

Committee on Mental Health, Disabilities, and Addiction

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COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND ADDICTION

Hon. Diana Ayala, *Chair*

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Oversight: ThriveNYC, a Three Year Update

I. Introduction

On February 27th, the Committee on Mental Health, Disabilities, and Addiction, chaired by Council Member Diana Ayala, will hold an oversight hearing on ThriveNYC: a Three Year Update. Among those invited to testify are the New York City Department of Health and Mental Hygiene (“DOHMH”), advocates, and other interested parties.

II. Background: Mental Healthcare Landscape in New York City

The transformation of mental healthcare in New York City has evolved in tandem with the broader evolution of behavioral healthcare policy models in the United States. From the founding of Bellevue Hospital with its first public “pavilion for the insane” in 1879 and the first alcoholic ward in 1892, New York City has served as “a major incubator” for innovative public behavioral healthcare delivery.¹

With the advent of the 1890 State Care Act, New York State placed all responsibility for the care and treatment of those suffering from mental disorders into the hands of state government.² The New York State Department of Mental Hygiene (DMH) was created in 1926, and by 1949 New York State psychiatric institutions included twenty-seven facilities with the state’s inpatient census among the largest in the nation.³ The New York State Mental Health Commission (SMHC) in 1949 was charged with the creation of a master plan for all state mental health programs and in the face of escalating costs, the New York State Community Mental Health Act (CMHSA) was passed in hopes of increasing access to less expensive care in community-based settings.⁴ In addition to the fiscal concerns of providing care in an institutional setting, global mental health

¹ “Bellevue Hospital Celebrates 275th Anniversary,” New York City Health and Hospitals (2011), available at <https://www.nychealthandhospitals.org/pressrelease/bellevue-hospital-celebrates-275th-anniversary/>.

² “Mental Health in New York State 1945-1998: An Historical Overview,” New York State Department of Education Archives, Publication Number 70, p.2 (1998), available at http://www.archives.nysed.gov/common/archives/files/res_topics_health_mh_hist.pdf.

³ *Id.*, at 7.

⁴ *Id.*, at 8.

conferences in the early 1950's began to argue that "involuntary commitment and institutional regimentation, no matter how gentle, robbed patients of decision-making abilities and other skills needed to function in society."⁵

According to the New York Times, "as tranquilizers became the panacea for the mentally ill, state programs were buying them by the carload and sending drugged patients back into the community [and] psychiatrists never tried to stop this."⁶ As a result, "the discharge of mental patients from in-patient facilities accelerated in the late 1960's and 1970's as health policy experts and public officials carried out a public mandate to "abolish the abominable conditions" of what were referred to as "insane asylums."⁷ Whereas, "drugs got people back into the community," there was often a lack of planning that forgot to include "a place to live and someone to relate to ... the result was like proposing a plan to build a new airplane and ending up only with a wing and a tail."⁸ Congress and state governments did not create a complete community mental health program that, in addition to the centers, allowed for adequate staffing and long-term financial supports for behavioral healthcare services.⁹

As deinstitutionalization efforts continued into the 1990's and 2000's—increasingly driven by managed healthcare systems—poor planning and flawed execution often marred the process of providing a safe, healthy and successful patient transition back into society.¹⁰ Under, the "Transformation Plan" for New York State's Office of Mental Health (OMH), Governor Andrew Cuomo sought to reduce the average daily census and total number of beds in New York State

⁵ *Id.*, at 9.

⁶ "How Release of Mental Patients Began," *The New York Times*, October 30, 1984, available at <https://www.nytimes.com/1984/10/30/science/how-release-of-mental-patients-began.html>.

