or reasons (please specify): [77]

_____

- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

Next, we would like to ask some questions about the mental health and wellness services your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] may use and have used.

27. Are you the individual responsible for making mental health appointments for your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

28. In the last 6 months, did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] need counseling or treatment <u>right away</u>?

- O Yes [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

18. In the last 6 months, not counting times your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] needed counseling or treatment right away, did YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] make any appointments for counseling or treatment?

- O Yes [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

20. In the last 6 months, how many times did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] go to an emergency room or crisis center to get counseling or treatment?

- O None [01]
- O 1 [02]
- O 2 [03]
- O 3 or more [04]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

21. In the last 6 months (not counting emergency rooms or crisis centers), how many times did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] go to an office, clinic, or other treatment program to get counseling, treatment, or medicine?

- O None [01]
- O 1 to 10 [02]
- O 11 to 20 [03]
- O 21 or more [04]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

22. During the past 6 months, was there ever a time when your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] did not get, or delayed getting, mental health treatment because:

	Yes *[1]*	*No* *[2]*	*Not sure/ don't know* *[88]*
22a: YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]** had trouble finding a provider YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]** liked?	○	○	○
22b: It seemed too difficult or overwhelming?	○	○	○
22c: YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]** were worried about the cost or could not afford it?	○	○	○
22d: YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]** did not have the time because of a job, childcare, or other commitments?	○	○	○
22e: YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]** could not find a provider who spoke YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF**]'s** language?	○	○	○
22f: Some other reason? (If YES, please specify):	○	○	○

O Refused [Soft Prompt] [99]

23. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'S language, race, religion, ethnic background, gender, sexual identification or culture make any difference in the kind of counseling or treatment your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] <u>needs</u>?

O Yes [01]

O No [SKIP TO Q25] [02]

O Not sure/don't know [SKIP TO Q25] [88]

O Refused [SKIP TO Q25] [Soft Prompt] [99]

24. In the last 6 months, was the care your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] received responsive to those needs?

O Yes [01]

O No [02]

- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

25. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] have any kind of health insurance coverage, including private health insurance or government plans such as Medicare or Medicaid?

- O Yes [01]
- O No [SKIP TO Q29] [02]
- O Not sure/don't know [SKIP TO Q29] [88]
- O Refused [SKIP TO Q29] [Soft Prompt] [99]

26. What type of health insurance does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] currently use to pay for mental health and wellness services? Is it insurance through:

- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s employer [01]
- O Someone else's employer [02]
- O A plan that your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] /YOU buy on THEIR/YOUR own [03]
- O Medicare [04]
- O Medicaid (also known as Family Health Plus, and including Medicaid Managed Care) [05]
- O COBRA [06]
- O Other (please specify): [77]

  _____

- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

27. Does [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF's] insurance plan offer a helpline for mental health and wellness questions?

- O Yes [01]
- O No [SKIP to Q29] [02]
- O Not sure/don't know [SKIP to Q29] [88]
- O Refused [SKIP to Q29] [Soft Prompt] [99]

28. Did YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] contact that helpline in the last six months?

- O Yes [01]
- O No (Please specify why not:____) [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

29. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] have one person or more than one person your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] thinks of as THEIR mental health and wellness provider?

- O Yes [01]
- O No [SKIP TO Q34] [02]
- O Not sure/don't know [SKIP TO Q34] [88]
- O Refused [SKIP TO Q34] [Soft Prompt] [99]

30. What type of provider or provider(s) does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] currently see for THEIR mental health and wellness? *Select all that apply.*

- O Primary care physician or nurse practitioner [01]
- O Mental health care provider (e.g., counselor, therapist, and/or psychiatrist). [02]
- O Peer support provider [03]
- O Care/case manager [04]
- O Other (please specify): [77]

_____

- O Not sure/don't know [SKIP TO Q34] [88]
- O Refused [SKIP TO Q34] [Soft Prompt] [99]

31. Do any of these providers offer access to care after business hours? This may be through an answering service, call line, or other means.

- O Yes [01]
- O No [SKIP to Q33] [02]
- O Not sure/don't know [SKIP to Q33] [88]
- O Refused [SKIP to Q33] [Soft Prompt] [99]

32. Have YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] contacted any of these providers via their after-hours service/call line?

- O Yes [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

33. Have any of your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s providers ever recommended that YOU OR YOUR [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] contact NYC Well?

- O Yes [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

34. If NYC Well did not exist, what other options would you have considered? ***Select all that apply.***

- O Another hotline [01]
- O One or more of your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health care or wellness providers (please specify provider type): [02]

_____

- O Emergency services [03]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s insurance plan's list of mental health providers [04]
- O Family/friend [05]
- O Other (please specify): [77]

_____

- O I would not have spoken to anyone [06]
- O Don't know/refused [88]
- O Refused [Soft Prompt] [99]

The next set of questions asks about your overall experience with NYC Well.

