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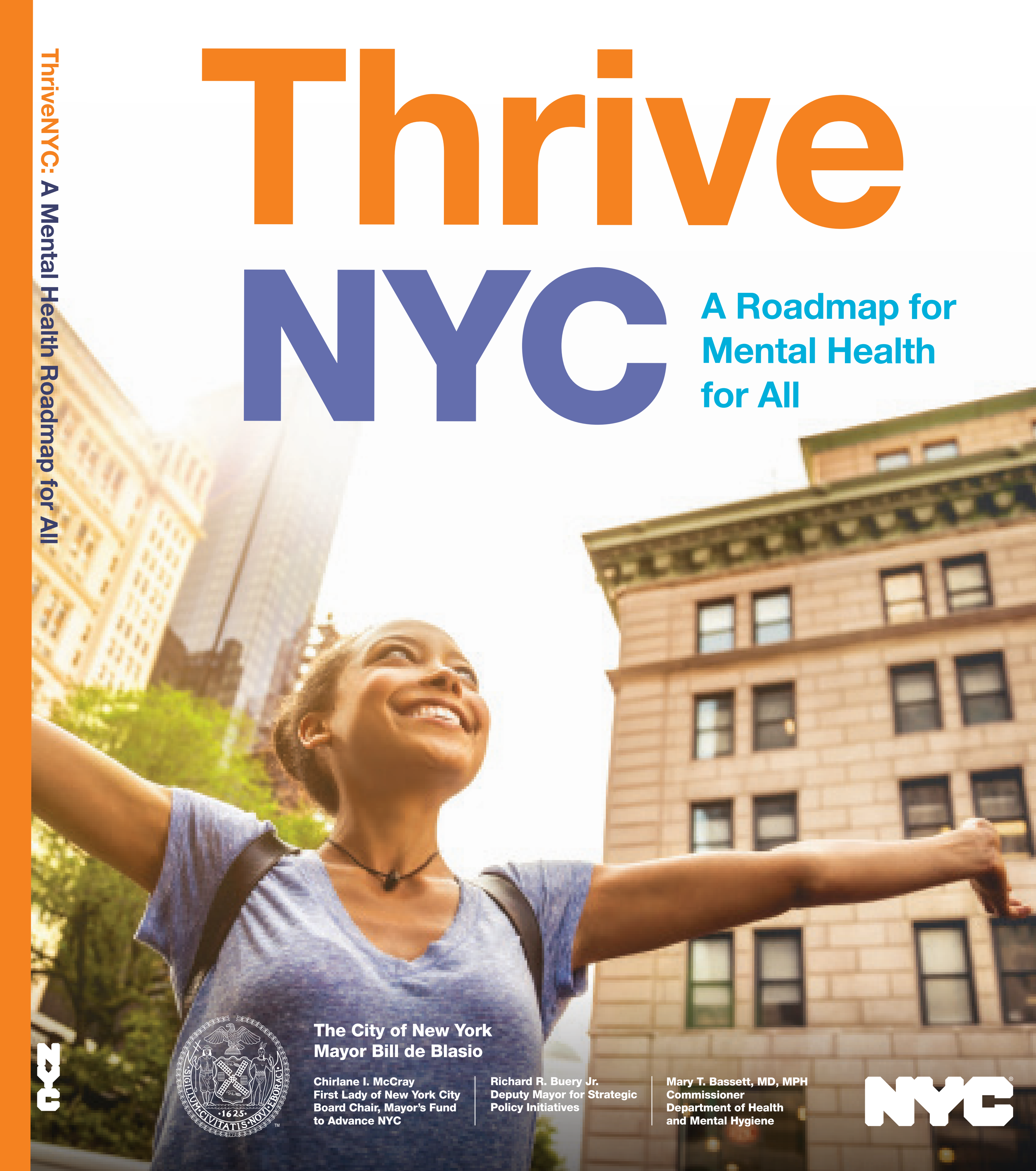
ThriveNYC: A Mental Health Roadmap for All



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New York City's greatness is founded on a simple promise: you can thrive here, no matter where you come from or where you want to go in life.

But for too many New Yorkers, poor mental health interrupts the realization of that great promise. As City leaders, we are obligated to use every tool and power of government to make sure there is a path to health and happiness for all New Yorkers. For that to be possible, we need a true and effective mental health system.

We take a huge step forward on that journey with the release of *ThriveNYC: A Mental Health Roadmap for All*.

The mental health crisis facing the residents of our city has been decades in the making. Mental health issues have not been treated by the public or private sectors with the same urgency as physical health issues—even as illness and other threats to mental health affect the lives of nearly every family in the five boroughs each year.

Public initiatives to support the mental health of New Yorkers have been underfunded by billions. Commercial insurers have only been required to provide comparable coverage for mental health treatment under all policies since 2010, and they have a long way to go in providing full and fair coverage.

This legacy of scarce resources, and scarcer attention, has prompted a practical and moral obligation for City government to take up this work. We are serious about getting New Yorkers the help they need to overcome the symptoms of mental illness. But we are also determined to prevent mental illness whenever we can, and that means doing everything we can to alleviate the severe stresses that are at the root of many conditions.

So while we strive to make sure every New Yorker in every community has access to a mental health professional, we simultaneously need to keep building and preserving affordable housing in those communities—so more families are freed from worrying every waking moment about whether they'll be able to make rent that month.

As we work to identify and treat new mothers who suffer from postpartum depression, we must simultaneously provide more working parents with protections like Paid Sick Leave, so no one has to choose between their child's health and their job.

And as we build toward a time when all of our schools offer mental health services to their children, we also need to make sure our kids have essential social-emotional supports in pre-kindergarten and after-school programs.

By following the path laid out in this Roadmap, we will change the trajectory of the lives of so many New Yorkers, and help them become better parents, friends, co-workers, and students.

To make this future a reality, we need your help. If your life has been touched by mental illness, please share your story with someone you trust. And if someone you know is going through a tough time, take a moment to hear them out. There are now more and better resources that are easier for New Yorkers to access. A crisis decades in the making won't be resolved overnight, but *ThriveNYC* is the first step in our mission to help our citizens fulfill their potential.

As the First Lady says, there is no health without mental health. Let's get healthy—together.

Bill de Blasio

Mayor Bill de Blasio

In January 2015, I had the honor of announcing an unprecedented commitment by the City of New York to create a mental health system that works for all New Yorkers. Since then, I have traveled throughout the five boroughs and talked to hundreds of people about their experiences.

I heard many stories of triumph that reminded me of a fundamental truth: Mental illness is treatable. When people have access to the resources they need, they can live their lives to the fullest.

I also heard many stories of suffering, which speaks to another reality: *Every* family has been touched by mental illness. And that certainly includes my own.

A few years ago, our daughter, Chiara, revealed that she was suffering from addiction, depression, and anxiety. I felt everything you'd expect a mother to feel: love, sadness, fear, and a whole lot of uncertainty. But I didn't know where to turn. There was no established series of steps for us to refer to. Bill and I had to trust the recommendations of people we didn't really know, and make some major decisions based on faith alone.

In the end, we found enough of what we were looking for. But even after our crisis subsided, we couldn't forget everything we'd been through. Why had it been so difficult to find the right help? And what can we do for the many New York City families who don't have access to as many resources as we did?

ThriveNYC: A Mental Health Roadmap for All begins to answer those questions, and many others. Now, finally, New York City has a plan of action to encourage the mental well-being of all New Yorkers and begin helping those who have been falling through the cracks. I am grateful to everyone who helped make this Roadmap possible, especially our world-class Department of Health and Mental Hygiene; Executive Deputy Commissioner for Mental Hygiene, Dr. Gary Belkin; and Commissioner Dr. Mary T. Bassett.

We will work with our partners to create new programs, make existing programs even better, and make *all* programs easier to access. With each success, as people find solutions, we will move one step closer to changing our mindset around the mind and building a culture that values and supports mental health.

I still remember when people were afraid to say "breast" and "cancer" out loud. I still remember when that disease was only discussed between sisters and girlfriends in stolen whispers. Thankfully, that has changed. Today, breast cancer survivors are proud to tell their stories, because they know the community has their back.

It's time to do the same when it comes to treating mental illness and promoting mental health. The work won't be easy or fast. But if we follow the guideposts laid out in the Roadmap, we can create a city where it's as easy to get help for anxiety as it is to get a flu shot—a city where every New Yorker can live with dignity.

Chirlane McCray

First Lady Chirlane I. McCray

Executive Summary

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One in five.

That's how many adult New Yorkers experience a mental health disorder in any given year.[1] And that's a conservative estimate.

But one in five doesn't begin to capture the devastating impact of mental illness on our city. The consequences of this quiet crisis are everywhere, and affect all of us.

We see it in our schools, where 8% of public high school students report attempting suicide.[2]

We see it in our homeless shelters, where approximately 35% of clients suffer from a serious mental illness.[3]

"It's all of us. Whether you're getting hospitalized in the ER or whether you're feeling unable to get out of bed because of a particular situation that happened the previous day, it's all of us. There are no exceptions."

— Professor, New York University

We see it in our hospitals, which grapple with 70,000 alcohol-related emergency room visits and 1,800 alcohol-related deaths among 18- to 64-year-olds every year.[4] Substance misuse is among the leading contributors to premature death throughout New York City.[5]

We see it in our jails, where over a third of detained people are diagnosed with a mental illness.[6]

We see it among those who are grieving, with one-third of widows and widowers—most of whom are senior citizens—meeting criteria for depression in the first month after the death of their spouse. Half remain clinically depressed a year later.[7]

We see it in our economy, with $14 billion in estimated annual productivity losses in New York City tied to depression and substance misuse.[8]

And we see it around our dinner tables, in our living rooms, at our places of worship. At any given time, over half a million adult New Yorkers are estimated to have depression, yet less than 40% report receiving care for it.[9]

For so long, our city has not done enough to support the emotional well-being of its residents. Too many New Yorkers have not gotten the help they needed for any number of reasons. Perhaps they were afraid to reveal their pain, the help they needed was hard to access, they couldn't find someone who understood their culture, they didn't think it would help, or they simply couldn't afford it. All told, 41% of adult New Yorkers with a serious mental illness (SMI)[10] said they needed treatment at some point in the past year but did not receive it or delayed getting it.[11]

Clearly, mental illness isn't just disrupting the lives of individual New Yorkers—it is exacting a terrible social, financial, and emotional cost on our city.

What is needed—and what New York City currently lacks—is a major commitment to mental health, one that is backed up by resources that are commensurate to the challenge. Tackling a problem that directly affects 20% of New Yorkers—in addition to all of the people in their lives—requires a population-wide response.

And to be successful, that response must assertively support and promote mental *health* in addition to addressing mental illness. The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[12] **In other words, our ability to thrive—as human beings and as a city—is closely tied to our mental health.**

At the most basic level, this new commitment is about thinking big and thinking differently. A public health solution must include all the following elements: prevention of illness, promotion of mental health, early detection of problems, and treatment. By themselves, mental health professionals cannot stem the tide of one of our society's most difficult and pervasive health challenges. To achieve lasting success, we must treat not only the individual, but also the conditions in our society that threaten mental health. **We must identify when people are at greater risk and why, while paying close attention to the range of factors—both individual and social—that can either make us more vulnerable or prevent the onset or worsening of mental illness.**[13]

Getting to where we need to go requires a broad campaign that engages every sector of society. Lawmakers must devote political capital and financial resources to the challenge at hand. Government agencies must implement new policies. The media must be engaged in the work of

increasing public awareness and accurately representing mental illness. Health professionals must use techniques that promote mental health and more effectively prevent, as well as treat, illness. And crucially, New Yorkers from every community must play an active role in both shaping and implementing this effort.

As an example, consider New York City's successful effort to curb smoking. For decades, Americans settled for incremental change when it came to the fight against tobacco. In New York City, the decline in adult smoking had stalled. Then, in 2003, the City's landmark Smoke-Free Air Act went into effect, banning smoking in bars and restaurants. This signaled the beginning of a sweeping public health campaign. City officials coordinated an anti-smoking communications strategy that blanketed our airwaves, newspapers, and subway cars. Lawmakers raised federal, state, and local excise taxes. And health officials developed innovative ways to provide New Yorkers with treatment tools, such as inviting people to call 311 and request free nicotine patches. We monitored our progress and stayed on track with help from an annual survey that tracked how many people smoked.

Together, these efforts achieved tremendous results. The adult smoking rate declined by 35% between 2002 and 2014,[14] and the youth smoking rate fell by a stunning 53% from 2001 to 2013.[15] It is estimated that nearly 50,000 adult New Yorkers who quit smoking as a result of tobacco control efforts from 2002-2010 will avoid a premature smoking-related death before the age of 75.[16] These successes were reached decades after learning of the harms of smoking. Public health strategies take time to learn what will lead to population-level improvements in health. The same will be true for making an impact on mental health. This Roadmap identifies the key new directions needed to do so, and a robust but initial set of initiatives to move in that direction.

Smoking is just one example of a successful public health campaign that changed the lives of tens of thousands of New Yorkers; there are many others. Together, we reduced teen pregnancy to record lows.[17] Between 2000 and 2013, we reduced the annual number of mother-to-child HIV transmissions by 92%.[18] And within the last decade, we reduced the number of children with dangerous levels of lead in their blood by 70%.[19]

We can and should have equally big ambitions and long-term strategies when it comes to mental health. Together, over years, we can lay the foundation for lifelong emotional health for all children. We can protect new mothers from depression. We can prevent suicides and reduce harmful consequences of substance misuse. We can close gaps in access to mental health services. We can help more people with chronic and disabling mental illness lead active lives. We can provide people who have previously cycled in and out of the system with the comprehensive and

compassionate network of care they need. **We can make it our goal to not only reduce the toll of mental illness, but also promote mental health and protect New Yorkers' resiliency, self-esteem, family strength, and joy.**

Our plan for achieving these goals and many others is described in this Roadmap, which lays out:

- The challenges we face;
- The principles that will guide our effort to meet those challenges;
- A broad array of solutions that build upon our principles; and
- A plan to achieve long-term change.

Our work will be shaped by six guiding principles. They are based on research, the experience of other cities and countries, input from hundreds of local organizations that are working to promote mental health, and individual New Yorkers with experience battling mental illness who bravely shared their stories with us.

We will advance these principles in part through 54 targeted initiatives—representing an investment of $850 million over four years—that together comprise an entirely new and more holistic approach to mental health in New York City, and set a foundation for taking on this public health challenge in the years ahead.

Six Guiding Principles

1. Change the Culture

Make mental health everybody's business. It's time for New Yorkers to have an open conversation about mental health.

Key Initiatives:

- ***Mental Health First Aid Training*:** We will train 250,000 New Yorkers in Mental Health First Aid, which teaches people how to help friends, family members, and co-workers who may be suffering.
- ***Public Awareness Campaign*:** We will launch a citywide campaign to change the conversation around mental health and help individuals and communities take action.

2. Act Early

Give New Yorkers more tools to weather challenges and capitalize on opportunities by investing in prevention and early intervention.

Key Initiatives:

- ***Social-Emotional Learning for the Youngest New Yorkers*:** The City will embark on an expansion of Social-Emotional Learning (SEL) in early childhood education and care settings. We will increase opportunities for children to realize their potential by building a foundation of social-emotional skills during a critical stage of development.
- ***Create a Network of Mental Health Consultants Serving All Schools:*** While different schools have different levels of need when it comes to mental health, every school should have access to professional support. Starting immediately, the City will hire 100 School Mental Health Consultants (SMHCs) who will work with every school citywide to ensure that staff and administrators have an outlet to connect students with the highest immediate needs to care.

3. Close Treatment Gaps

Provide New Yorkers in every neighborhood—including those at greatest risk—with equal access to care that works for them and their communities, when and where they need it.

Key Initiatives:

- ***Closing Gaps on Maternal Depression*:** New York City is setting a goal to screen and treat all pregnant women and new mothers for pregnancy-related depression. NYC Health + Hospitals and Maimonides Medical

Center have committed to reach and serve each of these women in their care within two years. And beginning this year, NYC Health + Hospitals and Maimonides, along with the Greater New York Hospital Association, will lead a collaboration across other City hospital systems to close this treatment gap.

- ***NYC Support*:** People throughout New York City often complain about being forced to navigate a confusing and unresponsive mental health and substance use treatment system largely on their own. The City will address this challenge with the creation of NYC Support, which will serve as a point of entry to the City's behavioral health services. New Yorkers will be able to access NYC Support via phone, text messaging, or the web. In addition to robust crisis counseling, NYC Support will provide referrals, help New Yorkers schedule appointments with mental health providers, and follow up with New Yorkers until they find the appropriate care.

4. Partner with Communities

Embrace the wisdom and strengths of local communities by collaborating with them to create effective and culturally competent solutions.

Key Initiatives:

- ***NYC Mental Health Corps*:** We will begin creating a Corps of approximately 400 physicians and recently-graduated Masters and Doctoral-level clinicians to work in substance use programs, mental health clinics, and primary care practices in high-need communities throughout the city. When fully staffed, the Corps will provide approximately 400,000 additional hours of service in the communities where they are needed most, including at primary care settings, which is where most New Yorkers receive their regular medical care. We will work with communities to determine where Corps members can do the most good.

- ***Virtual Learning Center for Community-Based Organizations:*** The City will develop a free, universally available web-based Learning Center for community organizations. Our initial outreach will focus on faith-based and immigrant-serving organizations. The website will provide a skills training library that offers non-clinicians effective and executable task-shifting, prevention strategies, and information on how to help people access care. It will include videos, guides to test skills, handouts of tips and information summaries, assessments, and links to other resources. The website will also be a forum to facilitate partnerships between community groups and providers.

5. Use Data Better

Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by sharing and using information and data better.

Key Initiative:

- ***Mental Health Innovation Lab:*** We will establish a Lab that will make sure City agencies, treatment providers, and others with a stake in promoting mental health have the most up-to-date and accurate information and tools. The Lab will serve as the research and development arm of our Roadmap effort, with a focus on developing new ways to both collect information and help stakeholders put it to work.

6. Strengthen Government's Ability to Lead

Affirm City government's responsibility to coordinate an unprecedented effort to support the mental health of all New Yorkers.

Key Initiatives:

- ***New Supportive Housing for Vulnerable New Yorkers:*** The number of New Yorkers who qualify for supportive housing is almost five times greater than the number of available units. To meet this need, the City is committing to bring on 15,000 apartments for supportive housing over the next 15 years. The new supportive housing will serve a number of vulnerable populations, including homeless families, homeless single veterans, domestic violence survivors, young adults who have recently left foster care or who have been in foster care and are at risk of homelessness, and individuals receiving nursing home care.

- ***Mental Health Council:*** We will bring together a cross-section of City agencies to coordinate a comprehensive mental health effort. The Council will work closely with hospitals, insurance companies, community-based organizations, our partners at other levels of government, clergy, advocates, and people with lived experience to turn the Roadmap into reality and establish the City as a policy leader.

We hope you will join us in putting this Roadmap into action. Just as every community knows the pain of mental illness, every community has valuable wisdom and resources to contribute. By closing the gaps in our mental health system, we can also help close the gaps that exist within our neighborhoods, our families, and even within ourselves. Together, we can achieve the goals of this Roadmap and build a healthier, happier New York City.

Section 1

Understanding New York City's Mental Health Challenge

While statistics alone cannot capture the devastating human costs of mental illness, they drive home the scope of the mental health crisis facing New York City.

At least one in five adult New Yorkers is **likely to experience a mental health disorder** in any given year.

Youth Issues

(NYC Public High School Students)

Report attempting suicide

8%

Report feeling sad or hopeless each month[20]

73,000

The stigma of mental illness has been found to have serious negative effects on hope and an individual's sense of self-esteem. Stigma also increases the severity of psychiatric symptoms and decreases treatment adherence.[24]

Depression

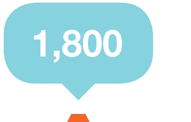
18 Yankee Stadiums could not hold all of the New Yorkers **with a lifetime diagnosis of depression.**

- Approximately 8% of adult New Yorkers experience symptoms of depression each year.[21]
- 12% of NYC mothers exhibit symptoms of depression in the months after giving birth.[22]
- **Major depressive disorder** is the single greatest source of disability in NYC.[23]

Substance Abuse

Consequences of substance misuse are among the leading causes of premature death in every neighborhood in New York City.

Alcohol use causes (per year)



Deaths

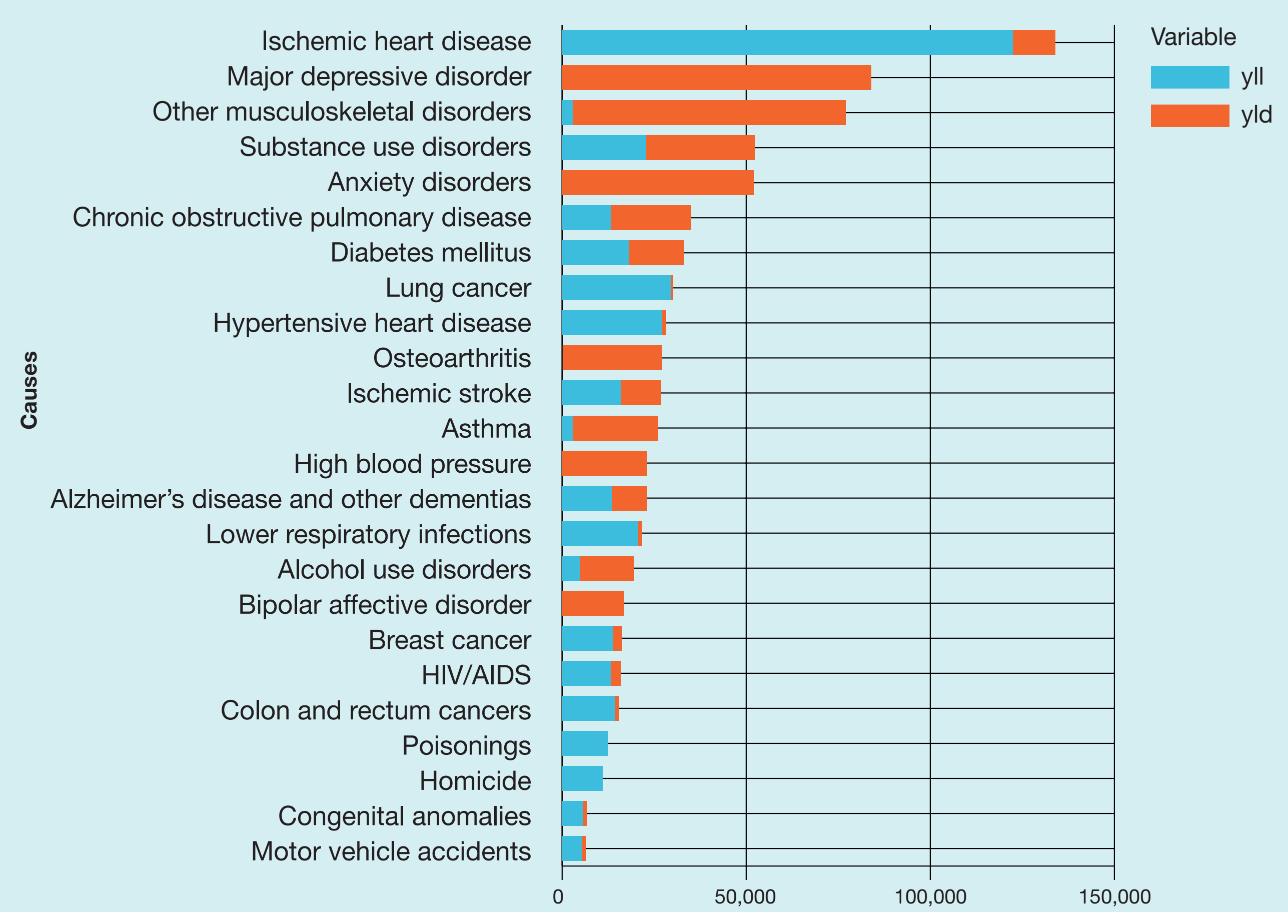
Emergency Visits (adults 18-64)

Unintentional drug overdose deaths outnumber both homicide and motor vehicle fatalities.[25]

Clearly, the mental health crisis is both broad and deep. The first step toward solving it is digging deeper into the data and developing a more complete understanding of the risk factors and root causes that result in certain populations experiencing more—and more serious—mental health challenges.

Mental illness exacts a devastating social and economic cost on New Yorkers and the communities they call home.

Disability Adjusted Life-Years



One metric frequently used to describe the impact of mental illness on society relative to other health problems is Disability Adjusted Life-Years (DALYs), which measures the number of years lost to a given disease as a result of loss of life (YLL) or disability (YLD). Together, these are often referred to as the "disease burden."

In other words, DALYs quantify what makes us feel sick and what kills us.

The figure shows that mental illness and substance use disorders are among the leading contributors to the disease burden for New Yorkers, with depressive illness the single largest contributor after heart disease.[26] **If the impact of alcohol use disorders and other substance use disorders are added together (they are separated in this figure), they would be the second leading contributor to overall disease burden in New York City.**

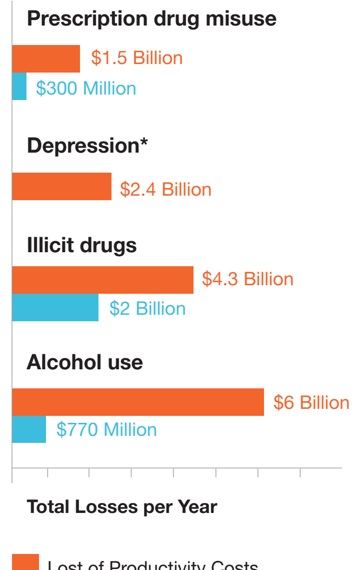
Disability related to mental illness can have significant real-life consequences for New Yorkers. It can lead to job loss, dropping out of school, struggles with parenting, losing one's housing, having difficulty making and keeping friends, and other challenges.

But DALYs only show a part of the impact. They do not capture the wide variety of related health problems that often afflict people with mental illness, and therefore underestimate the full extent of their suffering. A few additional statistics make this clear:

- In the U.S., the average life expectancy of people with a mental illness is approximately eight years less than people without one.[27] Many people with mental illness or substance use disorders experience a substantial gap in the quality of routine medical care, especially when it comes to general medical and cardiovascular care.[28]
- Experiencing a period of mental illness increases a person's likelihood of developing a physical illness, including diabetes, hypertension, and high cholesterol.[29,30,31,32]
- Adults in NYC with SMI are three times more likely to smoke, and they are less likely to exercise or eat fruits or vegetables. It is therefore not surprising that they are twice as likely to have two or more chronic medical illnesses when compared to adults without an SMI.[33]
- In the U.S., prolonged depression can more than double the risk of stroke in people over 50 years of age.[34]

Economic Losses from Mental Health and Substance Use Factors[35]

(NYC-wide annual estimate)



Total Losses per Year

Lost of Productivity Costs

Criminal Justice System Costs

*Estimates for depression-related criminal justice system costs are unavailable

DALYs also do not capture people who may not have a diagnosable mental *illness*, but who still may suffer from poor mental *health*. To support the mental well-being of all New Yorkers and move the needle on DALYs, we also need to focus on our society itself—which means addressing big issues like racism, income inequality, and disparities in community resources or access to education and opportunity while also providing targeted individual care when needed.

