



MENTAL HEALTH FOR ALL NEW YORKERS

THRIVE
Progress Report
Winter 2019/2020
NYC

Table of contents

4	Letter from Mayor Bill de Blasio
5	Letter from First Lady Chirlane McCray
8	Message from Susan Herman, Director of the Mayor's Office of ThriveNYC
10	Introduction
12	Mental health needs in New York City
16	ThriveNYC's approach
18	ThriveNYC's reach
20	Progress
	Goal 1: Promote mental health for the youngest New Yorkers
	Goal 2: Eliminate barriers to care
	Goal 3: Reach people with the highest need
	Goal 4: Strengthen crisis prevention and response
54	How we measure impact
58	Endnotes
61	Complete list of ThriveNYC programs



Friends,

When you're in the middle of making history, it's hard to see the contours. But change is taking root in New York City, and nowhere is that change more profound, more visible, and more powerful than what is happening thanks to ThriveNYC. When we launched ThriveNYC, we said plainly: we were not going to allow people to be ignored, or stigmatized, or left wondering where to get help for a mental health challenge. Since then, we have launched dozens of tangible programs to confront the mental health crisis.

Fast forward to today, and we are experiencing nothing short of a revolution. Thanks to Thrive, every single day in New York City thousands of people are getting mental healthcare and support that did not exist before. These programs are serving New Yorkers in all neighborhoods, of all levels of need, and across the socioeconomic spectrum.

Success has many mothers and fathers and I want to offer my congratulations to the tens of thousands of New Yorkers from our medical community, first responders, educational institutions and more who have been a part of Thrive. Not to mention, the brave people in the hundreds of thousands who have come forward to seek help. But on behalf of 8.6 million New Yorkers, I want to offer special thanks and admiration to our First Lady, Chirlane McCray, who has led this effort.

We know there's much more to do, but we can see ThriveNYC's reach expanding across the City. We look forward to seeing great results for millions of New Yorkers.

Mayor Bill de Blasio
City of New York



Dear Friends,

We set out to create big change with ThriveNYC.

We knew our City could do more to help people living with untreated mental illness – as well as their families, loved ones, and communities. We knew we could fight harder against the stigma that prevents people from seeking treatment, and improve access to care in all five boroughs. And we knew our City could put mental health first, and help all New Yorkers build emotional resilience.

Today, ThriveNYC's work can be seen and felt across the five boroughs. With NYC Well, we have provided a central point of entry to behavioral health services for the first time ever – real counseling by phone, text, or chat, followed by connections to care that meet New Yorkers where they are. Faith leaders of every major religion have joined forces to end stigma in their communities. Community-based organizations outside the traditional health system are building capacity to screen and support people with mental illness, and tens of thousands of New Yorkers are learning to be mental health first responders for their loved ones and neighbors.

That's what change looks like. This report charts the difference we're making in the lives of New Yorkers, but our work doesn't stop here. The Thrive team and our many partners throughout the city have learned so much through this work, and we are committed to making even more progress. As Thrive expands its reach in the years ahead, we will continue to learn, evolve, and innovate. And we will continue to engage members and leaders in all of our communities in this work, because real change calls on everyone to do their part.

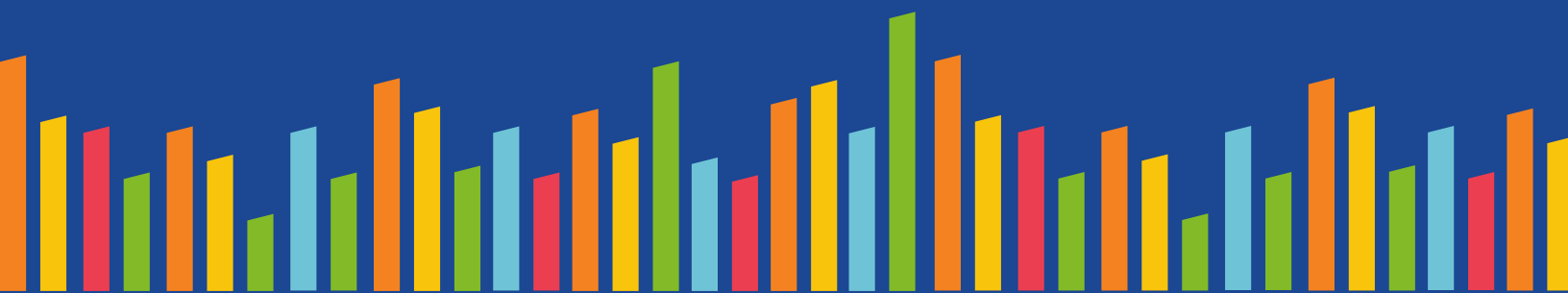
Together, we can create a city where no one has to suffer alone. We can create a city where every person – no matter their struggle – can get the help they need, whenever and wherever they need it.

Thank you for being part of Thrive's progress over the past three years. Most importantly, thank you for being part of Thrive's future.

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

First Lady Chirlane McCray

Mental healthcare in New York City has gaps.



**ThriveNYC
was created
to close them.**





Message from Susan Herman, Director of the Mayor's Office of ThriveNYC

I have spent almost my entire career advocating on behalf of people who are typically forgotten: victims of crime, many of whom experience profound mental health challenges. What I know from that work and the work I am now directing at the Mayor's Office of ThriveNYC is that if we can build more resilience, mitigate trauma, and address mental health needs, we will have a stronger, safer, and healthier city.

In the last few years, Thrive has grown from a great idea to a dedicated Mayoral office, working with and across City agencies to implement innovative mental health programs serving hundreds of thousands of New Yorkers every year.

In the months since the creation of this Office, we have built robust research and program management systems to support our agency partners in maximizing the reach and impact of Thrive programs. We have also prioritized innovation, pursuing several new strategies that add critical resources for New Yorkers. For example, we announced a new partnership with the City's Department of Education: School Response Clinicians, clinical social workers who proactively support students to prevent crisis and actively respond to students and schools in crisis. And in October, we doubled ThriveNYC's annual investment in services for New Yorkers with serious mental health needs, creating new mobile intervention and treatment teams to enhance community-based care.


Over the last year, the new Mayor's Office of ThriveNYC has been laser-focused on:

- **Evaluation and measurement:** We refined outcome measures for all Thrive programs and made them public in June 2019. Data on these outcome measures will be regularly published on our website. We are working with nationally and internationally recognized experts to refine population-level indicators we can associate with ThriveNYC's work.

- **Examining the ThriveNYC portfolio:** ThriveNYC pilots and incubates innovative strategies. We have taken a close look at all Thrive programs – for those that work well, we are growing the capacity of agencies to take over their management and implementation in a sustainable way. Where programs did not work as well as we hoped, we are trying new approaches. We have articulated a focus on four core programmatic goals:
 - Promote mental health for the youngest New Yorkers
 - Eliminate barriers to care
 - Reach people with the highest need
 - Strengthen crisis prevention and response
- **Consistent partnership with experts and community leaders:** Thrive began with a listening tour, and its programs were shaped in response to the thousands of New Yorkers who spoke with us about their mental health needs. We are redoubling efforts to partner with New Yorkers to refine how and where we work.
- **Communicating our work to the public:** The new ThriveNYC website provides regular information about ThriveNYC's programs. Check back often to learn more and find out how to connect to care.