43. When you contacted NYC Well, did the conversation you had help you deal more effectively with your problems?

- O Yes, it helped me a lot [01]
- O Yes, it helped me a little [02]
- O It didn't really help or hurt [SKIP TO Q46] [03]
- O No, it made things a little worse [SKIP TO Q45] [04]
- O No, it made things a lot worse [SKIP TO Q45] [05]
- O Refused [SKIP TO Q46] [Soft Prompt] [99]

44. How did NYC Well help? *Please specify.* [ANSWER & THEN SKIP TO Q46]

_____

- O Refused [Soft Prompt] [99]

45. How did NYC Well make things worse? *Please specify.*

_____

- O Refused [Soft Prompt] [99]

46. Overall, since you contacted NYC Well, are you--

- O Better [01]
- O About the same [02]
- O Worse [03]
- O Refused [Soft Prompt] [99]

47. In general, how satisfied are you with your experience with NYC Well?

- O Very much satisfied [01]
- O Somewhat satisfied [02]
- O Somewhat dissatisfied [03]
- O Very dissatisfied [04]
- O Refused [Soft Prompt] [99]

48. If a friend were in need of similar help, would you recommend NYC Well to them?

- O Definitely yes [01]
- O Probably yes [02]
- O Probably not [03]
- O Definitely not [04]
- O Refused [Soft Prompt] [99]

Our next set of questions asks for a bit more information about you.

49. What is your age now?

- O 13 to 17 [01]
- O 18 to 24 [02]
- O 25 to 34 [03]
- O 35 to 44 [04]
- O 45 to 54 [05]
- O 55 to 64 [06]
- O 65 to 74 [07]
- O 75 or older [08]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

50. How would you describe your current gender identity?

- O As a male [01]
- O As a female [02]
- O As a transgender male [03]
- O As a transgender female [04]
- O As gender non-conforming [05]
- O Other (please specify): [77]

_____

- O Don't know/not sure [88]
- O Refused [99]

51. What is the highest grade or level of school that you have completed?

- O 8th grade or less [01]
- O Some high school, but did not graduate [02]
- O High school graduate or GED [03]
- O Some college or 2-year degree [04]
- O 4-year college degree [05]
- O More than 4-year college degree [06]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

52. Are you of Hispanic or Latino origin or descent?

- O Yes, Hispanic or Latino [01]
- O No, not Hispanic or Latino [02]
- O Not sure/don't know [88]

53. Refused [Soft Prompt] [99]

54. What is your race? *Select all that apply*.

- O White [01]
- O Black or African American [02]
- O Asian [03]
- O Native Hawaiian or Pacific Islander [04]
- O American Indian or Alaska Native [05]
- O Other [77]
- O Not/sure/don't know [88]
- O Refused [Soft Prompt] [99]

Lastly, our final set of questions asks for a bit more information about your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF].

55. What is your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s age now?

O 13 to 17 [01]

O 18 to 24 [02]

O 25 to 34 [03]

O 35 to 44 [04]

O 45 to 54 [05]

O 55 to 64 [06]

O 65 to 74 [07]

O 75 or older [08]

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

56. How would your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] describe their current gender identity?

O As a male [01]

O As a female [02]

O As a transgender male [03]

O As a transgender female [04]

O As gender non-conforming [05]

O Other (please specify): [77]

_____

O Don't know/not sure [88]

O Refused [99]

57. What is the highest grade or level of school that your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] has completed?

- O 8th grade or less [01]
- O Some high school, but did not graduate [02]
- O High school graduate or GED [03]
- O Some college or 2-year degree [04]
- O 4-year college degree [05]
- O More than 4-year college degree [06]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

58. Is your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] of Hispanic or Latino origin or descent?

- O Yes, Hispanic or Latino [01]
- O No, not Hispanic or Latino [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

59. What is your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s race? ***Select all that apply.***

- O White [01]
- O Black or African American [02]
- O Asian [03]
- O Native Hawaiian or Pacific Islander [04]
- O American Indian or Alaska Native [05]
- O Other [77]
- O Not/sure/don't know [88]
- O Refused [Soft Prompt] [99]

Lastly, our team will be conducting approximately 40 in-depth interviews with a subset of survey participants like you in the coming months. Individuals selected for in-depth interview will receive an additional $30 incentive, in addition to those received for completion of the surveys.

60. Would you be willing to participate in such an interview?

O Yes [01]

O No [02]

O Refused [Soft Prompt] [99]

Inc. Please provide your contact information so we can send you the incentive for completing this survey.

O Provided information (go to address module)

O Refused [99]: Go to Inc2

First and last name:_____

Street address: _____

Apt/Suite: _____

City: _____

State: _____

ZIP code: _____

Phone number 1: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Phone number 2: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Email address: _____@_____

[IF EMAIL ADDRESS PROVIDED GO TO Inc3a, IF EMAIL ADDRESS NOT PROVIDED GO TO Inc3b, IF ONLY PHONE NUMBER PROVIDED GO TO Inc2]

Inc2. [IF REFUSED OR ONLY PHONE NUMBER] By refusing to provide your contact information, we will not be able to provide you with a $30 Visa prepaid card for completing the survey. Please confirm that you do not want to receive this, or go back to provide your information.