The economic burden of mental illness

Finally, DALYs do not capture the considerable economic burden mental illness and substance misuse exact on society. In New York City, mental illness and substance misuse together have a tremendous impact on a variety of societal costs, including health care, criminal justice, and lost productivity.[36]

- Alcohol misuse is estimated to cost NYC nearly $6 billion in citywide economic productivity losses every year, while depression accounts for $2.4 billion.
- Misuse of illicit and prescription drugs and alcohol in NYC together cost approximately $3 billion in criminal justice expenditures annually.

As troubling as these numbers are, they reflect only a fraction of the total costs. For instance, measuring the cost of productivity losses to a business may not fully capture the cost of mental illness in the workplace. In a study in London, for example, estimates of lost earnings for individuals with mental illness were double the estimate of economic losses in productivity.[37] In addition, these figures also do not fully account for costs incurred by caregivers, family members, and the community at large.

It is also important to consider the enormous amount of money we spend on overall health care costs. In 2013, more than 630,000 New Yorkers with health insurance (Medicaid, Medicare, or commercial insurance) saw a provider who diagnosed a mental illness. While this group accounted for 8.3% of the population, the cost of their health care—almost $17 billion—represented approximately 25.6% of total health care expenditures paid by these insurance sources in New York City. This figure does not capture the cost of care for the many New Yorkers who are uninsured.[38,39]

The Cost of Mental Illness in NYC

25.6% of ALL heath care expenditures involve patients with **mental illness.**

Almost **$17 billion** was paid by insurance for their **health care.**

Risks to mental health affect New Yorkers at every stage of their lives

Mental illness or distress can occur at any point during our lives. But there are certain stages that present greater risks to mental health—and also a greater opportunity to intervene with effective support that could provide the tools to achieve long-term mental wellness.

Early years

The first few years of life play a profound role in a person's ability to manage emotions in a healthy way. Childhood exposure to adverse events—such as domestic violence, neglect, abuse, family financial strain and divorce, or certain community conditions such as unsafe neighborhoods—are all associated with chronic diseases and threats to mental health in adulthood.[40,41]

These circumstances can also contribute to toxic stress, which is the strong, unrelieved activation of the body's stress management system in the absence of protective support. Toxic stress can change the architecture of the developing brain and have a devastating lifelong impact.[42] For example:

- Adolescents exposed to childhood adversity, including family malfunctioning, abuse, neglect, violence, and economic adversity, are nearly **2x as likely to experience the onset of mental disorders,** and the risk to their mental health grows with additional exposures.[43]
- Even neighborhood violence that a child does not directly experience, such as a nearby homicide, has been shown to reduce cognitive performance.[44]
- Experiencing two or more adverse events during childhood is associated with a two- to eight-fold increase in depression, anxiety, and tobacco and marijuana use.[45]
- Early identification of developmental delays and disabilities in young children through timely screening can reduce the risk for depression, anxiety, and overall psychological distress.[46]

Tragically, far too many young New Yorkers are at risk for poor mental health. A 2011-2012 survey found that approximately 18% of children in New York State between the ages of zero and 17 experienced two or more adverse family experiences in their lifetime, which predicts poor mental health and physical health outcomes later in life.[47] In order to help these children, we need to do a better job of assessing them for mental health risks when they have contact with City agencies or the health system and then connecting them to appropriate resources.

Lesbian, gay, bisexual, and transgender (LGBT) youth

Gay and lesbian youth in New York City experience nearly twice as much bullying on school property as heterosexual youth, and are more than twice as likely to attempt suicide. LGBT youth of color may also experience compounded stressors related to racism and discrimination.[48]

Adolescence

Adolescence is period when mental health conditions often first emerge, ranging from substance misuse to psychosis.[49,50]

27%

public high school students reported feeling sad or hopeless

- In a biennial survey of NYC public high schools, more than one in four students reported feeling persistently sad or hopeless in the past year. This is a common predictor of depressive illness.[51]
- In 2013, one in ten NYC public high school students reported being hit, slapped, or physically hurt by someone they were dating or going out with within the past year.[52]
- A young person who is exposed to pervasive violence has a 50% increased risk of having elevated depressive symptoms and anxiety.[53] Each episode of violence (dating violence, bullying, physical fighting, family violence) is associated with an increased risk of that young person also being a perpetrator of violence by anywhere from 35% to 144%.[54]
- An estimated 7,000 emergency room visits each year in NYC involve alcohol use among individuals under 21 years of age.[55]
- 8% of NYC public high school students report attempting suicide.[56] That percentage doubles if a student has been bullied on school grounds, which 18% of students experience.[57]

"I had a breakdown during my senior year of Dartmouth. I did not pass my last class and was suspended. Then overwhelming disappointment followed by a few hospitalizations and outpatient treatment—I was hearing voices. My treatment helped and I was able to get placement in adult home. I was able to return to college after 18 years. If I'd had help during or before my breakdown, I could have returned to college years sooner."

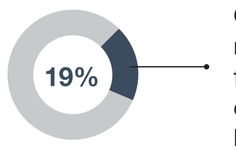
— J., Brooklyn

Young adulthood

Young adulthood is a time of continuing brain development and the creation of lifelong social networks and habits. It is also often a period when mental illnesses emerge, especially mood, psychotic, and substance use disorders. **According to national studies, three quarters of all mental health and substance use disorders start by age 24.**[58]

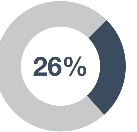
Among 1,000 City University of New York undergraduates who responded to a campus survey [59]:

Met criteria for **depression**



Only **10%** received help from their college counseling or health center.

Reported **significant anxiety**



Parenthood

Becoming a parent can be a joyful experience, but it is also associated with a number of mental health risks. While this is true for both fathers and mothers, depression in mothers is more common.[60] A mother's depression affects her own mental and physical health, heightens the child's risk of psychiatric illness, lowers the chances of the child developing emotional strength and resilience, and decreases the child's likelihood of receiving optimal health care.[61]

Despite the important effect of parenting on mental health, we have limited data when it comes to identifying individuals or areas of the city where risk is high. Here is what we do know:

- 12% of NYC mothers exhibit symptoms of depression in the months after giving birth.[62]
- Studies suggest rates of depression after pregnancy among lower-income mothers can be at least double overall rates.[63]
- While a higher risk of depression persists in mothers with young children up to five years of age, more than one-third of these mothers, and the majority of pregnant women, do not get help.[64,65]
- Parent caregivers of children with chronic illness, including intellectual/developmental disabilities, are at greater risk for depression as well.[66]
- Women younger than 19 years old also report experiencing post-partum depression at higher rates than women 20 years old and older.[67]

Acting early with parents also helps us act early for their children. Evidence shows that providing parents with preventive interventions for mental illness reduces the risk of their child developing a mental disorder and psychological symptoms later in life by 40%.[68]

In New York City, over 1 in 10 women who recently gave birth experience symptoms of post-partum depression

Adulthood

Adult mental illness often builds upon earlier events, but this period of life can present additional threats to mental health such as the loss of a job, economic vulnerability, and divorce. Overall, bipolar illness, schizophrenia, PTSD, OCD, and other anxiety disorders can also exert their greatest impact in adulthood, contributing to disability and social and economic difficulties and challenging families. Family support is a key promoter of resilience, mental health, and connection to quality care for people suffering from these disorders.[70,71,72] Employment is another crucial factor for self-sufficiency in adults[73,74] and yet individuals experiencing mental illness and intellectual and developmental disabilities are significantly underrepresented in the workforce.[75,76,77]

Veterans

New York City is home to 230,000 veterans, nearly a quarter of whom have a probable diagnosis of post-traumatic stress disorder and/or major depression.[69]

Justice-involved New Yorkers

On any given day in New York City jails, as many as 40% of those detained have an identified mental health-related problem, not even including substance misuse or dependence.[78]

People who are homeless

Approximately 35% of NYC Department of Homeless Services shelter clients have a serious mental illness. This figure is closer to 40% among people who are street homeless.[79]

Adulthood can also be a time of trauma, especially in the form of intimate partner and other violence. Nearly one out of every 50 adult New Yorkers reports that they are physically fearful of their partner.[80] And this is an issue that cuts across every demographic—our Family Justice Centers, which serve victims of domestic violence, have worked with clients from every residential zip code in New York City. It is also important to note that abuse isn't always physical. According to a 2011 study by the Centers for Disease Control, "nearly half of all women and men in the United States have experienced psychological aggression by an intimate partner in their lifetime (48.4% for women and 48.8% for men)." The same study found that more than 20% of individuals who suffered intimate partner abuse also suffered from one or more symptoms of Post-Traumatic Stress Syndrome.[81]

Late adulthood

Our eldest citizens, especially if they are socially isolated or impaired from diminished overall health, have an escalated risk for depression and suicide.

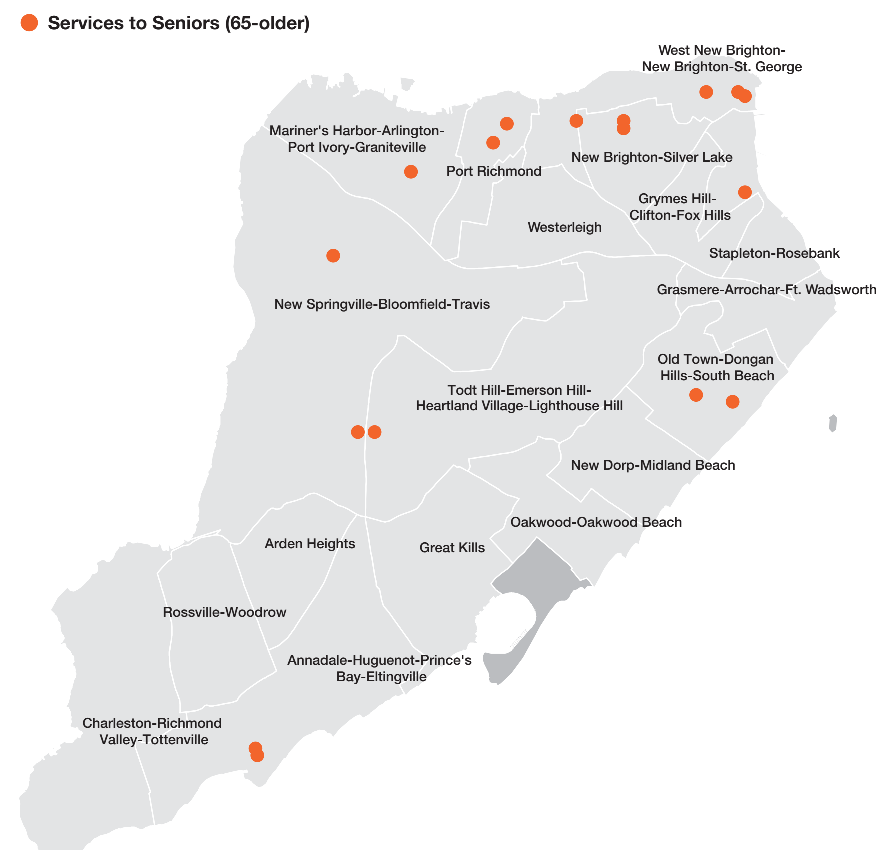
- The incidence of depression is higher among subpopulations of elders compared to the general population, with rates of major depression occurring in 13.5% of elder home health care recipients.[82]
- As mentioned, in some studies roughly one-third of widows and widowers meet the criteria for depression in the first month after the death of their spouse. Half of these individuals—most of whom are senior citizens—remain clinically depressed a year later.[83]

In the U.S. the suicide rate of older adults (65+) is roughly 50% higher than the general population.

Older white men over 85 commit suicide at four times the rate of the general population.[84]

- Information from the National Household Survey on Drug Use predicted that as baby boomers age, treatment rates for substance use disorders among older adults (50+) may increase by as much as 70%.[85] Many of our communities will need a significant increase in resources to handle this challenge (see map).
- Older parent caregivers of those with intellectual/developmental disabilities may be at a relatively greater risk for psychological stress and other mental health conditions.[86]
- 92 out of every 1,000 older New York City residents were victims of elder abuse in a one year period.[87]

Mental Health and Substance Use Treatment Service for Seniors: Staten Island



Summary

In order to effectively tailor both our treatment and prevention efforts, we must have a thorough and data-based understanding of how mental illness, substance misuse, and threats to mental health manifest in the various stages of life. We must also recognize that our city is not simply a collection of individual residents with distinct needs; when one person in our family, our neighborhood, our church, or our community suffers, so do the rest of us. We must invest in mental health promotion for the whole city by reducing stressors and traumas—including growing inequality, housing instability, and discrimination—while also equipping individual New Yorkers with the skills and tools to manage daily challenges, and promoting mental health. If we achieve these goals, we will bolster community resilience and social cohesion, and our city will thrive.

Mental health varies across the city

We all face threats to our mental health. But these threats are distributed unequally, and are especially present in neighborhoods where historic neglect has resulted from racial discrimination and other longstanding structural inequities.

Poverty

In New York City, the distribution of mental illness varies strongly by income:

- SMI is more than twice as common for adults who live below 200% of the federal poverty level (FPL) compared to those living 200% above it.[88]
- In NYC, most of the young children with reported mental health disorders live in poverty. Of NYC children between the ages of two and twelve whose parents reported their child being diagnosed with at least one of five common mental health disorders, as many as 70% live in poverty.[89]

Race and ethnicity

The prevalence, diagnosis, and treatment of mental illness can vary widely among racial and ethnic groups. For example:

- In New York City, Latina adolescents feel disproportionately sad or hopeless and are more likely to attempt suicide.[90]
- In the United States, African Americans are less likely than whites to be diagnosed with common mental illnesses like depression and anxiety. But when they *are* diagnosed with a mental illness, African Americans are more likely than whites to experience a persistent and severe illness.[91,92] There are also biases in diagnosis. For example, African Americans are more likely to be given a diagnosis of schizophrenia and other psychotic disorders, and that is true even when they have the same symptoms as whites.[93]

This highlights a significant challenge to understanding the prevalence of mental illness in a given population. Provider biases can affect the diagnosis and treatment of mental illness, and the use of mental illness labels can sometimes be driven by social judgments and prejudice.[94] It is therefore uncertain to what degree data on racial, ethnic, or gender differences in mental health reflects true presence of illness.

We must also look closely at differences within racial groups. While diagnosis rates for depression and anxiety among adult Latinos in recent years are relatively comparable to whites,[95] there are large variations

"I have bipolar disorder and am Japanese. Asian cultures have arguably the strongest stigma problems in the world and the general society immediately puts us in the "crazy" category. Many Asians with serious mental illness remain in denial for many years and some never acknowledge so we don't tend to seek treatment of any kind. As a result, I suffered with the illness for over a decade and attempted suicide in my late teens. But when I finally got sick and tired of being sick and tired, I decided to get help. I took advantage of different kinds of talk therapy and finally after much tweaking of the cocktail of medications found one that worked. One big element of my recovery and wellness is peer support, which helped me to understand that there wasn't something 'wrong' with me personally."

— Y., Manhattan

within Latinos. For example, people of Puerto Rican descent were 54% more likely to have more severe depressive symptoms than people of Mexican descent.[96]

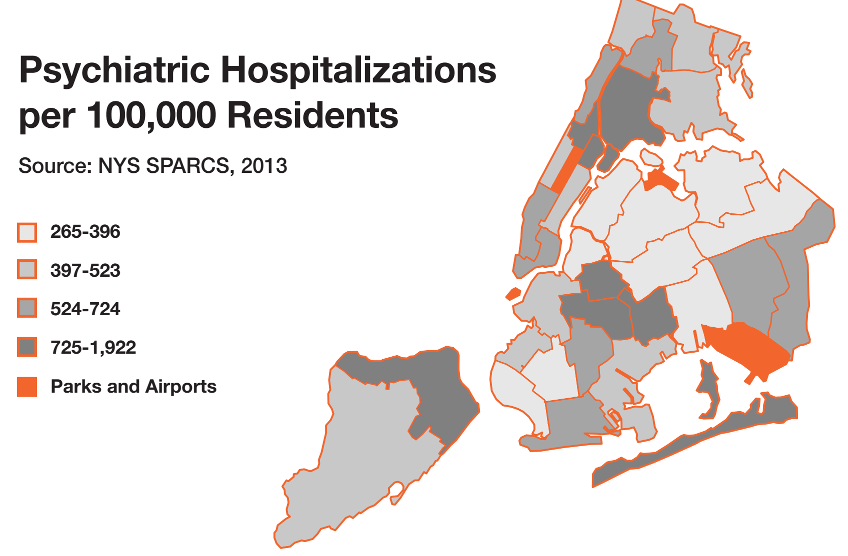
Every New Yorker is shaped by factors such as race, culture, ethnicity, income, and geography in unique and complex ways. Because an individual simultaneously occupies more than one identity, and because of the many social prejudices and obstacles that can accompany each of these identities, a better understanding of how these different experiences and histories shape mental health outcomes—whether as a diagnosable illness, or as other emotional suffering that needs better solutions—is critical to designing effective responses.

Access to care varies throughout the city

Despite the fact that people of color and those in poverty bear the greatest mental health burden, they are among the least likely to get help.

- African Americans and Asians are less likely to receive counseling/therapy or take medication for their illness than whites, according to a survey of NYC residents.[97]
- Receipt of mental health treatment has been found to be lower for African Americans and Latinos compared to whites.[98]
- National studies suggest that African Americans can be half as likely as whites to receive community-based mental health care, but as much as twice as likely to be hospitalized.[99,100]

The likelihood of someone having a psychiatric hospitalization in New York City varies dramatically by neighborhood and income (see map).



A public health approach means that we cannot limit ourselves to advocating for access to treatment—we must also examine why certain communities bear such a disproportionate share of the burden.

As the map suggests, people from the city's lowest income neighborhoods are twice as likely to be hospitalized for mental illness compared to residents from the highest income neighborhoods.[101]

The reasons behind these variations across our neighborhoods reflect more than a need for hospitalization; they also reflect a lack of other options. High rates of psychiatric hospitalization likely reflect the challenges residents of some neighborhoods face, including difficulty accessing preventive services and early care, greater exposure to stressors, and interruptions in health insurance.

Taking a public health approach to mental illness means examining these root causes. In other words, we cannot limit ourselves to treating mental illness—we must also examine the context that results in certain communities bearing such a disproportionate share of the collective burden.

People are not connected to the right care when they need it

Our mental health treatment system is often criticized as not being a "system" at all, for the simple reason that it doesn't do a good job of reaching people, directing them to effective care, and making sure they actually receive the care they need. As noted, **41% of New York City adults with an SMI said they needed treatment at some point in the past year but did not receive it or delayed getting it.** And when New Yorkers do receive care, it is often inefficient and ineffective.

Medicaid spending on mental health in NYC

	No Mental Health or Substance Use Diagnosis	Mental Health or Substance Use Diagnosis	Mental Health and/or Substance Use Diagnosis
Cost	$	$$$	$$$$
Days in Hospital (inpatient)		x6	x10
ER Visits		x3	x6

Consider Medicaid spending on mental health in New York City (see figure). Medicaid is the source of health insurance for approximately 3 million New Yorkers. In 2013, the overall health costs for people with a mental illness or substance use-related diagnosis were more than three times the cost for people without these diagnoses.

Individuals with any mental illness diagnosis or indication of substance misuse experience three times the number of emergency room visits for physical health care issues, and six times the number of medical inpatient hospital days compared to people without those conditions.[102] These overall patterns hold for other sources of insurance as well.[103] And other data suggests that older patients with symptoms of depression have roughly 50% higher overall health care costs than non-depressed seniors.[104,105]

Although high-cost mental health and medical care services clearly fuel each other, they are generally not well coordinated or well integrated. This serves to further escalate costs. It's not just that hospitalization is expensive—it is also ineffective if not followed by regular, ongoing outpatient treatment in the community. Yet in the first six months of 2014, only about one in three people who completed a psychiatric hospitalization in New York City were successfully linked to follow-up outpatient treatment within 30 days of leaving the hospital.[106]

This illustrates a fundamental problem: **Despite the substantial resources we invest and spend on mental health, the treatment system falls short on results. A big reason for this failure is the fact that care is often not evidence-based,** in two key ways:

- **The treatment often doesn't fit the need.** Too often, we connect people to resources and treatment that do not get to the heart of the problem. For example, a disproportionate share of Medicaid dollars is devoted to families with complex needs that are affected by poverty, abuse, neglect, and mental health challenges. While children in these families who suffer from mental illness may receive treatment or support services, the services typically focus on the child and fail to use more specialized approaches that address the family as a whole.[107] On the other hand, specialized treatment options are often used where lighter touches, such as support groups or self-care, would be more effective instead.

- **Much of the care is not delivered optimally.** Examples of this abound:
    - Approximately half of all treatment for major depressive illness in the U.S. does not follow expert-recommended best practices.[108,109,110]
    - Almost three-quarters of youth insured by Medicaid who receive antipsychotics were prescribed these drugs "off-label", that is, for conditions not approved by the Food and Drug Administration. While off-label use is common and not illegal, the use of these

medications for children in the absence of firm evidence of their efficacy has garnered significant concern and scrutiny.[111]

- A recent national study suggests that increased access to mental health treatment for youth over the last decade may contribute to the overuse of anti-depressant and stimulant medications.[112]

It is important to decrease inequities in access to proven effective medications that alleviate suffering in many people with mental illness. We must also guard against inappropriate prescribing of medications, and encourage the use of other treatment options when appropriate.

The challenge before us is restructuring the way we deliver care. We need to create more "upstream" prevention options while using "downstream" treatment options more wisely.

We need more information to be effective

Despite the many data points included in this section, we still have many questions about where and how mental health threats take root, how to better match what we are doing with where we can make the biggest impact, and the comparative value and quality of treatment and intervention options.

We should rethink traditional methods for gathering information about mental health.[113] This could include partnering with local providers and community groups to both gather and use information and web-based crowdsourcing methods.

We should also strive to measure mental *health* itself through the use of sound data and effective measuring tools. Some countries, including the United Kingdom, are beginning to measure "well-being" and the positive attributes of mental health.[114] Similarly, it would be useful to capture not just neighborhood effects that pose threats to mental health, but also positive attributes that contribute to the resiliency of individuals and communities. If we know where mental health assets are located, we can do a better job of maximizing them. And if we have better data about crucial factors like user experience, access, impact, and cost effectiveness, we can make better decisions and smarter investments.

Section 2

A Foundation for Change

6 Guiding Principles and 54 Targeted Initiatives

As detailed in the Executive Summary, we are taking a public health approach to securing mental health for all New Yorkers. Like other public health campaigns, our effort will be built around three objectives:

- **Identify and address root causes.** Threats to mental health include a range of things we can act on—from enhancing early developmental experience, resilience, and ongoing social supports to addressing issues such as discrimination, poverty, inadequate housing, social isolation, violence, and economic instability.
- **Focus on those who are at highest risk.** We will devote significant resources to work with groups that may be at higher risk for illness or face greater threats to mental health and would benefit from early intervention or prevention.
- **Provide treatment options that are easy to access and make a real difference.** We will provide high-quality services when and where people need them—services that also meet the larger needs of the community.

We began laying the groundwork in January 2015. Our early work focused on gathering information and advice from potential partners from across the five boroughs and beyond.

- We organized 25 focus groups that included treatment specialists, clergy, advocates, educators, researchers, and business leaders representing more than 250 organizations.
- We convened a Scientific Advisory Group comprised of experts from across the country.
- We met with hundreds of stakeholders at Town Halls in every borough.

The insights and advice shared at those meetings is reflected in this document, and distilled into the six principles that will guide our work in the years to come.

Six Guiding Principles

1. Change the Culture

Make mental health everybody's business. It's time for New Yorkers to have an open conversation about mental health.

2. Act Early

Give New Yorkers more tools to weather challenges and capitalize on opportunities by investing in prevention and early intervention.

3. Close Treatment Gaps

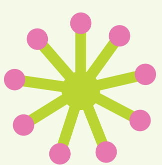
Provide New Yorkers in every neighborhood—including those at greater risk—with equal access to care that works for them and their communities, when and where they need it.

4. Partner with Communities

Embrace the wisdom and strengths of local communities by collaborating with them to create effective and culturally competent solutions.

5. Use Data Better

Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by sharing and using information and data better.



6. Strengthen Government's Ability to Lead

Affirm City government's responsibility to coordinate an unprecedented effort to support the mental health of all New Yorkers.

Just as these principles were developed collectively, they must be implemented collectively. This Roadmap is an invitation for all New Yorkers to work with us to improve mental health in our city.

This section describes each of the six principles. At the broadest level, the principles have the potential to align how providers treat mental illness, what insurers pay for, how philanthropic foundations foster innovation, how educational institutions train the next generation of providers and decision-makers, how policy is developed, and how communities coordinate all of these elements. At the individual level, these principles can transform how we think about mental health, the type of mental health treatment we receive, and the investments we make in prevention.

54 targeted initiatives

City government must play a central and active role in promoting mental health for New Yorkers. That means bringing services into City-run locations like schools, senior centers, and criminal justice institutions. It also means taking advantage of our scale as a city to advocate for changes at the state and federal level that reflect and support the wisdom and experience of our partners. In Fiscal Year (FY) 2015, the City's budget funded $1.46 billion in mental health spending. In addition, NYC Health + Hospitals spent nearly $1 billion to provide mental health services.

TrueBounce.com
VOLUNTEER

Credit: Mayoral Photography Office

Over the past year, the de Blasio Administration has built on this foundation while positioning City government to better focus these resources around the public health approach outlined in this Roadmap, committing $548 million in new mental health and substance use services over the next four years (FY16-FY19). But still more needs to be done.

In our work around mental health and substance use, the de Blasio Administration has had strong partners in the New York City Council and Speaker Melissa Mark-Viverito. Council members have contributed to this plan, suggesting areas of focus and specific programs that are reflected in the Roadmap. These include investments in peer support services, an easy point of access to help New Yorkers navigate the behavioral health system, expanded resources in schools, and mechanisms for early intervention.

This roadmap includes 23 new initiatives. These new initiatives represent an additional commitment of $305.1 million investment over four years. In addition to these initiatives and resource commitments, the City is making an historic investment in 15,000 apartments of supportive housing.

All of the initiatives in this Roadmap—both those being newly introduced here and those the de Blasio Administration has already announced—advance and exemplify our six guiding principles. They are designed to be models for action that will guide not only the City's work, but also the work of other stakeholders, including consumers, insurers, providers, health foundations, educators, and community-based organizations.

Change the Culture

Make mental health everybody's business. It's time for New Yorkers to have an open conversation about mental health.