We are deeply committed to ensuring that every New Yorker who needs mental health support has access to it, wherever and whenever they need it. We do this by delivering more services to more people and in more ways. And we do this because we know that mental health support can change the course of people's lives and strengthen our citywide wellbeing.

I look forward to your partnership.

A large, diverse crowd of people is shown from the chest up, looking towards the left side of the frame. They are gathered behind a metal crowd control barrier. The people have various hairstyles, including braids and a bright green afro. Some are wearing sunglasses, and one person is wearing a pink bucket hat. The background is slightly blurred, suggesting a large outdoor event like a concert or festival.

**For too many,
mental illness
is stigmatized
and untreated.**



For too long, mental illness has been ignored as a serious health issue.

Mental illness is complex, it can be confusing, and it's often poorly understood. This has led too many to treat mental health as less important than physical health. A lack of coordinated action has created a mental healthcare crisis in cities across the country.

Through ThriveNYC, New York City is prioritizing mental health more than ever before - because we know mental illness affects all of us.

Mental health is essential to our personal wellbeing, to the health of our families and relationships, and to our ability to contribute at work and at school and to our communities. Mental health is essential to the strength and wellbeing of our City.

ThriveNYC complements the significant mental health services offered by City agencies, closing critical gaps in care to ensure that every New Yorker in need has support.

Many of the most pressing challenges in our City are directly related to mental health—from employment, to the justice system, to suicide, to homelessness, to feelings of despair and hopelessness.

We work in every neighborhood and across all parts of City government to deliver more mental health support, in more places and more ways - reaching more New Yorkers in need.

Millions of New Yorkers experience mental health challenges every year. And far too many go without the support they need.

1-in-5

adults struggles with mental illness in New York City every year¹

SUICIDE

**is the 6th highest
CAUSE OF
PREMATURE DEATH²**

1-in-10

**new mothers experiences
postpartum depression³**

Over

HALF A MILLION

**adult New Yorkers are estimated to
HAVE DEPRESSION, yet
less than 40% reported receiving care for it⁴**

32%

of high school students in
NYC report
feeling sad or hopeless⁵

Approximately

35%

of residents in NYC homeless
shelters suffer from a
serious mental illness⁶

Half of all lifetime mental
health disorders appear
before the age of

14⁷

There are currently

17

federally designated mental
healthcare shortage areas
in New York City⁸

An estimated

20%

of veteran and service
members of the Iraq or
Afghanistan wars suffer
from either PTSD
or major depression⁹

9%

of adults

**65-years-old and
older in New York
City experience
depression**¹⁰

In New York City, communities of color often bear the greatest mental health burden:

Suicide is the
3rd
leading cause of
premature death
among **Asian** and
Pacific Islander New Yorkers¹¹

Black adults are
20%
more likely
to report **moderate to**
severe depression
than white adults¹²

Latinx New Yorkers (12%) have
higher rates of depression
than white New Yorkers (8%)¹³

.....

Yet communities of color are often the least likely to get the help they need:


White New Yorkers
suffering from depression are
more likely to
receive treatment
than **Latinx New Yorkers**
suffering from depression¹⁴

Asian and Pacific Islander
adults reported
difficulty accessing
mental health services
due to a number of
systemic &
linguistic barriers¹⁵

There are also biases in diagnosis:
Black adults are
more likely to be given a
diagnosis of schizophrenia
and other psychotic disorders, even when they have
the same symptoms as white adults¹⁶



ThriveNYC promotes mental health for all New Yorkers.



Launched by First Lady Chirlane McCray and Mayor Bill de Blasio in 2015, ThriveNYC tackles critical gaps in our mental healthcare system and activates every part of City government to promote mental health. In its first years, ThriveNYC has partnered with twelve City agencies and hundreds of community-based organizations to implement over 30 innovative mental health programs that serve hundreds of thousands of New Yorkers every year.

ThriveNYC programs reach people with the highest need – those with serious mental illness, those affected by trauma, and those living in historically underserved neighborhoods. And ThriveNYC programs eliminate barriers to care for all New Yorkers by providing free services in over 200 languages, regardless of insurance or immigration status.

We are working toward a New York City where every New Yorker in need is connected to care and mental health needs do not become crises.

The following pages share highlights of our work, using data from the beginning of core programs through the end of June 2019 unless indicated otherwise. Visit www.nyc.gov/ThriveNYC for more.



Photo credit: Michael Appleton/NYC Mayoral Photography Office

Thrive's reach*

PROMOTE MENTAL HEALTH FOR THE YOUNGEST NEW YORKERS

As of July 2019,

5,312

pre-k program leaders, teaching staff, social workers and parents/adult-caregivers

were trained in Social-Emotional Learning.

Thrive has added clinicians to more than 30 homeless and runaway youth residences and drop-in centers. These clinicians have served

11,000+
young people.

Thrive partners with the Department of Education to offer onsite, clinical mental health support to students in

173 public schools.

REACH PEOPLE WITH THE HIGHEST NEED

327

licensed clinical social workers

are now embedded in shelters for families with children, providing onsite mental health support.

13,000+

New Yorkers have been served.

Thrive has significantly expanded mental health support for vulnerable seniors.

830+ seniors struggling with mental health issues

have been treated by clinicians now onsite in

25 senior centers.

After three months, 47% of seniors receiving treatment in senior centers have shown clinically significant improvement in depression symptoms.

All victims of crime in NYC now have access to

FREE MENTAL HEALTH SUPPORT.

The Crime Victim Assistance Program has helped

115,500+

people navigate the emotional, physical and financial aftermath of crime.

*Data is cumulative from 2016 through the end of June 2019, unless indicated otherwise

STRENGTHEN CRISIS PREVENTION & RESPONSE

50+
**CLINICAL MOBILE
TREATMENT TEAMS**
are now operational citywide, with
the capacity to provide ongoing,
intensive care to
3,000+
people at any given time.

Thrive has expanded the City's ability to
intervene before mental health crises
occur, piloting a
**joint public health and
public safety team.**

Co-Response Teams have assisted

1,200+
New Yorkers who may pose risk to
themselves or others, connecting them to
care or stabilizing support.

ELIMINATE BARRIERS TO CARE

125,000+
New Yorkers have been
**TRAINED IN MENTAL
HEALTH FIRST AID,**
which helps trainees recognize signs of mental
illness and connect those in need to care.

35%
of trainees reported using their skills
at least once a month.

34,000+
New Yorkers have received
mental health support through
CONNECTIONS TO CARE,
a partnership that has trained 1,700
employees at community-based
organizations to act as front-line responders
to their clients' mental health needs.

NYC Well has answered almost
705,000
CALLS, TEXTS & CHATS
from people seeking mental health support in
200 different languages since launching in 2016.

1/8
of these contacts were from individuals who had
never before engaged with mental health services.

The background features several teal-colored geometric shapes: a large triangle in the top-left corner, a vertical rectangle on the right side, a triangle in the center, and two large rectangles at the bottom. The word "GOALS" is centered in the middle of the page.

GOALS

ThriveNYC GOALS

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

ThriveNYC's work prioritizes equity and inclusion. Our programs build the evidence base for innovation. And everything ThriveNYC does is motivated by six foundational principles: change the culture, act early, close treatment gaps, partner with communities, use data better, and strengthen government's ability to lead.

