

# THE COUNCIL OF THE CITY OF NEW YORK

Hon. Corey Johnson  
Speaker of the Council

Hon. Daniel Dromm  
Chair, Committee on Finance



Report of the Finance Division on the  
Fiscal 2020 Preliminary Plan and the  
Fiscal 2019 Preliminary Mayor's Management Report for

## **Thrive NYC A Roadmap for Mental Health for All**

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## Thrive NYC: A Roadmap Overview

In January 2015, First Lady Chirlane 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 to create a roadmap for a more inclusive mental health system in New York City. The roadmap was unveiled in November 2015, with new funding and programs reflected in the City’s budget at the release of the Fiscal 2017 Preliminary Budget in January 2016. At its launch, Thrive NYC was comprised of 54 targeted initiatives, including 23 new initiatives, representing \$850 million in spending over four years.

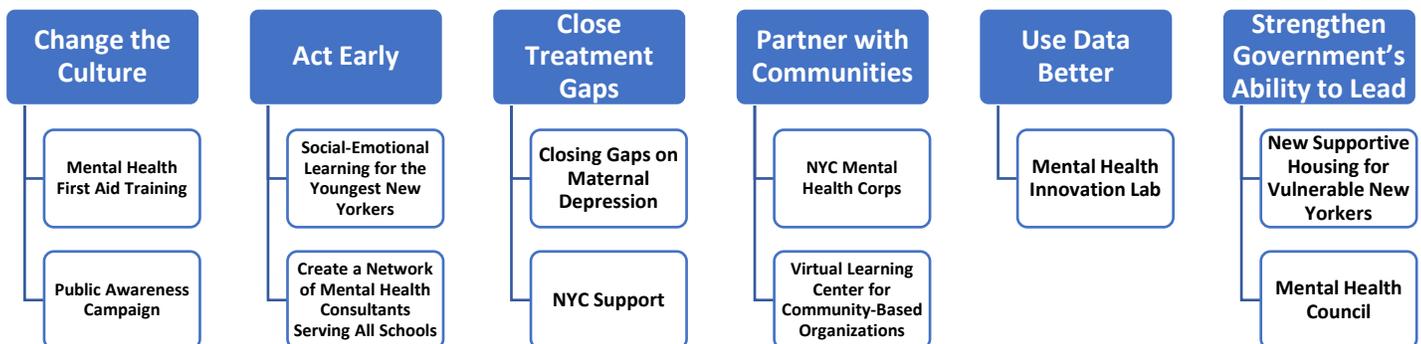
This report provides a review of the City’s Fiscal 2020 Preliminary Plan for services related to Thrive NYC programming. This report reviews funding across all agencies, including funding for the Mayor’s Office of Thrive NYC and related programs and services structurally found within other City agencies. For the purposes of this report, the programs and budgets of all initiatives under the Thrive NYC umbrella provided by the Office of Management and Budget (OMB) are presented.

Additionally, this report analyzes spending on Thrive NYC in the last four years, reviews all budget actions in Fiscal 2019 on Thrive NYC programs since the adoption of the budget, and analyses the Fiscal 2020 Preliminary Budget spending proposed by the Administration. The report also highlights performance indicators from different agencies in the Fiscal 2019 Preliminary Mayor’s Management Report (PMMR) section on Thrive NYC services.

### Guiding Principles

Three core objectives and six guiding principles inform the Roadmap’s public health approach to mental illness. The objectives include identifying and addressing root causes; focusing on the highest-risk individuals; and providing treatment options that are effective and accessible. The Thrive NYC initiatives are organized into six core principles that Thrive NYC seeks to advance: (1) change the culture, (2) act early, (3) close treatment gaps, (4) partner with communities, (5) use data better, and (6) strengthen government’s ability to lead. Figure 1 below highlights these six principles and the major initiatives associated with each one.

**Figure 1: Thrive NYC Guiding Principles and Major Initiatives<sup>1</sup>**

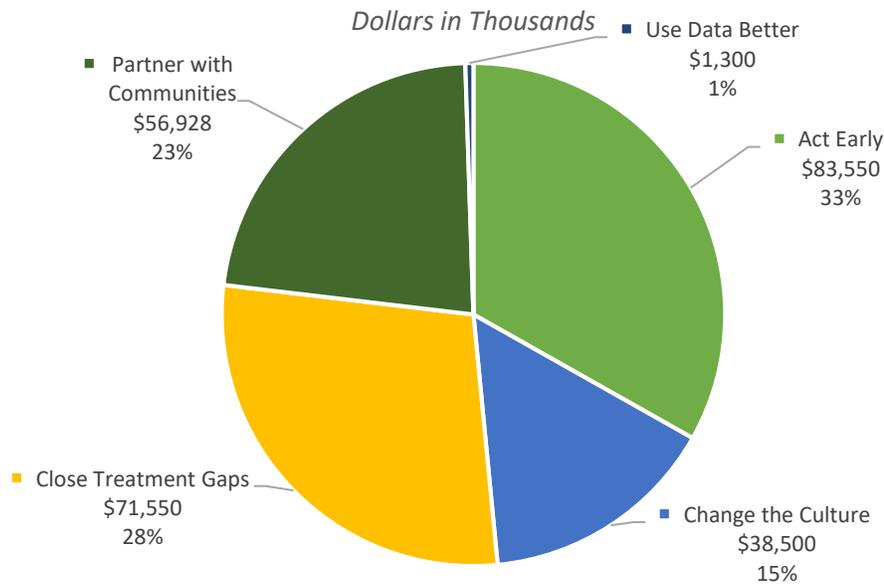


<sup>1</sup> Thrive NYC: A Roadmap for Mental Health for All. <https://Thrive NYC.cityofnewyork.us/wp-content/uploads/2018/02/Thrive NYC-3.pdf>. November 2015

### Thrive NYC Initiatives

As presented by OMB, Thrive NYC is currently comprised of 55 initiatives spread across fifteen City agencies, for a total Fiscal 2020 budget of \$251.8 million. The majority of initiatives – 19 fall under the “Close Treatment Gaps” guiding principle, totaling \$71.6 million, or 28 percent, of the Fiscal 2020 Preliminary budget for Thrive NYC. This is followed by 12 initiatives under the “Act Early” guiding principle, totaling \$83.6 million, or 33 percent, of the proposed Fiscal 2020 spending. The graph below outlines the spending by guiding principle in Fiscal 2020.

**Figure 2: FY20 Thrive Spending by Guiding Principle**



### Thrive NYC Initiatives Background

Thrive NYC is currently comprised of 55 initiatives spread across fifteen City agencies. The majority of initiatives fall under the “Close Treatment Gaps” and the “Act Early” principles who combined make up 62 percent of all proposed spending in Fiscal 2020. The table on the right breaks down the initiatives by guiding principle and below we provide an overview of each initiative.

Guiding Principle	Initiatives
Change the Culture	7
Act Early	12
Close Treatment Gaps	19
Partner with Communities	7
Use Data Better	5
Strengthen Government’s Ability to Lead	5
<b>TOTAL</b>	<b>55</b>

**Change The Culture.** Changing the culture around mental health is a foundational building block of the City’s Roadmap. Below are the seven initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
Mental Health First Aid (MHFA)	DOHMH	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. The City set a goal to train 250,000 New Yorkers in MHFA over a period of five years.

Initiative Name	Lead Agency	Initiative Description
Public Awareness Campaign	DOHMH	This campaign aims to publicly reshape the conversation around mental health by sharing positive messages about resiliency and recovery and to raise awareness about the City’s mental health resources and connecting New Yorkers to services. The campaigns includes paid media ads on television, in public city spaces such as subways and online.
NYC Well Search Tool	DOHMH	NYC Well’s Search tool aims to offer an alternative channel for New York City residents to better connect to a local behavioral health services and supports.
Improve School Climate	Department of Education	In February 2015, the City announced a package of reforms overseen by the City’s School Climate Leadership Team to improve student mental health, decrease reliance on 911 calls to address student behavioral issues, implement restorative approaches in schools and strategies to support court-involved students, and expand training for school safety agents (SSAs) and police officers assigned to the School Safety Division.
Crisis Intervention Training (CIT)	New York Police Department	CIT provides training to NYC police officers to help them better recognize the behaviors and symptoms of mental illnesses in an effort to help them engage and assist persons in crises. Taught by tenured uniformed Police Academy instructors and licensed mental health clinicians, the program consists of scenario-based trainings, briefings on relevant mental health laws and conversations with individuals with mental illness who have had police encounters in the past.
Crime Victim Assistance Program	NYPD	The Crime Victim Assistance Program (CVAP) is an effort to improve NYPD’s response to victims of any crime. Each of the 77 precincts and 9 Police Service Areas (PSAs) have an advocate specializing in domestic violence victims and another serving victims of all other crimes, or an advocate managing both roles to address these types of crime. Advocates’ work includes helping to mitigate trauma, developing a safety plan, and providing information and guidance regarding victims’ rights and options as they go through the criminal justice process.
Diversion Centers	DOHMH	Diversion Centers provide NYPD an alternative to arrest and hospital transport of people experiencing non-emergency psychiatric symptoms, drug use and medical issues posing no current public safety risk. Two Centers will operate 24/7, offering a range of culturally competent clinical and non-clinical services, including overnight shelter, to meet the needs of referred individuals. The centers will be operated by Samaritan Daytop Village and Project Renewal.