- O Provided information (go to address module)
- O Refused [99]: Go to end

Inc3a. ***[PROVIDED EMAIL ADDRESS:]*** In the next few days, you will receive an email from notification@prepaiddigitalsolutions.com. If the email is not in your inbox, please check your junk mail or spam folders. If you do not receive an email after 5-7 business days, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST.

Inc3b. ***[DID NOT PROVIDE EMAIL ADDRESS:]*** In the next few weeks, you will receive a letter containing your incentive card. If you do not receive a letter after 1 to 2 weeks, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST. You may use your Visa Prepaid card anywhere Visa debit cards are accepted in the U.S. The Visa card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

End: Thank you for completing this survey. We look forward to speaking with you again in 6 months.

NYC Well Evaluation – 2nd Follow-Up Survey Instrument – Third Party Callers

Final 3/28/19

[CAWI only: Before we begin, are you [Respondent Name]]?

1. Yes [Continue to Intro]
2. No [Go to Outro]

[Outro] This survey was intended for [RESPONDENT NAME]. If you received an invitation for this survey and the person named is not you, please contact us at 646-486-8449 or NYC_Study@abtassoc.com so we can send you the correct information. Sorry for the inconvenience.

[CATI only:] Hello. My name is [INTERVIEWER]. I am calling from Abt Associates. Could I please speak with [RESPONDENT NAME]?

INTERVIEWER: IF NECESSARY, READ: "[RESPONDENT NAME] agreed to be called about a survey that Abt Associates is conducting. Is [RESPONDENT NAME] available to speak with me? [INTERVIEWER: IF NO - SCHEDULE APPOINTMENT TO CALL BACK AT A BETTER TIME]

INTERVIEWER: IF FIRST PERSON WAS NOT REPONDENT AND NOW TALKING TO RESPONDENT, READ: Hello. My name is [INTERVIEWER]. I am calling from Abt Associates.

[Intro] Thank you for your willingness to participate. Abt Associates is an independent research company. We have been hired by the New York City Mayor's Office for Economic Opportunity to evaluate the NYC Well program that you interacted with about 6 months ago. You may recall that we mentioned we would be contacting you again to complete a follow-up survey.

This survey should take about 30 minutes to complete. There is a slight risk of loss of confidentiality, but we have measures in place to protect your data. All information provided will remain private, and we will not identify any individual people in reports or briefings. The research team will have access to service records from your NYC Well contact, and these records will be linked to your survey answers for the purposes of analysis, but these data will be securely stored at Abt Associates and only used for this study.

In appreciation of the time that you spend answering our questions, we will provide you with a $25 Visa® prepaid visa gift card as a thank you.

This research has been approved by the New York City Department of Health and Mental Hygiene's (DOHMH) Institutional Review Board, a research ethics board.

Do you have any questions about this survey, the study or your rights as a study participant?

1. YES (CATI: ANSWER IF POSSIBLE OR SEE BELOW; CAWI: SEE BELOW)
2. NO

(IF QUESTION CANNOT BE ANSWERED BY INTERVIEWER):

- For questions about study, please call Abt Associates at 646-486-8449 or email us at NYC_Study@abtassoc.com.
- For questions about participant rights, please call DOHMH Institutional Review Board at 347-396-6118.

INTERVIEWER: IF THE RESPONDENT REQUESTS TO TAKE THE SURVEY ONLINE, SELECT 102 AT EITHER THE DIAL SCREEN OR THE STOP MENU. YOU WILL FIRST BE PROMPTED FOR A COMMENT, AND THEN FOR THE RESPONDENT'S EMAIL ADDRESS.

INTERVIEWER: AFTER EMAIL IS SENT READ: "You should have just received the email with the link to take the survey. If you did not, please check your SPAM filter for an email from NYC_Study@abtassoc.com."

Shall we begin (CATI ONLY)?