Goal 1: **Promote mental health for the youngest New Yorkers**

PROGRAM HIGHLIGHTS

THE NEED:

Half of all lifetime mental health disorders appear before the age of 14.¹⁷ Nearly 270,000 youth between five and seventeen years old in New York City are believed to have a diagnosable mental disorder; for 134,000 of them, symptoms are severe enough to impact daily functioning.¹⁸ **Thrive is ensuring that young New Yorkers have the support they need for a healthy start.**

THRIVE'S STRATEGY:

Significantly expand support in public schools

PARTNERS: Department of Education, Department of Health and Mental Hygiene

- ThriveNYC partners with the Office of School Health to implement new mental health services at high-need schools, including group and individual counseling for students, and mental health consultants who work with schools to survey their existing resources, build custom mental health plans, and connect them to clinical services in their community.

REACH

- Over 46% of New York City public schools now have access to professional mental health consultants to build the capacity of school staff through training and technical assistance.
- On-site mental health clinicians are now in 173 schools, of which 68 are in on-site mental health clinics.
- Through ThriveNYC, every Pre-K site in New York City now has access to Social-Emotional Learning tools.

EVIDENCE BASE


- Teaching young students to recognize emotional needs and ask for help builds resiliency and treating mental illness early can lessen the severity of suffering over time.¹⁹
- Early identification and treatment of mental health disorders has been shown to build positive social and emotional functioning in the long-term.²⁰

A photograph of a school hallway. On the left, there are rows of lockers with colorful posters and notices pinned to them. The floor is highly reflective, showing the lockers and the ceiling. On the right, a red 'EXIT 3' sign is mounted above a clock. Large windows are visible in the background, letting in bright light.

MENTAL HEALTH SUPPORT IN SCHOOLS

"I grew up in Colombia until I was 13, and I saw drug dealers, violence, friends getting killed right in front of me. Therapy was weird at first, but after a while, I learned that I had anxiety, depression, and PTSD. My therapist and the program director taught me coping strategies and how to recognize my triggers. I told them that I wanted to be a doctor, and they helped me enroll in a CPR class. They also helped me pay for school costs that I couldn't afford otherwise, like my cap and gown to graduate. I'll be attending college in the fall and I'm overcome with gratitude for the support that got me here."

— 17-year-old student, client of ThriveNYC's school-based services

A photograph of a school hallway. The walls are made of light-colored bricks. On the right side, there are rows of metal lockers. Above the lockers, several colorful triangular flags are hanging from the ceiling. The floor is polished and reflects the light. On the left, there are large windows with multiple panes. A black trash can is visible near the lockers.

At an elementary school in northern Manhattan, students had so many unmet social-emotional needs that school culture was driven by daily crisis. Social workers created an intervention that helped students learn self-management. The approach was so successful that teachers and parents asked to be trained on the method. Now, the school's culture has completely changed. "De-escalations which used to take up the majority of our days are now just 10-15 minutes," administrators say. "Overall, our school has grown leaps and bounds."

A group of children, mostly seen from the back, are standing in a line outdoors. They are wearing heavy winter coats, hats, and backpacks. The setting appears to be a schoolyard or a park with a chain-link fence and trees in the background. The lighting suggests it might be late afternoon or early morning.

MENTAL HEALTH SUPPORT IN SCHOOLS

Counselors noticed that a second-grade student named J was exhibiting anger and aggressive outbursts. At the time, J was living in a domestic violence shelter with two siblings and his pregnant mother, who was reluctant to receive mental health services for J. Knowing that J's outbursts were connected to his family's experience with poverty, counselors responded to the family's multiple needs, providing clothes, diapers, and food. This approach gained the trust of J's mother, who then agreed to mental health services for J. Today, J's mother thanks the counselors for helping her family get through the darkest time of their lives.

Early intervention – before mental illness develops – helps.

Not only can early intervention minimize the severity of symptoms, it can also help people remain connected to employment, housing, and family – key pieces of ensuring long-term wellbeing. That’s why ThriveNYC prioritizes prevention.

- Among young children who display emotional problems, participating in early interventions focused on social and psychological factors – such as Social-Emotional Learning – predicts decreased rates of clinical diagnoses, problematic substance misuse, risky sexual behavior, and violent crime and drug crime convictions, and greater overall wellbeing and happiness, at age 25.²¹
- Middle and high school students who participate in suicide prevention programs in school attempt suicide at lower rates²² and have more knowledge about and ability to cope with suicidal thoughts and depression.²³
- Access to trauma support following an instance of victimization can prevent the development of long-term mental health and substance misuse issues among crime victims.²⁴
- Enhancing opportunities for the City’s growing population of older adults²⁵ to maintain social support and connection as they age can reduce their experiences of loneliness²⁶ and prevent the development of depression.²⁷

Early intervention is also an effective strategy for cities. It is more cost effective than responding to and stabilizing an individual after a crisis,²⁸ and can also lower social and economic costs to our public health and justice systems.²⁹

Goal 2: **Eliminate barriers to care**

PROGRAM HIGHLIGHTS

THE NEED:

When people have a physical health problem, they seek help. Too often, when people have a mental health problem, they feel ashamed or don't know what to do.³⁰ The stigma associated with mental illness is a barrier to care for too many, and has been shown to have a direct link to lower levels of seeking help.³¹ **Thrive is taking these barriers down.**

THRIVE'S STRATEGY: Mental Health First Aid

PARTNER: Department of Health and Mental Hygiene

- Participants learn to recognize mental health needs, how to talk about them, and where to direct people in need. Mental Health First Aid not only reduces stigma, it also expands the mental health safety net for New Yorkers.
- This evidence-driven, free, eight-hour training is provided every week in every borough and is offered in multiple languages including English, Spanish, and Mandarin.
- There are Mental Health First Aid classes specially designed for veterans and their families, youth, first responders, and for the LGBTQI+ community.

REACH

- Since ThriveNYC launched, over 127,150 New Yorkers – 50% of whom are front-line City employees – have been trained in Mental Health First Aid.
- 80% of surveyed participants reported using the skills they were taught to help others and 35% reported using their skills at least once a month.

EVIDENCE BASE

- Studies of Mental Health First Aid show that those trained are able to recognize distress, make effective connections to care and exhibit improved mental wellbeing themselves.³²

MENTAL HEALTH FIRST AID

Growing up, mental illness was heavily stigmatized in my country—it's not something we talked about. When people close to me were struggling, I couldn't recognize what was wrong or how I could help. Mental Health First Aid is just as important as physical First Aid. The training made me realize that mental health is as normal and important—now I'm able to support my family and friends and ensure they know how to access the care they need. I even lead trainings with my peers on campus!