**Act Early.** The Thrive NYC roadmap serves to provide a public health campaign and focuses on prevention and promotion strategies. Below are the twelve initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
Mental Health Training for School Staff	DOE	KOGNITO At-Risk: Evidenced-based online training for school staff with learning modules for elementary/middle/high schools to recognize the early signs and symptoms of psychological distress.
		Making Educators Partners (MEP) in Youth Suicide Prevention training is a school-based suicide awareness program for school faculty and staff.
		Youth Mental Health First Aid (YMHFA) training introduces school staff to common mental health challenges, typical vs atypical adolescent behavior.

Initiative Name	Lead Agency	Initiative Description
Community School Mental Health Program	DOE	The Office of School Health (OSH) (a joint office of the DOE and DOHMH) manages the implementation of mental health services at 130 Community Schools. OSH’s Mental Health Managers work with each school to implement a three-tiered mental health plan addressing the unique needs of the students and the school community. The managers assist schools in assessing the need for mental health services; provide universal trainings to school staff; assist schools in sub-contracting services with mental health providers; and support community based organizations (CBO) providers operating in schools. Managers also work with schools to obtain licensing and state approvals to create school-based Mental Health Clinics.
School Mental Health Prevention and Intervention Program (PIP)	DOE	School Mental Health Managers work with each of the 44 PIP Schools to implement a three-tiered mental health approach in order to address the unique needs of the students and the school community. The Managers assist schools in assessing the need for mental health services; provide universal trainings to school staff; assist schools in contracting services with mental health providers; and support CBO providers operating in schools.
Expansion of Newborn Home Visiting Program (NHVP)	DOHMH	This program expands DOHMH’s NHVP to women and families residing in Department of Homeless Services (DHS) shelters. Families with newborns up to two months of age in DHS shelters are offered three home visits and a follow-up phone call over the course of eight weeks in which a trained public health professional provides health education and resources including maternal depression screenings. The program aims to assist mothers and their families with the transition into parenthood, provide education on a range of topics, with an emphasis on child development, secure attachment, bonding, breastfeeding support, infant safety, safe sleep, health and social assessments, and provide linkages to community resources.
Talk to Your Baby	Children’s Cabinet	The Talk to Your Baby campaign promotes talking, reading and singing to young children to support early language development, build babies’ brains and encourage child-caregiver attachment. The Talk To Your Baby campaign has developed online resources for parents and caregivers with information and tips, subway advertisements and digital outreach, and tip cards were translated into nine languages. Co-hosted by the Children’s Cabinet and the Office of the First Lady, baby showers have been held in communities throughout the five boroughs as well as at Rikers’ Rose M. Singer Women’s Center as a precursor to the Women in Rikers initiative’s effort to ensure that women remain connected with their children and families.
Attachment and Biobehavioral Catch- Up (ABC)	ACS	ABC is an evidence-based parenting program that works with infants and toddlers, along with their primary caregivers, to support healthy brain development in young children who have experienced early adversity. As part of Strong Families NYC, ABC is provided to infants and toddlers involved in the foster care system; both while in foster care and when the child returns home or is placed with another permanent resource. Primary caregivers include the foster parent, while the child is in care and the parent or other discharge resource once the child is in their care full time. ACS in conjunction, with Workforce Institute provides training to case planners at provider agencies to support ABC and facilitate referrals in foster parents.
Trauma Services for Families With Young Children - Group Attachment-Based Intervention (GABI)	ACS	GABI is a focused therapy for families with children ages 0-3 enrolled in ACS prevention programs. The goal of GABI is to support parents in breaking the intergenerational cycle of abuse and neglect that they experienced in their childhood. It aims to increase children’s social, emotional, and cognitive development, reduce parental stress, and boost parental social support.

Initiative Name	Lead Agency	Initiative Description
Creating Awareness about Relationship Equality (CARE)	Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV)	The CARE program provides interactive workshops on teen dating violence awareness and healthy relationship development to youth between the ages 11-21 in foster care and other ACS programs. The CARE program is implemented through ENDGBV's Healthy Relationship Training Academy. The Academy, launched in 2005, provides discussion-based workshops facilitated by community educators, young professionals who receive extensive training on domestic and gender-based violence, with a focus on youth dating violence.
Healthy Relationship Academy Workshops at Community Schools	ENDGBV	The Healthy Relationship Training Academy provides interactive workshops on teen dating violence awareness and healthy relationship development to students attending community schools. ENDGBV provided domestic violence training to Community Schools Directors on how to help students and families experiencing intimate partner violence or teen dating violence. Staff learned how to connect people to the NYC Family Justice Centers and NYC Healthy Relationship Training Academy.
Social Emotional Learning (SEL)	ACS	ACS' Child & Family Well-Being and Trauma Smart Initiative, provides the tools and skills to build social emotional learning for young children by enabling program staff to adequately support children who are exposed to high-levels of violence and trauma. A three-tiered approach includes: (1) ten module training of all contracted EarlyLearn staff; (2) hands on social work coaching for all agency staff and programs, and (3) continuing training and conference opportunities for Family Child Care networks, parents/caregivers, community members, and EarlyLearn staff.
	DOE	Pre-K for All is working to provide SEL support to students, families and school staff to all Pre-K for All classrooms. Through this initiative, teachers and leaders at 350 Pre-K programs participate in professional learning session that focus on evidence-based strategies to support SEL. The full evidence-based ParentCorps model (that includes more individualized interventions) is offered at 54 programs. SEL-specific interactive tools and guidance are provided for all sites.
	DOHMH	The Early Childhood Mental Health (ECMH) Network consists of seven early childhood therapeutic centers that provide specialized mental health services to families with children under five, mental health consultation to ACS EarlyLearn staff and caregivers at their sites, and family peer support services to families in centers and the community. The goal of training and ongoing consultation is to increase the capacity and competencies of mental health professionals and other early childhood professionals to identify and address the mental health needs of young children.
School Mental Health (SMH) Consultant Program	DOE	The SMH Consultant Program is designed to build a school's mental health capacity to identify and address mental health needs in the student population. Consultants are in over 900 NYC public schools which represents just over 50 percent of all City public schools. Selection of these schools was need-based, determined by pre-existing availability of mental services. The SMH Consultant Program model of service delivery includes six domains: 1) mental health promotion; 2) assessment; 3) mapping and planning; 4) training; 5) linkage; and 6) consultation.

Initiative Name	Lead Agency	Initiative Description
Mental Health Service Coordination in all Contracted Family Shelters	DHS	The Department of Homeless Services (DHS) has placed Licensed Masters of Social Work (LMSW) in all contracted shelters that serve families with children. These staff serve as Client Care Coordinators who seek to: 1) enhance the delivery and coordination of mental health services (psychosocial assessments and referrals to mental health and substance abuse services); 2) promote and model best practices for shelter social service staff; 3) improve linkages to mental health and community based services; 4) increase the ability of shelter social service staff to address mental health issues in a culturally and linguistically sensitive manner; and 5) strengthen overall permanency outcomes.

**Close Treatment Gaps.** A key element of the City’s vision for a thriving New York City involves expanding access to care. Below are the 19 initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
NYC Well (NYC Support)	DOHMH	NYC Well provides a single point of entry to the City’s mental health services via comprehensive 24/7/365 phone, text messaging or online chat. It provides robust crisis counseling, referrals, help scheduling appointments, connection to mobile crisis services, peer support, and follow-up. People can reach out to get help for themselves or someone they love. NYC Well works to connect people to appropriate services regardless of insurance or immigration status.
City University of New York (CUNY) Mental Health Digital Platform	DOHMH	The CUNY Digital Platform was an 18-month initiative that included three interventions aimed at providing additional mental health resources and services to CUNY students. The initiative launched across seven selected CUNY campuses in 2016. The interventions were: 1) an enhanced web-based mobile health platform designed to help CUNY Students find services, information and resources (Healthy CUNY App); 2) an online behavioral health and wellbeing support network that offered an anonymous peer community moderated by experienced healthcare professionals (Big White Wall/My CUNY Campus); and 3) CUNY students trained to bring mental health resources to their campuses (Ambassadors).
NYC Mental Health Workforce Summit	DOHMH	An expanded and culturally competent workforce is needed to reshape and grow the City’s mental health workforce through the implementation of collaborative care models, as well as the recruitment of a socio-economically and ethnically diverse workforce. Full-day NYC Mental Health Workforce Summit were held in 2016 and 2017 in collaboration with the CUNY School of Public Health. The goal was to propose and develop shared solutions to challenges related to strengthening the city’s mental health workforce.
Expand Access to Buprenorphine in Primary Care Settings	DOHMH	Buprenorphine is one of the most effective treatments for opioid use disorder—it helps stop cravings and prevent withdrawal symptoms, and achieves better long-term health and social outcomes than treatment without medication. Buprenorphine is distinctive as a treatment because it can be prescribed in the general practice setting. The initiative consists of free monthly buprenorphine waiver trainings, promoted to prescribers using a variety of strategies, including medical professional organizations, hospitals, newsletters, and existing partnerships within DOHMH. DOHMH also offers trainees technical assistance to implement buprenorphine prescribing into practice (e.g., workflow assistance, all staff trainings), and mentorship from local clinical experts in buprenorphine prescribing.