1.	YES	
2.	NO	[SCHEDULE CALLBACK]
77.	DON'T KNOW	[THANK AND END. DISPO AS SOFT REFUSAL]
99.	REFUSED	[THANK AND END. DISPO AS HARD REFUSAL]

To begin, we would like to ask about your service interaction with NYC Well since your last survey with us on [PREVIOUS SURVEY DATE]. A few instructions before you begin…

- *To respond to a question, select the best answer and then hit the "NEXT" button.*
- *If you do not want to answer a question, you can hit "NEXT" without selecting an answer and you will be given the option of declining to answer.*

29. Have you contacted NYC Well since you completed our first follow-up survey in [MONTH]?

O Yes [01]

O No [SKIP TO Q5] [02]

O Not sure/don't know [SKIP TO Q5] [88]

O Refused [SKIP TO Q5] [Soft Prompt] [99]

30. Which of the following statements best explain your reason(s) for re-contacting NYC Well? *Select all that apply.*

O For the same reason(s) I had contacted them previously. [SKIP TO Q4] [01]

O For a different reason [02]

O Other (please specify): [77]

_____

O Refused [Soft Prompt] [99]

31. Which of the following statements best explain your reason for contacting NYC Well since we last spoke? *Select all that apply.*

O I wanted to talk to someone. [01]

O I wanted advice. [02]

O I had a question or questions I wanted answered. [03]

O I wanted a referral for _____. [04]

O Other (please specify): [77]
_____

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

32. When you <u>re-contacted</u> NYC Well, how would you rate your counselor/peer support specialist in the following areas:

	Very good [01]	*Good* [02]	*Not very good* [03]	*Poor* [04]
4a: Speaking with you in your preferred language	O	O	O	O
4b: Listening to you	O	O	O	O
4c: Providing you with support and treatment recommendations	O	O	O	O
4d: Explaining your options and potential next steps (including referral)	O	O	O	O
4e: Addressing your questions or concerns	O	O	O	O

O Refused [Soft Prompt] [99]

Next, we would like to ask some questions about the mental health and wellness services you use and have used.

33. Are you the person responsible for making mental health appointments for your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]?

O Yes [01]

O No [02]

O Refused [Soft Prompt] [99]

34. In the last 6 months, did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] need counseling or treatment right away?

- O Yes [01]
- O No [SKIP TO Q9] [02]
- O Not sure/don't know [SKIP TO Q9] [88]
- O Refused [SKIP TO Q9] [Soft Prompt] [99]

8. In the last 6 months, not counting times your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] needed counseling or treatment right away, did YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] make any appointments for counseling or treatment?

- O Yes [01]
- O No [SKIP TO Q11] [02]
- O Not sure/don't know [SKIP TO Q11] [88]
- O Refused [SKIP TO Q11] [Soft Prompt] [99]

9. Was the provider your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] made an appointment for counseling or treatment with someone NYC Well referred you to?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

11. In the last 6 months, how many times did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] go to an emergency room or crisis center to get counseling or treatment?

- O None [01]
- O 1 [02]
- O 2 [03]
- O 3 or more [04]
- O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

12. In the last 6 months (not counting emergency rooms or crisis centers), how many times did your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] go to an office, clinic, or other treatment program to get counseling, treatment, or medicine?

O None [01]

O 1 to 10 [02]

O 11 to 20 [03]

O 21 or more [04]

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

13. During the past 6 months, was there ever a time when you did not get, or delayed getting, mental health treatment because:

	Yes [01]	*No* [02]	*Not sure/ don't know* [88]
13a: YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had trouble finding a provider you liked?	O	O	O
13b: It seemed too difficult or overwhelming?	O	O	O
13c: YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] were worried about the cost or could not afford it?	O	O	O
13d: YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] did not have the time because of a job, childcare, or other commitments?	O	O	O
13d: YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] could not find a provider who spoke your language?	O	O	O

O Refused [Soft Prompt] [99]

14. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s language, race, religion, gender, sexual identification, ethnic background or culture make any difference in the kind of counseling or treatment your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] needs?

- O Yes [01]
- O No [SKIP TO Q16] [02]
- O Not sure/don't know [SKIP TO Q16] [88]
- O Refused [SKIP TO Q16] [Soft Prompt] [99]

15. In the last 6 months, was the care your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] received responsive to those needs?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

16. Has the type of health insurance your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had changed since you initially contacted NYC Well?

- O Yes [01]
- O No [SKIP to Q23] [02]
- O Not sure/don't know [SKIP to Q23] [88]
- O Refused [SKIP to Q23] [Soft Prompt] [99]

17. Which of the following statements best describes your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s change in health insurance?

- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] did not have health insurance when I first contacted NYC Well, and now have it. [01]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had health insurance when I first contacted NYC Well, but no longer have it. [02]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] had a different kind of health insurance when I first contacted NYC Well than they do now. [03]
- O Refused [Soft Prompt] [99]

18. What type of health insurance does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] currently use to pay for mental health and wellness services? Is it insurance through:

- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s employer [01]
- O Someone else's employer [02]
- O A plan that your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] /YOU buy on THEIR/YOUR own [03]
- O Medicare [04]
- O Medicaid (also known as Family Health Plus, and including Medicaid Managed Care) [05]
- O COBRA [06]
- O Self-pay/out of pocket [07]
- O Other (please specify): [77]

  _____

- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

19. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s insurance plan offer a helpline for mental health and wellness questions?