— Rufina, Student,
City University of New York



THE NEED:

Before the launch of ThriveNYC, too many New Yorkers had trouble accessing the mental health support they needed. Some were afraid to reveal their pain. For others, the help they needed was too far away, or they could not find someone who understood their culture. Others did not think care would help, or they simply could not afford it. For example, 41% of adult New Yorkers with a serious mental illness said they needed treatment at some point in the year prior to being surveyed, but did not receive it or delayed getting it.³³ **Thrive is taking these barriers down.**

THRIVE'S STRATEGY: NYC Well

PARTNER: Department of Health and Mental Hygiene

- NYC Well is a single point of access for mental health and substance misuse resources in NYC offering free, confidential support 24 hours a day, 365 days a year. Available by call, text or online chat, NYC Well provides a safe and easy way for New Yorkers to connect to care no matter where they are, what emotional state they are in, or what signs and symptoms they express.
- NYC Well serves all New Yorkers regardless of immigration status, and has the capacity to respond in over 200 languages.
- Trained counselors provide services including direct over-the-phone counseling, peer support, help navigating the mental health system, referrals to ongoing care, and in the case of an immediate urgent need, in-person mobile care.

REACH

- Since launching in 2016, NYC Well has answered almost 705,000 calls, texts and chats from people seeking mental health support.
 - In an analysis of approximately 300,000 calls:
 - 43% involved direct support via text, phone, or chat
 - 44% led to referrals to additional care or support
 - 13% involved crisis support
 - 36% of crisis calls led to a connection to a Mobile Crisis Team, a group of health professionals - such as nurses, social workers and psychiatrists - who provide mental health support, primarily in people's homes.

EVIDENCE BASE

- A study of six similar national crisis call centers that employ standardized, evidence-based crisis and suicide risk assessments found that 80% of clients reported that the intervention stopped them from dying by suicide and 90% reported that it kept them safe.³⁴



NYC WELL

When a 23-year-old who had recently immigrated to New York City called NYC Well, she expressed fear that she might lose her green card if she were found to be mentally ill. Her depression, suicidal ideation, and substance misuse had been ongoing for eight years, and had now escalated to the point that she was no longer sleeping or bathing. In response, a counselor provided a number of resources including an outpatient mental health clinic, a Comprehensive Psychiatric Emergency Program (CPEP) for emergencies, and additional hotlines for her safety plan. The caller reported that after speaking with the counselor, she'd felt calmer than she'd been in a very long time.



A 54-year-old woman reached out to NYC Well to say that her two children were physically and emotionally abusing her—as well as to request legal help. She confided that she had had suicidal thoughts as recently as the previous day. The NYC Well counselor provided referrals for mental health services, legal services, and assisted the caller in making a report to Adult Protective Services. The counselor also discussed coping skills and together created a safety plan. Afterward, the caller was grateful for the assistance she received.

THE NEED:

Barriers to care are particularly acute among communities of color and in historically underserved neighborhoods.

- Research has robustly and consistently shown that identities with a history of oppression – such as people of color – among others experience increased negative mental health symptoms related to discrimination and harassment.³⁵
- Communities of color are disproportionately exposed to risk factors that can cause mental health disorders.³⁶ Yet communities of color are often the least likely to get the mental health support they need.^{37,38}

Thrive is taking these barriers down.

THRIVE'S STRATEGY:

Connections to Care (C2C)

PARTNER: Mayor's Office for Economic Opportunity

- In the last three years, ThriveNYC has partnered with 14 community-based organizations through the Connections to Care (C2C) program, which trains staff at these organizations to act as front-line responders who can screen their clients for mental health needs, offer direct support when appropriate, and link to local health providers for further care if needed.

REACH

- In the last three years, 1,700 employees of these community-based organizations have participated in mental health response training through C2C.
- 34,000 individuals from all five boroughs have been served through C2C. Of those served:
 - One out of three clients screened positive for a mental health condition
 - Those in need of support were referred to it, with 3,700 individuals successfully connected to clinical care

EVIDENCE BASE

- A 2011 review of global human resources for mental healthcare found that providing training and supervision to non-mental health specialists enables them to deliver a range of support, including detection of mental health issues, psychoeducation, and follow-up care with positive outcomes for clients.³⁹





CONNECTIONS TO CARE

A woman was encouraged by her mother to visit Bedford Stuyvesant Restoration Corporation (a Connections to Care partner organization) because she needed help with her finances after her divorce. When she visited BSRC, thanks to C2C, she found there were so many resources to help her, including counseling. "I went in looking for help with my credit score and realized there was so much more. I felt seen and heard for the first time in a long time. Now I feel like I'm back on track, actually it's more than back on track, I'm on a better trajectory overall."

Goal 3:

Reach people with the highest need

PROGRAM HIGHLIGHTS

THE NEED:

Experiencing a crime can be stressful and traumatic, leading to or exacerbating mental health challenges. Crime victims are more likely to experience depression, anxiety, and alcohol and substance misuse problems than the general population.⁴⁰ **Thrive is bringing care to people where and when they need it.**

THRIVE'S STRATEGY:

The Crime Victim Assistance Program

PARTNER: New York City Police Department

- Before the launch of ThriveNYC, many victims navigated the complicated landscape of the justice and social service systems alone. Just three precincts had one on-site victim advocate to serve victims of domestic violence.
- Through Thrive, every crime victim in New York City is offered support by the Crime Victim Assistance Program, which operates in precincts and PSAs citywide. Almost every precinct has two advocates from the non-profit Safe Horizon, one for victims of domestic violence and the other for all other categories of crime. A few particularly low-crime precincts have one advocate.

REACH

- As of July 2019, the Crime Victim Assistance Program has helped over 115,500 victims of crime.
- The Crime Victim Assistance Program provides support to people harmed by crime, violence and abuse. Services include:
 - Supportive counseling
 - Safety planning
 - Advocacy to employers, creditors and landlords for accommodations
 - Assistance applying for victim compensation
 - Referral to individual or group therapy

EVIDENCE BASE

- A 2012 study found that intimate partner violence victims who received coordinated community response services were less likely to report PTSD, depression, and fear, and were more willing to leave their abuser than women in a comparison group.⁴¹



CRIME VICTIM ASSISTANCE PROGRAM (CVAP)

After years of intimate partner abuse, Rachel (name changed for privacy reasons) worked with a CVAP advocate. She said she now feels secure knowing she can apply for emergency SNAP benefits, cash assistance, and emergency financial assistance and, through the Alternative to Shelter Program, prevent an eviction.



BUSES
ONLY
LEFT LANE

BUSES
ONLY
LEFT LANE

After Mr. Brown (name changed for privacy reasons) survived an anti-gay hate crime, he feared for his safety and was unable to go to work. He heard about the Crime Victim Assistance Program. Two weeks later, after supportive counseling and safety planning with the advocate, Mr. Brown went back to work and feels safer walking outside.

THE NEED:

Many seniors who need mental health support go without it—and services for homebound older adults are particularly scarce. Nine percent of adults 65-years-old and older in New York City experience depression.⁴² **Thrive is bringing care to people where and when they need it.**

THRIVE'S STRATEGY:

Clinicians in Senior Centers and Volunteer Home Visits

PARTNER: Department for the Aging

- Through Thrive, the City has added clinicians to 25 senior centers operated by the Department for the Aging. Next year, ThriveNYC will add clinicians to 23 more senior centers.
- ThriveNYC has also supported a home visiting program, called Friendly Home Visiting, that matches trained volunteers with homebound older adults at risk of profound social isolation and loneliness.

REACH

- Over 830 older adults have received both short-term and ongoing clinical treatment through clinicians at senior centers in the last three years.
- Through the Friendly Home Visiting program, trained volunteers have made over 43,000 visits to older adults' homes, donating more than 64,000 hours of service.