Initiative Name	Lead Agency	Initiative Description
Expand Access to Naloxone	DOHMH	DOHMH provides organizations registered as Opioid Overdose Prevention Programs (OOPPs) in the City with free naloxone. As of October 2018, there are over 220 OOPPs in the City, and this number grows each month. The naloxone provided to OOPPs is dispensed to clients in various settings, including syringe exchange programs, drug treatment programs, homeless shelters, supportive housing, re-entry programs, emergency departments, and many other community based organizations across neighborhoods in the City.
NYC Safe	DOHMH	NYC Safe is a highly specialized public health intervention model dedicated exclusively to New Yorkers who have exhibited both an act of violence against individual(s) within the past six months that caused or could have caused a threat to the general public, and mental illness and/or substance use disorder. Through the Single Point of Access, a care coordination system, DOHMH clinicians review provider referrals and assign the appropriate treatment, based on the patient's clinical assessment.
Co-Response Teams (CRT)	DOHMH	The CRT is an NYPD/DOHMH partnership comprised of clinical/law enforcement response teams that engage people with mental illness/substance use, who are identified as having behaviors that may pose a risk to themselves or the community. The unit's intervention is called on when an individual is seen as having escalating behaviors, but is not an imminent threat requiring 911 response. CRT's aim is to increase connections to care and services, reduce hospitalizations, reduce arrests, and reduce community risk factors.
Peer Specialist Training	DOHMH	Peer Support is an evidenced-based model that relies on trained workers with lived experience of mental health and/or substance challenges. Peer workers support people with substance use/mental health issues, whose need might not have been fully recognized or understood by the traditional health care workforce. Research has shown that peer support facilitates sustained recovery and can reduce overall treatment costs.
Mental Health Services in Family Justice Centers	ENDGBV	ENDGBV partners with NYC Health + Hospitals (H+H) to station mental health teams, consisting of a full-time therapist, part-time psychiatrist and full-time administrative staff support member at the City's five Family Justice Centers (FJCs). The FJCs are multi-disciplinary walk-in service centers. The goal of the initiative is to ensure that FJCs holistic services address victims' physical and emotional needs in a long-term, trauma-informed way. This initiative builds upon a successful mental health counseling program launched at the Bronx FJC with Columbia University Medical Center in 2014.
Reduce Violence and Address Treatment in the City's Jails	Mayor's Office of Criminal Justice (MOCJ)	The Department of Correction (DOC) has implemented a number of strategies to increase safety for officers, staff, and people who are incarcerated on Rikers Island - these strategies include crisis intervention teams specially trained in de-escalation and symptom identification; strengthened standards for use of force policy; Mental Health First Aid training for correction officers; and specialized services for adolescents. The Program for Accelerating Clinical Effectiveness (PACE), are specialized therapeutic housing units providing an intensive level of clinical care to patients with serious mental illness. Medication adherence in PACE units are 50 percent higher and rates of self-injury are 25 percent lower compared to other mental health units.
Cognitive Behavioral Therapy Plus (CBT+)	ACS	CBT+ is an evidence-based therapeutic treatment model for children who are experiencing anxiety, depression, behavioral issues and/or trauma. CBT+ is part of an evidence-informed framework that builds skills and relationships between foster care case planners and mental health clinicians to deliver effective behavioral health care to children and families.

Initiative Name	Lead Agency	Initiative Description
Mental Health and Substance Use Programming for All Youth at Rikers Island and Juvenile Detention Facilities	Health + Hospitals/ Correctional Health Services (H+H/CHS)	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. The City provides therapeutic creative arts programming, psychiatric assessments, and substance use engagement for all youth under 22 years old currently housed on Rikers Island.
Integrated Brief Intervention for Substance Misuse Program (SBIRT)	DOHMH	SBIRT is an effective harm reduction service that addresses both sexually transmitted diseases and risky alcohol use. With five year funding from the Substance Abuse and Mental Health Services Administration, SBIRT (Screening, Brief Intervention and referral to treatment) services are designed to: (1) identify patients with substance use risk behaviors, (2) provide brief intervention services for those screened with risk behaviors, and (3) refer those screened with high risk behaviors or severe social and health consequences to extended brief intervention counseling sessions by the clinic’s behavioral health counselors and outside substance use treatment.
Expand and Enhance Discharge Planning Services	MOCJ	For people being released from jail, community-based services are critical to their mental health and wellness. Such services include housing, jobs, and clinical treatment programs crucial to reducing future justice involvement. Therefore, the City has increased access to discharge planning services for individuals incarcerated in our jail system. Substance-Use Reentry Enhancement (SURE) screens individuals referred by treatment courts and identified as the “sickest” patients based on a health assessment upon arrival at Rikers Island. The SURE program administered by H+H/CHS offers reentry services, harm reduction screening, overdose prevention counseling, naloxone training, Medicaid application assistance, community referrals and transitional care services to people with substance use disorder in City jails. People who participate in the Individualized Correction Achievement Network (I-CAN) discharge program receive assistance with housing, employment, parenting, and substance use treatment, among other services.
Mental Health Services for All Youth in Runaway and Homeless Youth (RHY) Shelters	Department of Youth and Community Development (DYCD)	This program provides mental health service enhancements to RHY drop-in centers, crisis services, and transitional independent living programs. Enhancements include hiring mental health professionals who can implement mental health case management services, individual therapy, or creative and specialized therapeutic modalities in RHY programs, expanding access to mental health services and care to at-risk and vulnerable youth.
Close Gaps on Maternal Depression	DOHMH	The Maternal Depression Learning Collaborative engages 49 clinics from 25 hospitals in the City around standardizing and monitoring depression screenings done with prenatal and postpartum mothers during their doctor visits and connecting these individuals to mental health services. DOHMH partners with the Greater New York Hospital Association and the CUNY Center for Innovation in Mental Health to lead and implement collaborative activities, including learning sessions, webinars, and individual coaching sessions for participating clinics to receive training and technical assistance.
H+H Maternal Depression Screening	H+H	This Thrive NYC Initiative calls for standardization and monitoring of the number of depression screenings done with prenatal and postpartum mothers during their doctor visits. H+H has developed a workflow to screen this population during their medical visits at 11 hospitals and seven Community Health Centers in order to introduce and connect individuals to mental health services using a collaborative care model and traditional treatment modalities.

Initiative Name	Lead Agency	Initiative Description
Geriatric Mental Health Initiative	Department for the Aging (DFTA)	DFTA is working with four mental health providers to offer mental health services in 25 senior centers across the city. Mental health clinicians stationed at the senior centers provide assessment, clinical services, connection to other mental health services not provided on-site, and follow-up to determine outcome of intervention. The program also includes outreach and engagement activities in the senior centers and in the community (e.g. workshops, health and wellness programs) to destigmatize mental health issues and inform seniors about the availability of services.
VetsThrive NYC	Department of Veteran Services (DVS)	VetsThrive NYC recognizes that social determinants of health – including housing, education, employment, financial and legal stability – are vital for wellbeing. To this end, VetsThrive NYC uses a collective impact framework, including a coordinated care network, VetConnectNYC, that ensures veterans & their families can access whole-of-life services. VetsThrive NYC also draws on the Core4 Whole Health Model. This four tiered pyramid upends traditional clinically-focused approaches, with a foundation in Culture, Education, and the Arts; Peer Connection; Community-based Holistic Services; and Clinical Treatment. VetsThrive NYC aims to increase help-seeking behavior and social engagement, moving the front lines of healing from clinic to community.