- O Yes [01]
- O No [SKIP to Q23] [02]
- O Not sure/don't know [SKIP to Q23] [88]
- O Refused [SKIP to Q23] [Soft Prompt] [99]

20. Did YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] contact that helpline in the last six months?

- O Yes [01]
- O No (Please specify why not:____) [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

23. Have the health care and wellness providers your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] see changed since you first contacted NYC Well?

- O Yes [01]
- O No [SKIP to Q30] [02]
- O Not sure/don't know [SKIP to Q30] [88]
- O Refused [SKIP to Q30] [Soft Prompt] [99]

24. Which of the following statements best describes your change in health care and wellness providers?

- O They have ***more*** health care and wellness providers now than they did when I first contacted NYC Well. [01]
- O They have ***fewer*** health care and wellness providers now than they did when I first contacted NYC Well. [02]
- O They have the same number but ***different*** health care and wellness providers now than they did when I first contacted NYC Well. [03]
- O Refused [Soft Prompt] [99]

25. Which of your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health care and wellness providers changed? *Select all that apply.*

- O Primary care doctor [01]
- O Mental health care provider (e.g., counselor, therapist, and psychiatrist). [02]
- O Peer support provider [03]
- O Care/case manager [04]
- O Other (please specify): [77]

  _____

- O Refused [Soft Prompt] [99]

26. Does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] have one person or more than one person your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] thinks of as THEIR mental health and wellness provider?

O Yes [01]

O No [02]

O Not sure/don't know [88]

O Refused [Soft Prompt] [99]

27. What type of provider or provider(s) does your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] currently see for THEIR mental health and wellness? *Select all that apply.*

O Primary care physician or nurse practitioner [01]

O Mental health care provider (e.g., counselor, therapist, and/or psychiatrist). [02]

O Peer support provider [03]

O Care/case manager [04]

O Other (please specify): [77]

_____

O Not sure/don't know [SKIP TO Q30] [88]

O Refused [SKIP TO Q30] [Soft Prompt] [99]

28. Do any of these providers offer access to care after business hours? This may be through an answering service, call line, or other means.

O Yes [01]

O No [SKIP to Q30] [02]

O Not sure/don't know [SKIP to Q30] [88]

O Refused [SKIP to Q30] [Soft Prompt] [99]

29. Have YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] contacted any of these providers via their after-hours service/call line?

- O Yes [01]
- O No [02]
- O Not sure/don't know [88]
- O Refused [Soft Prompt] [99]

30. Have any of your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s providers ever recommended that YOU OR your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]contact NYC Well?

- O Yes [01]
- O No [02]
- O Refused [Soft Prompt] [99]

31. If NYC Well did not exist, what other options would you have considered? ***Select all that apply.***

- O Another hotline [01]
- O One or more of your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF]'s health care or wellness providers (please specify provider type) [02]:

_____

- O Emergency services [03]
- O Your [THE INDIVIDUAL YOU CONTACTED NYC WELL ON BEHALF OF] insurance plan's list of mental health providers [04]
- O Family/friend [05]
- O Other (please specify): [77]

_____

- O I would not have spoken to anyone [06]
- O Don't know/refused [88]
- O Refused [Soft Prompt] [99]

The next set of questions asks about your overall experience with NYC Well.

40. Has/have your conversation(s) with NYC Well helped you deal more effectively with your problems?

- O Yes, it helped me a lot [01]
- O Yes, it helped me a little [02]
- O It didn't really help or hurt [03]
- O No, it made things a little worse [04]
- O No, it made things a lot worse [05]
- O Refused [Soft Prompt] [99]

41. Overall, since you FIRST contacted NYC Well, are you--

- O Better [01]
- O About the same [02]
- O Worse [03]
- O Refused [Soft Prompt] [99]

42. In general, how satisfied are you with your OVERALL experience with NYC Well?

- O Very much satisfied [01]
- O Somewhat satisfied [02]
- O Somewhat dissatisfied [03]
- O Very dissatisfied [04]
- O Refused [Soft Prompt] [99]

43. If a friend were in need of similar help, would you recommend NYC Well to him or her?

- O Definitely yes [01]
- O Probably yes [02]
- O Probably not [03]
- O Definitely not [04]
- O Refused [Soft Prompt] [99]

Inc. Please provide your contact information so we can send you the incentive for completing this survey. Provided information (go to address module)

O Refused [99]: Go to Inc2

First and last name:_____

Street address: _____

Apt/Suite: _____

City: _____

State: _____

ZIP code: _____

Phone number 1: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Phone number 2: (_____) _____-_____

O ***Home***

O ***Cell***

O ***Work***

Email address: _____@_____

[IF EMAIL ADDRESS PROVIDED GO TO Inc3a, IF EMAIL ADDRESS NOT PROVIDED GO TO Inc3b, IF ONLY PHONE NUMBER PROVIDED GO TO Inc2]

Inc2. [IF REFUSED OR ONLY PHONE NUMBER] By refusing to provide your contact information, we will not be able to provide you with a $25 Visa prepaid card for completing the survey. Please confirm that you do not want to receive this, or go back to provide your information.