EVIDENCE BASE

- A long-standing body of research has demonstrated that psycho-social interventions, including individual and group-based therapy, are effective in treating depression among older adults.⁴³

A photograph of an elderly woman and man at a market stall. The woman, on the left, has short grey hair and is wearing a pink floral patterned shirt. She is holding a small green pepper in her hands and looking at it intently. The man, on the right, is balding with grey hair on the sides, wearing glasses and a blue and white plaid shirt. He is looking at the pepper the woman is holding. They are standing in front of a market stall with various vegetables, including yellow squash and green peppers, displayed in wooden baskets. In the background, a street with cars and a building is visible under a red awning.

FRIENDLY HOME VISITING

"It brings me great satisfaction to know I am helping someone achieve their goals. I've been visiting Flora once a week for two years. Earlier in her life, she did beautiful bead work. Now, I help her make jewelry — she does the designs and I put on the clasps," said Friendly Home Visiting Program volunteer Carol Hart

"On the day my volunteer comes, I'm always waiting for her. Not only does she help me with making jewelry, she also is a good friend. We laugh and joke together. It makes a big difference," said Flora Sanilahijani, 66, who benefits from weekly home visits

THE NEED:

Families living in City shelters have not had ready access to mental health support. Thirty-five percent of New York City's shelter clients have a serious mental illness.⁴⁴

Thrive is bringing care to people where and when they need it.

THRIVE'S STRATEGY:

Clinicians in Family Shelters

PARTNER: Department for Homeless Services

- With ThriveNYC's support, DHS has placed 327 licensed clinical social workers in shelters for families with children.

REACH

- Thousands of families—comprised of more than 13,780 New Yorkers—have been served by these new clinicians since 2016.

EVIDENCE BASE

- A randomized controlled trial of mental health outreach services in shelters that serve women and families found that individuals receiving the intervention were more likely to attend a mental health center appointment and to participate in a substance abuse program than those in the control group.⁴⁵

THE NEED:

Over 1,100 newborns were born to families staying in City shelters in 2017—representing 1 in 100 babies born in New York City.⁴⁶ Ten percent of new mothers experience post-partum depression.⁴⁷ **Thrive is bringing care to people where and when they need it.**

THRIVE'S STRATEGY:

Newborn Home Visiting in Shelters

PARTNER: Department of Health and Mental Hygiene

- For many years, the City funded healthcare practitioners to provide low-income families with newborns support during the first few months of their baby's life.
- ThriveNYC brought this program – for the first time – to families living in City shelters with children up to two months old. To support new parents, this program offers three in-person visits and one follow-up phone call over the course of 8 weeks.

REACH

- Since Fiscal Year 2016, 4,922 families have been visited through this program.

EVIDENCE BASE

- A review of 21 home visiting programs serving pregnant women and children ages birth to five showed that these models have positive impacts on maternal and child health, positive parenting skills, and child development.⁴⁸

THE NEED:

Youth who identify as LGBTQI+ are twice as likely to become homeless than their straight or cisgender peers.⁴⁹ LGBTQI+ individuals are twice as likely as their peers to consider suicide and six times more likely to have a mental illness.⁵⁰ **Thrive is bringing care to people where and when they need it.**

THRIVE'S STRATEGY:

Clinical Support in Homeless and Runaway Youth Residences

PARTNER: Department of Youth and Community Development

- Homeless and runaway youth residences and drop-in centers, which often provide safe havens for LGBTQI+ young people, did not have onsite clinical care before Thrive. In the last three years, ThriveNYC has added clinicians to all 33 youth residences and drop-in centers run by the Department of Youth and Community Development.

REACH

- These clinicians have served over 11,000 young people since 2016.

EVIDENCE BASE

- A systematic review of services and interventions in drop-in centers and shelters demonstrated benefits to youth, such as reduced school and employment challenges at six weeks, and reduced substance misuse at discharge.⁵¹

THE NEED:

There are currently 17 federally-designated mental health professional shortage areas in New York City, defined as geographic areas with too few mental healthcare professionals and services to meet the need.⁵² **Thrive is bringing care to people where and when they need it.**

THRIVE'S STRATEGY:

Mental Health Service Corps

PARTNERS: Department of Health and Mental Hygiene, Health + Hospitals

- One way ThriveNYC is bringing more mental health support to underserved communities is through the Mental Health Service Corps. This innovative program for early-career clinicians is training a diverse mental health workforce, providing culturally competent care, and adding mental health services to neighborhoods that have been historically underserved.
- In January 2020, New York City Health + Hospitals began overseeing a redesigned Mental Health Service Corps, integrating this important program into New York City's public hospital system. From launch in 2016 through the end of 2019, this program was overseen by the Department of Health and Mental Hygiene.

REACH

- Since 2016, the Mental Health Service Corps has provided clinical services to more than 64,000 individuals at sites across all five boroughs. Seventy-six percent of Mental Health Service Corps service sites are in federally designated health and mental healthcare shortage areas.
- The Mental Health Service Corps has provided opportunities for early-career mental health clinicians to earn more than 310,000 hours toward their clinical licensure since the program launched.

EVIDENCE BASE

- Culturally adapted mental health interventions have been found to increase engagement with treatment,⁵³ and decrease depressive symptoms.⁵⁴ These interventions have also been recommended to address mental healthcare disparities.⁵⁵

Mental health treatment works.

That's why ThriveNYC connects people in need to appropriate, effective care.

- Mothers who are experiencing homelessness who receive screening for depression while in shelter are more likely to receive care, experience a reduction in their symptoms, and attend more visits with their primary care doctor and case managers.⁵⁶
- Among people with schizophrenia who receive treatment, approximately 50% show improvement in symptoms.⁵⁷
- Outreach to individuals with a mental illness can have a life-changing effect on their ability to maintain stable housing and employment. Individuals with an untreated mood disorder, diagnosis of schizophrenia, or substance misuse disorder are respectively 2.37 times, 2.39 times, and 2.92 times more likely to experience homelessness.^{58, 59} Receiving support from a treatment team has been shown to reduce homelessness among this population by 37%.⁶⁰
- LGBTQI+ individuals are twice as likely as their peers to consider suicide and six times more likely to have a mental disorder.⁶¹ Access to affirming, sexuality-specific support, however, has been shown to build long-term positive mental health.⁶²

Goal 4:

Strengthen crisis prevention and response

PROGRAM HIGHLIGHTS

THE NEED:

Of the approximately 4% of New Yorkers with serious mental illness, less than 40% are estimated to be receiving treatment.⁶³ To help those with acute needs access and stay connected to care, **Thrive is closing gaps in care for New Yorkers with serious mental health needs.**

THRIVE'S STRATEGY:

Mobile Treatment Teams

PARTNER: Department of Health and Mental Hygiene

- ThriveNYC partners with the Department of Health and Mental Hygiene to implement several new mobile treatment team models. Currently, over 50 teams operate citywide and have provided ongoing, mental health treatment to over 5,000 people since 2016. Many of these teams focus on people with serious mental health needs who are homeless, have criminal justice involvement and have contact with the shelter system.