- Engage every sector of the city in a conversation that reduces stigma and directs people to help.
- Provide a broad array of New Yorkers with information and training.
- Create public messaging to promote ways people can support their own mental health or the health of those they care about.
- Shift the action from punishment to healing when addressing behaviors in the community.

Changing the culture around mental health is a foundational building block of this Roadmap. Far too many of us still think of "depression" and "addiction" as dirty words—shameful afflictions that must be hidden at all costs. And far too many of us still don't think about mental wellness the same way we think about physical wellness—as something that can be actively improved and strengthened as part of an everyday commitment to overall health.

Spreading the word

The most obvious strategy for changing the way our society thinks about mental health is through a broad public media campaign designed to educate New Yorkers on steps they can take to improve their mental well-being and better understand mental illness. Our campaign will make the most of City government's unmatched ability to reach New Yorkers to ensure that every community hears our message.

But messaging alone will not change the culture. We must also begin to infuse mental health work into civil society's core functions, including education, health, and justice. No single effort will achieve this goal, but it is possible to create a snowball effect by launching a comprehensive array of initiatives that together showcase the value of investing in mental wellness.

Criminal justice

In the criminal justice system, for example, our goal is to provide law enforcement professionals with new public health solutions to issues that were previously handled through punishment. This represents a win for everyone:

- Police officers and correction officials will have a broader array of options from which to choose;
- People with behavioral health issues who do not pose a public safety threat will be diverted to services instead of being arrested; and
- Communities will be safer.

This work is guided by an action plan developed by the Mayor's Task Force on Behavioral Health and the Criminal Justice System, a group of more than 400 providers, court personnel, clinicians, law enforcement personnel, advocates, and people with lived experience. The action plan outlines a comprehensive blueprint to continue driving down crime while also reducing the number of people with behavioral health issues who cycle through the criminal justice system.

Keeping New Yorkers—and those who protect us—safe is always our top priority. We must keep dangerous criminals off our streets. And we know there are many people in our criminal justice system suffering from behavioral health disorders who belong in treatment, not jail.

The recommendations of the Task Force focus on ensuring that people who need to be in jail go to jail; but when appropriate, individuals with behavioral health disorders:

- Do not enter the criminal justice system in the first place;
- If they do enter, they are treated outside of a jail setting;
- If they are in jail, they receive treatment that is therapeutic rather than punitive in approach; and
- Upon release, they are connected to effective services.

The Task Force developed 24 interlocking public health and public safety strategies that address each point in the criminal justice system and the overlap among those points. A number of these strategies are included in the Roadmap.

We must also make sure that our first responders—police officers, firefighters, and emergency medical services personnel—have the support they need. Routine exposure to traumatic events puts first responders at greater risk for developing PTSD (post-traumatic stress disorder) when compared to other occupations. In addition, studies have shown that first responders are at an elevated risk for depression, chronic fatigue, and difficulties with alcohol.[115] The City offers a number of services for our bravest and finest, including:

- NYPD Psychological Services Section offers counseling and other mental health services to officers; and
- FDNY Counseling Service Unit provides mental health evaluations, direct treatment (including individual counseling, group therapy, family therapy, and substance use treatment) and appropriate referrals for all employees, firefighters, and EMS technicians.

Initiatives in this Roadmap should benefit our first responders, whose work frequently brings them into contact with those who are suffering from untreated or under-treated mental illness.

Credit: Mayoral Photography Office

Veterans, service members, and their families

Veterans and service members face disproportionate risk of trauma-related mental illness. And despite their heroism, they must still contend with the stigma of mental illness, which prevents many from getting proper treatment after they return to civilian life.[116,117] Two-thirds of New York City veterans with a probable diagnosis of PTSD and/or major depression reported that they did not seek mental health treatment, mainly due to professional or personal stigma.[118]

As a city, we must work together to break down the shame that too often accompanies these invisible wounds. Our public education campaign will rally civilians to support veterans and their families; mobilize local and national mental health resources for service members, veterans, and their family members; and ultimately lead more service members and veterans to the help they need and deserve.

Education

Our public schools educate 1.1 million children every year, but too many schools lack the resources necessary to provide students with a healthy and supportive environment. That's why we are reducing our reliance on traditional punitive disciplinary strategies like suspension, and are instead using research-based restorative approaches that do a better job of addressing the root causes of misbehavior. We are also investing in an effort to improve the climate in our schools, so all of our students feel comfortable speaking honestly with their teachers and counselors about any issue that might hinder not just their intellectual development, but also their emotional development. This will improve academic achievement and, ultimately, graduation rates.

All of the initiatives outlined here will help both individuals and organizations think more broadly about the role they can play in a shared effort to make mental health everyone's business.

On an individual level, that could mean encouraging New Yorkers to work with their employers to adopt strategies for improving mental well-being in the workplace,[119] sign up for a mental health first aid class, or simply take the time to talk to a neighbor who is going through a tough time. The bottom line is that we all have a role to play in changing the way we deal with this complex issue.

CHANGE THE CULTURE INITIATIVES

1) Mental Health First Aid Training—NEW! (DOHMH)

The City will fund and facilitate training for 250,000 New Yorkers in Mental Health First Aid (MHFA) over the next five years. MHFA educates people on how to support others who may be suffering from a mental health condition, helps to reduce biases against mental illness and allows people to more comfortably engage with mental health issues.

MHFA is an in-person training that teaches individuals to:

- Have a greater knowledge of the signs, symptoms, and risk factors of mental illness and addictions;
- Identify multiple types of professional and self-help resources for individuals with a mental illness or addiction;
- Help an individual in distress become more confident about the help they provide; and
- Develop increased mental well-being themselves, and diminish any stigma and discomfort they have about mental illness.

To achieve our goal, the City will train and certify 500 individuals as MHFA instructors. In Years One and Two, we will prioritize training for tens of thousands of City employees and contractors who provide frontline services, including our police officers, firefighters, emergency medical professionals, and correction officers. The City will also offer trainings at no cost to faith-based leaders, grassroots neighborhood institutions, community-based organizations, and businesses. Together, this new team of instructors will play an important role in growing and sustaining our larger mental health effort.

2) Public Awareness Campaign—NEW!

(Mayor's Office, DOHMH)

A culture of stigma currently inhibits many people from seeking help. In addition to closing treatment gaps, we must take the lead on reframing the way people think and talk about mental health. We must also provide New Yorkers with clear and useful information on how to access services.

The City will launch a culturally competent public awareness campaign built around two overarching objectives:

- Reshaping the conversation around mental health, focusing on mental health promotion and early intervention; and
- Helping New Yorkers understand how to access services if they or someone they know are experiencing mental health issues.

Our approach will be fact-based, positive in tone, and provide a clear path to action. The materials we create will be inclusive and relevant to a broad population of New Yorkers. At the same time, we will create targeted messaging and outreach strategies aimed at the most at-risk populations.

Media Campaign

To that end, we will share our message with New Yorkers in many different ways. To reach the widest audience, we will place paid media ads on television, in the subway, on bus shelters, and online. All of the materials will feature a clear and distinct message about mental health awareness that will reinforce our larger campaign.

Community Engagement

On the community level, we will partner with experts, community groups, cultural groups, health service providers, and elected officials in high-need neighborhoods to amplify our message.

First Lady Chirlane McCray walks over the Brooklyn Bridge as the Grand Marshall of the National Alliance on Mental Illness's NAMIWalks and Run NYC.

Credit: Demetrius Freeman/Mayoral Photography Office.

3) Roadmap Website and Program Finder—NEW!

(NYC Digital, DOHMH)

Just as we must bring mental health promotion and treatment efforts to where people live, we must also bring information to where people look—and that place is increasingly online and on smartphones. The Roadmap includes two exciting new web-based, mobile-friendly tools:

- **Roadmap Webpage:** We have launched a website that brings the Roadmap online and includes a number of exciting features:
    - Information on what mental health looks like;
    - Easy-to-read guidance on how to get help for common mental health conditions;
    - An animation that brings the Roadmap to life;
    - Information on how to support the Roadmap; and
    - A mechanism for providing us with feedback.
- **Mental Health Program Finder:** We have developed and launched a prototype that will allow New Yorkers to quickly and easily find mental health and substance use services that meet their needs. The finder allows users to conduct a search that factors in four key variables:
    - Age;
    - Payment accepted (e.g., Medicare/Medicaid, no insurance, private insurance);
    - Type of service (mental health, substance use, or both); and
    - Optional demographic data (e.g., LGBT, veteran).

Users have the option to see results tailored to their location. All of the program listings includes contact information. This tool is a prototype and will be improved as we learn more about how New Yorkers use it. It represents an initial step in an ongoing effort to use digital tools to promote mental health in New York City.

4) Improve School Climate (DOE)

School climate can have a notable impact not just on a student's ability to learn and socialize, but also on mental health. In February 2015, we announced a package of reforms that is being overseen by the City's School Climate Leadership Team, which is composed of principals, parents, students, and union representatives, as well as representatives from the Department of Education (DOE), the NYPD, the Mayor's Office, the Mayor's Office of Criminal Justice, the City Council, and community groups. The package includes a number of changes that will benefit student mental health:

- **Decrease reliance on 911 calls to address DOE student behavioral issues.** DOE created a new Chancellor's Regulation designed to provide guidance to schools on how to safely de-escalate behavioral crises using school staff and resources, while also reducing inappropriate reliance on 911 calls.

- **Implement Restorative Approaches in schools.** Since July 2013, DOE has provided training for more than 2,000 staff members on progressive discipline approaches aimed at developing a sense of social responsibility and shared accountability. Specifically, staff receives training in Restorative Approaches (Restorative Circles and Formal Conferencing), Conflict Resolution, Therapeutic Crisis Interventions in

Schools, and Life Space Crisis Intervention. All of these skills will help staff de-escalate conflicts and teach students how to manage their anger.

- **Implement strategies to support court-involved students.** In support of the Mayor's commitment to help young people in the criminal justice system stay in school and achieve their full potential, we will provide each student in detention with a DOE counselor. In collaboration with the Administration for Children's Services (ACS), Department of Correction (DOC), and community partners, these specialized professionals will provide counseling, transition planning, tracking, and support to students, their families and their home schools.

- **Expand training for school safety agents(SSAs) and police officers assigned to the School Safety Division.** School safety agents and the NYPD are partnering in innovative ways to make our schools safer:

    - All SSAs and police officers assigned to the School Safety Division have received training in Collaborative Problem Solving and Restorative Justice;

    - All SSAs are receiving Conflict Resolution training as part of the two-week expansion of the SSA Recruit training as well as ongoing refresher courses;

    - SSAs and police officers assigned to five school campuses are being trained in the use of warning cards, which can serve as an alternative to the issuance of a criminal summons for disorderly conduct or the unlawful possession of marijuana; and

    - Starting with the 2015-2016 school year, the City has placed School Climate Managers in each of the Borough Field Support Centers to help school staff promote a safe and supportive climate and culture. The School Climate Managers will examine issues faced by at-risk youth and design and promote innovative strategies to address them. School Climate Managers will offer on-the-ground support for school staff, particularly at high-need schools.

5) Addressing the Trauma of Crime Victims (NYPD)

The City will place Victim Advocates at all 77 NYPD precincts and Housing Bureau Police Service Areas (PSA). Seventy-one precincts and all nine Housing Bureau PSAs will have both a General Victim Advocate and a Domestic Victim Advocate. The remaining six precincts will have one Victim Advocate who will serve general victims and domestic violence victims.

Victims of crime are important partners in the NYPD's twin missions of 1) crime prevention and control and 2) building community trust. The goal of this program is to provide a more effective response to victims of crime at the time of the incident, and in the critical days, weeks, and months

following the crime. Each crime victim will have access to an advocate, who will be able to:

- Answer questions about the experience of victimization, the criminal justice process, and safety planning;
- Refer victims to resources;
- Assist in the preparation of paperwork for compensation purposes;
- Offer supportive and crisis counseling to crime victims;
- Engage in safety planning with victims;
- Advocate on the crime victim's behalf to third parties; and
- Engage in limited case management.

6) Police Crisis Intervention Team Program and Training (MOCJ, NYPD, DOHMH)

NYPD and DOHMH are partnering to implement a NYC Crisis Intervention Team (CIT) Program. CIT includes three key components: police training, drop-off options for officers, and community involvement. A total of 5,500 officers will participate in a four-day training to help them recognize the behaviors and symptoms of mental illness and substance misuse. They will also learn techniques for engaging people in respectful, non-stigmatizing interactions that de-escalate crisis situations. This initiative is part of the Behavioral Health Task Force action plan.

7) Public Health Drop-Off Centers (MOCJ, DOHMH, NYPD)

DOHMH will open two new Public Health Drop-Off Centers, which will provide NYPD with a new treatment-based option for people they encounter who show signs of mental illness and/or substance misuse and would benefit from diversion to an alternative to hospitalization or the criminal justice system. The Centers will operate 24/7/365 with a no-refusal policy for persons brought in by the police. Our goal is to create more Centers and ultimately provide citywide coverage. In selecting clients for the Centers, we will be careful to ensure that we are advancing mental health while protecting public safety.

Act Early

Give New Yorkers more tools to weather challenges and capitalize on opportunities by investing in prevention and early intervention.

- Reach people when we can have the most impact.
- Make it easy to identify and act on early signs of illness.
- Use proven prevention and promotion measures —especially for children and parents.

Prevention and promotion must be at the core of any public health campaign. Broadly speaking, promotion efforts focus on helping people develop tools like resilience, strong parent attachments, and mindfulness.[120] These basic skills have the capacity to prevent mental illness and strengthen every aspect of our daily lives, including our mental health. That's why many of the initiatives in this Roadmap include mental health promotion elements.

Prevention efforts are designed to help people avoid illness before they get sick, or to treat problems early. We will focus on two key areas:

- Early childhood support; and
- Early diagnosis and linkages to care for vulnerable populations.

Acting early is about helping New Yorkers promote their emotional fitness—which means that more of us will develop positive coping skills, fewer of us will develop mental illness, and those who do will recover more quickly and completely.

Childhood

If we want to stem the tide of mental illness, we must focus on childhood for the simple reason that half of all mental health conditions and substance use disorders start before the age of 14.[121] And some conditions that appear in childhood—such as conduct disorder—are associated with the development of other risks later in life—such as substance misuse.[122] It is therefore imperative that we identify challenges and intervene as early as possible, before small problems become large problems that inflict major damage on an individual and the people in her life.

A first step is helping caregivers and children build strong bonds with each other. The degree to which a young child feels safe seeking comfort from a parent and exploring the world freely,[123] which is known as "secure attachment," is a strong predictor of lifetime mental health, especially when the child has been exposed to adverse events. When children have strong relationships with their parents, they are often more resilient in the face of adversity.

However, building this type of secure attachment is especially challenging when parents or caregivers are stressed, have mental health or substance misuse issues themselves, grew up in poorly attached relationships, are teenage or single parents with limited support, or live in demanding and stressful environments.

One proven response to this challenge is helping new and first time parents develop parenting styles that enhance attachment.[124] Many studies, including work by DOHMH, have shown that providing parents with peer coaching and other socio-emotional interventions can have a positive impact on outcomes and can be incorporated into familiar settings like community centers, schools, and doctor's offices.[125]

There are many other methods that can be used to promote socio-emotional health in children to help them achieve lifelong mental health. A public health response, however, also recognizes that offering direct support will ideally occur alongside broader efforts to improve things like neighborhood public safety, access to childcare and family planning, and job security.

"As a child growing up, my parents were very bullying towards me, and I was a sensitive baby. They didn't have time for me. They were so busy trying to keep a roof over their heads and keeping their jobs... I didn't know how to fend for myself. I never said anything about what was done to me and so it was internalized. I wish somebody was there that could help me with my fears and could help me with what was happening to me. But there wasn't anyone so I had to go through life figuring things out for myself."

— G.

Early diagnosis and linkages to care for vulnerable populations

Prompt recognition of the warning signs for a first episode of psychosis,[126,127] mood disorder,[128] and other illnesses can reduce their severity or odds of recurrence. Yet on average, treatment begins late, as much as a decade after the first symptoms appear.[129] Greater investment in prevention and early detection is essential. Greater vulnerability to poor mental health outcomes can be signaled by high absenteeism from school, violent behavior, or experiencing violence or bullying; recent unemployment; harmful patterns of substance use; living in areas with high unemployment or violence; any experience of trauma; early psychosis; and social isolation, which afflicts many elderly people.

We must increase the availability of screening and early support that promotes mental health, especially among those with heightened risks. Positive change is possible when City government and our partners commit to launching initiatives that have been proven to work.

ACT EARLY INITIATIVES

1) Social-Emotional Learning in Early Care and Education —NEW! (DOE, ACS, DOHMH)

The City will embark on an expansion of Social-Emotional Learning (SEL) to all Pre-K for All classrooms and ACS EarlyLearn Centers. We will increase opportunities for children to realize their potential by building a foundation of social-emotional skills during a critical stage of development.

Early childhood is a unique window of opportunity for social-emotional learning and growth; 85% of brain growth in children occurs by the age of five.[130, 131] By building adults' capacity to support children's social and emotional development early on, children will be better equipped to handle various circumstances and seize opportunities throughout their lives.

Over the next three years, the City will train approximately 9,000 teachers, assistants and school leaders to support social-emotional competencies in the approximately 100,000 children ages birth-five. Children will get more support to be aware of and comfortable with their own emotions, including how to self-regulate and how to adapt to new situations. Challenging behaviors decrease and social skills improve when children develop a positive sense of self and understand their own emotions, handle conflicts, and develop relationships with others.[132] Parents and caregivers will learn

Credit: Mayoral Photography Office

techniques to reinforce these new skills at home. Promoting SEL in early childhood settings makes fiscal sense, with every dollar invested reaping as much as a tenfold return.[133,134,135]

For children younger than age five that have greater behavioral health needs, the City will also expand resources to support an additional 20,000 clinical visits and consultations for an estimated 3,500 children and their parents or caregivers annually.

2) Mental Health Clinics in Additional High-Need Schools—NEW! (DOHMH, DOE)

Building on the expansion of mental health services in the Community Schools, the City will assess the mental health service needs at an additional 52 public schools starting in the 2017 school year. These schools account for a disproportionate share of suspensions. The availability of on-site mental health services has been linked to higher GPA scores, reduced absenteeism, and improvements in graduation rates. Providing mental health services in a school also improves school environment and provides teachers, other school staff, and parents with additional resources to address the emotional

and behavioral needs of students. This effort will be modeled after the expansion of mental health services in Community Schools (see below).

3) Create Network of Mental Health Consultants Serving All Schools—NEW! (DOHMH, DOE)

While different schools have different levels of need when it comes to mental health, every school should have access to professional support. Starting immediately, the City will hire 100 School Mental Health Consultants (SMHCs) who will work with every school citywide to ensure that staff and administrators have an outlet to connect students with the highest immediate needs to care.

The SMHCs will be Masters-level social workers or counselors. They will be charged with providing the following services:

- Conduct needs assessments that allow schools to identify priority areas and determine 1) how to best leverage existing resources from DOE, DOHMH, and other city partners; and 2) what additional resources are needed to support the mental health of their students;
- Provide support, training, and technical assistance so schools can successfully plan and implement new or enhanced programs and services—from using prevention and promotion methods that address many students at once to getting direct care to individual students in need; and
- Facilitate emergency response and linkages by forging connections with existing DOE resources and community-based partners. The SMHCs will also provide school support staff with guidance on clinical assessment and referral protocols to ensure appropriate and timely referrals to services and minimize emergency room visits.

4) Mental Health Training for School Staff—NEW! (DOHMH, DOE)

When it comes to safeguarding the mental health of our students, our teachers and school staff have an unmatched level of trust and credibility in the eyes of both students and parents. In support of this Roadmap, we are launching three new mental health training efforts:

- Train selected staff of middle and high schools in Youth Mental Health First Aid (YMHFA), a five-step action plan for assessing, identifying, and offering assistance for youth 12-18 years old in crisis;
- Train the school staff in Youth Suicide Prevention using an evidence-based suicide prevention model called Making Education Partners (MEP) that focuses on all school staff in suicide awareness and identification; and

- Offer At-Risk Training to all full-time staff of elementary, middle, and high schools. At-Risk Training is an online training that uses interactive online role play to educate teachers on how to recognize early signs and symptoms of psychological distress and connect students to resources within school setting.

5) Mental Health Services in All Community Schools (DOHMH, DOE)

Community Schools are neighborhood hubs where students receive high-quality academic instruction, families can access social services, and communities congregate to share resources and address their common challenges. In order to establish Community Schools as a trusted place where students can go for a wide variety of essential services, all 130 schools will offer mental health services.

Additionally, the City will open Mental Health Clinics at a number of Community Schools following an evaluation of student needs and available space in the buildings. This expansion will follow a model that uses mental health staff to not only treat individuals, but also to help the entire school staff play a role in providing more preventive interventions. This could include training staff to better identify and support at-risk students, de-escalate conflicts, or lead mindfulness and relaxation groups. Engaging more school leaders in the effort to carry out mental health promotion will ultimately help improve overall school climate. This model can then be shared with other schools across the city.

6) "Talk to Your Baby, Their Brain Depends On It" Campaign (NYC Children's Cabinet, DOHMH)

"Talk To Your Baby, Their Brain Depends On It" is a major public awareness campaign that urges parents to talk, read, and sign to their babies from birth. Former Secretary of State Hillary Rodham Clinton, First Lady Chirlane McCray, and Deputy Mayor Richard Buery announced the initiative in April 2015. It is a collaboration between the New York City Children's Cabinet and Too Small to Fail, which is a joint initiative of the Bill, Hillary & Chelsea Clinton Foundation and Next Generation aimed at helping parents, communities, and businesses take meaningful actions to improve the health and well-being of children ages zero to three.

The initiative promotes parent bonding and early brain development among children ages zero to three. As First Lady McCray said, "When we talk, read, and sing to our babies, we are building their brains and strengthening their bond with us." The initiative includes:

- Subway advertisements;
- Weekly text messages to the parents and caregivers of young children featuring coaching tips and information on language development, attachment-encouraging behavior, and socio-emotional health; and
- 200,000 Baby Book Bundles, to be distributed over the next two years to families with children ages zero to three through City agencies and the Reach Out and Read program. This is made possible by a $1.5 million book donation from Scholastic Inc.

7) Expansion of Newborn Home Visiting Program (DOHMH)

The Newborn Home Visiting Program (NHVP) is expanding services to 1,600 additional mothers of newborns in all family shelters across New York City. An enhanced model is currently in development to meet the particular needs of families in shelters. NHVP supports the families of newborns in the first few weeks after birth. A public health professional makes an in-person visit and provides educational information and materials on a range of topics, including child development, secure attachment and bonding, safe sleep practices, and breastfeeding. The professional also connects families to community resources and can screen mothers for depression.

8) Mental Health Service Coordination in All Contracted Family Shelters (DHS)

The City will place Licensed Clinical Social Workers as client care coordinators in all 72 contracted Family Shelters. This initiative will provide 8,900 families with access to clinical mental health services, allowing them to access care at an especially vulnerable time in their lives.

9) Attachment and Biobehavioral Catch-up (ACS)

Attachment and Biobehavioral Catch-up (ABC) is an attachment-focused, strengths-based therapeutic model that helps foster parents, birth parents, and other primary caregivers more effectively nurture and engage children between the ages of six months and three years. Weekly one-hour sessions are held in the home for 10 weeks and are facilitated by parent coaches who provide caregivers with "in the moment" guidance that is supported by video feedback. Coaches help primary caregivers provide a responsive and nurturing environment for their infant. The model has been shown to ameliorate the impact of trauma on very young children by helping them build strong attachments with caregivers and strengthen their ability to self-regulate and self-calm during times of stress.

The program will launch in Brownsville and East New York before expanding to high-need neighborhoods in all five boroughs. We eventually expect the initiative to include 47 coaches serving 1,800 child-caregiver pairs each year.

10) Trauma Services for Families with Young Children (ACS)

ACS's new trauma-focused services initiative will create clinically enhanced, community-based services that provide specialized counseling and other interventions to support mothers (and in some cases fathers) with very young children. The model will include clinical supports and wraparound services for parents who have themselves experienced trauma and depression. The initiative will serve at least 480 families per year.

11) Relationship Counseling for All Foster Care Teens (OCDV, ACS)

The City will provide healthy relationship training to all New York City teens in foster care in order to help young people prevent, recognize, and respond to dating violence. This investment will provide 5,000 youth between the ages of 11 and 21 with healthy relationship training at 300 workshops annually. The training offers interactive workshops on dating violence and cyber abuse for adolescents, young adults, parents, and service providers. Workshops are facilitated by trained peer educators who encourage discussion and critical thinking.

12) Training on Intimate Partner Violence and Teen Dating Violence for Community School Staff (OCDV, DOE)

The City is training staff at all 130 Community Schools on how to help students and families experiencing intimate partner violence or teen dating violence. Staff will learn how to connect people to our NYC Family Justice Center and NYC Healthy Relationship Training Academy.

Close Treatment Gaps

Provide New Yorkers in every neighborhood with access to proven programs when and where they need them, including those at greatest risk.

→ Redesign care to be more reliable and accessible to all.

→ Encourage providers to emphasize prevention, promotion, and self-care in addition to treatment.

→ Use technology to broaden access.

→ Take steps to make care more cost-effective.

→ Ensure that care is improving communities.

As Section 1 makes clear, New York City faces substantial treatment gaps. Therefore, a key element of our vision for a thriving New York City involves expanding access to care. But availability of care is not the only gap in treatment that needs to be closed. We're also striving for care that is:

- High-quality;
- High-impact;
- Culturally competent;
- Linguistically diverse;
- Cost-effective;
- Matched to the city's most pressing needs;
- Maximizing the talents and resources of service providers;
- Aligned with our promotion and prevention efforts; and
- Engaging communities and expanding their capacity to be part of the solution.

Over time, by directing existing resources intelligently and purposefully, City government and its partners can be a catalyst to "re-engineer" care so that it bridges all of these gaps.

"Working as a peer specialist at Goodwill has helped me tremendously; it was the only place where I didn't have to make something up about my employment history because I was hospitalized so many times. I just said: 'Yeah, I was in the hospital and I got better.' So it helped me a lot, not only by helping others but I was able to talk about my story, about the recovery process and to see that it is possible to get better."

— M., Queens

"I have resources. And I have a 16-year-old that had some mental illness. Even for someone with resources it was unbelievably difficult, and I'm in the field. I was clueless. It is a terrible, terrible disease. Mental health treatment is just not accessible."