O Provided information (go to address module)

O Refused [99]: Go to end

Inc3a. ***[PROVIDED EMAIL ADDRESS:]*** In the next few days, you will receive an email from notification@prepaiddigitalsolutions.com. If the email is not in your inbox, please check your junk mail or spam folders. If you do not receive an email after 5-7 business days, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST.

Inc3b. ***[DID NOT PROVIDE EMAIL ADDRESS:]*** In the next few weeks, you will receive a letter containing your incentive card. If you do not receive a letter after 1 to 2 weeks, please contact 877-325-8444, Monday-Friday from 9 A.M. to 7 P.M. EST. You may use your Visa Prepaid card anywhere Visa debit cards are accepted in the U.S. The Visa card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

End: Thank you for completing this survey.

Appendix G: In-Depth Interview Guide

NYC Well Evaluation – In-Depth Interview Guide

Hello, I'm (*NAME*) from Abt Associates. Thank you for your willingness to participate in today's discussion. I am working with *(NOTE-TAKER)*, who will be taking notes for me today.

Abt Associates is a private research company. We have been hired by the New York City Mayor's Fund for Economic Opportunity, or NYC Opportunity, to conduct an independent evaluation of NYC Well, the program that you contacted in (*MONTH*). The purpose of the evaluation is to help the City understand how well the program is working, what barriers there are to engaging with it and accessing services through it, and what can be improved.

Our interview today should last about 30-45 minutes. Your participation is voluntary and will not impact any services you are receiving from NYC Well. You can stop participating at any time or decide not to answer any question. We would like to audio record this interview, with your permission, to help as we are writing up our notes. The notes and recordings of our interview will not be shared with anyone outside of Abt Associates. If you do not wish to be recorded, we will not record the interview and will just take careful notes. We will write a report for NYC Opportunity that will include feedback we hear from you and from others whom we speak with, but we will not include your name or any identifying information in any reports or briefings. Nothing will be shared that could be attributed to you specifically, and we will protect the confidentiality of the information you share with us by storing our notes separately from your name and contact information. In appreciation of the time that you spend answering our questions today, we will provide you with a $30 Visa gift card as a thank you.

This research has been approved by the NYC Department of Health and Mental Hygiene's Institutional Review Board, which is a research ethics board.

Do you have any questions?

If you have any questions that I cannot answer at this time, or at any time after this interview, you may contact:

- The Abt Associates Study Team at [INSERT PHONE] for questions about the evaluation.
- The NYC DOHMH Institutional Review Board at 347-396-6118 for questions about participant rights.

At this time, I need your verbal consent to participate in this interview. Do you consent?

- *If YES:* Thank you. [RECORD VERBAL CONSENT]
- *If NO:* Thank you for your time and consideration. [END INTERVIEW]

And given the information that I have just reviewed with you, **do I have your permission to record this interview?**

- *If YES:* Great. Let's begin. [BEGIN RECORDING]
- *If NO:* That is fine. We will take especially detailed notes. Thank you.

Contacts with NYC Well

To start off, I have a few questions about your contact with NYC Well and other mental health and wellness services you use.

1. **Was the last time you contacted NYC Well the first/only time you contacted?**
   a. ***If NO:*** About how many times have you contacted the program?
      i. Have you spoken to NYC Well multiple times about the same issue or about different issues when you called?
2. **When you contacted NYC Well, did you call, text or chat?**
   a. ***For REPEAT callers only:*** What other methods have you tried?
   b. ***For REPEAT callers only:*** Which method do you most prefer, and why?
3. **Prior to contacting NYC Well, did you receive mental health and wellness services from anyone else (e.g., a primary care doctor, a counselor or therapist, a peer support provider)?**
   a. ***If YES:*** What, if anything, do these providers offer in terms of "after hours" support—in other words, services or assistance outside of 9am to 5pm—if you need it?

[INSERT SERVICE DATE] with NYC Well

Now I have questions that focus on your contact with NYC Well on [INSERT SERVICE DATE].

4. **What made you decide to contact NYC Well at that time as opposed to other mental health or wellness providers or services?**
   a. **What—if anything—made it easier for you to reach out?**
   b. **What, if anything, made it more challenging to reach out?**
5. **If NYC Well did not exist, who else might you have reached to speak with (e.g., another service provider, friend or family, or community member)?**
6. **When you contacted NYC Well, did you choose to speak to a counselor or peer support specialist? What made you choose that type of provider?**
7. **How helpful was your NYC Well [counselor/peer support specialist] in improving or addressing the situation you were experiencing?**
   a. How long did you talk with them?
   b. What about your experience with [counselor/peer support specialist] was particularly helpful/unhelpful?
   c. ***[PROBE, as needed, if person contacted about the same issue multiple times]*** What was different between contacts?
      i. Did you feel like you made progress on the reason you called?