REACH

- ThriveNYC added a master's level Substance Use Specialist to 40 Assertive Community Treatment (ACT) teams, enhancing these teams' ability to serve people with co-occurring disorders. ACT teams provide intensive, mobile mental health treatment and rehabilitation services to New Yorkers with serious mental illnesses. Approximately 43% of hospitalizations for a psychiatric condition also involved an individual with a co-occurring substance misuse disorder.⁶⁴
- ThriveNYC worked with the Department of Health and Mental Hygiene to create five Forensic ACT teams, which provide the same intensive mental health treatment and rehabilitation services as ACT teams, and include additional staff focused on those with current or recent justice system involvement.
- ThriveNYC supported the creation of Intensive Mobile Treatment (IMT) teams, which provide continuous support and treatment to individuals with very complex life situations and a high likelihood of moving between shelters and the justice system. IMT teams include mental health, substance misuse, and peer specialists who help individuals maintain a treatment plan, and facilitate connection to housing and additional supportive services.

EVIDENCE BASE

- A study of mobile treatment teams that integrate justice, healthcare, and community support for individuals with severe mental disorders found a number of positive outcomes for participants, including significant reduction in arrests, incarceration, and hospitalizations and hospital days.⁶⁵

THRIVE'S STRATEGY: Co-Response Teams

PARTNERS: Department of Health and Mental Hygiene, New York City Police Department

- A collaboration between the NYPD and DOHMH, Co-Response Teams include two police officers and one clinician. These teams are available 16 hours a day, seven days a week to serve people with mental health or substance use challenges who are at an elevated risk of harm to themselves or others.
- The teams connect clients to treatment, re-connect clients to family members, and help them get back on medication if they have stopped taking it.

REACH

- Since 2016, Co-Response Teams have assisted over 1,200 people across the City.

EVIDENCE BASE

- A 2015 review of co-response mental health programs found that, across studies, co-response team interactions are more likely to result in greater use of community-based treatment services and fewer arrests, while reviewed studies found mixed results regarding differences in hospitalizations.⁶⁶

CO-RESPONSE TEAMS

In 2010, Matthew's schizophrenia had become unmanageable and he found himself homeless and misusing substances. The Co-Response Teams of the New York City Police Department and Department of Health and Mental Hygiene were there to help. "They took me to get my medication," Matthew said. "At that time I was still on heroin, so they hooked me up with a Methadone program. I've been clean for three years. It changed my world."

— Matthew,
Client of Co-Response Team services



A large, stylized orange number '3' is positioned on the left side of the page, partially cut off by the edge. The background is white with large, curved orange shapes that create a sense of movement and depth.

STAGES

Measuring our impact

ThriveNYC's approach to measurement draws on established models for assessing large-scale public health strategies.

Similar frameworks have been used to evaluate multilevel, complex, public health interventions in diverse populations, including studies of efforts to prevent obesity, reduce smoking-related fatalities and exposure to second-hand smoke,⁶⁷ as well as to measure the effects of environmental change on public health.⁶⁸

Consistent with other large-scale public health intervention evaluations, there are three stages to the ThriveNYC evaluation:

1

The first stage of the evaluation is centered on tracking and refining program implementation.

We are tracking metrics reflecting the implementation and reach of the ThriveNYC programs. Many ThriveNYC programs represent innovative approaches to service delivery; an important first step in measuring their effectiveness is documenting how services are being provided and to whom.

2

The second stage of the evaluation is measuring outcomes,

to understand the impact of individual programs and strategies on participants. We are tracking outcome measures for all ThriveNYC programs, and data is updated regularly.

3

The third stage of the evaluation will assess population-level impact,

including the longer-term, collective effect of ThriveNYC programs and strategies on the whole of New York City. Through ThriveNYC, we hope to ensure that every New Yorker in need can access and stay connected to mental health support. As we work toward these goals, ThriveNYC – along with many other efforts across the City – will contribute to a City with less untreated mental illness; less suicide and suicidality; less exposure to adverse childhood experiences and higher high school graduation rates; higher rates of employment and fewer workdays missed; less need for emergency services and involuntary psychiatric hospitalization; less incarceration and homelessness of people with mental health needs; less substance misuse; and more community cohesion and participation. Population-level changes associated with any large-scale public health strategy take years to discern and are often difficult to measure, and become even more challenging to detect when they pertain to mental health. We are collaborating with researchers with expertise in measuring the impact of population-level mental health initiatives to ensure that we establish appropriate population-level metrics and research designs to capture the impact of ThriveNYC on communities throughout the City. Population-level measures will be published in 2020.

ThriveNYC is making a difference.* A few highlights:

New Yorkers with serious mental illness are staying connected to care and having fewer interactions with law enforcement

- **89%** of clients on Intensive Mobile Treatment teams stay connected to care for longer than one year
- **81%** reduction in the number of police contacts involving violent offenses among Co-Response Team clients who had contact with police related to a violent offense during the three previous months

Populations at high risk of mental illness are getting the help they need

- **90%** of crime victims served by Crime Victim Assistance Program report feeling better as a result of assistance provided
- **47%** of seniors receiving treatment in senior centers show clinically significant improvement in depression symptoms after three months

New York City is promoting mental health across City agencies

- **82%** of school staff feel prepared to recognize a student in psychological distress after a ThriveNYC training
- **98%** of officers surveyed believe the Crisis Intervention Training they received will improve their ability to assist individuals in crisis due to mental health or behavioral health issues

For more information, visit www.nyc.gov/ThriveNYC.

*The data on this page covers a reporting period of July 1, 2019 to September 30, 2019.