**Partner with Communities.** This guiding principle embraces collaboration with local communities to create culturally competent solutions. Below are the seven initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
Mental Health Service Corps	DOHMH	Mental Health Service Corps is a workforce expansion program aiming to close gaps in the availability of behavioral health services within behavioral health and primary care settings. Service Corps members include experienced and recently-graduated Masters and Doctoral-level clinicians who work in substance use programs, mental health clinics, and primary care practices in high-need, under resourced communities throughout all five boroughs of the City. Corps members are trained and supported in the use of evidence-based therapeutic interventions (such as Cognitive Behavioral Therapy, Motivational Interviewing, and Collaborative Care) and mental health promotion methods to work effectively in diverse cultural and linguistic environments.
Thrive Learning Center	DOHMH	Thrive Learning Center is an initiative that provides accessible, multi-media resources to inform, teach, and reinforce skills for non-specialized individuals. This is achieved through a free easy-to-use public website with mental health learning modules, publicly sourced mental health education and other resources.
Friendly Visiting Program	DFTA	The friendly visiting program is being targeted to isolated, largely homebound seniors who are served through DFTA’s contracted case management and caregivers who also receive services themselves. It was designed to connect seniors vulnerable to the negative effects of social isolation with well-trained volunteers who spend time with them in order to provide social interaction to combat the deleterious effects of isolation. The volunteer coordinators are trained to recognize possible behavioral health issues so that seniors can be linked to appropriate services.
Early Years Collaborative (EYC)	DOHMH	DOHMH supports CBO in the South Bronx and Brownsville, Brooklyn to implement the EYC. CBO receive guidance and support to strengthen coordination, maximize existing resources, and adopt proven Quality Improvement (QI) methods that build the CBO’s capacity to play a lead role in reducing parenting stress and improving coordination of services. With City agencies, the CBO promote three objectives that make a big difference in the lives of young community residents and their families: 1) healthy pregnancy; 2) school readiness; and, 3) secure parent-child attachment, safety, and stability.

Initiative Name	Lead Agency	Initiative Description
Employment Opportunities for Individuals with Developmental Disabilities	DOHMH	DOHMH offers a vocational program for individuals with intellectual and developmental disabilities in the City. The program provides opportunities for individuals to acquire employable skills, train for specific jobs, learn interpersonal skills for the workplace, and maintain employment and other community-involving opportunities. Services are provided in each of the five boroughs and target individuals who are not eligible for state sponsored vocational services.
Weekend for Mental Health	Mayor's Community Affairs Unit (CAU)	In 2018, for the third year in a row, Thrive NYC organized a Weekend for Mental Health. Over 2,000 houses of worship and community groups in all 50 states, Puerto Rico and Washington D.C. dedicated time to open conversations about mental health and substance misuse. To support houses of worship participating in the weekend, the City developed a toolkit to support clergy members in their efforts to talk about mental health.
Connections to Care	Office of Equal Opportunity (OEO)	Connections to Care (C2C) brings mental health resources CBO that primarily serve low-income and at-risk populations, including many individuals with unmet mental health needs. Through C2C, Mental Health Providers provide training and coaching to CBO staff in four initial C2C skills: screening, MHFA, motivational interviewing, and psychoeducation. CBOs and MHPs coordinate on direct care to participants who need or desire it, ensuring participants are connected to appropriate treatments. Together, this package of services is designed to address the needs of participants along a chain of care, and improve mental health and social service outcomes for low-income participants.

**Use Data Better.** This guiding principle addresses gaps by sharing and using information and data better. Below are the five initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
Mental Health Innovation Lab (MHIL)	DOHMH	The MHIL was established within DOHMH to support innovation in mental health through the availability of data and digital technology. The work of MHIL includes advancing IT solutions and mobile/web applications to support data and evaluation capacity of Thrive NYC programs, build better data sources, and facilitate community knowledge exchange. MHIL includes a team at the Center for Innovation in Mental Health at the CUNY Graduate School of Public Health and Health Policy.
Assessment of School-Based Mental Health Services	DOHMH	To better understand how to scale more comprehensive school-based mental health services, DOHMH and DOE conducted the first ever citywide assessment of schools' resources and needs related to mental health and substance use. In November 2015, an independent social science research firm (Westat) was contracted to (1) examine current delivery, utilization and capacity of mental health services and approaches in schools K-12, (2) identify schools' need for mental health services, and (3) explore existing and potential financing strategies. A final report based on the assessment findings was completed in September 2016. Results informed the development of a joint DOE and DOHMH School Mental Health Action Plan, which was presented to Deputy Mayor Buery and the First Lady of NYC in December 2017.
Evaluate Assertive Community Treatment (ACT) Teams	DOHMH	ACT teams provide the highest level of mental health care available to New Yorkers with serious mental illnesses who are stable enough to live in their communities. The City is conducting research to describe current operations of the ACT program in the City and offer recommendations for how ACT could effectively evolve in the future, particularly in the context of ongoing broad changes to the local healthcare delivery system and the specific addition of another substance use specialist on each team.

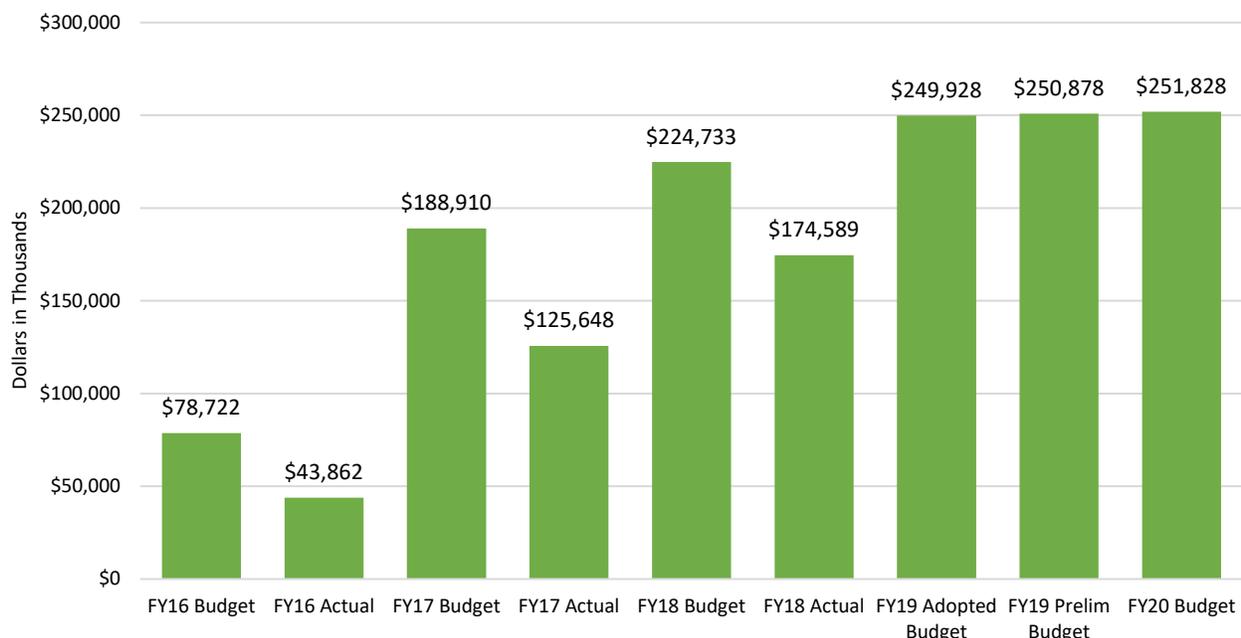
Initiative Name	Lead Agency	Initiative Description
Ensure the City Uses Jail and Diversion Programming Effectively	MOCJ	The City continues to expand options for safely diverting individuals with behavioral health challenge away from the criminal justice system. This initiative includes programs that identify those individuals and flags them for possible diversion to community-based services rather than incarceration. This approach can improve stability and reduce justice involvement. This initiative includes supervised release, the enhanced pre-arrest screening units, reduced reliance on monetary bail, and a strategy to significantly shorten case processing times.
Child Health, Emotional Wellness and Developmental Survey (CHEWDS)	DOHMH	CHEWDS 2015 was a population-based telephone survey conducted by the Health Department in 2015. A parent, guardian or other knowledgeable adult (85% biological parents) was interviewed about the health of one child aged 12 years or younger in the selected household for a sample of approximately 3,000 children. Survey data are weighted to the NYC population of children 12 years and younger, per American Community Survey.