8. **What did you like about your interaction with the NYC Well [counselor/peer support specialist]?**
   - **a.** What did you dislike?
   - **b.** What could they have done differently to improve your experience?
   - **c.** ***[For non-English speakers***] Did the [counselor/peer support specialist] use an interpretation service during the conversation? If so, how did it affect your experience? What could be improved?
9. **Did the NYC Well [counselor/peer support specialist] provide you a referral—or contact information for another provider you could follow up with for additional help or services--during your conversation? Did you use it?**
   - **a.** ***If YES:*** Please tell us about your experience connecting with that provider.
   - **b.** ***If NO:*** Please tell us how come. How could that process be improved?
10. **Did the NYC Well [counselor/peer support specialist] offer to directly connect you to the provider they were referring you to?**
    - **a.** ***If YES*****:** Please tell us about that experience. What did you like?
    - **b.** What could have been improved?
11. **After your interaction with NYC Well, have you sought additional services for the reason you contacted NYC Well?**
    - **a.** ***If YES:*** What types of services have you looked into?
    - **b.** ***If YES:*** Did you seek out these services as a result of the referral you received from NYC Well, or another way?
12. **Did a NYC Well [counselor/peer support specialist] follow up with you after you contacted them?**
    - **a.** ***If YES:*** please tell us about your experience with the follow-up.
13. **If you did not utilize any of these services, why not?**
14. **What, if anything, would make you seek out these services in the future?**
15. **Have you contacted NYC Well since [INSERT SERVICE DATE]?**

Overall Assessment

Thank you for sharing your experience with your last contact. I have some questions now about NYC Well in general.

16. **Are there any aspects of your contact with NYC Well that you liked that we haven't discussed yet?**
17. **Are there any other challenges related to your contact with NYC Well that we haven't talked about yet?**

a. ***If YES***: Please describe.

b. ***If YES:*** What would you like to see improved about NYC Well?

Wrap-up

Thank you so much for your time today and for sharing your perspective on NYC Well. As I mentioned, we will be writing a report for the City about how well NYC Well is working, barriers to using it, and what could be improved.

Appendix H: References

[1] Tuskeviciute, R., Hoenig, J., & Norman, C. (2018). Depression among New York City Adults. *NYC Vital Signs*, *17*(2), 1-4.

[2] Centers for Disease Control and Prevention (2018). *2017 Youth Risk Behavior Survey Results: New York City High School Survey.* Available at: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=NY.

[3] NYC Department of Health and Mental Hygiene (2019). *Unintentional Drug Poisoning (Overdose) Deaths in New York City in 2018: Epi Data Brief.* August 2019, No. 116. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief116.pdf

[4] NYC Department of Health and Mental Hygiene (2019). *Unintentional Drug Poisoning (Overdose) Deaths Quarter 1- 2, 2019, New York City*. Available at: https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-second-quarter-2019.pdf

[5] Fairbrother, G., Stuber, J., Galea, S., Pfefferbaum, B., & Fleischman, A. R. (2004). Unmet need for counseling services by children in New York City after the September 11th attacks on the World Trade Center: implications for pediatricians. *Pediatrics*, *113*(5), 1367-1374.

[6] New York State Office of Mental Health (2011). *Unmet Needs Assessment Report: Statewide Assessment of Treatment Gaps for Racial/Ethnic Groups in Need of Mental Health Services.* Available at: https://nyculturalcompetence.org/wp-content/uploads/2014/04/unmet_needs.pdf.

[7] Fairbrother, G., Stuber, J., Galea, S., Pfefferbaum, B., & Fleischman, A. R. (2004). Unmet need for counseling services by children in New York City after the September 11th attacks on the World Trade Center: implications for pediatricians. *Pediatrics*, *113*(5), 1367-1374.

[8] Lowe, S. R., Sampson, L., Gruebner, O., & Galea, S. (2016). Mental health service need and use in the aftermath of Hurricane Sandy: findings in a population-based sample of New York City residents. *Community mental health journal*, *52*(1), 25-31.

[9] Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics*.

[10] Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine*.

[11] Heun-Johnson, H., Menchine, M., Goldman, D., Seabury, S. (2018). *The Cost of Mental Illness: New York Facts and Figures.* USC Schaeffer. Available at: https://www.bhecon.org/wp-content/uploads/2018/01/NY-Chartbook-2018_FINAL.pdf.

[12] *ibid*

[13] Health Resources & Services Administration. (2020). Shortage Areas. Available at: https://data.hrsa.gov/topics/health-workforce/shortage-areas

[14] McCray, C.I., Buery, R.R., Bassett, M.T. (2015). *ThriveNYC*: a mental health roadmap for all. New York, NY: The New York City Mayor's Office.

[15] Mayor's Office of ThriveNYC Announces First Major Changes Since Becoming Mayoral Office [press release]. The Official Website of the City of New York, City of New York 2019.