— Primary Care Doctor, Queens

Task-sharing, task shifting, and care pathways

Closing treatment gaps is not only a matter of expanding the quantity of clinical services for mental illness and substance use disorders and misuse. Because of significant mental health workforce shortages and an overall inconsistency of care even when specialists are available, we need new ways to organize those services and make sure they align with the goals listed above:

- Task-sharing, also known as task-shifting, is built around the idea that many types of care, prevention, and promotion initiatives can be provided, at least in part, by a range of non-specialists, including peers, family, co-workers, and neighborhood groups that are supported by more specialized providers.
- Care pathways are an agreed upon set of key steps for treating a condition. The goal is to keep the work on track and keep people focused on what works. In many cases, certain steps in a pathway can be provided by non-specialists through task-shifting.

For example, non-specialists, including trained peers or community health workers (CHWs),[136] could help spread access throughout the city by managing many of the steps in care. For example, by keeping people engaged in treatment, providing counseling in depression care, or using early support or self-care methods that can prevent depression in the first place. Their familiarity and credibility often allows CHWs to be more successful that professionals. The Collaborative Care approach, which has been shown to improve outcomes for depression and anxiety by 30-50% compared to usual care, similarly shifts defined care tasks across a team that can include nurses, physician assistants, social workers, peers or other CHWs, and a consulting psychiatrist.[137,138] This kind of task-sharing within the health care team could yield better outcomes for other conditions, such as early psychosis,[139,140,141] bipolar illness,[142,143,144] anxiety,[145] and alcohol misuse.[146]

Task-shifting and pathways can make care more rational, responsive, empathic, and effective. They can help us repair gaps in accessibility, quality, and retention. They can help us reach and retain people who would otherwise cycle in and out of care. And they can close the gap between treatment and prevention as shown in these examples:

- Maternal depression can be prevented by re-engineering access to simple supports and counseling for more at-risk pregnant women. Home visitation by counselors and/or nurses and the use of peers,

phone calls, or web-based counseling can help new mothers cope with emotional challenges. Research suggests that if New York City applied certain prevention interventions, nearly 3,000 fewer women would suffer from post-partum depression each year.[147]

- If New York City teachers were given the training and support they need to deliver tools such as the Good Behavior Game, a classroom activity that promotes impulse control and social and emotional growth, we could halve the likelihood of children having suicidal thoughts when they reach adolescence.[148] Early impulse control is a powerful predictor of lifetime mental health. People with the ability to regulate their emotions tend to have better long-term physical and mental health.

- Studies have shown that adolescent boys with a history of school absenteeism or fighting who engage in school-delivered skill groups based on principles of cognitive behavioral treatment (CBT)—where they learn to anticipate consequences and rehearse behavior—show less risk for violence and arrests.[149,150] CBT is a short-term, goal-focused approach to helping people become aware of patterns of thinking.

- When it comes to preventing suicide, we must change public policies around issues like gun access while creating reliable treatment pathways that address mental health conditions and other risk behaviors such as alcohol use.[151] Zero Suicide[152] is a national campaign founded on evidence that the health and behavioral health systems are a key resource when it comes to suicide prevention. Their efforts focus on strengthening and expanding established care pathways.[153]

- In Los Angeles, Community Partners in Care (CPIC) connected beauty shops, parks, fitness centers, faith-based organizations, and local non-profits in a task-sharing effort designed to improve depression outcomes. CPIC held more than 100 conferences and trainings that provided neighborhood residents with the tools and knowledge they needed to serve as community health workers. As trusted members of the community, these workers were well equipped to bring and keep people in care. By deeply embedding treatment and mental health promotion within established social and community networks, CPIC has succeeded not only in reducing depression, but also in lowering both the risks of homelessness as well as rates of hospitalizations for behavioral health conditions.[154, 155]

- Closing “treatment” gaps should include expanding harm reduction services, which substantially reduce the negative health consequences of potentially risky behaviors. For example, syringe exchange programs can reduce HIV transmission in injection drug users, provide individuals with valuable health-promoting and overdose-prevention services, and increase the likelihood of entry into treatment for substance use disorders.[156]

Technology

Harnessing technology can also close treatment gaps. Web developers and health professionals have created promising mobile applications that provide self-administered mental health screening, monitoring of symptoms, and coaching on self-care.[157] While still evolving, these mobile and other web-based applications have opened up a wide variety of readily available ways for people to get help for illness, and gain skills and support for maintaining their mental health. These applications include:

- Social networks that provide supportive feedback;[158]
- New ways to access therapists and care, including through text messaging; and[159,160]
- Internet-supported educational and self-care guides for anxiety and depression.[161,162]

Cost-benefit analyses

An essential element of closing these gaps is matching treatment to need, and optimizing its value. Cost-benefit analyses suggest that certain well-delivered, evidence-based treatments can yield savings, including reducing other kinds of health care or treatment costs. Many factors go into determining the best investments and priorities for care. A cost-benefit ratio can help discern where value lies, but that's only part of the story. For example, the table below illustrates the estimated benefit-to-cost ratio for a number of interventions. This ratio indicates a high likelihood that the given treatments will save the dollar amount shown for each dollar spent.

However, while calculations like these do shed light on how to make the most of our mental health dollars, they don't answer many important questions that factor into priorities such as how many or which people or problems a given intervention can reach. For example, an intervention with a high cost-benefit ratio that only benefits a few people or does not address the highest priority needs may not be a better buy.

Closing all these gaps—in availability, impact, and scale—is a big undertaking. It will require building additional capacity in the current system. And, it will also require a wide and coordinated array of responses, including using resources better, matching treatment to needs, implementing task sharing and new care pathways, designing care that also supports prevention, and developing new technologies. It will also mean recognizing the crucial role friends, family, and other supports play when it comes to treating illness and maintaining mental health. But mere recognition isn't enough—we must also provide friends, peers, and family with the support and skills they can use.[163,164,165] By pursuing all of these strategies simultaneously, we increase our odds of success.

Population Served	Intervention Name	Benefit to Cost Ratio[166,167,168]
Children's Mental Health	Cognitive Behavioral Therapy (CBT) for anxiety	$7.56
Children's Mental Health	Parent Coaching for disruptive behavior	$1.74
Substance Use Disorder	Cognitive Behavior Coping Skills Therapy	$189.66
Unhealthy Alcohol Use	Brief Intervention in Primary Care	$27.43
Adult Mental Health	CBT for depression	$112.16
Adult Mental Health	Collaborative Care for depression	$6.50
Adult Criminal Justice	Cognitive Behavioral Treatment	$26.47
Juvenile Justice	Functional Family Therapy	$11.21

CLOSE TREATMENT GAPS INITIATIVES

1) Close Gaps on Maternal Depression—NEW!

(NYC Health + Hospitals, DOHMH)

Depression in mothers during and immediately following pregnancy is common and sometimes has a negative impact on both infant health and the mother's lifelong mental health. All told, there are well over 10,000 cases of maternal depression each year in New York City. Studies suggest that the majority of women do not get treatment for maternal depression, with blacks and Latinas having a lower likelihood of starting and continuing treatment.[169, 170]

This is unacceptable. Our goal is to ensure that every New York City mother who experiences depression before or after the birth of her child be screened and connected to treatment when appropriate.

As the first step toward this goal, NYC Health + Hospitals and Maimonides Medical Center —which on average deliver almost one-quarter of all births in New York City—have committed to universal screening and treatment for this condition within two years. They will reach and treat every pregnant and post-partum woman in their care who experiences maternal depression. This effort will be aided by a recent policy announcement: As of October 2015, New York State Medicaid reimburses physicians for screening mothers for maternal depression.

NYC Health + Hospitals and Maimonides, along with Greater New York Hospital Association, will also lead a citywide effort to work with other hospital systems across New York City to adopt the goal of universal screening and care for women experiencing maternal depression. Participating hospitals will work together to implement evidence-based practices and operational strategies that enhance system workflow, optimize care transitions, and promote better outcomes for mothers and infants.

2) NYC Support—NEW! (DOHMH)

People throughout New York City often complain about being forced to navigate a confusing and unresponsive mental health and substance use treatment system largely on their own. For the last few decades, one of the City's primary tools for addressing this concern has been a 24/7 phone-based crisis center. But New Yorkers need more than access to behavioral health services when in crisis—they also need a clear path to care before a crisis occurs.

By September 2016, the City will rise to this challenge with the creation of NYC Support, a more robust and accessible system that will serve as an easy point of entry to the City's behavioral health services. The City is stepping up to perform this function due to a general failure of the current

system to facilitate care for New Yorkers. Managed care plans are ramping up their efforts to provide New Yorkers with the information and care they need, and the City looks forward to working with plans and providers to leverage their infrastructure and strengths. But in the meantime, New Yorkers need help, which is why we are launching this initiative as quickly as possible.

Through NYC Support, we will:

- Bolster the capacity of our phone-based crisis hotline;
- Add the ability to access resources via text messaging and the web;
- Significantly expand our services to include providing non-crisis connections to behavioral health services; and

No longer will New Yorkers be left alone to navigate what can be a confusing system on their journey to mental well-being.

Resource Referral and Appointment Scheduling:

NYC Support commits the City to playing a much more proactive role in facilitating access to services and helping people enter care. We will do this by:

- Providing referrals and help New Yorkers schedule appointments with mental health providers based on their needs, insurance status, and geography, where possible;
- NYC support will provide proactive follow-up in the form of reminders and encouragement in the days before their first scheduled appointment, which can markedly reduce no-show rates for service appointments and hand-offs;[171]
- NYC Support will check in with clients via phone, web, or text messaging and provide brief counseling sessions as a bridge while they wait for their appointment, when necessary; and
- NYC Support will work in concert with 311 and feature an online service directory.

Crisis/Suicide Counseling:

- NYC Support will include a 24/7 hotline that will provide crisis intervention, suicide prevention, and resource referral services. High-risk callers will receive more comprehensive follow-up services;
- NYC Support will provide phone-based and text-based crisis counseling;
- NYC Support will have the capacity to activate mobile crisis teams citywide;

CASE STUDY: Mental health apps in action

Digital mental health apps present new opportunities to close treatment gaps by bringing self-help programs and other assistance directly to the public, both to complement in-person care and to otherwise engage or promote mental health for individuals who are not connected to care.

- Koko is a social network where people can post about problems in their life. Other users—who receive coaching on cognitive therapy through the site—are invited to provide helpful insights and advice. Apps like this could provide a novel means of encouraging participation in support groups, which have been known for years to reduce feelings of isolation, increase practical knowledge, and sustain coping efforts.
- What's My M3 allows users to complete a mental health self-assessment and receive a baseline assessment of symptoms. Every user is also directed to additional support, regardless of how he or she scores.

Regardless of their approach, the best apps are the products of collaboration between experienced treatment providers and skilled web developers.

In creating and monitoring this system, we will collect new data that will provide us with a clearer picture of the challenges New Yorker face when it comes to making appointments and getting follow-up help, both from the system at large and from specific providers and plans. This knowledge will allow the City to provide more effective oversight and advocate for needed services.

3) Peer Specialist Training—NEW! (DOHMH)

Peers are a critical component of any plan to address the mental health challenges facing New Yorkers. Drawing from both lived experience and specialized training, Peer Support Specialists have a unique ability to engage people whose needs might not be fully recognized and understood by the traditional health care workforce. Research has shown that peer support facilitates sustained recovery and can reduce overall treatment costs.

As of January 2016, New York State is providing coverage for peer support services delivered by professionally certified Peer Specialists to adults enrolled in Health and Recovery Plans. Coverage for these services is expanding to include children beginning in January 2017.

To facilitate the expansion of these pivotal services that is being driven by these changes in State payment practices, the City will invest in the training of additional peer specialists. This training will equip individuals who have lived experience with mental illness and substance use to take on workforce positions in the health care system and obtain their NYS Peer Specialist Certification. The City will graduate 200 peer specialists from this program per year beginning in Fiscal Year 2017.

4) CUNY Mental Health Digital Platform—NEW! (CUNY, DOHMH)

The City will make high-quality, low-cost mental health services and self-care resources available to CUNY students through web-based and mobile-supported media. After launching pilot efforts at selected campuses and identifying the most effective mix of services, CUNY plans to expand these opportunities, ultimately reaching the total population of close to 300,000 degree-enrolled university students.

As described earlier, one in five CUNY students who responded to a survey met criteria for depression; of those students, only 10% received help from their college counseling or health center.[172] Bringing evidence-based treatment to students should

increase two- and four-year graduation rates and improve the overall health of the CUNY student body. Through a collaboration with CUNY School of Public Health and CUNY Health Services, the City will take the first steps toward providing access to tested and established web-based portals and apps to self-manage mental health. The campaign will begin in the 2016-2017 academic year.

5) Veterans Outreach Team Expansion—NEW! (MOVA)

Nearly one-quarter of veterans in New York City have a probable diagnosis of post-traumatic stress disorder (PTSD) and/or major depression.[173] The effects of PTSD on veterans and their families can be profound. PTSD is associated with increased risk of suicide, depression, substance use disorders, intimate partner violence, unemployment, and persistently low quality of life.[174] In addition, trauma and PTSD are associated with high rates of co-morbidity and disability, including coronary artery disease, arthritis, asthma, and gastrointestinal problems.[175, 176]

While many services are available to those in need, more than 40% percent of veterans in New York City report being unaware of what help is available, or uncertain about how to navigate the systems that provide assistance. Additionally, 26% were unsure of how to get their questions about benefits answered.[177] This data suggests a great and immediate need to address gaps in information and coordination services for veterans in order to improve the efficacy and reach of existing systems of care.

The NYC Veterans Outreach Team will enhance access to veteran services, with an emphasis on prevention and early intervention. The City will invest $500,000 to expand the Outreach team to provide additional navigation assistance and care coordination to veterans and their families. Additionally, for veterans in crisis the City will integrate the VA Suicide Hotline into the 311 information system so the public will have immediate access to the Veterans Crisis Line phone, chat, and text resources. By addressing barriers to obtaining medical, psychological, and social services, the City will help promote a community-based and accessible system of care for veterans and their families.

6) Veterans Mental Health Holistic Treatment Fund—NEW! (DOHMH)

As with many other mental health conditions, there is no one-size-fits-all treatment for PTSD. Ideally, veterans will have access to a wide array of options, including traditional clinical treatment, holistic skill-based services, peer support, and programming that addresses the culture of silence.

New York City's behavioral health delivery system currently offers an array of traditional clinical treatment options for PTSD. However, new research

suggests that holistic services can provide lasting relief to veterans who choose not to engage in traditional psychotherapy, and also those who might need additional support to cope with symptoms such as chronic pain, anxiety, or insomnia.[178] As a City, we must ensure that the brave men and women who put their lives on the line to protect us have access to the most innovative and effective tools to alleviate their suffering.

To accomplish this goal, the City will create a Veterans Holistic Treatment Fund of $1 million dollars that will provide grants to organizations that serve veterans and their families in order to bridge the gap between mind-body medicine and traditional clinical care. The grants will allow a variety of community-based settings to host evidence-based restorative practices. Data and lessons learned will be used to influence local and federal policy for trauma-related services.

7) Investing in NYC's Mental Health Workforce—NEW!

(CUNY, DOHMH)

In order to create a mental health system that is culturally competent, reaches every community, and reflects our core principles, we must invest in reshaping and growing our mental health workforce. That means making sure clinicians have what they need to implement a public health approach, while also enlarging the entire workforce by providing mental health training and financing to support non-clinicians. Through such efforts, we will shrink treatment gaps, reduce disparities in treatment access and quality, and incorporate public health activities into mental health care. The City will convene a process to advance these goals, starting with a workforce summit in May 2016 that will join the stakeholders and decision-makers who must work together to innovate and expand the mental health workforce. They will focus on these four key areas:

- Identify strategies that help health and mental health professionals implement collaborative care models and support task-shifted roles;
- Diversify the field by creating strategies to attract and recruit a workforce that is more ethnically and socio-economically representative;
- Develop standardized workforce data that can be collected and analyzed on a regular basis; and
- Facilitate the growth and optimized use of task-shifted roles and careers, such as community health workers and peer counselors. We want to make sure these roles are being filled in every community. This effort will entail building our collective training capacity, creating certification protocols, agreeing on core competencies, and improving payment structures.

8) Expand Access to Buprenorphine in Primary Care Settings—NEW! (DOHMH)

Buprenorphine is a life-saving medication used to treat opioid use disorder by stopping cravings and preventing withdrawal symptoms. Buprenorphine is available from general physicians in office-based primary care settings. Despite its many benefits, the availability of buprenorphine remains low, which leaves many individuals who suffer from opioid use disorders without the treatment they need. Starting in 2016, we will launch a new and ambitious initiative to add 1,000-1,500 new providers trained and authorized to prescribe buprenorphine over the next three years. This is in addition to a previously announced effort to implement a Nurse Care Manager model, adapted from a successful program in Massachusetts, that will increase buprenorphine treatment capacity in primary care.

9) Expand Access to Naloxone (DOHMH)

Naloxone is a medication that reverses overdose from both opioid analgesics and heroin. It has been legal in New York State since 2006 for laypeople to be trained in recognizing overdose and administering naloxone. This simple first-aid activity is proven to reduce overdose mortality in communities where sufficient numbers of people are trained. Recent new funding will allow DOHMH to provide trained laypeople in those neighborhoods with the highest opioid-involved overdose deaths with enough naloxone to reach more than 7,000 New Yorkers.

10) NYC Safe (MOCJ, DOHMH, NYPD, DHS)

Most people who suffer from mental illness are not violent. In fact, people with mental illness are more likely than the average person to be the victims of violence.[179] However, those people with mental illness who are violent have an outsized impact on the lives of their loved ones, their families, and the communities where they live. NYC Safe is an evidence-driven program designed to support the narrow population of New Yorkers with more complicated mental illness who pose a concern for violent behavior. NYC Safe changes the way the City intervenes to stop and respond to violence that may be committed by those living with mental illness by establishing a centralized oversight body that coordinates public safety and public health. Now the City can respond more rapidly and appropriately to prevent violence, and react more assertively when it happens. NYC Safe includes a series of interventions that together create a continuum of services and new oversights to help keep people who need care, in care. These interventions include seven new mobile teams, increased resources for existing ACT teams, expansion of the City's ability to appropriately use AOT, and new joint NYPD-DOHMH response teams.

11) Reduce Violence and Address Treatment in the City's Jails (MOCJ, DOC)

The City recently adopted and will continue to implement strategies to improve the care and safety of people with behavioral health needs within City jails. These strategies will rely on de-escalation and evidence-based staffing and programming. They include:

- Department of Correction Crisis Intervention Teams that work to decrease violence. The Teams are specially trained in de-escalation and symptom identification;
- Specialized mental health care units where inmates with serious mental illness can receive more intensive and frequent mental health care;
- Additional mental health training for 2,600 correction officers. This material has been incorporated into the training curriculum for new recruits;
- Specialized services for adolescents, including trauma-informed care;
- Reducing the officer-to-inmate ratio to 1:15 in adolescent units; and
- Expansion of substance use disorder treatment.

This initiative is part of the Behavioral Health Task Force action plan.

12) Mental Health Services for All Youth in Runaway and Homeless Youth Shelters (DYCD)

For the first time, the City will add funds dedicated to enhancing mental health services at Runaway and Homeless Youth Drop-In Centers, Crisis Shelters, and Transitional Independent Living programs. In Fiscal Year 2015, residential programs served more than 2,200 youth under age 21, nearly 40% of whom report as LGBT. Mental health supports will be embedded into programs and could include evaluations, counseling, and direct clinical services.

13) Cognitive Behavioral Therapy Plus (ACS)

ACS is implementing Partnering for Success (PfS) at 18 of their 23 contracted family foster care agencies. PfS is a framework to improve access to and delivery of behavioral health services for children in foster care and their families. The initiative promotes stronger collaboration between frontline workers in child welfare and mental health clinicians who serve foster children. The PfS infrastructure supports greater access to and availability of Cognitive Behavioral Therapy Plus (CBT+), which is a suite of four evidence-based adaptations of cognitive behavioral therapy (CBT): CBT for Anxiety, CBT for Depression, CBT for Behavior Problems, and Trauma-Focused CBT.

The initiative includes training 200 mental health clinicians and more than 1,000 case planners to support the delivery of CBT+ and other behavioral health services to children and youth in foster care. The initiative also includes ongoing coaching and case consultations. Up to 40% of children aged six or older in family foster care will benefit from CBT+.

14) Mental Health and Substance Use Programming for All Youth at Rikers Island (MOCJ, DOC, NYC Health + Hospitals)

At Rikers Island, the City will provide psychiatric assessments and after-school therapeutic arts programming for all youth under 21, and substance misuse programming for 16- to 21-year-olds. This initiative is part of the Behavioral Health Task Force action plan. Youth who are involved with the criminal justice system are vulnerable to a range of negative outcomes, including substance misuse, mental illness, and victimization. Arts therapy programs in youth detention centers and jails have been shown to reduce recidivism, boost academic engagement, and improve self-esteem.[180,181,182,183]

15) Mental Health Services in All Family Justice Centers (OCDV, NYC Health + Hospitals)

The City will expand onsite mental health services at all five of the city's Family Justice Centers, which last year served more than 37,000 domestic violence survivors. The staff will provide direct care and also offer mental health promotion support, skill-building opportunities, and mentoring to other Family Justice Center staff. The new program will be able to accommodate 1,000 clients per year.

16) Geriatric Mental Health in Senior Centers (DFTA)

The NYC Department for the Aging (DFTA) will place a Licensed Clinical Social Worker or a professional with similar skills in up to 25 of our largest senior centers. This initiative will evaluate the efficacy of placing mental health services and professionals in senior centers in order to provide expert on-site assistance. The mental health professionals, who will also serve seniors from nearby centers, will reach a total of approximately 3,750 people annually. If the initiative is successful, we will consider scaling it to other centers.

17) Integrated Brief Intervention for Substance Misuse (DOHMH)

Introduce substance use screening, brief intervention, and referral to treatment (SBIRT) services in all eight of the City's sexually transmitted disease (STD) clinics. From February 1, 2012 through April 30, 2015, more than half of all patients reporting to the City's STD clinics screened positive for substance misuse, which is much higher than the national average of 23%. SBIRT has been shown to effectively address both STD and risky alcohol use. Patients identified as high risk for substance misuse are offered up to 12 extended brief intervention (EBI) sessions with a social worker/mental health counselor or a referral to formal substance use disorder treatment.

18) Expand and Enhance Discharge Planning Services (MOCJ, DOC, NYC Health + Hospitals)

People who leave our City jails represent a group with high levels of mental health and substance use needs. In addition, those who have previously been incarcerated have a higher likelihood of being re-arrested and re-incarcerated. Connecting people to care will not only improve their mental health, but can also help reduce the risk of re-incarceration and improve public safety overall. The City will:

- Expand Medicaid enrollment application submissions for more incarcerated people prior to discharge
- Expand existing jail discharge services to serve an additional 8,100 people who leave jail, through the Department of Correction's expanded I-CAN program and the Health and Hospital Corporation's new substance-use discharge planning program.

This initiative is part of the Behavioral Health Task Force action plan.

Partner with Communities

Embrace the wisdom and strength of local communities by collaborating with them to create effective and culturally competent solutions.

- Make communities sources of mental health.
- Help local groups and institutions host interventions and mental health promotion activities.
- Support community efforts to serve as a source of knowledge and planning.

The success of any public health campaign hinges on sharing leadership with communities, and that is especially true of our mental health effort.

Share leadership with community members and organizations

Mental health is a deeply personal issue, and when people are ready to seek help they often turn to the people with whom they are closest, both emotionally and geographically. This could include family members, friends, faith leaders, neighborhood elders, or a friendly staff member at a local civic organization. These are the same people who are often our most important sources of support, well-being, and mental health.

If we want to improve the mental health of New Yorkers, then we must help both community organizations and individual community members connect with each other. We must provide them with the options and information they need to be of service when one of their neighbors is dealing with a mental illness, and recognize that strengthening social ties and creating vibrant communities is the foundation for mental health. We must speak their language, in every sense. And we must respect and enhance the central—and often driving—role they can play when it comes to designing, targeting, prioritizing, testing, and implementing mental health solutions.

City government is already putting this truth into action. We are partnering with a range of community stakeholders and organizations to provide the resources, training, and planning methods they need to both help individuals and also engage entire communities. This work recognizes that the stigma of mental health is real, and if we want to expand the range of treatment and promotion options, then we must also broaden the range of people who are able to act.

"I talk to our community advisory board about this a lot. What they've said is there is a lack of trust in the health care system. They would like to take it on a more community basis, to the schools, to the religious leaders of the community. We need to involve our communities in what they think would work... But the reimbursement system doesn't work that way."

— Hospital Administrator

Address structural deficiencies

Community engagement must also extend beyond individuals and organizations and address the larger structural deficiencies that so often have a profound impact on mental health. Too many New Yorkers live in neighborhoods with concentrated poverty, job insecurity, violence, or unequal application of drug laws and other penalties, which prompt more frequent interactions with the criminal justice system and increase the likelihood of experiencing discrimination. These neighborhood effects and other stress factors increase the risk of onset of depressive symptoms, diagnosis of major depressive or post-traumatic disorder, misuse of substances, and anxiety.[184]

In other words, people in vulnerable neighborhoods are *made* more vulnerable by the conditions that surround them. In one survey, lower-income New Yorkers who reported mental health problems such as depression or anxiety viewed those problems as stemming from socio-economic factors, including unemployment, immigration experiences, lack of affordable housing, and poverty.[185] If we want to treat not just the symptoms but also the root causes of mental illness and threats to mental health, then we must implement structural interventions that reduce discrimination, fundamentally strengthen the entire fabric of a community, and enable local groups to advance solutions that contribute to these goals.[186] We must work from both the bottom up, and from the top down.