ENDNOTES

1. New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014); public use dataset accessed September 2019.
2. Li W, Onyebeke C, Huynh M, Castro A, Falci L, Gurung S, Kennedy J, Maduro G, Sun Y, and Van Wye G. Summary of Vital Statistics, 2017. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2019.
3. Centers for Disease Control and Prevention. Prevalence of Selected Maternal and Child Health Indicators for New York City, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012–2015.
4. New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014); public use dataset accessed September 2019.
5. New York City Department of Health and Mental Hygiene. New York City Youth Risk Behavior Survey (2017); public use dataset accessed September 2019.
6. Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. (2007). Homelessness, health status, and health care use. *American Journal of Public Health*, 97(3), 464–469.
7. Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current opinion in psychiatry*, 20(4), 359–364. doi:10.1097/YCO.0b013e32816ebc8c
8. Health Resources & Services Administration (2018). Area HPSA Designation Boundaries. Public use dataset accessed September 2019.
9. Tanielian, T., Jaycox, L. H., Schell, T. L., Marshall, G. N., Burnam, M. A., Eibner, C., Karney, B., Meredith, L. S., Ringel, J. S. & Vaiana, M.E. (2008). *Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans*, Santa Monica, Calif.: RAND Corporation, RB-9336-CCF. As of January 27, 2020: https://www.rand.org/pubs/research_briefs/RB9336.html
10. Tuskeviciute R, Hoenig J, Norman C. Depression among New York City Adults. NYC Vital Signs 2018, 17(2); 1-4, available at <https://www1.nyc.gov/assets/doh/downloads/pdf/survey/depression.pdf>
11. Li W, Onyebeke C, Huynh M, Castro A, Falci L, Gurung S, Kennedy J, Maduro G, Sun Y, and Van Wye G. Summary of Vital Statistics, 2017. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2019.
12. New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014); public use dataset accessed September 2019.
13. New York City Department of Health and Mental Hygiene. New York City Community Health Survey (2017). Public use dataset accessed September 2019.
14. New York City Department of Health and Mental Hygiene. New York City Community Health Survey (2017). Public use dataset accessed September 2019.
15. Clough, J., Lee, S., & Chae, D. H. (2013). Barriers to health care among Asian immigrants in the United States: a traditional review. *Journal of health care for the poor and underserved*, 24(1), 384–403.
16. Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World journal of psychiatry*, 4(4), 133–140. doi:10.5498/wjp.v4.i4.133
17. Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current opinion in psychiatry*, 20(4), 359–364. doi:10.1097/YCO.0b013e32816ebc8c
18. A prescription for expanding school-based mental health services in New York City public elementary schools. (2013). Citizens' Committee for Children of New York.
19. Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., Lochman, J. E., McMahon, R. J., ... & Conduct Problems Prevention Research Group. (2014). Impact of early intervention on psychopathology, crime, and well-being at age 25. *American Journal of Psychiatry*, 172(1), 59–70.
20. Kutash, K., Duchnowski, A. J., & Green, A. L. (2011). School-based mental health programs for students who have emotional disturbances: Academic and social-emotional outcomes. *School Mental Health*, 3(4), 191–208.
21. Dodge, K. A., Bierman, K. L., Coie, J. D., Greenberg, M. T., Lochman, J. E., McMahon, R. J., ... & Conduct Problems Prevention Research Group. (2014). Impact of early intervention on psychopathology, crime, and well-being at age 25. *American Journal of Psychiatry*, 172(1), 59–70.
22. National Suicide Prevention Lifeline: Evaluation of callers' perceptions of care. *Suicide and Life-Threatening Behavior*, 48(1), 75–86.
23. Katz C., Bolton S.-L., Katz L.Y., et al. (2013). A systematic review of school-based suicide prevention programs. *Depression and Anxiety*, 30(10):1030–1045.
24. Caezar A.L., Christensen H., Freeman A., et al. (2016). A systematic review of psychosocial suicide prevention interventions for youth. *European Child and Adolescent Psychiatry*, 25(5):467–482.
25. Litz, B. T., Gray, M. J., Bryant, R. A., & Adler, A. B. (2002). Early intervention for trauma: Current status and future directions. *Clinical psychology: science and practice*, 9(2), 112–134.
26. New York City Comptroller, Bureau of Policy and Research (March 2017). *Aging with Dignity: A Blueprint for Serving NYC's Growing Senior Population*.
27. Heikkinen, R. L., & Kauppinen, M. (2004). Depressive symptoms in late life: a 10-year follow-up. *Archives of gerontology and geriatrics*, 38(3), 239–250.
28. Grav, S., Hellzén, O., Romild, U., & Stordal, E. (2012). Association between social support and depression in the general population: the HUNT study, a cross-sectional survey. *Journal of clinical nursing*, 21(1–2), 111–120.
29. McCrone, P., Craig, T. K., Power, P., & Garety, P. A. (2010). Cost-effectiveness of an early intervention service for people with psychosis. *The British journal of psychiatry*, 196(5), 377–382.
30. Watkins, K. E., Burnam, M. A., Okeke, E. N., & Setodji, C. M. (2013). Evaluating the Impact of Prevention and Early Intervention Activities on the Mental Health of California's Population. *Rand health quarterly*, 2(4).
31. Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC psychiatry*, 10(1), 113.
32. Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, 45(1), 11–27.
33. See, e.g., Morgan AJ, Ross A, Reavley NJ. Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLOS Journal*. 2018; 13 (5).
34. New York City Department of Health and Mental Hygiene. Community Mental Health Survey, 2012; public use dataset accessed September 2019. <https://data.cityofnewyork.us/Health/DOHMH-Community-Mental-Health-Survey/wi3r-8uzb>.
35. Gould, M. S., Lake, A. M., Galfalvy, H., Kleinman, M., Munfakh, J. L., Wright, J., & McKeon, R. (2018). Follow-up with callers to the National Suicide Prevention Lifeline: Evaluation of callers' perceptions of care. *Suicide and Life-Threatening Behavior*, 48(1), 75–86.
36. Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, 135(4), 531.
37. Tuskeviciute R, Hoenig JM, Norman C. The social determinants of mental health among New York City adults. *New York City Department of Health and Mental Hygiene: Epi Data Brief* (115); August 2019.
38. McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs*, 27(2), 393–403.