**Strengthen Government’s Ability to Lead.** Below are the five initiatives associated with this guiding principle.

Initiative Name	Lead Agency	Initiative Description
Reshape Community Services Board (CSB)	DOHMH	CSB is a City Charter-mandated body mandated to advise the DOHMH in areas related to the City’s community mental health, developmental disabilities, and alcoholism facilities, services, and programs. The Board has been redesigned to represent a broad spectrum of communities, organizations, and viewpoints to engage in a public health approach to mental health.
Managed Care Transition	DOHMH	DOHMH received legislative authority in 2011 for joint oversight of the City’s behavioral health Medicaid Managed Care transition and has been working with the State since 2013 to plan and implement the transition.
NYC 15/15 (Supportive Housing for Vulnerable New Yorkers)	Department of Housing and Preservation and Development (HPD), Human Resources Administration (HRA), DOHMH	In November 2015, Mayor Bill de Blasio announced the NYC Supportive Housing Initiative to fund, develop and provide social service funding for 15,000 new units of supportive housing in New York City over the next 15 years. Supportive housing is permanent housing with on-site services that leads to stability. This far-reaching and comprehensive initiative targets the most vulnerable homeless New Yorkers in need of supportive housing. The City’s 15,000-unit plan is comprised of roughly 7,500 newly-constructed congregate units and 7,500 scattered site units.
Cities Thrive Coalition	City Hall	The Cities Thrive Coalition is composed of municipal leaders, public health officials, community organizations, and individuals committed to advocating for mental health and implementing change in their cities across the country. Members represent over 200 cities, counties and advocacy organizations from all 50 states, including Washington D.C and Puerto Rico.
Mental Health Council	City Hall	The Mental Health Council was established by Executive Order and is comprised of more than 20 City agencies from every sector of government, charged with ensuring the success of Thrive NYC by looking at policy and programming through a mental health lens.

### Five-Year Spending Overview

As of the Fiscal 2020 Preliminary Plan, the City has allocated over \$490 million dollars over the span of the first three years of Thrive NYC: of that \$344 million, or 70 percent, has been spent. The four-year budget (Fiscal 2016 through 2019) for Thrive NYC totals \$743 million, \$250.9 million of which was included for Fiscal 2019. The funding supports 55 initiatives spread among 15 agencies.

**Figure 3: Total Thrive NYC Spending - Fiscal 2016 – Fiscal 2020**

## Fiscal 2020 Preliminary Budget Summary

The Fiscal 2020 Preliminary Budget for Thrive NYC programs totals \$251.8 million for key mental health services provided by several initiatives and agencies; this represents less than one percent of the City's total budget. Funding for Thrive NYC services shows an increase of \$1.9 million when compared to the Fiscal 2019 Adopted Budget of \$249.9 million. This is driven by increased funding totaling \$7.28 million across four agencies, offset by decreases totaling \$5.38 million since the Fiscal 2019 Adopted Budget. For a full spending breakdown by programs see appendix A.

**Table 1: Funding for Thrive NYC Services by Agency**

Agency <i>Dollars in Thousands</i>	FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
ACS	\$2,800	\$4,640	\$5,590	\$10,400	\$10,400	\$10,400	\$0
DFTA	\$0	\$2,500	\$3,200	\$3,200	\$3,200	\$4,900	\$1,700
DHS	\$250	\$1,800	\$22,500	\$27,200	\$27,200	\$27,200	\$0
DOE	\$9,380	\$16,320	\$21,600	\$29,200	\$29,200	\$29,200	\$0
DOHMH	\$9,962	\$57,988	\$61,662	\$99,638	\$98,738	\$95,158	(\$4,480)
DOHMH/DHS/NYPD	\$11,250	\$19,920	\$19,777	\$36,000	\$36,000	\$36,000	\$0
DVS	\$0	\$600	\$600	\$600	\$600	\$600	\$0
DYCD	\$1,620	\$1,940	\$2,030	\$2,030	\$2,030	\$2,030	\$0
ENDGBV	\$180	\$790	\$1,830	\$3,580	\$3,580	\$3,580	\$0
H+H	\$400	\$2,170	\$3,590	\$3,780	\$3,780	\$3,780	\$0
HRA	\$0	\$0	\$0	\$0	\$0	\$680	\$680
Multi-Agency	\$0	\$2,600	\$9,600	\$9,300	\$9,300	\$9,300	\$0
NYPD	\$100	\$5,030	\$9,190	\$14,700	\$14,700	\$14,700	\$0
NYPD/DOC	\$5,300	\$3,360	\$6,900	\$1,600	\$4,350	\$5,300	\$3,700
OEO	\$2,620	\$5,990	\$6,520	\$8,700	\$7,800	\$7,800	(\$900)
Office of Labor Relations (OLR)	\$0	\$0	\$0	\$0	\$0	\$1,200	\$1,200
<b>TOTAL</b>	<b>\$43,862</b>	<b>\$125,648</b>	<b>\$174,589</b>	<b>\$249,928</b>	<b>\$250,878</b>	<b>\$251,828</b>	<b>\$1,900</b>

\*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Table 1 depicts actual and planned spending for Thrive NYC programs. Spending by DOHMH accounts for approximately 40 percent of Thrive NYC's total Fiscal 2020 spending. This table does not disaggregate spending by funding sources. However, according to OMB, \$26 million, or ten percent, of the Fiscal 2020 budget is funded through non-City revenue. Below is a breakdown of the programs supported with non-City revenue.

- **Crisis Intervention Teams / Training.** State Asset Forfeiture funding was used to fund \$1.1 million, \$1.6 million, and \$6.8 million in Fiscal 2016, Fiscal 2017, and Fiscal 2018 respectively, with the remaining balances in each year funded with City funds.
- **Mental Health in Family Shelters.** These services are funded at rates of 33 percent City funds, 58 percent federal grants, and nine percent State grants.
- **NYC Well.** This program is partially funded with \$4.3 million of annual State and Federal grants.
- **Mental Health in Family Justice Centers.** These services are funded 51 percent City funds, 49 percent State grants.
- **Connections to Care (C2C).** From Fiscal 2016 to Fiscal 2018, this program was funded 33.3 percent Federal Social Innovation Fund (SIF), 33.3 percent Mayor's Fund, and 33.3 percent fundraising by participating CBO. At the three-year mark, the new federal administration declined to renew the SIF funding and that portion has been absorbed by the City.

This table also does not include a breakdown by personal services (PS) or other than personal services (OTPS) spending. As a result, it is unknown how much of the funding dedicated to Thrive NYC programs supports salaries and staffing and how much goes towards supplies and other contracted services.

### Budget Actions in Fiscal 2019

The Fiscal 2020 Preliminary Budget includes \$9.8 million in new needs in Fiscal 2020 for Thrive NYC, including \$5.3 million in for Crisis Intervention Training (CIT), \$1.7 million for the Thrive Geriatric Mental Health initiative and \$1.2 million for the "Thrive in Your Workplace" program. In Fiscal 2019, new needs total \$1.6 million due to increases in the CIT program and increase in staffing resources for the Mayor's Office of Thrive NYC.

Other adjustments related to Thrive NYC introduced since the Fiscal 2019 Adopted Budget include an increase of \$1.4 million in Fiscal 2019 and a reduction of \$2.49 million in Fiscal 2020. For Fiscal 2019, adjustments include the recognition of State funding and intracity payments. For Fiscal 2020, adjustments include a \$1.9 million reduction for the Mental Health Service Corps and a reduction of the Thrive Learning Center.

**Table 2: Thrive Budget Actions in Fiscal 2019**

<i>Dollars in Thousands</i>	<i>Agency</i>	FY 2019		Fiscal 2020	
		<i>Headcount</i>	<i>Amount</i>	<i>Headcount</i>	<i>Amount</i>
<b>New Needs</b>		<b>2</b>	<b>\$1,593</b>	<b>6</b>	<b>\$9,863</b>
Crisis Intervention Training (CIT)	NYPD	-	\$1,400	-	\$5,320
Thrive: Geriatric Mental Health	DFTA	-	\$0	-	\$1,700
OLR Thrive in Your Workplace	Mayoralty	-	\$0	4	\$1,200
Thrive: Jobs Plus	DSS/HRA	-	\$0	-	\$680
NYC Well Quality Assurance	DOHMH	-	\$0	-	\$500
<b>Staffing and Resources for the Mayor's Office</b>	<b>Mayoralty</b>	<b>2</b>	<b>\$193</b>	<b>2</b>	<b>\$463</b>

<i>Dollars in Thousands</i>		FY 2019		Fiscal 2020	
		Preliminary Plan		Preliminary Plan	
<b>Other Adjustments</b>		-	<b>\$1,440</b>	<b>(1)</b>	<b>(\$2,488)</b>
Mental Health Service Corps Adjustment	DOHMH	-	\$0	-	(\$1,900)
Phase-out of Thrive Learning Center	DOHMH	-	\$0	(1)	(\$600)
OMH Sector Allocation 9-28-18	DOHMH	-	\$662	-	\$0
OMH State Aid Letter 9-28-18	DOHMH	-	\$456	-	\$0
IC W/ DCAS - Thrive VLC	DCAS	-	\$322	-	\$0
District 37 – Collective Bargaining	DOHMH	-	(\$1)	-	\$12
<b>Total Changes</b>			<b>\$3,033</b>		<b>\$7,375</b>

**New Needs**

- **CIT.** The Fiscal 2020 Preliminary Plan adds \$1.4 million in Fiscal 2019 and \$5.3 million in Fiscal 2020 for the NYPD’s CIT. The NYPD utilizes CIT to enable officers to better recognize the behaviors and symptoms of mental illness and substance abuse, de-escalate encounters, and divert cases from court where appropriate.