Credit: Mayoral Photography Office

Policies to Address Structural Risk Factors

Create an Active Labor Market for People Who Are Unemployed

Layoffs and unemployment lasting longer than one month are associated with increased suicide risk.[187] Individuals who are unemployed have more psychological problems (34%) than employed individuals (16%).[188]

Create Affordable, Quality Housing

Housing instability, characterized by frequent moves, doubles the risk of depression in men and triples the risk of depression in women.[189] Poor housing quality—including structural problems, mold, and pest infestation—also increases the risk of depression in adults.[190]

Support Family Leave

Mothers in California who took less than 12 weeks of maternity leave or less than 8 weeks of paid leave had increased depressive symptoms when surveyed nine months after childbirth.[191]

Support Health Insurance Parity, Access, and Accountability

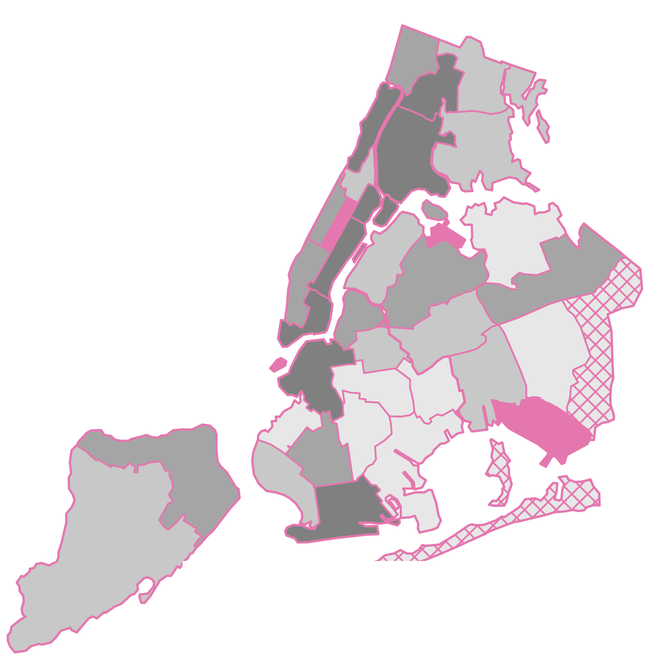
Individuals with Medicaid insurance are less likely to screen positive for depression and showed greater improvement in depressive symptoms compared to individuals with no health insurance.[192]

Support Education

Educational attainment and success are among the strongest predictors of lifetime mental health.[193,194]

Enhance the Environment and Use Land and Public Space Wisely

Public space, public art, parks, schools, and workplace design all have a direct impact on our mental health. Mental health, for example, is significantly related to how far someone lives from a park,[195,196,197] and public art and murals can promote social ties.[198,199]



Lifetime Depression

Source: NYC Community Health Survey, 2013

- 5.7% — 11.3%
- 11.4% — 14.5%
- 14.6% — 17.9%
- 18.0% — 22.1%
- Estimate Potentially Unreliable
- Parks and Airports

Our success in this work will be judged according to two factors:

- **Community resilience** characterizes the extent to which a community as a whole can respond to the emotional challenges, traumas, or burdens it faces. A community's resilience is linked to its schools, organizations, economic fabric, social places, and physical space.
- **Collective efficacy** is the mutual support and social cohesion that exists among people living in a community.[200]

Both factors shape, but can also be shaped by, the presence of social supports, securely bonded families, and the value placed on emotional self-care in communities—all of which can be purposefully supported and nurtured.

In this interaction, community resilience and collective efficacy protect community members from threats to mental health, and are themselves bolstered by efforts that improve and promote the mental health of individuals. Mental health specialists can therefore play a crucial role in supporting this virtuous cycle by helping communities promote mental health activities. And government can also support policies that address income inequality and insecurity, discrimination, and social instability.

So when we observe how mental health varies across the city (see the variation in depression in map), we need to also look at neighborhood differences in many other factors: economic opportunity, urban design, neighborhood effects, and public safety. This variation also reflects differences in access to care, untreated or poorly treated illness, population distress, and opportunities for prevention or promotion. A public health response will address these multi-layered and interacting realities.

CASE STUDY: Cure violence

New York City's Cure Violence (CV) program deploys specially-trained staff to work with at-risk young people in communities with high levels of gun violence. These Violence Interrupter and Outreach Worker staff are from the communities they serve and have first-hand life experience with violence and imprisonment, which gives them invaluable credibility when it comes to talking with these at-risk youth about the obstacles they face and ways to manage them. CV staff receives training on a goal-orientated, client-centered interviewing technique that was specially redesigned by them, which makes it a much more effective and culturally sensitive coaching tool.[201]

PARTNER WITH COMMUNITIES INITIATIVES

1) NYC Mental Health Corps—NEW! (DOHMH)

Starting this year, we will begin creating a Corps of approximately 400 physicians and recently-graduated Masters and Doctoral-level clinicians to work in substance use programs, mental health clinics, and primary care practices in high-need communities throughout the city. When fully staffed, the Corps will provide approximately 400,000 additional hours of service in those communities where they are needed most. This number approaches the number of outpatient behavioral health visits made by NYC Health + Hospitals in 2013.[202]

We will work with communities to determine where Corps members can do the most good. Corps members will partner with community members and their clinical teammates to expand the use of evidence-based treatment and mental health promotion methods in the neighborhoods they serve. This will include using the Collaborative Care model with primary care patients dealing with depression, anxiety, and substance misuse. Many Corps members will be placed at primary care settings, which is where most New Yorkers receive their regular medical care. Not only will this make mental health services easier to access, it will also reduce the stigma of receiving mental health care by connecting it with physical primary care.

The Corps will also spur innovation among the mental health and substance use workforce. Corps members, who can put the hours they work toward meeting licensing requirements, will receive training, supervision, and coaching rooted in the principles laid out in this Roadmap. They will be a source of increased capacity, and a force for broader adoption of innovative treatment and mental health promotion practices.

2) Virtual Learning Center for Community-Based Organizations—NEW! (DOHMH)

During our meetings with clergy, community groups, and agency leaders, we received many requests for education and skill-building materials they can use to better meet the mental health needs of their congregations and clients. In response, the City will develop a free, universally available web-based Learning Center for community organizations. Our initial outreach will focus on faith-based and immigrant-serving organizations. The website will provide a skills training library that offers non-clinicians effective and executable task-shifting and prevention strategies. It will include videos, tools that test your skills, handouts of tips and information summaries, patient assessments, and links to other resources. The website will also be a forum to facilitate partnerships between community groups and providers.

3) "Friendly Visiting" to Combat Social Isolation Among Seniors—NEW! (DFTA)

Social isolation among the elderly is associated with a dramatically higher incidence of a variety of physical and mental health issues. Friendly Visiting is a light-touch approach for reaching substantial numbers of older people. DFTA will work with and fund 12 case management agencies to identify 1,200 homebound clients who are suffering from the ill effects of social isolation, including high rates of depression and anxiety, and connect them to trained volunteers. The volunteers will make regular home visits and telephone calls, where they will provide meaningful social contact and be on the lookout for possible issues requiring follow up. DFTA will engage a researcher to measure the impact of the program.

4) Early Years Collaborative (Mayor's Office, DOHMH, ACS)

The Early Years Collaborative (EYC) is an example of how government can help communities across New York City be more effective planners and catalyze action. The aim of EYC is to improve the health and well-being of young children in New York City using methods that put local groups at the center of the idea testing process. Led by Mayor de Blasio's Children's Cabinet, EYC will connect staff from City agencies with community-based organizations (CBOs), starting with two neighborhoods: the South Bronx and Brownsville. The Cabinet selected these neighborhoods after identifying them as areas with significant City investments, strong networks of community-based organizations, and a large population of children between the ages of zero and three who need and deserve improved outcomes.

Together, City agencies and CBOs will promote three objectives that will make a big difference in the lives of young community residents and their families:

1) Healthy pregnancy

2) School readiness

3) Secure parent-child attachment, safety, and stability

The City agencies and CBOs selected for this initiative will work as a team to strengthen coordination, maximize existing resources, and adopt proven Quality Improvement methods that will build the community's capacity to play a lead role in advancing these three objectives.

CASE STUDY: Communities leading the way on mental health

Communities That Care (CTC) is a strategy for reducing youth violence, substance use, and crime. Community members come together to select evidence-based solutions to their most pressing mental health issues. The community then implements the solutions and uses an ongoing evaluation process to fine-tune them.[203]

For instance, the Five Town CTC program in Maine operates an after-school program and mentoring programs focused on math and literacy. Five Town CTC also conducts a free "Guiding Good Choices" workshop series for parents and caregivers that focuses on parenting skills. Between 2004 and 2014, adolescents in the Five Town community were less likely to drink alcohol, smoke marijuana, perpetrate violence, get suspended from school, shoplift, or participate in vandalism.[204]

CTC's prevention-focused approach is also cost-effective. Every dollar invested in CTC returns $5.30—thanks to reduced smoking-related mortality, better health, lower medical expenditures, and lower criminal justice system and crime victimization costs in the near and long term.[205]

Brownsville Partnership for Mental Health is a joint project of some 30 organizations that brings together residents, government agencies, community-based organizations, hospitals, and providers in order to build a web of mental health and wellness support for Brownsville families. The effort uses the Collective Impact model, which is a proven tool to help groups create effective change.

Early Years Collaborative (EYC) is a Scottish effort that brings together 40 cities and 2,000 individuals to test locally-identified efforts to expand early-child well-being interventions. Local groups are trained to use Quality Improvement methods to realize their goals. This effort partially inspired New York City's EYC.

Shared Art: Since 2007, the Mural Arts Program and the Philadelphia Department of Behavioral Health and Intellectual Disability Services (DBHIDS) have collaborated with community-based organizations to co-create public art that functions as both an expression of community resilience and also as a vehicle for personal and community healing. So far, they have completed 18 arts projects.

Parks and Paths: When you strengthen the social and physical connections among neighborhoods, you also strengthen their collective mental health. Psychiatrist Mindy Thompson Fullilove recognized that the cliff-side parks of Northern Manhattan—specifically, Morningside Park, St. Nicholas Park, Jackie Robinson Park, and Highbridge Park—could serve to link the neighborhoods of Morningside Heights, Harlem, Washington Heights, and Inwood. She worked with area residents to create a hiking trail connecting the parks called the "Giraffe Path." She was also a leader of the successful effort to reopen the High Bridge, which connects the Bronx and Manhattan.

The CBOs and City agencies will:

- Identify areas of focus within the three EYC goals that align with community priorities;
- Identify measurable, time-bound, and ambitious goals that cannot be achieved simply by working harder, but will instead require systems-level change to achieve;
- Collaboratively brainstorm and rapidly test tangible improvements to existing systems that will in turn lead to improved child outcomes; and
- Implement, test, and measure the effectiveness of these improvements/ changes during 90-day action periods.

Through this process, the EYC will identify scalable changes/improvements that can be implemented more broadly within the neighborhood or across the city to move the needle on the EYC objectives.These improvements could include reshaping how and where the City allocates resources.

5) Connections to Care (C2C)

(Mayor's Fund to Advance NYC, DOHMH, CEO)

In July 2015, First Lady Chirlane McCray announced Connections to Care (C2C), a $30-million public-private partnership that will help integrate mental health services into programs that already serve low-income communities. This initiative receives significant funding from the Corporation for National and Community Service, a signal of the federal government's support for our vision. C2C will target a number of high-need populations, including low-income expectant mothers and parents of young children; young adults who are out of school and out of work; and low-income adults who are unemployed or underemployed.

C2C showcases three key elements of our effort to Close Treatment Gaps:

- **Task-Sharing:** Staff at community-based organizations in low-income communities will partner with health providers to receive training on how to identify and take steps to promote mental health or address mental illness and substance misuse;
- **Extend Care Pathways:** Extending these skills to people who aren't mental health specialists will increase the reach of our mental health system; and
- **Put the Expertise of Our Provider Community to Work:** The training and ongoing coaching will be provided by organizations with expertise in mental health.

The City will also fund a study to better understand the impact of C2C on those who will receive services. It will track the experience of service provider organizations in order to promote real-time information sharing and best practices, and assess the sustainability of the program. Our ultimate goal is to expand this model throughout the city.

6) Mental Health Weekend for Faith-Based Communities—NEW! (DOHMH and CAU)

Clergy we spoke with also expressed great interest in partnering with the City to let their congregations know that mental illness is nothing to be ashamed of, that services are available for those in need, and that the City wants and needs their help to create an effective mental health system. We will therefore work with clergy members of different faiths to organize a citywide Faith-Based Mental Health Weekend. On the designated weekend, faith leaders across the City will be invited to preach on the topic of mental health.

7) Create Employment Opportunities for Individuals with Developmental Disabilities—(DOHMH and CAU)

We will sponsor new programs in each borough to increase the number of individuals with developmental disabilities who have good jobs. The programs will be provided to those who are not eligible for state vocational services and will teach basic workplace skills, interpersonal skills, and specific job skills. They will also help participants excel in their work and get involved in their communities.

Use Data Better

Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by sharing and using information and data better.

- Develop new measures and methods to understand mental health needs and priorities.
- Enable others to use data to test, adopt, and improve their practices.
- Identify, evaluate, and disseminate promising mental health strategies.

Data collection and analysis are a key part of any evidence-based decision-making process. When providers routinely use real-time data on individual care outcomes, it can markedly improve their ability to ensure that the patient is receiving the right care in the right order.[206] More broadly, there is still much that we don't know about the mental health of New Yorkers and the effectiveness of services. Coming up with useful answers will require the use of traditional surveillance instruments and epidemiologic studies, but also more innovative tools such as crowd-sourcing information to provide real-time data. City government will invest in both; our goal is to expand the traditional surveillance of mental health outcomes, especially for the youngest New Yorkers, and explore ways to harness

“We have very little to measure quality of services in mental health. We really don’t have measurements of recovery for either kids or adults that are meaningful to the people around the table. Such as, are you doing well on your job? Are you doing well in your school? I think we need to think of quality outcomes. How are we going to better measure the success of what we have to offer to people?”

— Community Advocate

technology and “big data” to improve mental health citywide. We will also support better uses of data to advance the Roadmap.

Better data can help to guide our City’s unmet mental health needs. It can enable us to visualize these needs disaggregated by geography or demographic profile, which will allow for better targeting. It can also help us track both the impact of treatment as well as gaps in coverage and quality. Investing in better surveys and research will enable providers to make meaningful comparisons of different approaches for mental health, including cost-benefit analyses. New technologies can also help create maps to visualize inequities, focus on bottlenecks, access services in real-time, connect residents to care, and troubleshoot problems in community mental health.

The de Blasio Administration’s first investment toward this goal will be a new Mental Health Innovation Lab. The Lab will:

- Scan, gather, synthesize, and disseminate knowledge of effective mental health strategies;
- Adopt new techniques and data sources that will allow us to better track, measure, and address population needs;
- Evaluate smart choices and make recommendations for new practices;
- Help test, evaluate, and support innovation and implementation; and
- Enable better use of information and best practices among community-based partners and providers, City agencies, and the Mental Health Council.

In all of our work to improve the use of data, we will be vigilant when it comes to protecting the privacy of New Yorkers.

The Innovation Lab will help others test new strategies and interventions in New York City through public-private and community-based partnerships that spread the use of evaluation and planning tools. This can enable more people and places to adapt evidence-based practices to the city’s unique needs, with an emphasis on efforts that close treatment gaps, diminish inequities, and expand mental health prevention and promotion.

Everyone in the mental health system—providers, clients, advocates, organization leaders and managers, and government—can play a role in using and contributing to the data needed to advocate and act for change, improve results, and inform decision-making.

USE DATA BETTER INITIATIVES

1) Mental Health Innovation Lab—NEW!

(DOHMH)

The mental health field is undergoing great changes, and providers of mental health services are in the middle of the tumult. The change is being spurred by action at the federal and state level, including the 2010 Mental Health Parity and Addiction Equity Act and ongoing efforts to redesign Medicaid. These payer-driven transitions offer opportunities for better primary care integration and quicker implementation of evidence-based practices by providers. However, in order to take full advantage of these opportunities, providers need support—and do not currently get enough.

In recognition of these needs, and to ensure that data is used to make real change, the City will establish a Mental Health Innovation Lab to provide necessary technical assistance and support to local service providers, including other City agencies.

The Lab will help drive the use of evidence-based best practices throughout the field and design better methods for getting the data we need, which will lead to more innovative and effective programs. The Lab will:

- Evaluate, disseminate, and advise on the use of evidence-based best practices;
- Provide hands-on support in the use of implementation science to help others close treatment gaps, promote prevention, and use data better;
- Provide better data to mental health stakeholders by sharing and developing innovative survey and screening methods for mental wellness as well as illness; information collection; new metrics that better capture the need for and impact of mental health and substance use services; and cost-benefit analyses;
- Produce reports and materials to help the City better advocate on behalf of providers who use high-quality, evidence-based methods while navigating these major transitions; and
- Work with the Mayor's Office of Labor Relations (OLR) to better understand city employees' behavioral health needs and support OLR in their work to promote mental well-being among the city's workforce.

The Lab will be based on existing and successful models, including those established by 1) the University of Chicago's Health Lab, which uses academic and big data strategies to identify new policy solutions, and 2) the Center for Addiction and Mental Health in Ontario, which developed a model to improve community-based mental health services. The Lab will also develop a network of academic partners who will join us in this work.

2) Evaluate Financial Sustainability of School-Based Mental Health Services

(DOE, DOHMH)

Approximately 200 DOE schools currently have school-based mental health clinics, and in the year to come the City plans to locate additional school-based mental health clinics in Community Schools. These clinics provide students and families with easy access to high-quality mental health counseling and services. Some clinics also provide teachers and administrators with training and skills development throughout the year.

Whether a school-based mental health clinic is able to survive financially on insurance reimbursement (Medicaid and private) alone varies significantly. Many of the services that make clinics effective are not billable to insurance, including classroom observations, teacher consultations, and schoolyard interventions.

As a result, clinics are often unable to provide skills development to other staff throughout the school. Some rely on partners—such as academic medical centers or private foundations—to underwrite their work, which makes funding a year-to-year struggle. DOHMH and DOE will evaluate the various existing financial models in order to better understand how we might scale more comprehensive school-based mental health services.

3) Evaluate Existing Assertive Community Treatment (ACT) Teams (DOHMH)

Assertive Community Treatment provides the highest level of mental health care available to New Yorkers with serious mental illnesses who are stable enough to live in their communities. There are currently 44 ACT teams in New York City. To improve the effectiveness of all teams, the City is adding additional resources to these teams and is funding an evaluation to determine what interventions are successful.

4) Ensure the City Uses Jail and Diversion Programming Effectively (MOCJ, DOC)

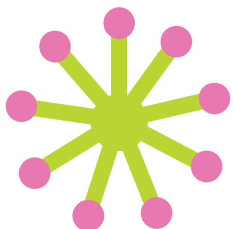
The City uses a broad risk-based approach to inform decisions about which defendants should receive an expanded array of supervised release programs. This approach can improve public safety while providing more effective mental health treatment to people in the mental health system. Strategies/tools include:

- Expanded supervised release;
- Scientifically-validated risk assessment tool;
- Universal screening for physical and mental health problems;
- Reduced reliance on monetary bail;
- Crisis intervention teams;
- Dramatically reduced use of punitive segregation; and
- Strategy to significantly shorten case processing times.

This initiative is part of the Behavioral Health Task Force action plan.

5) Child Health Survey (DOHMH)

The Child Health, Emotional Wellness and Development Survey (CHEWDS) is a cross-sectional survey of more than 3,000 families that was undertaken by DOHMH for the first time in 2015 to collect reliable, representative, citywide data on the health, emotional wellness, and development of children ages 12 and younger living in New York City, including their service usage and needs. It will provide us with an accurate picture of the connections that exist between factors such as adverse events facing children and families, mental health threats to both children and their parents, and access to care.



Strengthen Government's Ability to Lead

Affirm City government's responsibility to coordinate an unprecedented effort to support the mental health of all New Yorkers.

- Use government assets to promote mental health.
- Use the City workforce to reach more people.
- Agree upon shared aims across City agencies.
- Coordinate resources and increase communication across agencies.
- Set an ambitious agenda for action and advocacy beyond City government.

Every day, City agencies reach hundreds of thousands of New Yorkers, including many of the most vulnerable. And every day, City agencies work with stakeholders from the public, private, and non-profit sectors on policies with the potential to improve the lives of communities throughout the five boroughs. In order to achieve our goal of protecting the mental health of all New Yorkers and lead on this issue, City government must consider mental health when approaching our work.

As documented in this Roadmap, the City already devotes a significant amount of resources to mental health efforts. But the sum of these efforts is not yet greater than the whole, and that is because they are not yet aligned around a single shared strategy. In order to achieve our ambitious goals and create long-term systems change, we are undertaking an unprecedented effort to bring the de Blasio Administration, City Council, City agencies, community partners, and other branches of government together in pursuit of our shared objectives. This work will start at the very top, with Mayor de Blasio, First Lady McCray, and Deputy Mayor Richard Buery working with Commissioners in every sector to put the full force of the City behind the Roadmap.

Credit: Mayoral Photography Office

Our work in this arena will center on three goals:

1) Connect and assist City agencies;

2) Help shape monumental changes in how we pay for mental health care; and

3) Establish New York City as a leader on mental health.

In everything we do, we will embrace our responsibility to lead—and to listen.

STRENGTHEN GOVERNMENT'S ABILITY TO LEAD INITIATIVES

Connect and assist City agencies

1) Launch NYC Mental Health Council—NEW!

(Mayor's Office, DOHMH)

City government has an unparalleled capacity to provide and promote prevention and treatment activities, while also advancing the range of policies needed to take on the structural issues at the root of so many mental health conditions. With this in mind, we are establishing a Mental Health Council comprised of more than 20 City agencies from every sector of government, including health, human services, law enforcement, education, youth development, labor relations, and parks. The Council will serve as a key vehicle for managing mental health initiatives, policy-making, and problem-solving across City government. It will also ensure that the City is effectively implementing these initiatives, especially those that involve multiple agencies, by tracking their progress and engaging in collaborative problem solving.

The Council will report directly to Mayor de Blasio and be led by First Lady Chirlane McCray and Deputy Mayor Richard Buery, ensuring that mental health remains at the forefront of City policy. DOHMH will provide techincal leadership to the Council and the larger communty. The Council will report publicly on the progress of the Roadmap, adding another layer of accountability.

A central element of the Council's work will be developing new ways for City employees to play a key role in the care pathway. A great example of this is our new effort to train early childhood educators on Social-Emotional Learning (see Act Early initiatives). Teachers are well-positioned to provide our children with the tools they need to protect their mental health, but we need to connect our teachers to the appropriate training and resources. And teachers are far from the only City workers whose potential is just waiting to be tapped—we must also enlist caseworkers, probation officers, parks employees, and so many more to join our mental health campaign. The Council will lead an effort to identify partnership opportunities, share best practices, and provide City agencies with the tools they need to help their employees and their programs contribute to our mental health effort.

As emphasized previously, if we want to make a real difference on mental health, we cannot shy away from addressing big issues like income inequality, racial discrimination, use of public space, and housing

Credit: Ed Reed/Mayoral Photography Office.

First Lady Chirlane McCray visits City Hall Senior Center

instability. The de Blasio Administration has already launched numerous multi-sector initiatives that address these issues head-on, but the City also needs an entity to analyze these efforts through a mental health lens and determine where additional work is required. The Council will take on this role and work with member agencies to create new shared policies to advance the Roadmap.

Specifically, within the first 150 days of the Roadmap's release, the Council will develop a set of specific agency goals, larger objectives the Council will pursue together, and a proposed federal and state legislative agenda to support the Roadmap goals.

2) Reshape the Community Services Board (DOHMH)

The Community Services Board is a City Charter-mandated body that advises DOHMH's mental health work. We will fundamentally enhance the role of the Board by inviting new members that represent a broad spectrum of communities, organizations, and viewpoints. Our goal is to engage stakeholders whose voices have previously gone unheard, including not just mental health experts and providers, but also people who have been through the system and their family members.

But this restructuring isn't only about bringing new people to the table—they will also take on new mission-critical responsibilities. Specifically, the Board will collaborate with the Mental Health Council to produce an annual Council Report updating New Yorkers on the progress of the Roadmap.

CASE STUDY: Sweden

With its 2012-2016 Plan, Sweden launched “Don’t Wait,” a national campaign to improve mental health outcomes for children and young people through evidence-based prevention, promotion, and treatment options. The government launched a cross-agency “social investment fund” to support proven prevention strategies. Any gains that City agencies achieved by acting early went back into their budgets. The city of Norrköping, for example, pooled funding from social service and education agencies to improve outcomes for children in foster homes. Within five years, the cost savings achieved by the Swedish Department of Social Services was three times greater than the costs to implement the program.

Help shape monumental changes in how we pay for mental health care

3) Continue working closely with the State on the transition to Medicaid managed care (Mayor’s Office, DOHMH)

A Time of Transition

We are living through a time of seismic change in how we pay for mental health and substance use treatment, both here in New York and nationally. This change brings with it the potential for new resources for providers to deliver better and more innovative care aligned with the six guiding principles in this Roadmap. However, turning this potential into better outcomes will require us to make better use of these resources and improve our monitoring capacity.

Of all the changes that are afoot, perhaps the most important is the shift in New York State’s Medicaid program to include behavioral health services in managed care. Starting in October 2015 and proceeding in phases, New York State is transitioning behavioral health services in its Medicaid program to a managed care model. The new model includes Health and Recovery Plans (HARPs) for adults with significant behavioral health needs and an expanded Children’s Behavioral Health Benefit that will serve specialized populations of children including children in foster care, medically fragile children, and children with serious emotional disorders. As a result of these changes, managed care insurance plans will increasingly play a significant role in managing and coordinating the care their members receive.

This transition to Medicaid managed care creates a single point of accountability—in the managed care plans—and with the right oversight and standards this is an opportunity to raise the level of care across the board. Given that Medicaid serves approximately 3 million New Yorkers, this is a substantial transformation in the way we pay for treatment, integrate fragmented services, and coordinate people’s behavioral health care. We are committed to partnering with Medicaid managed care plans to foster the next generation of behavioral health care by promoting and implementing many of the strategies presented in this Roadmap, including better coordination of care; integration of physical and behavioral health needs; use of appropriate, evidence-based interventions; mental health promotion and prevention efforts; and providing care through task-shifting.

However, significant questions remain. The transition of behavioral health Medicaid services from fee-for-service to managed care is an area of significant concern for providers in the City, including NYC Health + Hospitals. Managed behavioral health rates are largely determined based upon historical fee-for-service rates, which rarely cover actual costs of providing these services. (NYC Health + Hospitals estimates roughly 60% of

its behavioral health costs are covered by Medicaid rates.) Already, there is an insufficient supply of qualified professionals to meet patient demand, particularly for low-income patients. It is incumbent on the State to fund Medicaid behavioral health services at a sufficient, sustainable level. The new model needs to make it easier for all enrollees to get the care they need, when and where they need it. This is what New York City needs—and City government will be vigilant and vocal in making sure we get it.

City Leadership

The City—through DOHMH—has already played a significant role in shaping the new system.

In light of the significant impact the transition is sure to have on New York City, the Governor and State Legislature authorized a joint oversight role of managed care plans for the City of New York. In partnership with the New York State Department of Health (DOH), Office of Mental Health (OMH), and Office of Alcoholism and Substance Abuse Services (OASAS), DOHMH has helped to:

- Draft the Request for Qualifications for Medicaid managed care plans;
- Draft the managed care model contract;
- Develop service manuals and designate Home- and Community-Based Service providers;
- Conduct on-site readiness reviews of managed care plans; and
- Develop consumer education material, among other efforts.

Additionally, a Quality Steering Committee (QSC) comprised of representatives from NYS DOH, OMH, OASAS, and NYC DOHMH will be established to coordinate monitoring and oversight of Behavioral Health in Medicaid Managed Care Plans that serve residents of New York City. To support this role, DOHMH is expanding its Medicaid data access and analytic capacity to regularly review data related to this transition. This will enable DOHMH to monitor issues such as access to care and service capacity, service quality and efficiency, and consumer outcomes, among others. The Regional Planning Consortium (RPC), a multi-stakeholder behavioral health advisory body convened by DOHMH, has also been established to promote cross-system community collaboration and to obtain real-time community-level information on challenges that arise in managed care.