[16] Goen, Y. (2020). Chirlane McCray's ThriveNYC Mental Health Program Gets a Reboot. The City. March 3, 2020. https://www.thecity.nyc/2020/3/3/21210499/chirlane-mccray-s-thrivenyc-mental-health-program-gets-a-reboot.

[17] ThriveNYC (2019). ThriveNYC Initiatives 2019. Available at: https://thrivenyc.cityofnewyork.us/thrivenyc-initiatives/.

[18] McCray, C.I., Buery, R.R., Bassett, M.T. (2015). *ThriveNYC*: a mental health roadmap for all. New York, NY: The New York City Mayor's Office.

[19] Chung J. 'NYC Well' is NYC's New 24/7 Mental Health Hotline. 2016; https://gothamist.com/news/nyc-well-is-nycs-new-247-mental-health-hotline. Accessed October 24, 2016.

[20] McCray, C.I., Buery, R.R., Bassett, M.T. (2015). *ThriveNYC*: a mental health roadmap for all. New York, NY: The New York City Mayor's Office.

[21] *ibid*

[22] Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., ... & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of general psychiatry*, *60*(2), 184-189.

[23] *ibid*

[24] National Alliance on Mental Illness (NAMI). African American Mental Health. 2019.

[25] Oliffe, J. L., Ogrodniczuk, J. S., Gordon, S. J., Creighton, G., Kelly, M. T., Black, N., & Mackenzie, C. (2016). Stigma in male depression and suicide: a Canadian sex comparison study. *Community mental health journal*, *52*(3), 302-310.

[26] Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *Journal of Health Care for the Poor and Underserved*, *19*(3), 874-893.

[27] US Census. QuickFacts: New York City, New York. 2019. Available at: https://www.census.gov/quickfacts/newyorkcitynewyork

[28] Predmore, Z., Ramchand, R., Ayer, L., Kotzias, V., Engel, C., Ebener, P., ... & Haas, G. L. (2017). Expanding suicide crisis services to text and chat. Crisis.

[29] Steinman, K. J., Shoben, A. B., Dembe, A. E., & Kelleher, K. J. (2015). How long do adolescents wait for psychiatry appointments?. *Community mental health journal*, *51*(7), 782-789.

[30] Pinals, D.A. & Fuller, D.A. (2017). *Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*. National Association of State Mental Health Program Directors and the Treatment Advocacy Center. Available at: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.1Beyond_Beds.pdf

[31] Malowney, M., Keltz, S., Fischer, D., & Boyd, J. W. (2015). Availability of outpatient care from psychiatrists: a simulated-patient study in three US cities. *Psychiatric Services*, *66*(1), 94-96.

[32] Cohen Veterans Network and the National Council for Behavioral Health (2018). America's Mental Health 2018. Available at: https://www.cohenveteransnetwork.org/wp-content/uploads/2018/10/Research-Summary-10-10-2018.pdf

[33] Steinman, K. J., Shoben, A. B., Dembe, A. E., & Kelleher, K. J. (2015). How long do adolescents wait for psychiatry appointments?. *Community mental health journal*, *51*(7), 782-789.

[34] Pinals, D.A. & Fuller, D.A. (2017). *Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care*. National Association of State Mental Health Program Directors and the Treatment Advocacy Center. Available at: https://www.nasmhpd.org/sites/default/files/TAC.Paper_.1Beyond_Beds.pdf

[35] Malowney, M., Keltz, S., Fischer, D., & Boyd, J. W. (2015). Availability of outpatient care from psychiatrists: a simulated-patient study in three US cities. *Psychiatric Services*, *66*(1), 94-96.

[36] Pirkis, J., Middleton, A., Bassilios, B., Harris, M., Spittal, M. J., Fedszyn, I., Chondros, P & Gunn, J. (2016). Frequent callers to telephone helplines: new evidence and a new service model. *International Journal of Mental Health Systems*, 10(1), 1-9.

[37] Mayer, L. A., Elliott, M. N., Haas, A., Hays, R. D., & Weinick, R. M. (2016). Less use of extreme response options by Asians to standardized care scenarios may explain some racial/ethnic differences in CAHPS scores. *Medical Care*, *54*(1), 38-44.

[38] Chung, S., Johns, N., Zhao, B., Romanelli, R., Pu, J., Palaniappan, L. P., & Luft, H. (2016). Clocks Moving at Different Speeds. *Medical care*, *54*(3), 269-276.

[39] Weech-Maldonado, R., Elliott, M. N., Oluwole, A., Schiller, K. C., & Hays, R. D. (2008). Survey response style and differential use of CAHPS rating scales by Hispanics. *Medical care*, *46*(9), 963.

[40] Chung, S., Johns, N., Zhao, B., Romanelli, R., Pu, J., Palaniappan, L. P., & Luft, H. (2016). Clocks Moving at Different Speeds. *Medical care*, *54*(3), 269-276.

[41] *ibid*

[42] Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., ... & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of general psychiatry*, *60*(2), 184-189.