Training includes role playing, briefings on relevant laws, and conversations with individuals with mental illness who have had police encounters in the past. Training is provided to new recruits and to existing officers on an ongoing basis. By January 2019, more than 10,000 uniform staff have been trained and the NYPD expects to train 4,000 more each year.

- **Thrive Geriatric Mental Health.** The Fiscal 2020 Preliminary Plan adds \$1.7 million in new funding for an expansion of DFTA’s mental health programming in senior centers in Fiscal 2020. DFTA’s Geriatric Mental Health program is currently serving 25 DFTA senior centers, with the goal of expanding to more. With this new funding, the total spending for Thrive Geriatric Mental Health totals \$3.1 million in Fiscal 2020.

A borough breakdown of the location of existing senior centers with Thrive services may be found in the table on the right. Funding will likely go towards a combination of increased services and programming at existing senior centers and the introduction of Thrive: Geriatric Mental Health services into additional senior centers not currently served by the program.

**Table 3: Thrive in Senior Centers**

Borough	Number of Senior Centers with Thrive Services
Bronx	4
Brooklyn	8
Manhattan	6
Queens	6
Staten Island	1
<b>Total</b>	<b>25</b>

- **Office of Labor Relations - Thrive in Your Workplace.** The Fiscal 2020 Preliminary Plan includes \$1.2 million in Fiscal 2020 for the “Thrive in Your Workplace.” “Thrive in your Workplace” is a public-private partnership that aims to engage New York City’s employers in the effort to fight stigma and build supports for mental health in the workplace.
- **Thrive: Jobs Plus.** The Fiscal 2020 Preliminary Plan includes \$680,000 for the City’s Young Men’s Initiative (YMI) Jobs Plus program. With this new funding, the total spending for the Thrive Jobs Plus program totals \$3.1 million in Fiscal 2020.

Jobs Plus is a public housing-based employment program designed to increase the level of earnings and employment among residents of public housing. The primary objective of Jobs-Plus is to transform public housing developments into communities that help its residents enter, sustain, and advance in work.

- **NYC Well Quality Assurance.** The Fiscal 2020 Preliminary Plan includes \$500,000 and four positions in Fiscal 2020 to expand the NYC Well Quality Assurance. NYC Well is New York City's free, confidential support, crisis intervention, and information and referral service for anyone seeking help for mental health and/or substance misuse concerns, available 24 hours a day, 7 days a week, 365 days a year. NYC Well is operated by Vibrant Emotional Health on behalf of DOHMH.
- **Staffing and Resources for the Mayor's Office of Thrive NYC.** The Fiscal 2020 Preliminary Plan includes \$193,000 in Fiscal 2019 and \$463,000 in Fiscal 2020 for staffing and resources for the Mayor's Office of Thrive NYC. This funding supports two new positions for a total of 21 positions.

#### Other Adjustments

- **Mental Health Service Corps (MHSC) Adjustment.** The Fiscal 2020 Preliminary Plan reduces the funding for the Mental Health Service Corps by \$1.9 million in Fiscal 2020. After this adjustment, the program is budgeted at \$48.8 million in Fiscal 2020 and \$47 million in Fiscal 2021 and the outyears.

The Mental Health Services Corps, was launched in 2015 to recruit, train, and integrate more than 300 early-career behavioral health clinicians in health care practices in the diverse neighborhoods of New York City. Trained clinicians serve in the Corps for three years, earning valuable clinical experience while receiving ongoing training in evidence-based practices under an innovative structured-supervision model.

- **Phase-out of Thrive Learning Center.** The Fiscal 2020 Preliminary Plan reduces City funding for Thrive Learning Center by \$600,000 and one position for Fiscal 2020. With this adjustment, funding for the Thrive Learning Center remains at \$500,000 in Fiscal 2020, supporting 28 budgeted positions.

Thrive Learning Center is an initiative that provides multi-media resources to inform, teach, and reinforce skills for non-specialized individuals. This funding supports a public website with mental health learning modules, publicly sourced mental health education and other resources.

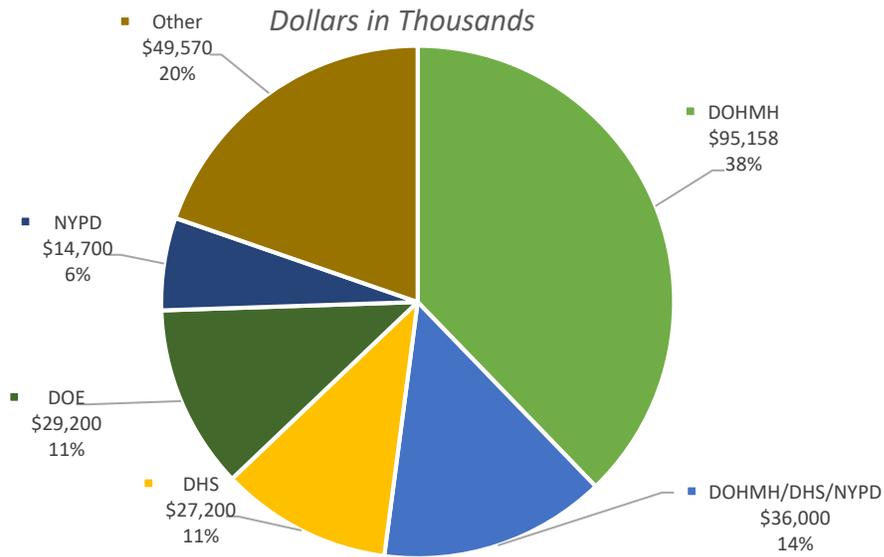
- **OMH Sector Allocation 9-28-18.** The Fiscal 2020 Preliminary Plan includes an additional \$662,000 in State funding from the New York State Office of Mental Health.
- **OMH State Aid Letter 9-28-18.** The Fiscal 2020 Preliminary Plan includes an additional \$456,000 in State funding from the New York State Office of Mental Health.
- **Intra-City – Department of Citywide Administrative Services (DCAS) - Thrive VLC.** The Fiscal 2020 Preliminary Plan includes adjustment of \$322,000 for intracity payments between DOHMH and DCAS.
- **Collective Bargaining.** The Fiscal 2020 Preliminary Plan includes \$12,000 in Fiscal 2020 related to collective bargaining with staff working on the Mental Health First Aid and the Mental Health Service Corps program.

### Thrive NYC Spending Breakdown

#### Agencies with Highest Thrive NYC funding

As referenced above, DOHMH has consistently been the agency with the highest amount of funding dedicated to Thrive NYC programming. This is followed by the spending for NYC Safe (DOHMH, NYPD, DHS), and DHS. The graph below breaks down the funding by agency.

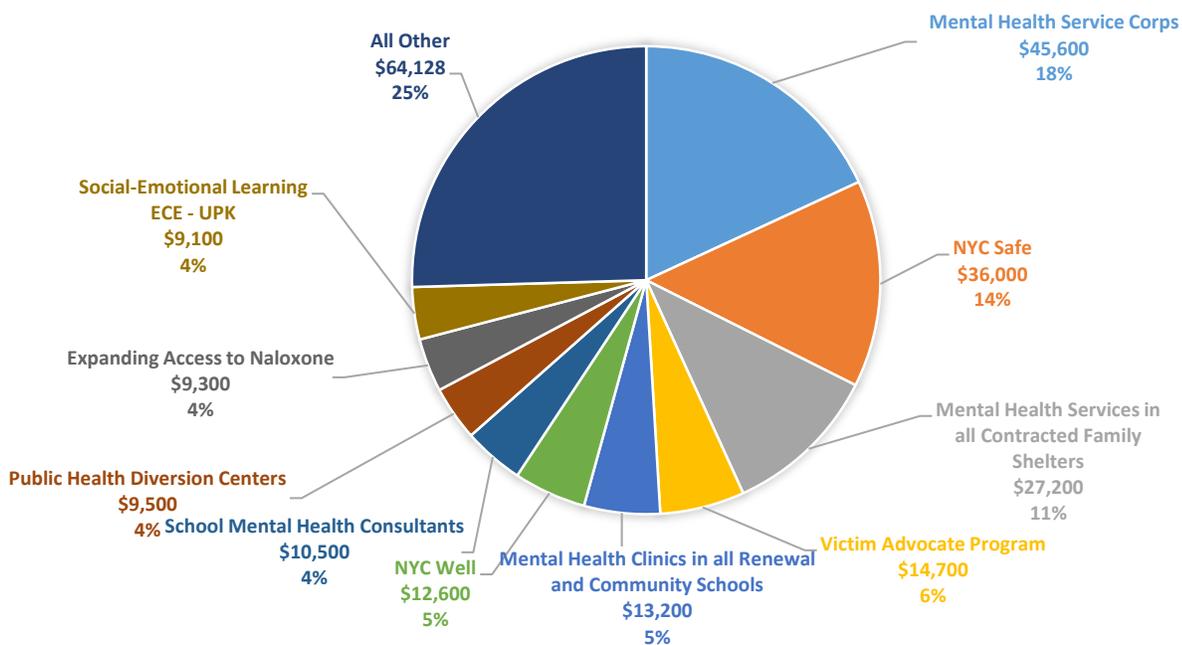
**Figure 3: FY20 Thrive Budget by Agency**



#### Fiscal 2020 Thrive NYC Spending by Program

In Fiscal 2020, the City proposes to spend roughly \$187.7 million, or roughly 75 percent, of all Thrive NYC spending, on ten programs – outlined in the table below. This is driven primarily by three programs – the Mental Health Service Corps at \$45.6 million, NYC Safe at \$36 million, and Mental Health Services in all Contracted Family Shelters at \$27.2 million, totaling \$108.8 million.