The City is also monitoring another promising aspect of Medicaid redesign: Delivery System Reform Incentive Payment (DSRIP) Program. DSRIP is designed to support and accelerate the transition of the health care system from treating people when they are already sick to a system that promotes life-long health. To earn DSRIP payments, health care

providers must engage in delivery system transformation projects that improve care for low-income patients, reducing by 25% avoidable hospitalizations of Medicaid patients. Better access to high-quality community-based behavioral health care is essential to meet the goals and performance measures of DSRIP. All 11 Performing Provider Systems (PPS) in NYC have selected the Primary Care and Behavioral Health Integration project as one of their DSRIP transformation projects, presenting an opportunity for large-scale improvement in access to behavioral health care services as a routine part of primary care across the city. Under this DSRIP project, more of an individual's care can be delivered under one roof by known health care providers using evidence-based models.

In New York City, the amount of DSRIP payments is expected to be more than $4.2 billion over five years. Most of these payments will be allocated to large hospital-led provider networks. Many stakeholders, including the City, will act to ensure that this significant funding is used to improve the behavioral health care services delivered to New Yorkers.

This is a pivotal moment where health care reform is moving beyond extending health care insurance coverage to transforming how health care services meet people's needs and promote health. Put simply, the success of the public health campaign we are undertaking, with its focus on promoting mental health, acting early, and closing treatment gaps, is closely tied to our ability to maximize the investment during this time of change to set a new paradigm for primary and preventive care that includes behavioral health services on an equal footing. Working in partnership with New York State, City government must—and will—use every tool and authority at our disposal to make sure the new system achieves real progress and results for New Yorkers.

Beyond Medicaid

Of course, Medicaid isn't the only funding source that requires our attention. We are also responsible for helping those who are left out of the marketplace—specifically, people without insurance and undocumented immigrants.

Earlier this year the de Blasio Administration announced the 2016 launch of a health care access program as part of a plan to improve immigrant access to health care services. The program is designed to provide uninsured immigrants and others with access to coordinated primary and preventive health care services, based on direct access models in other jurisdictions. The initial launch, targeted at enrolling approximately 1,000 participants, will enable the City to collect necessary data and evaluate the program structure to shape a successful citywide model for the future. This health access program will be closely aligned with the principles in this Roadmap. All primary health care providers participating in the health access program will be federally-qualified health centers, whose primary care model stresses

behavioral health integration with behavioral health care providers on site. In addition, the Mental Health Corps announced in this Roadmap will be placed in underserved communities, including immigrant communities, and at high-need FQHCs (Federally Qualified Health Center) and Gotham Clinics participating in the City's immigrant health access program.

Commercial insurers also have a significant role to play. Surveyed individuals with commercial insurance in New York City were even less likely than Medicaid insured individuals to report getting care.

Since its enactment in 2008, the Mental Health Parity and Addiction Equity Act (MHPAEA) has been changing the landscape regarding insurance coverage for mental health and substance use disorder treatment. The legislation was intended to end the discriminatory practices that were previously commonplace in insurance coverage where it was not unusual for mental health and substance use treatment to be covered at lower levels than other medical treatment or even completely excluded from coverage. Parity assures individuals, families, and providers that all behavioral health conditions are eligible for the same insurance coverage as any other medical condition, removing some of the financial barriers to accessing treatment.

Parity compliance is a complex issue and many compliance issues still remain today. Final protections under the law only came fully into effect on January 1, 2015. The City has an important interest in seeing the aims of the Parity Act reached for all New Yorkers. And we support the ongoing efforts of advocates to ensure that patients and providers have access to the information and tools they need to assert their rights under the MHPAEA.

Achieving the goals in this Roadmap will require the City and our partners to play an active and ongoing role in the reform process. We will therefore meet regularly with federal and state policymakers, the private hospital sector, commercial insurers, providers, and advocates to ensure that the needs of our city are met. Working collaboratively, we will seek to promote innovation, secure new resources, and set stringent accountability measures, some of which may require new legislation.

Establish New York City as a leader on mental health

4) New Supportive Housing for Vulnerable New Yorkers—NEW! (HPD, DOHMH, HRA, DHS, ACS, MOVA)

For decades, New York City and State have collaborated to provide supportive housing to vulnerable New Yorkers, including homeless adults with serious mental illness and young people exiting the foster care system. Supportive housing is a combination of affordable housing and

support services designed to help individuals and families use housing as a platform for health and recovery. It has been found to reduce the use of costly services such as shelters, hospitals, and jails.

Today, however, the need for supportive housing far outweighs the availability. Right now, the number of New Yorkers who qualify for supportive housing is almost five times greater than the number of available units. The Corporation for Supportive Housing recently released a report estimating the current need in New York City at more than an additional 24,000 units of supportive housing.

While all previous supportive housing efforts in New York State have been joint ventures of the City and State governments, the people of New York who are most vulnerable need aggressive action now. That's why the City is committing to bring on 15,000 apartments of supportive housing over the next 15 years.

The new supportive housing will serve homeless families, homeless single veterans, homeless single adults, and street homeless individuals who are suffering from or in recovery for a variety of behavioral or medical conditions. It will also serve domestic violence survivors, young adults who have recently left foster care or who have been in foster care and are at risk of homelessness, medically frail individuals, and individuals receiving nursing home care.

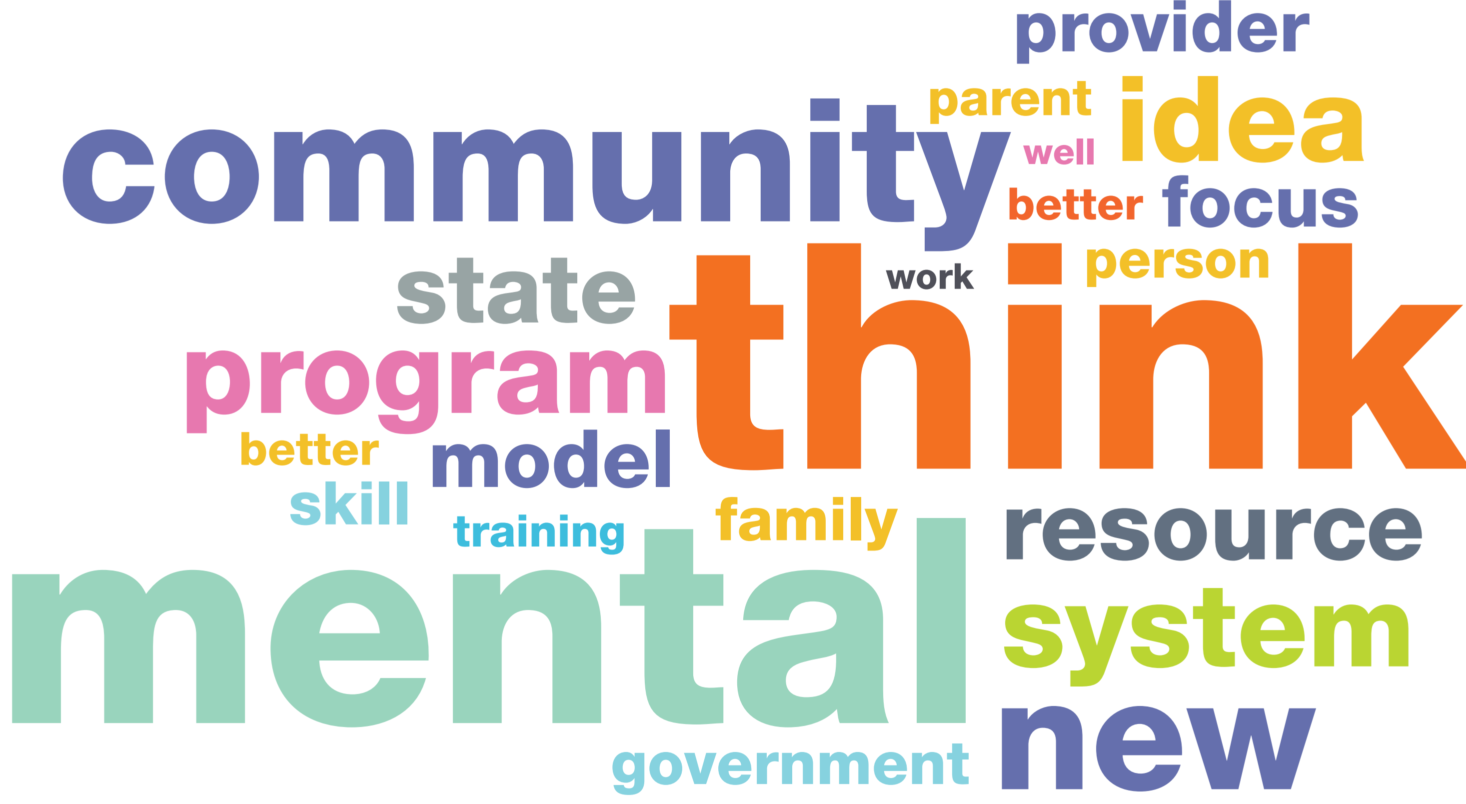
5) Host the first Mayors Conference for Mental Health—NEW! (Mayor's Office, DOHMH)

Just as New York City was at the forefront of efforts to curb smoking, reduce mother-to-child HIV transmission, and relegate lead poisoning to the history books, we are committed to inspiring others to take a public health approach to mental health.

In September 2015, the United Nations hosted a meeting of heads of state from around the world that endorsed a new global blueprint for social and economic policy called the Sustainable Development Goals (SDGs). The blueprint named mental health as a goal of international development for the very first time.

Building on this effort, the City of New York will host the first Mayors Conference for Mental Health in 2016. The Conference will bring cities together to share new ideas and promising mental health initiatives, including our own.

To create this graphic, we compiled transcripts from our 25 mental health feedback groups—approximately 50 hours' worth of conversations that informed every aspect of this Roadmap. We then created an infographic illustrates the relative use of the 50 most frequently used non-common words.



school
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organization
people
social
service
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build
population
opportunity
service
agency
new york
worker
start
care
help
department
health
treatment
talking
behavioral
support

Appendix

Roadmap Feedback Group Participants

Participation in Mental Hygiene Roadmap feedback session(s) does not imply agreement with the findings and recommendations presented in this report.

1199-SEIU

32BJ Funds

Addabbo Family Health Center

Ades Integrated Health Strategies

Administration for Children's Services

Affinity Health Plan

Albert Einstein College of Medicine

American Express

American Psychiatric Association

American Psychiatric Nurses Association

AmidaCare

Anthem Blue Cross Blue Shield

Aon Hewitt

Apicha Community Health Center

Arab American Association

Beacon Christian Community Health Center

Bellevue Hospital Center

Bellevue/NYU Program for Survivors of Torture

Bowery Residents' Committee

Brain & Behavior Research Foundation

BrightPointHealth (Help/PSI)

Bronx Health Link

Bronx Lebanon Hospital

Brooklyn Community Services

Brooklyn Defender Services

Brooklyn Interfaith Advisory Group

Brownsville Multi-Service Family Health Center

Buddhist Council of New York

CAB

CAMBA

Catholic Charities Community Services

Catholic Charities Neighborhood Services

Catholic Charities of Brooklyn and Queens

Center for Alternatives and Employment Services (CASES)

Center for Children's Initiatives

Center for Community Alternatives

Center for Court Innovation

Center for Economic Opportunity

Center for Human Development and Family Services (CHDFS)

Center for Innovation through Data Intelligence, Office of the Deputy Mayor for Health and Human Services

Center for Urban Community Services

CHC Richmond

Child and Family Institute

Child Center of New York

Children's Aid Society

Children's Arts and Science Workshops

Children's Defense Fund Leave No Child Behind

Citizens' Committee for Children

City of New York - Office of Labor Relations

CityMD

Coalition for Asian American Children & Families

Coalition of Behavioral Health Agencies

Columbia Psychiatry

Columbia University

Columbia University - Mailman School of Public Health

Columbia University - Medical Center

Columbia University - School of Social Work

Columbia University - Teachers College

Commission on the Public's Health System

Committee on Hispanic Children and Family

Common Ground

Community Healthcare Association of NYS (CHCANYS)

Community Healthcare Network NYC

Community Service Society of NY

COMPA

Comunilife

Con Edison

Concorde Baptist Church

Coney Island Hospital

Cornell Weill Medical Center

Cornell Weill Medical College

Correctional Association of NY

Council of Family & Child Caring Agencies

Covenant House

CUNY Med

CUNY/Creative Arts Team, Inc.

Department for the Aging

Department of Consumer Affairs

Department of Education

Department of Homeless Services

Deutsche Bank

Docs for Tots

Department of Health and Mental Hygiene

DOHMH, Brooklyn District Public Health Office

Drug Policy Alliance

Dynamic Transitions Psychological Counseling LLP

Education & Assistance Corporation

Elmhurst Hospital Center

Empire Blue Cross Blue Shield

Exponents

Federation of Mental Health Centers

Federation of Protestant Welfare Agencies

First Central Baptist Church

Flushing Hospital Medical Center

Fortune Society

Foundation for Child Development

Fountain House

Gay Men's Health Crisis

God's Battalion of Prayer Church

Good Shepherd Services

Gracie Square Hospital

Greater New York Conference of Seventh Day Adventists

Greater New York Hospital Association

Group for Advancement of Psychiatry

Harlem Center - Police Athletic League

Harlem Hospital Center

Harlem United

Harm Reduction Coalition

Harris Rothenberg International

Health & Hospitals Corporation

Health & Hospitals Corporation - Kings County Hospital Center

Health & Hospitals Corporation - Queens Hospital Center

Health Care for All New York

Health Plus Amerigroup

Healthfirst

Helene Fuld College of Nursing

Henry Street Settlement, Inc.

Hillside Hospital-North Shore-LIJ Health System

Hispanic Family Services of New York

Hofstra North Shore-LIJ School of Medicine

Homeless Services United

Housing Preservation and Development

HousingWorks

Howie the Harp

Human Resources Administration

Human Services Council

Hunter College - School of Public Health

Hunter College - Silberman School of Social Work

I Will Listen Campaign

Icahn School of Medicine

ICL

IDEAS

Immigrant Affairs

Institute for Family Health

InterAgency Council of Developmental Disabilities Agencies, Inc. (IAC)

Interfaith Medical Center Inc.

Islamic Society of Bay Ridge

Jacob A. Riis Neighborhood Settlement

Jamaica Hospital Medical Center

Jewish Association Service for the Aged - GMHOS

Jewish Board of Family and Children Services

John Jay College of Criminal Justice, CUNY

Kings County Hospital Center

Kingsbrook Jewish Medical Center

Langeloth Foundation

Legal Action Center

Lenox Hill Hospital

LGBT Community Center

LIFT - New York

Maimonides Infants & Children's Hospital

Maimonides Medical Center

Maimonides Medical Center - Brooklyn Health Home

Make It Happen Mental Health Counseling

Mayor's Office for People with Disabilities

Mayor's Office of Veterans' Affairs

Mayor's Task Force on Behavioral Health and Criminal Justice

MDRC

Mental Health Association of NYC

Mentoring Partnerships of New York and Long Island

MetroPlus Health Plan

Metropolitan Hospital Center - NYC Health + Hospitals

Montefiore Medical Center

Montefiore Medical Center - Wakefield Division

Morris Heights Health Center

Mount Sinai Adolescent Health Center

Mount Sinai Behavioral Health System

Mount Sinai Beth Israel

Mount Sinai Medical Center

National Alliance on Mental Illness

National Alliance on Mental Illness - Metro Family Advisory Board

National Alliance on Mental Illness - Metro Family Peer to Peer

National Alliance on Mental Illness - Parent Support

National Association of Social Workers - NYC

National Center for Children in Poverty

National Development and Research Institutes

New York Academy of Medicine

New York Center for Child Development

New York Community Trust

New York Immigration Coalition

New York Presbyterian Hospital

New York State Psychiatric Association

New York State Psychiatric Institute

Northeast Business Group on Health

Northeastern Conference of Seventh Day Adventist Church

Northern Manhattan Perinatal Partnership

Northside Center for Child Development

NY Alcohol Policy Alliance

NY Association of Alcoholism and Substance Abuse

NYC Administration for Children's Services, Child Welfare Support Services

NYC City Planning

NYC Housing Authority, Office of Public/ Private Partnerships

NYS Psychiatric Institute

NYU

NYU - Center for the Study of Asian American Health (CSAAH)

NYU - Child Study Center

NYU - College of Nursing

NYU - Langone Medical Center

NYU - School of Medicine

NYU - Silver School of Social Work

NYU - Steinhardt School of Culture, Education and Human Development

NYU - Wagner Graduate School of Public Service

Office of Mental Health - FTNYS

Office of Mental Health - New York City Field Office

Office of the Mayor, City of NY

Ohel Bais Ezra / Lifetime Care Foundation

Osborne Association

Parent Advocate Program

Pesach Tikvah Hope Development

Phipps Neighborhoods

Primary Care Development Corporation

Primitive Christian Church

Prisoner Reentry Institute, John Jay College of Criminal Justice

Private Practice Psychologist

PSCH

Public Health Solutions/Jamaica Southeast Queens Healthy Start

Quality Healthcare Solutions

Queens Consortium of Alcoholism & Substance Abuse

Queens Supreme Court Judge

Robin Hood Foundation

Safe Horizon

Samaritan Village

SCO Family of Services

SEIU Benefit and Pension Funds

Service Program for Older People

Settlement Health and Medical Services

Sisterlink

Sky Light Center

Small Business Services - NYC

South Bronx Rising Together - Phipps Neighborhoods/Children's Aid Society

Spanish Family to Family Teacher

St. Barnabas Health Care System

St. John's Episcopal

St. Luke's Roosevelt Hospital Center

St. Paul's Community Baptist Church

Staten Island Mental Health Society

Staten Island Partnership for Community Wellness

Supported Housing Network of NY

The Bridge

The Brookdale University Hospital and Medical Center

The Fund for Public Health NY

The Interfaith Center of New York

The Jed Foundation

The Mayor's Fund to Advance NYC

The Medisys Health Network

The Mental Health Association of New York City (MHA-NYC)

Touro College

Turning Point for Women and Families

Union Settlement Association

United Hospital Fund

United Jewish Organization

United Sikhs

University Settlement

Urban Health Plan

Urban Justice Center

VA NY Harbor Healthcare System

Van Ameringen

Vera Institute for Justice - Substance Use and Mental Health Program

Visiting Nurse Services New York

Vocal-NY

Wagner College

William F. Ryan Health Center

Woodhull Medical & Mental Health Center

YMCA of Greater NY

Youth Communication

Youth Represent

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Administration for Children's Services

Department for the Aging

Department of Consumer Affairs

Department of Correction

Department of Education

Department of Health and Mental Hygiene

Department of Homeless Services

Department of Parks and Recreation

Department of Probation

Fire Department of New York

Fund for Public Health in New York

NYC Health + Hospitals

Housing Preservation and Development

Human Resources Administration

Mayor's Fund to Advance New York City

Mayor's Office to Combat Domestic Violence

Mayor's Office of Criminal Justice

Mayor's Office of People with Disabilities

Mayor's Office of Veterans Affairs

New York City Housing Authority

New York Police Department

Small Business Services

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Oxiris Barbot – First Deputy Commissioner

Gary Belkin – Executive Deputy Commissioner, Division of Mental Hygiene

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Kari Auer
Zinzi Bailey
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Tiffany Bess
Scott Bloom
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Janice Chisholm
Joanne Choi
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Nneka Lundy De La Cruz
Donald Decker
Cindy Driver
Victoria Dushaj
Andrew Fair
Pauline Ferrante
Sam Friedman
Ana Garcia
Amy Gedal Douglass
Suzette Gordon
Aviva B. Grasso
Jocelyn Groden
Debra Groger
R. Charon Gwynn
Yiwei Gu
Elizabeth Hamby
Myla Harrison
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Anya Y. Spector
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Lily Tom
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Marlon Williams
Ewa Wojas
Ricky Wong
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Wai Ting Yu
Diana Zalph
Sacha Zilkha

Mayor's Fund to Advance New York City

Chapman Perelman Foundation
Cheryl Cohen Effron
Steven Feldman
Fountain House
HBO
Cynthia C. Wainwright

Endnotes

[1] There is surprisingly limited data on which to base very specific descriptions of mental illness in our communities. And as will be discussed in this report, formal definitions of "illness" and information we have about them only capture a part of how threats to mental health affect so much of our lives. This is one reason why this Roadmap will underscore the need for developing better information gathering methods to support a strong program for mental health. Existing studies indicate that somewhere near the range of 18-26% of adults each year experience a defined mental health disorder—a term which throughout this report is intended to also include substance use disorders. (1) The National Comorbidity Survey-Replication (NCS-R) estimates 26% of US adults have a mental health disorder in a given year, using a gold-standard survey method that uses a diagnostic checklist and assessed for several disorders including anxiety, mood, impulse control, and substance use disorders. (2) The National Survey on Drug Use and Health (NSDUH) estimates prevalence of mental health disorders based on extrapolating predictions from a similar diagnostic interview. Based on these predictions, approximately 19% of adults in New York State have a mental health disorder in a given year, not including substance use disorders. (3) Using a similar model, our own NYC data estimates the prevalence of mental health disorders –though excluding substance use disorders—at 21%. Given that (4) the NSDUH estimates 8% of New York State adults have a substance use disorder in a given year, the overall NYC prevalence of mental illness is potentially even higher than 21%. Sources: 1) Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication, Archives of General Psychiatry, (2005) 62: 617-627; 2) http://www.samhsa.gov/data/sites/default/files/NSDUHsaeSpecificStates2013/NSDUHsaeNewYork2013.pdf; 3) New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014), Unpublished Raw Data, 2013. 4) http://www.samhsa.gov/data/sites/default/files/NSDUHsaeSpecificStates2013/NSDUHsaeNewYork2013.pdf

[2] New York City Department of Health and Mental Hygiene. New York City Youth Risk Behavior Survey Unpublished Raw Data, 2013.http://www.nyc.gov/html/doh/html/data/youth-risk-behavior.shtml

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Methodology: The Mayor's Office of Correspondence merged the data sets and cross-referenced the facilities in order to identify and remove duplicate entries. The NYC Center for Innovation through Data Intelligence (CIDI) then took the full data set and created this collection of maps using NYC Department of City Planning's Neighborhood Tabulation Areas to determine neighborhood names.

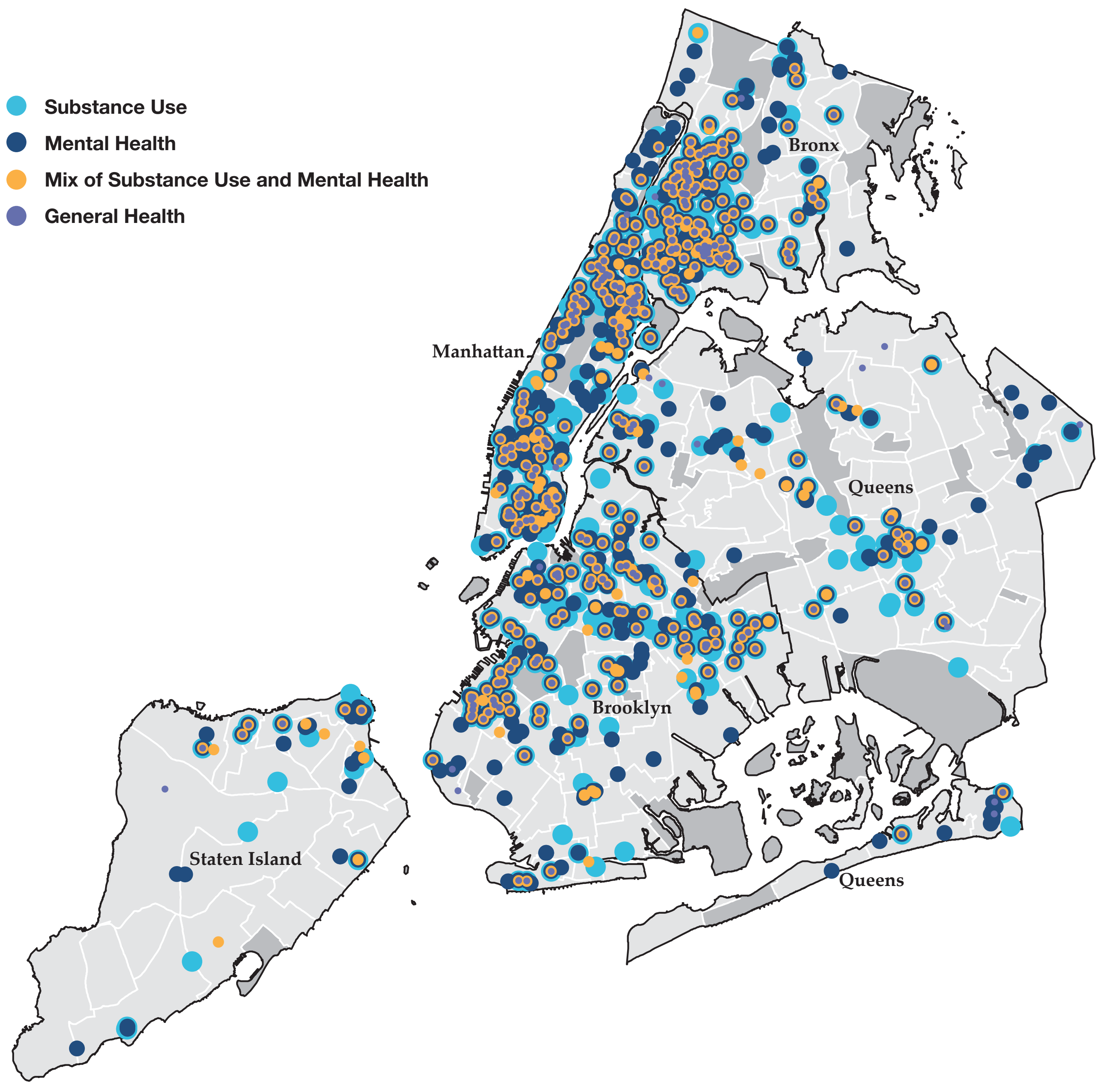
Key: The maps categorize providers by their primary focus: mental health facilities, substance use facilities, facilities with substance use and mental health services, or general health services. General health services providers also offer primary care services, in addition to mental health and/or substance use treatment options. These facilities are included on the map only when the facility also offers mental health or substance use treatment and to specify that it offers comprehensive care.