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ "Systems Under Strain: Deinstitutionalization in New York State and City," *Manhattan Institute Report*, November 28, 2018, available at <https://www.manhattan-institute.org/deinstitutionalization-mental-illness-new-york-state-city>.

psychiatric centers by relying more on community out-patient mental health services in hopes of providing better care at lower costs.¹¹

Key findings of the report revealed:¹²

- Non-forensic state psychiatric centers in New York City lost about 15% of their total adult bed capacity during 2014–18, while the average daily census declined by about 12%.
- During 2015–17, the number of seriously mentally ill homeless New Yorkers increased by about 2,200, or 22%. In response, City government opened six new dedicated mental health shelters between Fiscal Year (FY) 2014 and FY 2018.
- Spending on such shelters, which numbered 28 as of the end of FY 2018, has grown every year since FY 2014 and currently stands at about \$150 million. There are more beds in mental health shelters in New York City than the combined total of adult beds in state psychiatric centers and psychiatric beds in NYC Health + Hospitals facilities.
- The number of “emotionally disturbed person” calls responded to by the New York City Police Department (NYPD) has risen every year since 2014. The number of seriously mentally ill inmates in New York City jails is now higher than in 2014.
- Both state- and citywide, more psychiatric-care beds are located in general hospitals than in the traditional network of state psychiatric centers. But due to the financial pressures that many general hospitals face, they are unlikely to expand their systems of inpatient psychiatric care, and some have already reduced capacity.

¹¹ “Statewide Comprehensive Plan, 2016-2020,” New York State’s Office of Mental Health (OMH), p. 50, available at <https://www.omh.ny.gov/omhweb/planning/docs/507-plan.pdf>.

¹² *Id.*

- Rikers Island is now counted as one of the three¹³ largest providers of psychiatric care in the Country with approximately 40% of its population diagnosed with a mental illness and 10% of diagnosed with serious mental illness.¹⁴

While the City, State, and Federal government all continue to allocate resources and capital to mental healthcare throughout the Country, there is still a long way to go in understanding and treating mental health issues, and the City continues to look for ways to be innovative leaders in this area.

III. ThriveNYC

Background, Structure, and Programs

Mayor Bill de Blasio and First Lady Chirlene McCray first announced ThriveNYC in 2015, describing the initiative as a “Mental Health Roadmap for All.”¹⁵ The plan identifies 54 initiatives, 31 of which were already in existence prior to the announcement of Thrive.¹⁶ The plan also includes “six principles” to achieve long-term change:¹⁷

- **Change the culture** by making mental health everybody’s business and having an open conversation about mental health.
- **Act early** to prevent, intervene more quickly and give New Yorkers more tools to weather challenges.

¹³ The other two facilities are also not hospitals or clinics but jails – the LA County Jail in Los Angeles and the Cook County Jail in Chicago.

¹⁴ “Shutter Island: At Rikers, People With Mental Illness Fall through the Cracks Over and Over Again,” *The Daily News*, April 8, 2018, available at <https://www.nydailynews.com/opinion/shutter-island-rikers-fails-mentally-ill-article-1.3919307>.

¹⁵ “Mayor de Blasio, First Lady McCray Release ThriveNYC: A Mental Health Roadmap for All,” Office of the Mayor, November 23, 2015, available at <https://www1.nyc.gov/office-of-the-mayor/news/873-15/mayor-de-blasio-first-lady-mccray-release-thrivenyc--mental-health-roadmap-all#0>. ThriveNYC is not an organization or agency, since the First Lady is not permitted to hold a paid position under the City Charter’s Conflicts of Interest provisions (NYC Charter, § 2602).

¹⁶ *Id.*

¹⁷ *Id.*

- **Close treatment gaps** by providing equal access to care for New Yorkers in every neighborhood.
- **Partner with communities** to embrace their wisdom and strength and to collaborate for culturally competent solutions.
- **Use data better** to address gaps and improve programs.
- **Strengthen government’s ability to lead** by coordinating an unprecedented effort to support the mental health of all New Yorkers.