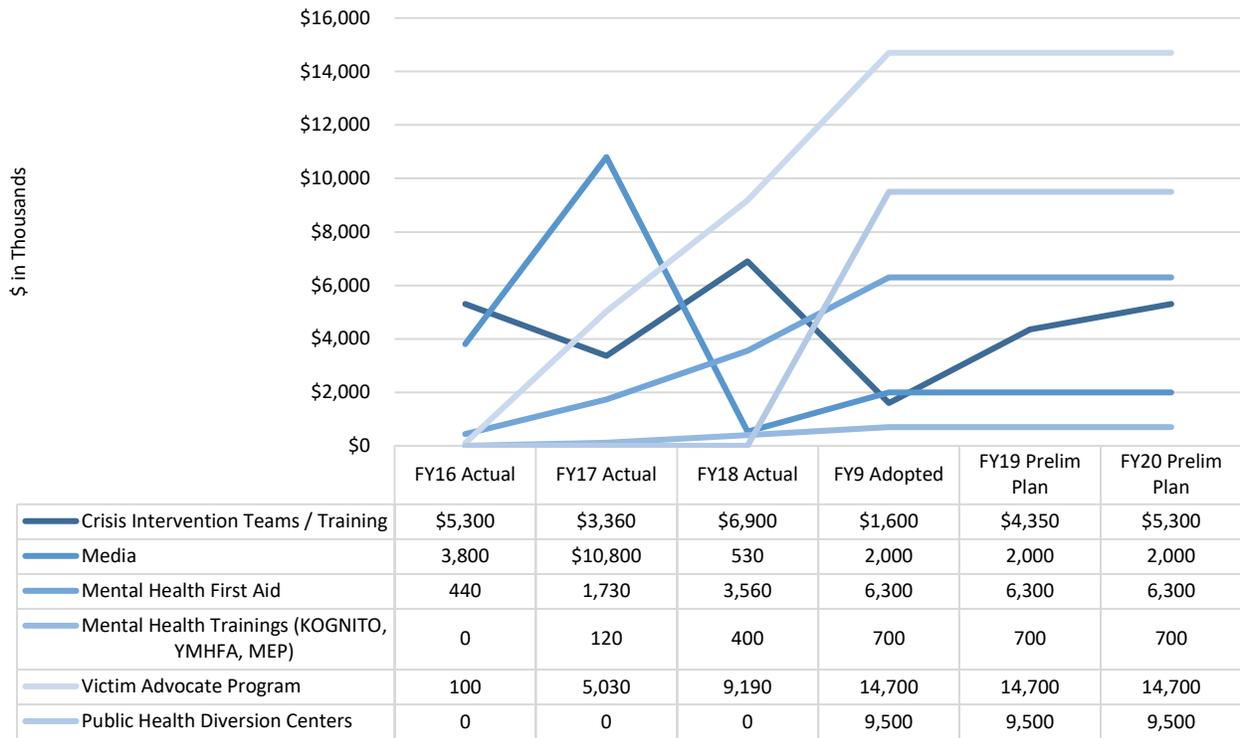
**Figure 4: FY20 Thrive Budget by Program**



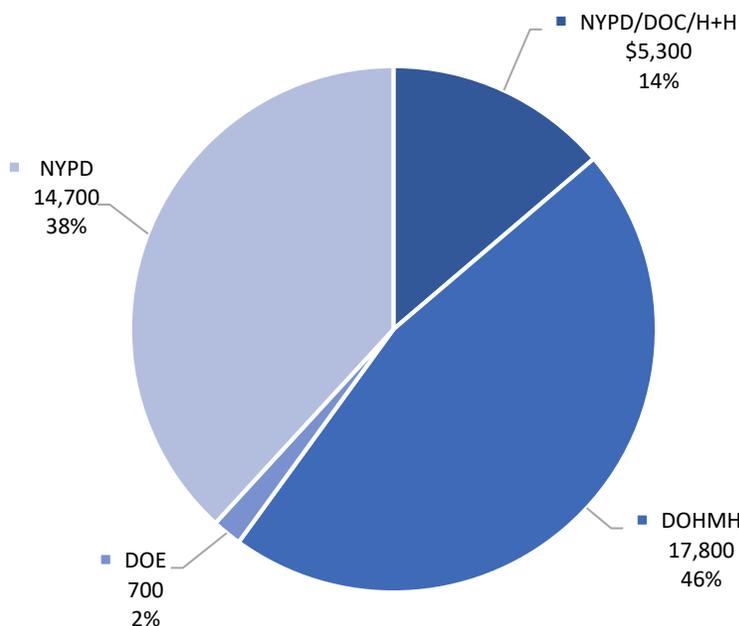
### Change the Culture Budget Summary

The Fiscal 2020 Preliminary Budget totals \$38.5 million for the “Changing the Culture’ initiatives, which is 15 percent of the total proposed spending for Thrive programs. This is \$3.7 million more than the Fiscal 2019 Adopted Budget of \$34.8 million. This is driven by increase in funding for the Crisis Intervention Teams/Trainings. The two graphs below break down these initiative by fiscal year, and Fiscal 2020 breakdown by agency.

**Figure 5: Change the Culture Initiatives by Fiscal Year**



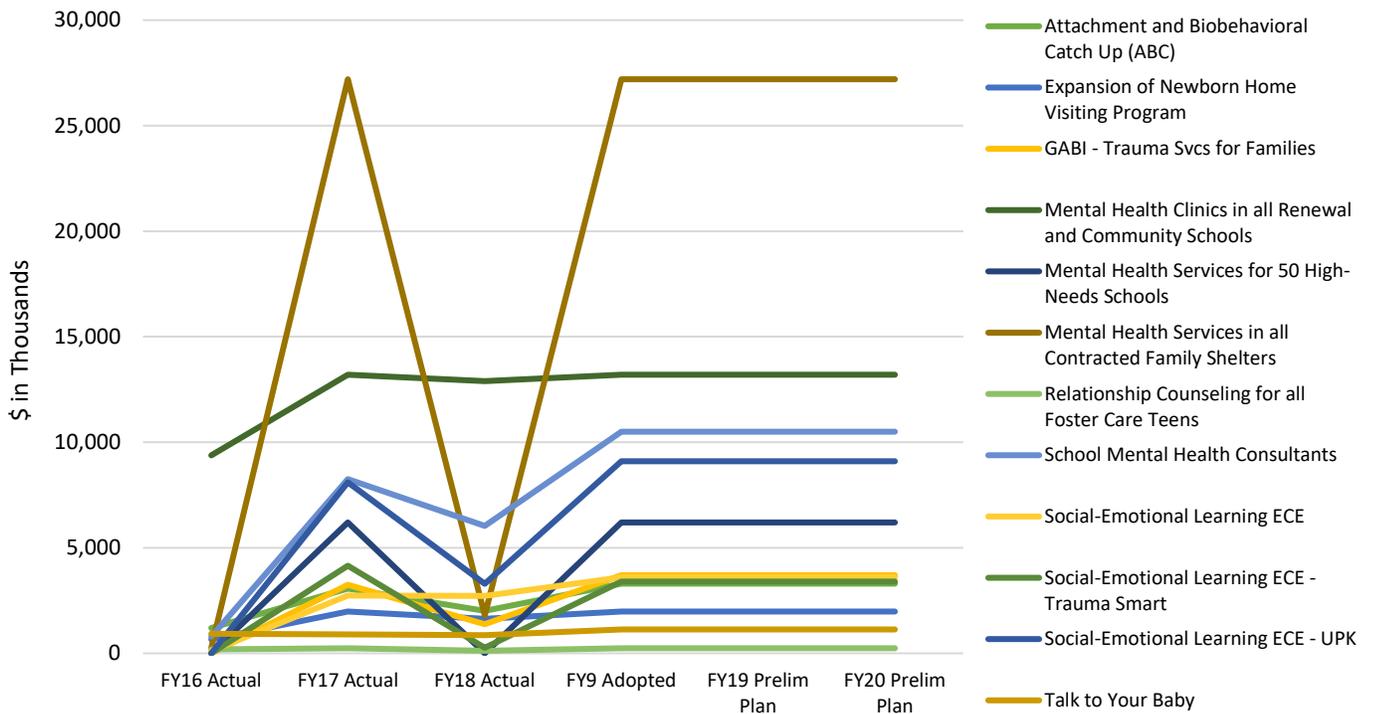
**Figure 6: FY20 Spending - Change the Culture Initiatives by Agency**