Mapping the Need

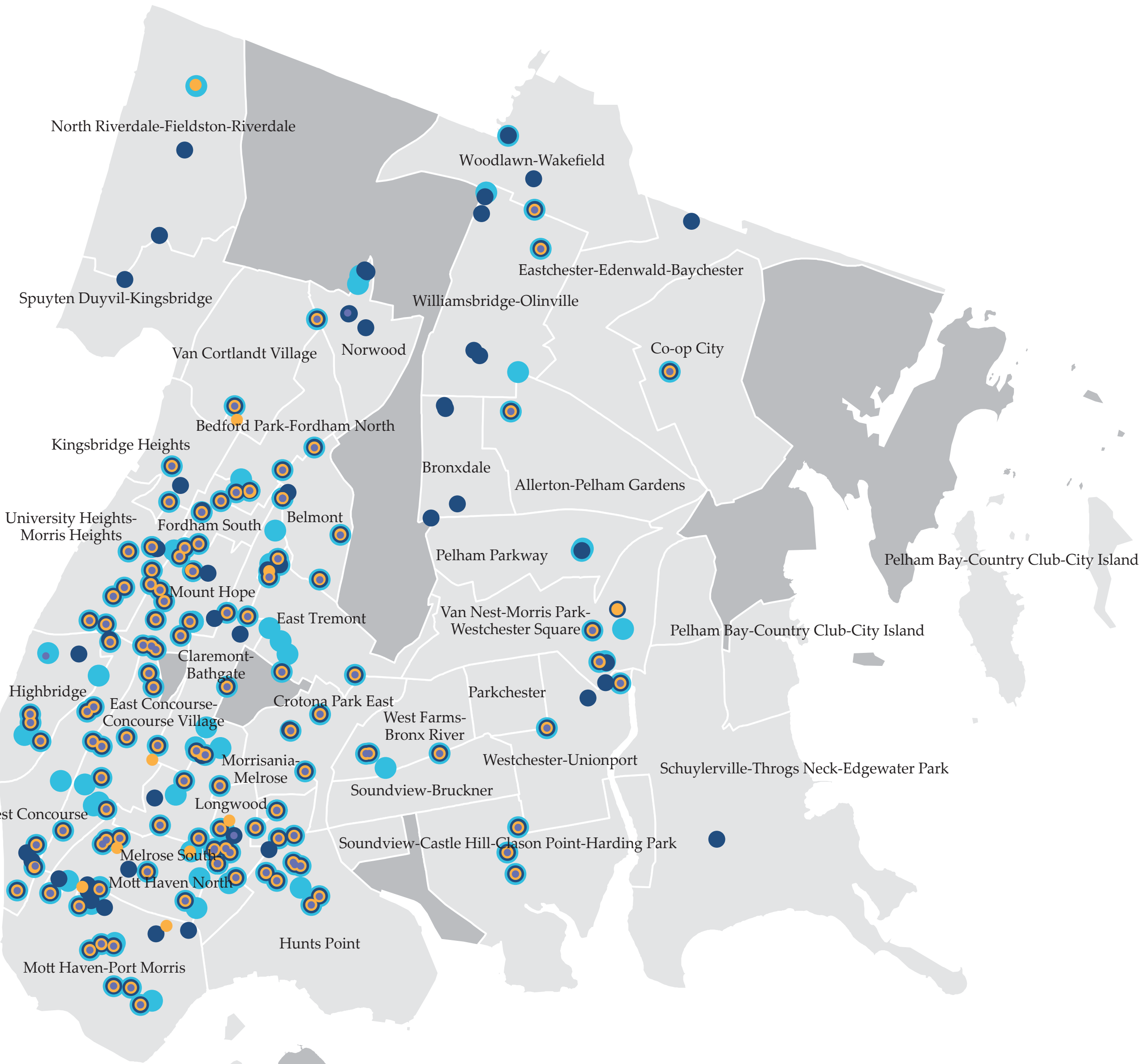
The following maps illustrate the location of mental health and substance use facilities in New York City. They also serve to highlight the variation across neighborhoods when it comes to accessing care.

These maps only include licensed or public contracted clinics. They do not include independent practices or private providers.[207]

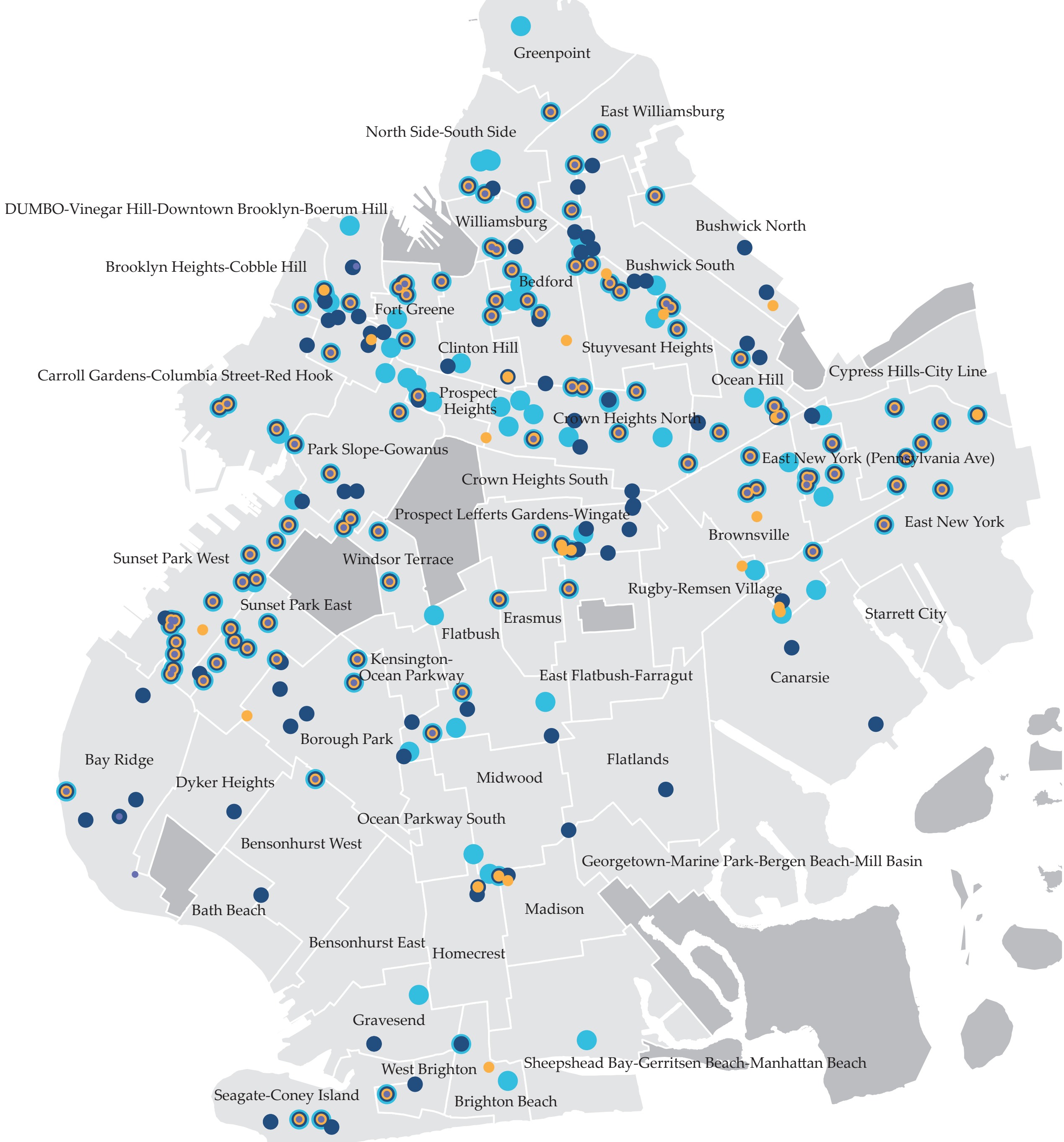
New York City



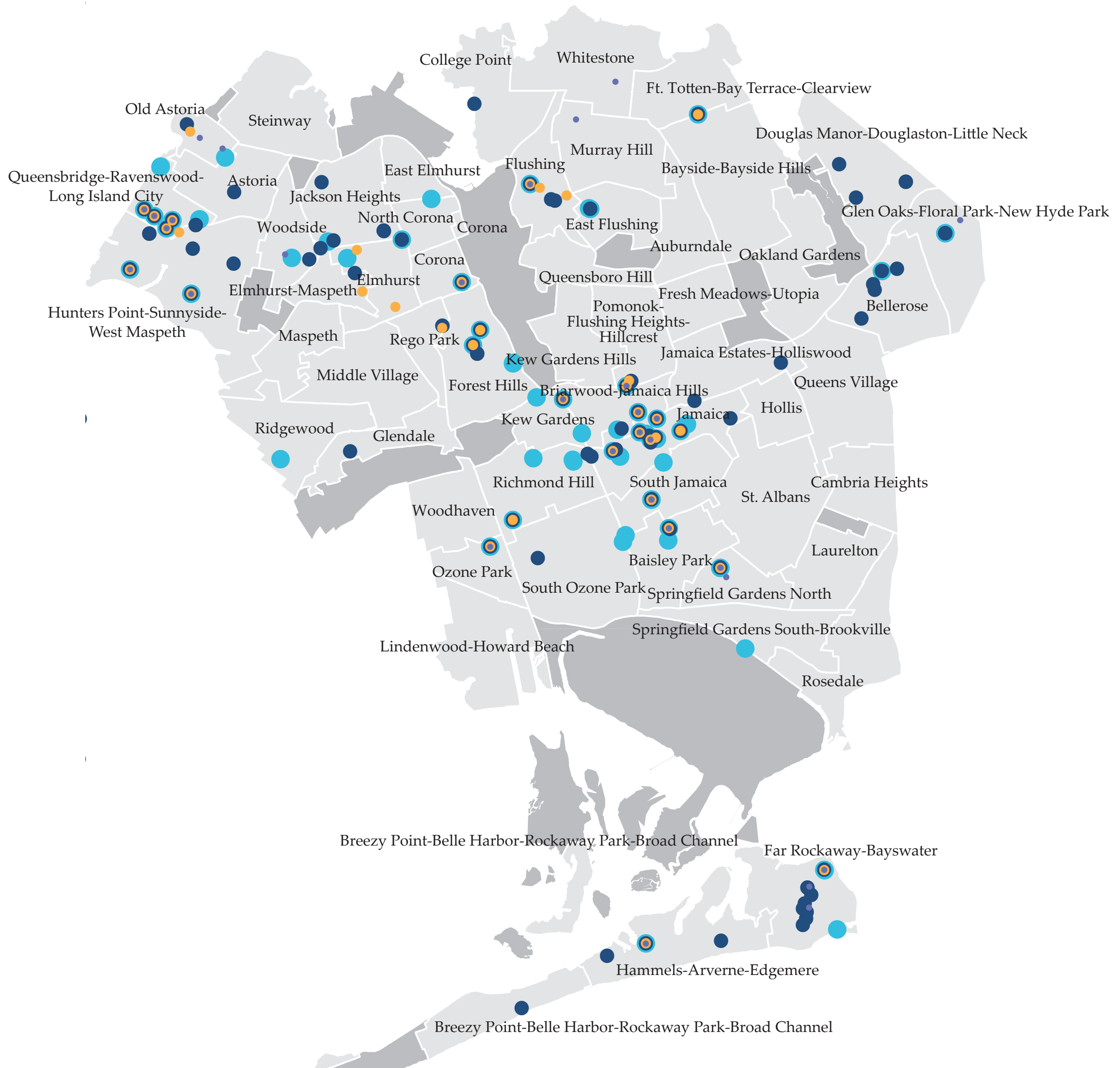
Bronx



Brooklyn

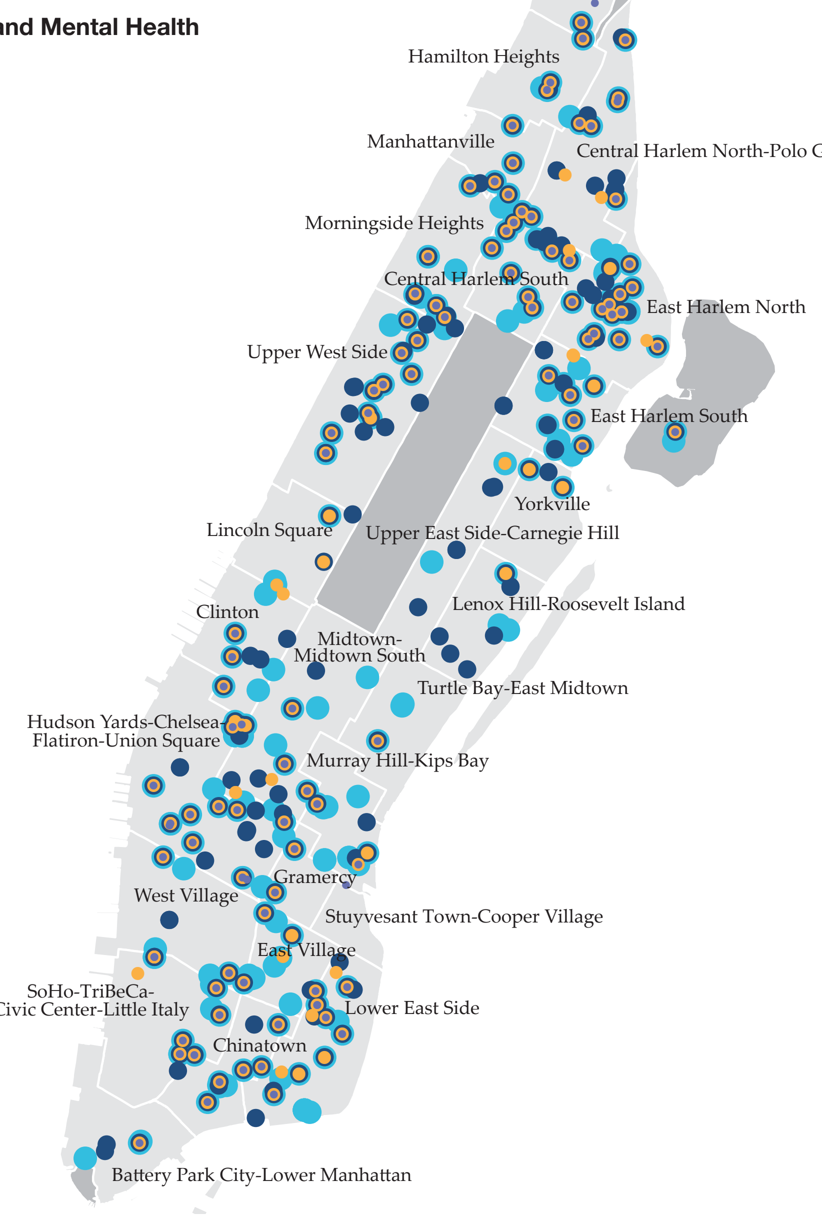


Queens

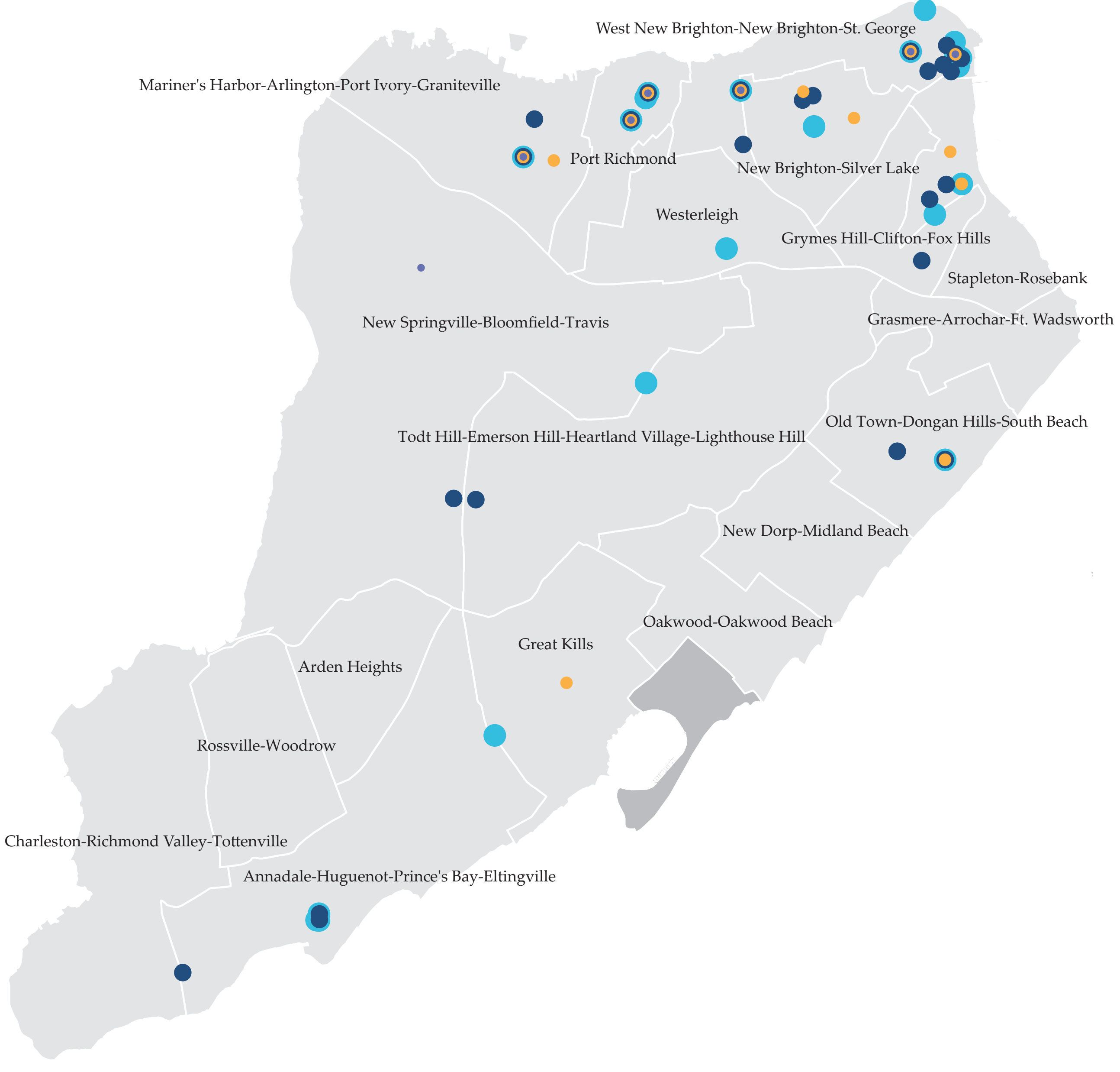


Manhattan

- Substance Use
- Mental Health
- Mix of Substance Use and Mental Health
- General Health



Staten Island



ThriveNYC

150-Day Update

The City of New York
Mayor Bill de Blasio

Chirlane McCray
First Lady of New York City
Board Chair, Mayor's Fund to Advance NYC

Richard Buery
Deputy Mayor for Strategic Policy Initiatives

Mary T. Bassett, MD, MPH
Commissioner
Department of Health and Mental Hygiene

NYC

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Introduction and Summary of Key Milestones

ThriveNYC: An Overview

On November 23, 2015, First Lady Chirlane McCray announced the launch of *ThriveNYC*, a decisive turning point in the way New York City approaches mental health and substance misuse. *ThriveNYC* is an action plan to begin changing the way people think about mental health, and the way City government and its many partners deliver services. It includes 54 initiatives that address the mental health needs of New Yorkers at every stage of their lives. The City is investing $850 million in this work in its first four years.

With *ThriveNYC*, our city is directly addressing a public health crisis that has lurked in the shadows for far too long. At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year. And it's not only adults who are suffering—we also know that 50% of all lifetime cases of mental illness begin by age 14, and 75% begin by age 24.

ThriveNYC puts New York City at the forefront of the movement to develop a comprehensive solution to a pervasive problem. Our work is guided by six key principles:

- **Change the Culture:** Make mental health everybody's business. It's time for New Yorkers to have an open conversation about mental health.
- **Act Early:** Give New Yorkers more tools to weather challenges and invest in prevention and early intervention.

- **Close Treatment Gaps:** Provide New Yorkers in every neighborhood—including those at greatest risk—with equal access to care that works for them and their communities, when and where they need it.
- **Partner with Communities:** Embrace the wisdom and strengths of local communities by collaborating with them to create effective and culturally competent solutions.
- **Use Data Better:** Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by collecting, sharing, and using information and data better.
- **Strengthen Government's Ability to Lead:** Affirm City government's responsibility to coordinate an unprecedented effort to support the mental health of all New Yorkers.

Early Progress

This document is a product of the Mental Health Council, which was charged with releasing an update on *ThriveNYC* within 150 days of the release of the original report. We will chronicle our progress to date, identify our legislative priorities, and document other cross-agency initiatives that will drive mental wellness forward in New York City and beyond. Though not intended to be comprehensive, this update shows that less than six months after the launch of *ThriveNYC*, there is measurable progress toward our goal of creating a city where every New Yorker can thrive.

Looking Forward

That being said, our work has only just begun and will pick up speed as a number of key initiatives launch in the coming months. The "Looking Forward" section of the update outlines the work we've done to build these initiatives, and previews what New Yorkers can expect as these initiatives grow toward full capacity.

Below is a selection of key milestones from *ThriveNYC*'s first 150 days, which we describe in greater detail later in the update.

Change the Culture

Mental Health First Aid: We launched a citywide effort to train New Yorkers in Mental Health First Aid, which teaches people how to help friends, family members, and co-workers who may be suffering. At the end of May 2016, we are ahead of target:

- More than **2,300** New Yorkers trained in how to identify signs and symptoms of mental illness, respond in a crisis, and connect people to treatment.
- **120** instructors completed their training and have begun training others.

Public Awareness Campaign: We are changing the conversation around mental health and helping people and communities take action through a multimedia public education effort.

- **$2-million-dollar** "Today I Thrive" public awareness campaign launched; the subway ads alone are estimated to reach 2 million people.

Crisis Intervention Training: We are working with the NYPD to provide officers with the tools and knowledge they need to de-escalate crisis situations and respond to challenges related to mental health, substance misuse and other disabilities.

- **2,500** NYPD officers trained.

Act Early

Mental Health Clinics in Community Schools: We are establishing Community Schools as trusted places where students can access a wide variety of essential services—including mental health services.

- **37** new clinics opened, with an additional **15** anticipated in the next school year.

School Mental Health Consultants: We are creating a network of Mental Health Consultants who will ensure that every school has access to experts who can help educators meet the needs of their students.

- **23** Consultants hired, with all 100 to be in place by the end of the year.

Newborn Home Visiting Program: We are bringing public health professionals into the homes of new parents to provide education on a range of topics, including child development, secure attachment and bonding, safe sleep practices, and breastfeeding.

- **281** families residing in shelters and raising newborns have been visited by a public health professional.

Creating Awareness about Relationship Equality (CARE): We are teaching healthy relationship skills to teens in foster care.

- **263** young people in foster care and 243 foster care parents and staff have participated in workshops.

Close Treatment Gaps

Maternal Depression: We will screen all pregnant women and new mothers for postpartum depression. If they need help, we will also connect them to appropriate care.

- **29** hospitals responsible for 78% of newborn deliveries in NYC annually have committed to screen all mothers in their care for maternal depression.

Runaway and Homeless Youth Shelters: We will provide mental health services for all young people in Runaway and Homeless Youth Shelters.

- **1,700** mental health interventions have been provided to vulnerable young people, and mental health services are available at all City-contracted sites.

NYC Support: We are creating one central access point for anyone who wants to connect to mental health services.

- Experienced provider selected to manage what will be one of the nation's most comprehensive and accessible systems.
- System is on track to go live in Fall 2016.

Partner with Communities

NYC Mental Health Service Corps: We are embedding mental health professionals in high-need communities at primary care, mental health, and substance use treatment sites.

- **110** Corps members selected, with a total of 125 to be hired by July 2016.

Weekend of Faith for Mental Health: We partnered with houses of worship to spread the word about the importance of talking openly about mental health and seeking treatment.

- **More than 1,000** faith communities representing 250,000 New Yorkers discussed mental health at services on the weekend of May 20-22.

Virtual Learning Center: We are creating a free, online learning center where non-clinicians can go to learn more about mental health and quickly connect to professional resources.

- **50** faith leaders provided feedback on the web-based learning center we're developing.

Use Data Better

Child Health Survey: We collected reliable, representative, citywide data on the health, emotional wellness, and development of children in NYC.

- Completed Child Health, Emotional Wellness and Development Survey (CHEWDS), a cross-sectional survey of more than **3,000** families.

Mental Health Innovation Lab: We are building a resource to support innovation and the use of evidence-based practices among City agencies and our partners.

- The Lab is supporting the roll-out of Connections to Care and Early Years Collaborative by working closely with local groups to close treatment gaps, promote prevention, and use data better.

Strengthen Government's Ability to Lead

Mental Health Council: We are bringing City leaders together to advance mental wellness.

- **20** City agencies collaborating to advance the goals of *ThriveNYC*.

We are grateful to the many partners who helped make these early achievements possible, including the New York City Council, which under the leadership of Speaker Melissa Mark-Viverito has played a crucial role in helping us put *ThriveNYC* into action.

Early Progress

CHANGE THE CULTURE

Changing the culture around mental health is a top priority of *ThriveNYC*. Stigma doesn't only intensify the suffering of mental illness—it also prevents people from seeking the treatment or other supports that can transform their lives. We must replace a culture of shame and punishment with a culture of support. Several *ThriveNYC* initiatives are already advancing this goal.

Mental Health First Aid (MHFA) Training

We wouldn't look the other way if we encountered someone who broke her leg or was suffering from an asthma attack. Unfortunately, that is often what we do when it comes to people who are suffering from a mental illness.

In order to provide New Yorkers with the knowledge and skills they need to help the people in their lives, the City has committed to train 250,000 New Yorkers in Mental Health First Aid (MHFA) over the next five years. At the end of May 2016, we are ahead of target:

- More than 2,300 New Yorkers from all five boroughs have been trained in MHFA, including First Lady Chirlane McCray and Deputy Mayor Richard Buery. The rate of training will ramp up as additional instructors receive their certifications. We are on track and project training a total of 10,500 New Yorkers by the end of 2016.
- 120 instructors have completed the week-long training, received their certification, and begun training others. This puts us on track to reach our goal of training 240 instructors by the end of 2016.
- MHFA training is now available to the public three times per week. All trainings are free, and people can sign up online at nyc.gov/thrivenyc.
- MHFA training is now offered in Spanish. We expect to offer Mandarin trainings by the end of the year.

REAL-LIFE IMPACT

After participating in a Mental Health First Aid (MHFA) training, Amy* reached out to her instructors and thanked them for opening her eyes to the fears that were preventing her from reaching out to her brother, who has a long history of severe mental illness. The training helped Amy let go of her old views and taught her the importance of listening in a nonjudgmental way. In her MHFA course, Amy learned about the importance of self-help and other support strategies that she was able to recommend as a supplement to the professional mental health services her brother is receiving.