Each of the 54 ThriveNYC initiatives is housed under one of the six stated principles in the following structure:

I. CHANGE THE CULTURE

1. Mental Health First Aid
2. Public Awareness Campaign
3. Crime Victim Assistance Program
4. Crisis Intervention Teams Training
5. Diversion Centers
6. Roadmap Website and Program Finder (Now NYC WELL Search Tool)
7. School Climate

II. ACT EARLY

8. SEL: Trauma Smart SEL, Pre-K Thrive SEL and Early Childhood Mental Health Network
9. School MH Prevention and Intervention Program
10. School Mental Health Consultant Program
11. Community School Mental Health Program
12. Universal School Training Programs
13. Talk to Your Baby
14. Expansion of Newborn Home Visiting Program
15. Mental Health Service Coordination in All Contracted Family Shelters
16. Attachment and Biobehavioral Catch-Up
17. Trauma Services for Families with Young Children
18. Creating Awareness about Relationship Equality (CARE) Initiative
19. Healthy Relationship Academy Workshops at Community Schools

III. CLOSE TREATMENT GAPS

20. Maternal Depression Screening
21. NYC Well
22. Peer Specialist Training

23. CUNY Digital Platform
24. VetsThriveNYC (Core4)
25. VetsThriveNYC (Holistic Treatment Fund)
26. Mental Health Workforce Summit
27. Expanding Access to Buprenorphine Treatment in Primary Care Settings
28. Expanding Access to Naloxone
29. NYC Safe
30. Clinical Services for Runaway and Homeless Youth
31. Reduce Violence and Address Treatment in the City's Jails
32. Cognitive Behavioral Therapy Plus
33. MH and SA for Youth in Rikers
34. Expansion of Mental Health Services at the Family Justice Centers
35. Geriatric Mental Health Initiative
36. Integrated Brief Intervention for Substance Misuse at STD Clinics
37. Expand and Enhance Discharge Planning Services

IV. PARTNER WITH COMMUNITIES

38. Mental Health Service Corps
39. Virtual Learning Center
40. Friendly Visiting Program for Seniors
41. Early Years Collaborative
42. Connections to Care
43. Mental Health Weekend of Faith
44. Employment Opportunities for Individuals with Developmental Disabilities

V. USE DATA BETTER

45. Mental Health Innovation Lab
46. Citywide School Needs Assessment of Mental Health Services
47. Evaluate Existing Assertive Community Treatment Teams
48. Ensure the City Uses Jail and Diversion Programming Effectively
49. Evaluate the Child Health, Emotional Wellness, and Development Survey

VI. POSITION GOVERNMENT TO LEAD

50. Mental Health Council
51. CitiesThrive
52. Community Services Board
53. NYC 15/15 Supportive Housing
54. Advocacy around Medicaid Managed Care

ThriveNYC initiatives aim to provide direct services and trainings across all five boroughs, across multiple agencies, and working with various community partners to achieve its six principles, though there is a great deal of opacity surrounding the relationship between the programs, how community partners are selected, and how the roadmap is structured and funded.

*Finances*¹⁸

At the time of announcement, First Lady McCray developed a partnership between the Mayor's Fund to Advance New York City, the Department of Health and Mental Hygiene (DOHMH), and the Fund for Public Health in creating a roadmap for a more inclusive mental health system in New York City. The roadmap was unveiled in November 2015, with funding and programs reflected in the City's budget at the release of the Fiscal 2017 Preliminary Budget in January 2016. At its launch, ThriveNYC's stated goal was to spend \$850 million over four years.

At the adoption of the Fiscal 2017 Budget, the City allocated over \$300 million dollars over the span of four years. The four-year budget (Fiscal 2016 through 2019) for ThriveNYC totals \$818 million, \$485 million of which was included in last June's 2016 adopted budget and \$333 million of which was added in the preliminary budget for 2017. This funding supports the 54 initiatives spread among 11 agencies. Three-quarters (\$633 million) of the \$818 million commitment is funded with city funds. Funding for new ThriveNYC programs spans across several agencies with the majority, or roughly 80% in Fiscal 2019, allocated to DOHMH. However, this amount does not include any details on the baseline City services that were already in existence at the announcement of ThriveNYC and then folded under the ThriveNYC banner.

After the release of funding allocations for the roadmap, the City Council repeatedly called for transparency and accountability in the rollout of the ThriveNYC projects.¹⁹ Specifically, the Council had three major concerns: (1) There is no clear information on the baseline City services

¹⁸ All budget information is pulled from Office of Management and Budget documents; analysis conducted by the NYC Council Finance Division.