38. Kugelmass, H. (2016). "Sorry, I'm Not Accepting New Patients" An Audit Study of Access to Mental Health Care. *Journal of Health and Social Behavior*, 57(2), 168-183.
39. Kakuma, R., Minas, H., Van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E., ... & Scheffler, R. M. (2011). Human resources for mental health care: current situation and strategies for action. *The Lancet*, 378(9803), 1654-1663.
40. Kilpatrick, D. G., & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 16(2), 119-132.
41. DePrince, A. P., Belknap, J., Labus, J. S., Buckingham, S. E., & Gover, A. R. (2012). The impact of victim-focused outreach on criminal legal system outcomes following police-reported intimate partner abuse. *Violence against women*, 18(8), 861-881.
42. Tuskeviciute R, Hoenig J, Norman C. Depression among New York City Adults. NYC Vital Signs 2018, 17(2); 1-4, available at <https://www1.nyc.gov/assets/doh/downloads/pdf/survey/depression.pdf>
43. Myers, J. E., & Harper, M. C. (2004). Evidence-based effective practices with older adults. *Journal of Counseling & Development*, 82(2), 207-218.
44. Schanzer, B., Dominguez, B., Shrout, P. E., & Caton, C. L. (2007). Homelessness, health status, and health care use. *American Journal of Public Health*, 97(3), 464-469.
45. Bradford, D. W., Gaynes, B. N., Kim, M. M., Kaufman, J. S., & Weinberger, M. (2005). Can shelter-based interventions improve treatment engagement in homeless individuals with psychiatric and/or substance misuse disorders?: a randomized controlled trial. *Medical Care*, 763-768.
46. Routhier, G. (2019). State of the Homeless 2019: House our Future Now!. New York, NY: Coalition for the Homeless. <https://www.coalitionforthehomeless.org/wp-content/uploads/2019/04/StateOfThe-Homeless2019.pdf>.
47. Centers for Disease Control and Prevention. Prevalence of Selected Maternal and Child Health Indicators for New York City, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2015.
48. Sama-Miller, E., Akers, L., Mraz-Espósito, A., Coughlin, R. & Zukiewicz, M. (2019). OPRE Report #2019-93. Home Visiting Evidence of Effectiveness Review: Executive Summary September 2019. Mathematica.
49. Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago.
50. Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... & Russell, S. T. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of homosexuality*, 58(1), 10-51.
51. Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and youth services review*, 31(7), 732-742.
52. Health Resources & Services Administration (2018). Area HPSA Designation Boundaries. Public use dataset accessed September 2019.
53. Yeung, A., Shyu, I., Fisher, L., Wu, S., Yang, H., & Fava, M. (2010). Culturally sensitive collaborative treatment for depressed Chinese Americans in primary care. *American journal of public health*, 100(12), 2397-2402.
54. Ell, K., Katon, W., Xie, B., Lee, P. J., Kapetanovic, S., Guterman, J., & Chou, C. P. (2010). Collaborative care management of major depression among low-income, predominantly Hispanic subjects with diabetes: a randomized controlled trial. *Diabetes care*, 33(4), 706-713. doi:10.2337/dc09-1711
55. Alegría, M., Alvarez, K., Ishikawa, R. Z., DiMarzio, K., & McPeck, S. (2016). Removing Obstacles To Eliminating Racial And Ethnic Disparities In Behavioral Health Care. *Health affairs (Project Hope)*, 35(6), 991-999. doi:10.1377/hlthaff.2016.0029
56. Weinreb, L., Upshur, C. C., Fletcher-Blake, D., Reed, G., & Frisard, C. (2016). Managing depression among homeless mothers: pilot testing an adapted collaborative care intervention. *The primary care companion for CNS disorders*, 18(2).
57. Leucht S., Tardy, M., Komossa K., et al. (2012). Antipsychotic drugs versus placebo for relapse prevention in schizophrenia: A systematic review and meta-analysis. *Lancet*, 379(9831): 2063-71.
58. Greenberg, G. A., & Rosenheck, R. A. (2010). Correlates of past homelessness in the National Epidemiological Survey on Alcohol and Related Conditions. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(4), 357-366.
59. Greenberg, G. A., & Rosenheck, R. A. (2010). Mental health correlates of past homelessness in the National Comorbidity Study Replication. *Journal of health care for the poor and underserved*, 21(4), 1234-1249.
60. Coldwell, C. M., & Bender, W. S. (2007). The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis. *American Journal of Psychiatry*, 164, 393-399.
61. Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... & Russell, S. T. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of homosexuality*, 58(1), 10-51.
62. Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual review of clinical psychology*, 12, 465-487.
63. Norman C, Goldmann E, Staley B, Duchon R. Serious Mental Illness among New York City Adults. NYC Vital Signs 2015, Volume 14, No. 2; 1-4.
64. Wojas E, Meausoone V, Norman C. Adult Psychiatric Hospitalizations in New York City. Department of Health and Mental Hygiene: Epi Data Brief (71); June 2016.
65. Weisman, R. L., Lamberti, J. S., & Price, N. (2004). Integrating criminal justice, community healthcare, and support services for adults with severe mental disorders. *Psychiatric Quarterly*, 75(1), 71-85.
66. Shapiro, G. K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A., & Stergiopoulos, V. (2015). Co-responding police-mental health programs: a review. *Administration and policy in mental health and mental health services research*, 42(5), 606-620.
67. Soler, R., Orenstein, D., Honeycutt, A., Bradley, C., Trogon, J., Kent, C. K., ... & Bunnell, R. (2016). Community-Based Interventions to Decrease Obesity and Tobacco Exposure and Reduce Health Care Costs: Outcome Estimates From Communities Putting Prevention to Work for 2010-2020. *Preventing chronic disease*, 13, E47-E47.
68. King, D. K., Glasgow, R. E., & Leeman-Castillo, B. (2010). Reaiming RE-AIM: using the model to plan, implement, and evaluate the effects of environmental change approaches to enhancing population health. *American journal of public health*, 100(11), 2076-2084.



APPENDIX

Complete List of ThriveNYC Programs

GOAL 1: PROMOTE MENTAL HEALTH FOR THE YOUNGEST NEW YORKERS

AGENCY	PROGRAM
ACS	Attachment and Bio-Behavioral Catch-Up (ABC)
DOE and DOHMH	Mental Health Services for High-Needs Schools
DOE	School Response Clinicians
DOE and DOHMH	Social-Emotional Learning: Universal Pre-K, Trauma Smart, and Early Childhood Mental Health Network
DOHMH	Kognito: Online Mental Health Training for Classroom and School Staff
DOE and DOHMH	School Mental Health Consultants: Capacity Building and Technical Assistance

GOAL 2: ELIMINATE BARRIERS TO CARE

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

GOAL 3: REACH PEOPLE WITH THE HIGHEST NEED

AGENCY	PROGRAM
PEOPLE HARMED BY CRIME, VIOLENCE OR ABUSE	
ENDGBV	Mental Health Services in All Family Justice Centers
NYPD	Crime Victim Assistance Program
VETERANS	
DVS	Mental Health Outreach and Support for Veterans (VetsThriveNYC)
DVS	Non-Traditional Mental Health Services for Veterans
VULNERABLE YOUNG PEOPLE	
DYCD	Mental Health Services in Runaway and Homeless Youth Residences and Drop-In Centers
H+H/CHS	Behavioral Health Assessment and Support for Youth in Detention
OLDER ADULTS	
DFTA	Clinicians in Senior Centers
DFTA	Visiting Program for Homebound Older Adults
FAMILIES EXPERIENCING HOMELESSNESS	
DHS	Mental Health Services in Family Shelters
DOHMH	Newborn Home Visiting Program in Shelters
NEW YORKERS LIVING IN HISTORICALLY UNDERSERVED NEIGHBORHOODS	
H+H	Mental Health Service Corps

GOAL 4: STRENGTHEN CRISIS PREVENTION AND RESPONSE

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

COMPLETE LIST OF THRIVENYC PROGRAMS (cont.)

REFINE OUR APPROACH

AGENCY	PROGRAM
OEO	Evaluations

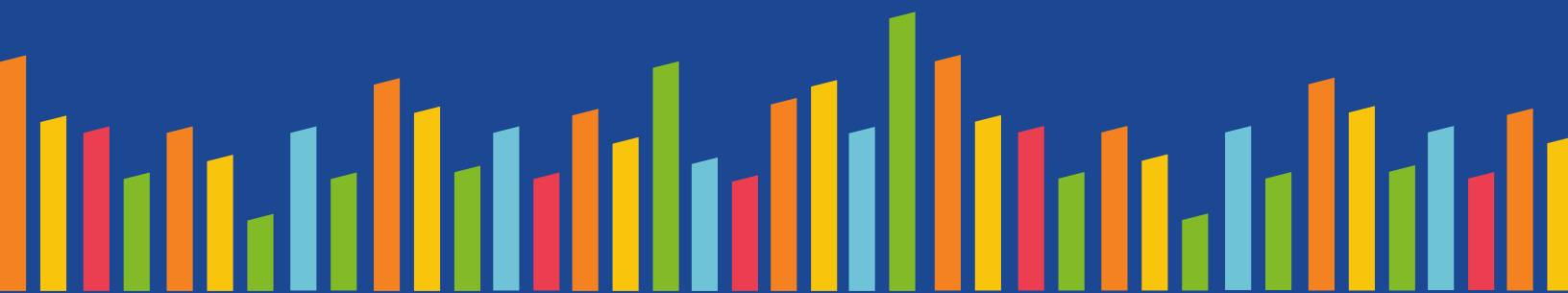
For free and confidential mental
health and substance misuse
support:

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

Text “WELL” to 65173

Chat nycwell.cityofnewyork.us/

Available 24/7 for all New Yorkers



THRIVE
NYC

The logo features the word "THRIVE" in white and "NYC" in red. Between the two words is a graphic consisting of three vertical bars of increasing height from left to right, colored orange, yellow, and red respectively.