***Not her real name**

Excerpt from People.com (2015):

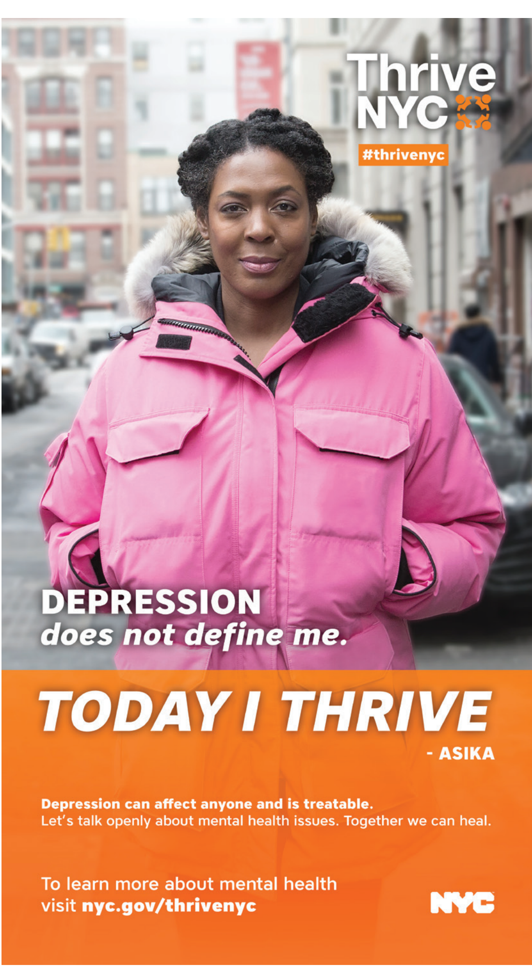
NEW YORK CITY POLICE OFFICER SAVES MAN FROM SUICIDE WITH COMPASSIONATE HUG

Officer Campoverde, who recently completed NYPD's Crisis Intervention Team training which instructs officers on how to recognize signs of mental illness, reached over the railing, grabbed the man's waistband, and pulled him to safety.

He then attempted to calm him down with a heartwarming gesture.

"Is it OK if I give you a hug, do you want a hug?" he asked, according to NYPD News.

After replying yes, the troubled man fell into the officer's arms and began sobbing.



Crisis Intervention Training (CIT)

NYPD officers frequently encounter New Yorkers in need of mental health support. Crisis Intervention Training (CIT) helps officers effectively de-escalate crisis situations and respond to challenges related to mental health, substance misuse, and other disabilities. The City is engaged in a comprehensive effort to train both new recruits and a targeted group of active patrol officers and supervisors in CIT.

In keeping with the Mayor's Task Force on Behavioral Health in the Criminal Justice System Action Plan, the NYPD met its target of training 350 police officers in CIT by Fall 2015, and CIT has been incorporated into the NYPD Training Academy for new recruits. Building on this initial success, approximately 2,500 NYPD officers covering 115 precincts have been trained as of April 2016. Our goal is to train 5,500 officers.

Of the officers who received the training, 97% would recommend the training to their peers, and the media has reported on several cases of CIT-trained officers who helped to save the lives of people in crisis. The Mayor's Office of Criminal Justice and NYPD will conduct a robust evaluation of the training this year.

The Department of Corrections is also committed to providing its staff with the tools they need to address the mental health crisis in our jails. To date, the Department of Corrections has trained 158 Corrections officers and 61 civilians in CIT, and they expect to train 350 staff by the end of 2016.

Public Awareness Campaign

In order to change our city's mindset around the mind, we launched "Today I Thrive," a $2-million-dollar ad campaign to raise awareness among New Yorkers about the prevalence of mental illness and the growing availability of effective treatment. The campaign—which includes TV, newspaper, social media, bus shelter, and subway ads, and palm cards in 11 languages—highlights the stories of people who are living full lives while managing a mental health condition. The subway ads alone are estimated to reach 2 million people.

Our goal is to help more New Yorkers understand that seeking help is an act of strength, not weakness. As a brave New Yorker named Bernard explains in his video, "It's up to you to admit you need help. And when the help comes, grab it and things will change."

ACT EARLY

Acting early is about helping New Yorkers develop their emotional fitness. As more of us learn positive coping skills, fewer of us will develop mental illness, and those who do will recover more quickly and completely.

We are investing in prevention and early intervention for all New Yorkers, with a special focus on our youngest citizens. In order to safeguard the future of our children, we must act early and make sure they are getting the mental health support they need, as soon as they need it. As First Lady Chirlane McCray likes to say, it is easier to grow strong children than to repair broken adults.

23 Mental Health Consultants and 6 Field Supervisors are now serving 210 schools.

Mental Health Consultants Serving All Schools

While different schools have different levels of need when it comes to mental health, our Mental Health Consultants program was designed to ensure that every school has access to experts who can help educators meet the needs of their students. For the approximately 900 school campuses that do not currently have a Mental Health Clinic or other mental health resources, we are connecting them to Masters-level Mental Health Consultants. They are conducting needs assessments and facilitating training, linkages, and referrals to City and community-based mental health resources that are specially tailored to each school.

By the end of May, 23 Consultants and 6 Field Supervisors were operational and will serve 210 schools. By September, we aim to hire 40 more Consultants who will serve an additional 350 schools. We are on track to reach our total goal of hiring 100 Consultants and providing service to the remaining 340 schools by the end of 2016.

37 new Mental Health Clinics opened in Community Schools.

Mental Health Services in All Community Schools

We have opened 37 new Mental Health Clinics in Community Schools, and we plan to open an additional 15 in the next school year. We assessed the mental health needs of all 130 Community Schools—94 of which are also Renewal Schools—to ensure that every single one offers mental health services.

281 families

received educational support from the Newborn Home Visiting Program.

Expansion of Newborn Home Visiting Program

The Newborn Home Visiting Program brings public health professionals into the homes of new parents to provide education on a range of topics, including child development, secure attachment and bonding, safe sleep practices, and breastfeeding. The professional also connects families to community resources and can screen mothers for depression. We have expanded the program to reach women and families in homeless shelters located in Brooklyn, Queens, Staten Island, Manhattan, and the Bronx. Since expanding into the shelter system, the program has successfully provided education and connections for an additional 281 families, and we anticipate being able to support 1,600 families living in shelter in 2017.

Relationship Counseling for All Foster Care Teens

The Creating Awareness about Relationship Equality (CARE) initiative teaches healthy relationship skills to teens in foster care so they will be better prepared to prevent, recognize, and respond to dating violence. Since launching in February, we have hosted CARE workshops for 263 young people and 243 foster care parents and staff. Our ultimate goal is to annually train 5,000 young people and 900 foster care parents and staff.

REAL-LIFE IMPACT

Newborn Home Visiting Program

When Natalie* moved into a Queens shelter with her baby boy, she did not have a crib for him. When a public health professional from the Newborn Home Visiting Program learned that the baby was still sleeping in a car seat, she provided Natalie with both a crib and education on safe sleep practices.

***Not her real name**

CLOSE TREATMENT GAPS

In order for New York City to thrive, we must expand access to care. But availability of care is not the only gap that needs to be closed. We are also working to close gaps in quality, cultural competence, language diversity, and targeting resources to those New Yorkers who need help most.

Maternal Depression Learning Collaborative

The City of New York is committed to screening all pregnant women and new mothers for postpartum depression. If they need help, we will also connect them to appropriate care.

Our first step was bringing hospital systems on board. This effort is being led by NYC Health + Hospitals, the Greater New York Hospital Association, and Maimonides Medical Center. So far, 29 hospitals representing 78% percent of all births in New York City have joined the effort. Launched in February 2016, our goal is to screen and treat all pregnant mothers in their care by the end of 2017.

Early Child Treatment Capacity Expansion

This July, the NYC Department of Health and Mental Hygiene (DOHMH) will launch a network of seven early childhood mental health therapeutic centers to serve young children who are attending an EarlyLearn Center or Pre-K for All program and have serious mental health needs. The network will be supported by a technical assistance center and citywide training program for clinic providers. We anticipate serving approximately 4,200 people each year. This represents a major expansion of the City's capacity to identify and treat children from birth to five years old who are experiencing mental health challenges.

Mental Health Services for All Youth in Runaway and Homeless Youth Shelters

As part of *ThriveNYC*, the Department of Youth and Community Development has administered more than 1,700 mental health interventions to young people in their Runaway and Homeless Youth system. These acts include psychological evaluations, service referrals, and individual and group therapy. Mental health services are available to all youth at all contracted sites. A breakdown by program area:

- Transitional Independent Living Programs: 465 interventions
- Drop-In Centers: 600 interventions
- Crisis Shelters: 719 interventions

REAL-LIFE IMPACT

Services for Youth in Shelters

Alex* is a young person who was no stranger to trauma when he first came to one of the City's Runaway and Homeless Youth centers. While he enjoyed therapy, he often missed his sessions, and his mental health care was interrupted when he was incarcerated. But after leaving jail in Spring 2015, the center's mental health team was able to engage Alex with increasing consistency. By February 2016, he was regularly seeing a psychiatrist, therapist, and art therapist. Together, they explored how childhood trauma led to his aggressive and unpredictable behaviors. A few months later, he moved into a transitional house and is now working a part-time job for the first time in more than a year. Alex continues to receive mental health services and has developed close relationships with the members of his mental health team.

***Not his real name**

PARTNER WITH COMMUNITIES

Mental health is a deeply personal issue, and when people are ready to seek help they often turn to the people and places they are closest to, both emotionally and geographically. A key element of *ThriveNYC* is building strong communities, and helping people develop social ties and participate in activities that promote mental health, social trust, and resilience.[1] This means connecting neighborhood residents, non-profit organizations, social centers, and local leaders with government agencies and health and mental health professionals. When these stakeholders work together to strengthen the well-being of a community, the result is often happier and healthier residents—because we know that mental health and civic health are closely related.

NYC Mental Health Service Corps

People are far more likely to ask for help if they are in a place they feel comfortable, and if they can talk to people they trust. Our Mental Health Service Corps is an unprecedented effort to deploy close to 400 clinicians to substance use disorder programs and mental health clinics, and especially primary care practices in high-need neighborhoods throughout the city. We are currently recruiting a diverse group of physicians and recently-graduated Doctoral and Masters-level clinicians to join the Corps.

We will bring the Corps to full capacity over the next three years. So far, we have hired 110 Corps members, putting us on track to reach our Year One target of 125. We plan to launch the Corps in July 2016.

Connections to Care

Connections to Care (C2C) is an innovative, $30-million-dollar effort to bring mental health resources to community-based organizations that already provide other needed services to New Yorkers. We have selected 15 community-based organizations to partner with us on this initiative. They provide services ranging from daycare to workforce development, and reach people across all five boroughs. Each organization will bring in experts from their partner institutions to train and mentor their staff members on addressing mental health needs of low-income New Yorkers. The training will cover:

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1 Tebes, J. K., Matlin S. L., Hunter B., Thompson A. B., Prince D. M., & Mohatt, N. (June 2015). Porch Light Program - Final Evaluation Report. Retrieved from consultationcenter.yale.edu/Porch_Light_Program_Final_Evaluation_Report_Yale_June_2015_218966_1095_5.pdf

- How to identify people in vulnerable populations who might be suffering from a mental health condition
- How to provide help and use basic counseling and support skills
- How to connect people to appropriate ongoing treatment

By early 2017, C2C will have trained approximately 600 staff members at community-based organizations and served approximately 9,000 participants. We plan to serve 40,000 New Yorker over five years.

Weekend of Faith for Mental Health

Clergy members are on the front lines of the mental health crisis, and we have worked closely with them throughout the development and implementation of *ThriveNYC*. During the weekend of May 20-22, more than 1,000 faith communities representing a quarter of a million New Yorkers and a broad spectrum of religions participated in the City's first-ever Weekend of Faith for Mental Health. At mosques, churches, synagogues, and temples throughout the city, New Yorkers spoke about the importance of sharing our stories, helping those who are struggling with mental illness, and seeking treatment if we are in need. First Lady Chirlane McCray, Deputy Mayor Richard Buery, other senior City Hall staff, and City Commissioners visited congregations to help spread the word.

NYC's first-ever Weekend of Faith for Mental Health (top, bottom)

Credit: Mayoral Photography Office

Credit: Mayoral Photography Office

Early Years Collaborative

Multiple City agencies are working with more than 40 community-based organizations in the South Bronx and Brownsville to implement the Early Years Collaborative (EYC). The aim of EYC is to work with local groups to launch interventions that promote early childhood success and bonding, which are key features for long-term mental health and resilience. EYC is currently focusing on Healthy Pregnancy, School Readiness, and Secure Attachment. While still in the implementation phase, we are making great progress on community outreach. By Fall 2016, we will have collected a significant amount of community data that will inform EYC's interventions.

Workforce Summit

On May 25, we convened a full-day Workforce Summit to propose and develop shared solutions to these challenges. Advocates, academic experts, leaders of health systems and insurance plans, trainers, and representatives from our colleges and universities came together to discuss how we can work together to create the mental health workforce our city deserves, with a focus on four key objectives:

- Identify and act on strategies that help health and mental health professionals: (1) implement and lead collaborative models, and (2) coach and support task-shifted roles.
- Diversify the field by creating strategies to attract and recruit a workforce that is more ethnically and socio-economically representative.
- Develop standardized workforce data that can be collected and analyzed on a regular basis.
- Facilitate the growth and optimized use of task-shifted roles and careers, such as community health workers and peer counselors.

Workforce Summit on May 25

Credit: Mayoral Photography Office

USE DATA BETTER

For all that we know about how to prevent and address mental illness, there are still just as many—if not more—questions that need to be answered for *ThriveNYC* to succeed. We will invest in getting better data—both traditional surveillance methods and innovative tools such as crowd-sourcing—to measure our progress and determine where we need to focus our future efforts. We will also help other stakeholders use data better and adopt proven methods.

Mental Health Innovation Lab

The City is establishing a Mental Health Innovation Lab that will help drive the use of evidence-based best practices, test new strategies and interventions, and ensure that data is put to work on behalf of efforts to create real change for New Yorkers. The Lab is currently supporting the roll-out of Connections to Care (C2C) and the Early Years Collaborative (EYC).

- **C2C:** The Lab is working with the NYU McSilver Institute, RAND Corporation, and NYC Center for Economic Opportunity to help C2C grantees use data and quality improvement methods to optimize their projects.
- **EYC:** In cooperation with the Institute for Healthcare Improvement, DOHMH Division of Family and Child Health, and NYC Administration for Children's Services, the Lab is leading a Learning Collaborative of more than 40 community-based-organizations in the South Bronx and Brownsville in an effort to craft, test, and adopt initiatives that improve childhood well-being and parental attachment.

Child Health Survey

DOHMH completed the Child Health, Emotional Wellness and Development Survey (CHEWDS), a new cross-sectional survey of more than 3,000 families. CHEWDS collected reliable, representative, citywide data on the health, emotional wellness, and development of children ages 12 and younger living in New York City, including their service usage and needs. For instance, we found that 11% of NYC children aged 3 to 12 displayed emotional and behavioral problems. We also identified differences in prevalence across race/ethnicity and socioeconomic status. These findings will inform our child-focused initiatives. DOHMH is currently disseminating the findings to public health professionals and the general public.

School Mental Health Survey

The Department of Education completed a comprehensive survey of the availability of school mental health programs and resources. More than two-thirds of all schools participated in the voluntary survey, which will be used to help schools meet the mental and behavioral health needs of their students.

STRENGTHEN GOVERNMENT'S ABILITY TO LEAD

Mental Health Council

Mayor Bill de Blasio permanently established the NYC Mental Health Council in March 2016, bringing together 20 City agencies to work collaboratively on advancing mental wellness and managing *ThriveNYC* initiatives. The Council meets quarterly and serves as a key vehicle for sharing different perspectives, breaking down silos, and harnessing resources from multiple agencies to achieve common goals. At an initial meeting, the Council agreed upon three cross-agency objectives:

1) Build a Culture for Mental Health: The establishment of the Council represents a major step forward in our effort to make sure promoting mental wellness remains a top citywide priority. The diverse responsibilities of the agencies—including education, economic security, public safety, and child welfare—recognizes that every sector in our city has a role to play in creating communities and conditions that promote mental health.[2]

2) Improve the Workforce: Our city's workplaces—and the people who work in them—have a major role to play in promoting mental health.

Healthy Workplaces: Given how much time New Yorkers spend at work, it is imperative that employers prioritize the mental health of their employees. As NYC's largest employer, City government will lead the way by taking concrete steps to make our workplaces more mental health-friendly.

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2 Botezat I., Campion R. J., Garcia-Cubillana E. P., Guðmundsdóttir D. G., Halliday W., Henderson N., et al (December 2015). Joint Action on Mental Health and Well-being, Mental Health in all Policies: Situation analysis and recommendations for action. Retrieved from http://www.mentalhealthandwellbeing.eu/assets/docs/publications/MHiAP%20Final.pdf

Task-Shifting: Task-shifting is the idea that many types of care, prevention, and promotion initiatives can be provided, at least in part, by a range of non-specialists, including peers, family, and co-workers who are supported by specialized providers. City agencies will put this concept to work by training their staff members on the tools and skills they need to help New Yorkers who are dealing with a mental health issue.

Cultural Competence: In order to improve the workforce, we must also make sure it is as diverse as the city itself. That means recruiting New Yorkers from many different cultures so people can speak with someone who is fluent in their first language and understands where they're coming from.

3) Address Substance Misuse: The Council and the agencies it represents will play a central role in connecting New Yorkers to substance misuse information and proven harm reduction and treatment resources. These include both traditional counseling and life-saving tools like naloxone, which can prevent opioid overdose deaths. Today, thanks to a standing order issued by the Commissioner of Health, naloxone is available for purchase by any New Yorker at more than 690 pharmacies across the city. Interagency cooperation was also essential to the City's successful effort to combat the dangerous drug known as "K2," which resulted in an 85% decline in synthetic cannabinoid-related emergency department visits between July 2015 and May 2016.

Moving forward, the Council will consider other opportunities to put the combined impact, authority, and reach of City agencies to use in the fight against substance misuse in New York City.

PROMOTE FEDERAL AND STATE LEGISLATION TO SUPPORT THRIVENYC GOALS

In order to achieve our ambitious goals and create long-term systems change, the City must partner with leaders in Albany and Washington, DC, to secure new resources and policies that will bring about better and more innovative care that is aligned with the six guiding principles of the Roadmap. As a national leader on mental health issues, New York City is also embracing this opportunity to rally support behind legislation that will benefit the entire country.

State Policy Recommendations

Recommendation: Improve Access to Screening and Treatment for Maternal Depression

Maternal depression screening and referral to treatment is essential to improving the health of both mother and child. Earlier this year, the United States Preventive Services Task Force issued a recommendation that women should be screened for maternal depression during pregnancy and after giving birth. In order to achieve this recommendation, it is critical that Medicaid policy permit infant health care providers to bill maternal depression screening to an infant's Medicaid plan, either by adding maternal depression screening to Medicaid's Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) benefit, or by some other mechanism.

The City supports the New York State Department of Health's recent policy to provide Medicaid coverage for postpartum maternal depression screenings conducted by maternal health care providers and infant health care providers. However the benefits of implementation will not be realized without an additional billing policy change that would enable pediatric care providers to screen all mothers for maternal depression regardless of their Medicaid coverage, and provide confidentiality safeguards for these women.

We support state legislation that expands women's access to maternal depression screening.

We strongly recommend that maternal depression screening be incorporated into the EPSDT benefit, or that changes be made that will permit infant health care providers to bill the infant's Medicaid for maternal depression screening performed during the pediatric visit. Other jurisdictions, including Illinois, Virginia, Minnesota, North Dakota,

and Colorado, have already done so. This policy change will both enable and encourage infant health care providers to screen all Medicaid-eligible mothers for maternal depression during the pediatric visit, regardless of their Medicaid coverage.

Additionally, the Mental Health Council supports two pieces of proposed State legislation that would require maternal health care providers to offer a maternal depression screening for every pregnant woman and new mother.

Recommendation: Expand Telepsychiatry Services

Telepsychiatry is an invaluable tool that allows mental health professionals to provide critical services via videoconferencing to people who cannot access treatment in person for a variety of reasons, including mobility challenges, limited local options, or the stigma of being seen asking for help. As of January 2016, New York State Office of Mental Health (OMH) regulations allow for the use of telepsychiatry in OMH-licensed clinic programs to a patient at a distant location. However, both the patient and the clinician must be physically located at licensed clinics.

The City commends the State for recognizing telepsychiatry as an important treatment resource. We recommended the law be expanded to take fuller advantage of this tool.

- **Expand the range of licensed clinicians who can provide Medicaid-funded telepsychiatry services to include clinical psychologists, licensed clinical social workers, and licensed family therapists.** Telepsychiatry offers an opportunity to improve access to not only psychiatry, but also other mental health services such as talk therapy, which is often the form of treatment that clients prefer. This expansion would make it easier for people in underserved communities—for instance, Chinese New Yorkers who speak Mandarin—to get help.
- **Expand the range of locations where New Yorkers can receive telepsychiatry to include rehabilitation programs and homes.** This change should be coupled with privacy and emergency provisions to ensure the safety of patients.

With these expansions, telepsychiatry will be better positioned to fulfill its promise of helping people stick with their treatment and reducing costs related to preventable hospitalizations and emergency room visits.

Federal Policy Recommendations

In May 2016, First Lady Chirlane McCray traveled to Washington, DC, and encouraged Congressional leaders to pass The Recovery Enhancement for Addiction Treatment (TREAT) Act and the Mental Health Reform Act, both of which would make it easier for New York City to build on our initial successes.

Recommendation: Expand Access to Buprenorphine

Over the last decade, more than 7,000 New Yorkers have died as a result of an opioid overdose.

And for every opioid-related death, hundreds more New Yorkers are misusing these powerful drugs. What makes every life lost to opioids especially tragic is that we have access to medications that can help people recover. These include buprenorphine, which stops cravings and prevents withdrawal symptoms. Unlike methadone, another effective medication for the treatment of opioid use disorders, buprenorphine can be prescribed in primary care settings.

The City has already made a commitment to train at least 1,000 new providers to prescribe buprenorphine. But we could do even more with the passage of the TREAT Act, which would ease counterproductive restrictions and greatly expand the use of this lifesaving drug. Right now, federal law only allows certified physicians to prescribe buprenorphine. This shuts out nurse practitioners and physician assistants, who can prescribe virtually all other medications. Federal law also limits the number of patients a certified physician can treat. The TREAT Act proposes to change these limits in order to expand access to this lifesaving treatment.

Under the TREAT Act, the first-year patient limit for certified doctors would be lifted from 30 to 100 patients, and in subsequent years they could treat an unlimited number of patients. The TREAT Act would also allow nurse practitioners and physician assistants to administer buprenorphine.

Recommendation: Pass the Mental Health Reform Act of 2016

The Mental Health Reform Act will improve and modernize how the federal government allocates mental health funding and expand access to high-quality, evidence-based care, making it easier for the City and our partners to bring resources to the people who need them most, including new mothers and people who don't have a place to live. We are especially supportive of the Act's measure to bring mental health services into primary care locations, which will go a long way toward breaking down the wall between physical and mental health.

Looking Forward

In our first 150 days, we have laid the groundwork for a number of major initiatives that will build on our initial progress and bring the promise of *ThriveNYC* to many more New Yorkers.

NYC Support

Finding the right mental health services can be a complicated and time-consuming effort. All too often, people give up or don't even try because they can't figure out the system on their own. That's why we are launching NYC Support, an improved, expanded and centralized resource for New Yorkers searching for mental health support.

NYC Support will be the place to turn for anyone seeking mental health services, similar to how 311 serves as a single access point for City services. But we will not only guide people to resources—we will also follow up to make sure they're actually getting the help they need.

NYC Support is on track to go live in October. In April 2016, we announced that the Mental Health Association of New York City will serve as our primary partner in this effort. The Association is also bringing on Beacon Health Options, Crisis Text Line, NAMI-NYC Metro, and Community Access to support their work.

NYC Support will:

- Allow New Yorkers to speak with a certified peer specialist who can support those struggling with mental health challenges.
- Allow New Yorkers to connect with mental health resources via text messaging and the web.
- Provide ongoing non-crisis counseling, such as follow-up phone sessions.
- Provide follow-up support through phone calls or texts designed to connect NYC Support users with the care they need.
- Provide more comprehensive crisis intervention, suicide prevention, and follow-up services for individuals who are at risk of suicide.

NYC Support will be available in Spanish, Mandarin, and Cantonese, and will have access to interpretation services for the 150 most commonly spoken languages.

Social-Emotional Learning

Social-Emotional Learning (SEL) teaches students how to build healthy relationships, handle conflict, and make good choices. These skills are the foundation of a healthy and productive life, and we need to start teaching them to our children as early as possible. That's why the City is expanding SEL supports in early childhood education and care settings. Beginning in Fall 2016, the Department of Education and Administration for Children's Services will train and support 9,000 teachers, assistants and school leaders across all Universal Pre-K and EarlyLearn sites on how to use SEL skills in the classroom, and how to engage families as teaching partners.

Virtual Learning Center for Community-Based Organizations

The City is developing a free, universally-available online learning center where non-clinicians can go to learn more about mental health and connect to professional resources. Our goal is to provide useful tools and knowledge to people who are already working with New Yorkers facing mental health and substance misuse challenges. Our initial audience will be clergy and leaders in our immigrant communities. DOHMH has been meeting with potential users to make sure the Center reflects their priorities. The Center is scheduled to go live in Fall 2016.

Geriatric Mental Health in Senior Centers

Mental illness knows no boundaries, including age. Our eldest citizens, especially those who are socially isolated, are at an increased risk for depression and suicide. That is why the NYC Department for the Aging (DFTA) will place a Licensed Clinical Social Worker or a professional with similar skills in up to 25 of our largest senior centers. We will roll out this program by July 2016 and expect to reach approximately 3,750 people annually. If the initiative proves successful, we will consider bringing it to other centers.

Veterans Outreach Team Expansion

New York City is home to 230,000 veterans, nearly a quarter of whom have a probable diagnosis of post-traumatic stress disorder and/or major depression. While many services are available to those in need, more than 40% percent of veterans in New York City report being unaware of what help is available, or uncertain about how to navigate the systems that provide assistance.

We must do more to help those who have sacrificed so much to keep us safe—and we will. By the end of 2016, we will launch a NYC Veterans Outreach Team that will help veterans navigate the mental health system and connect with care, with a focus on prevention and early intervention. This work is a collaboration between the Mayor's Office and the newly created Department of Veterans' Services.

Conclusion

The full measure of a major public health campaign can only be taken after years or even decades of sustained effort. That being said, a small snapshot can yield big insights into where a movement is headed, and how quickly it's traveling toward its destination. By virtually any measure, at the 150-day mark *ThriveNYC* is on track and gaining speed.

More New Yorkers are sharing their mental health stories.

More resources are available in those neighborhoods that need them most.

More police officers have the specialized knowledge they need to confidently engage people struggling with mental illness.

More students won't have to leave their school to talk to a mental health professional.

And that's just the beginning—looking forward, there is so much more to come.