¹⁹ See, e.g., "The New York City Council's Response to the Mayor's FY 2017 Preliminary Budget and FY 2016 Preliminary Mayor's Management Report," Apr. 4, 2016, pg. 38, available at <http://nycouncillabs.wpengine.com/budget/wp-content/uploads/sites/54/2016/05/FY17-Preliminary-Budget-Response.pdf>.

that were shifted to ThriveNYC programs; (2) ThriveNYC has vague branding and messaging; and (3) There is inconsistent coordination and communication across City agencies.

From a budgeting perspective, much of ThriveNYC’s financial information is not public information or publicly available in one easy-to-digest location. It is also challenging to delineate between new funding and existing funding for initiatives. For example, at its initial announcement, it seemed that the majority of funding for ThriveNYC was already included in the City’s budget, which complicated the Council’s ability to effectively provide budgetary oversight. To rectify this, the City Council requested from the Office of Management and Budget (OMB) to share the list of budget codes that make up all spending on ThriveNYC, which would allow the Council’s Finance Division to search across all City agencies and find all of the programs associated with ThriveNYC. However, as it relates to new funding allocated, the Administration has been inconsistent in its naming for ThriveNYC programs in budget documents. The Administration used several naming techniques when rolling out ThriveNYC services: some were marked as “Roadmap,” others have been called by their program name such as “NYC Safe” or “Public Health Diversion Center,” and others were referred to simply as “ThriveNYC.” This inconsistent naming practice has led to some budgetary opacity, which has made it challenging for the Council comprehend a complete analysis of all funding dedicated to ThriveNYC across the City’s budget.

ThriveNYC Today

ThriveNYC has done a great deal of work to bring attention to mental health issues in New York City, and to provide mental health trainings and direct services to those in need. As mentioned above, there has been some criticism surrounding the transparency of Thrive’s structure and finances, as well as criticism surrounding the coordination and delineation of responsibilities between the various agencies working on ThriveNYC initiatives. Additionally, the Mental Illness

Policy Organization has been critical of Thrive’s focus on “improving mental wellness” but ignoring the “seriously ill.”²⁰ For example, as of 2016, approximately 239,000 adult New Yorkers (4%) had a serious mental illness (SMI), but nearly 40% of adult New Yorkers with SMI (95,000) did not receive mental health treatment in the past year. Still, nearly 37,000 New Yorkers were trained under ThriveNYC’s Mental Health First Aid program as of 2016, with a goal of training 40,000 by the end of 2017, which can address mental health needs in the general population and among those with SMI.²¹ The many services and resources provided by ThriveNYC cannot be overlooked, especially given that this roadmap is only three years old and still undergoing transformation.

On January 17, 2019, First Lady McCray announced the creation of the Office of ThriveNYC, which is the next phase of the Thrive roadmap. The Office will be headed by First Deputy Mayor Dean Fuleihan and overseen by the First Lady, and will aim to coordinate all Thrive programs throughout the City and across all agencies. Susan Herman, Deputy Commissioner of the New York Police Department (NYPD) will serve as Senior Advisor to the Mayor, Office of ThriveNYC.

IV. Conclusion

At today’s hearing, the Committee looks forward to hearing from the Administration and community advocates about ThriveNYC’s various programs, structure, and budget, and learning how the City Council can be supportive in this work.

²⁰ “Why \$800 Million Thrive/NYC Is Failing,” Mental Illness Policy Org., available at <https://mentalillnesspolicy.org/wp-content/uploads/thrivenyc-fails.pdf>; *see also*, “NYC’s mental-health drive ignores those who need the most help,” *NY Post*, May 11, 2017, available at <https://nypost.com/2017/05/11/nycs-mental-health-drive-ignores-those-who-need-the-most-help/>; *see also* “Failure to Thrive,” *City-Journal*, Spring 2017, available at <https://www.city-journal.org/html/failure-thrive-15123.html>.

²¹ “ThriveNYC: year Two Update,” available at <https://thrivenyc.cityofnewyork.us/wp-content/uploads/2018/02/Thrive-Year-2-Web-Version.pdf>.