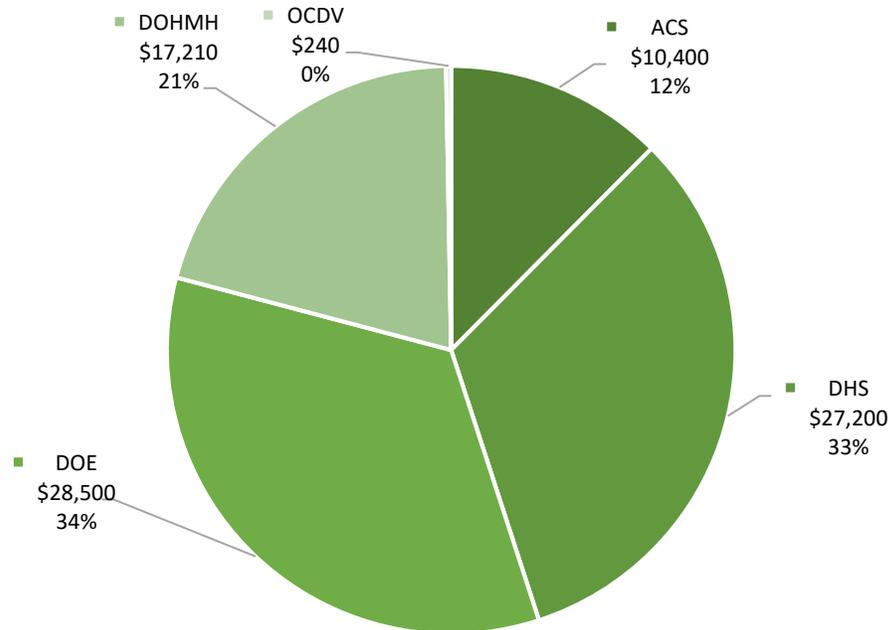
### Act Early Budget Summary

The Fiscal 2020 Preliminary Budget totals \$83.5 million for the “Act Early” initiatives, which is 33 percent of the total proposed spending for Thrive programs. This amount is unchanged since the Fiscal 2019 Adopted Budget. The two graphs below break down these initiatives by fiscal year and Fiscal 2020 broken down by agency.

**Figure 7: Act Early Initiatives by Fiscal Year**



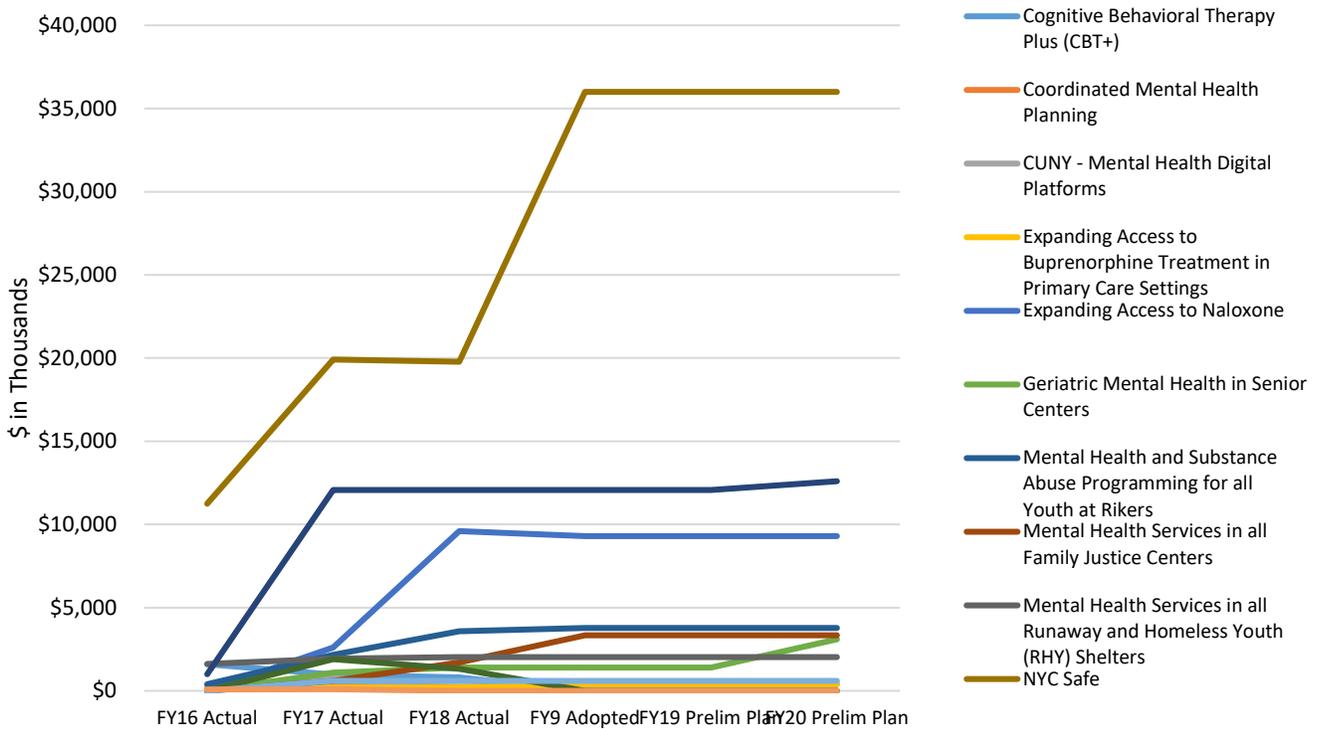
**Figure 8: FY20 Spending - Act Early Initiatives by Agency**



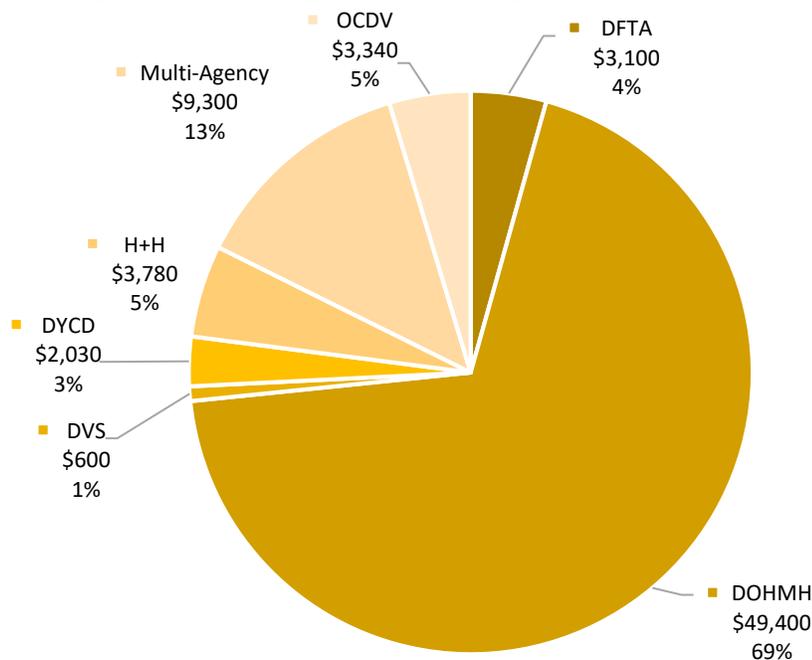
### Close Treatment Gaps Budget Summary

The Fiscal 2020 Preliminary Budget totals \$71.55 million for the “Close Treatment Gaps’ initiatives, which is 28 percent of the total proposed spending for Thrive NYC programs. This is \$2.2 million higher than the \$69.3 million proposed at Fiscal 2019 Adopted Budget due to increases for the Thrive Geriatric Mental Health program (\$1.7 million) and NYC Well (\$520,000). The two graphs below break down these initiatives by fiscal year and Fiscal 2020 broken down by agency.

**Figure 9: Close Treatment Gaps Initiatives by Fiscal Year**



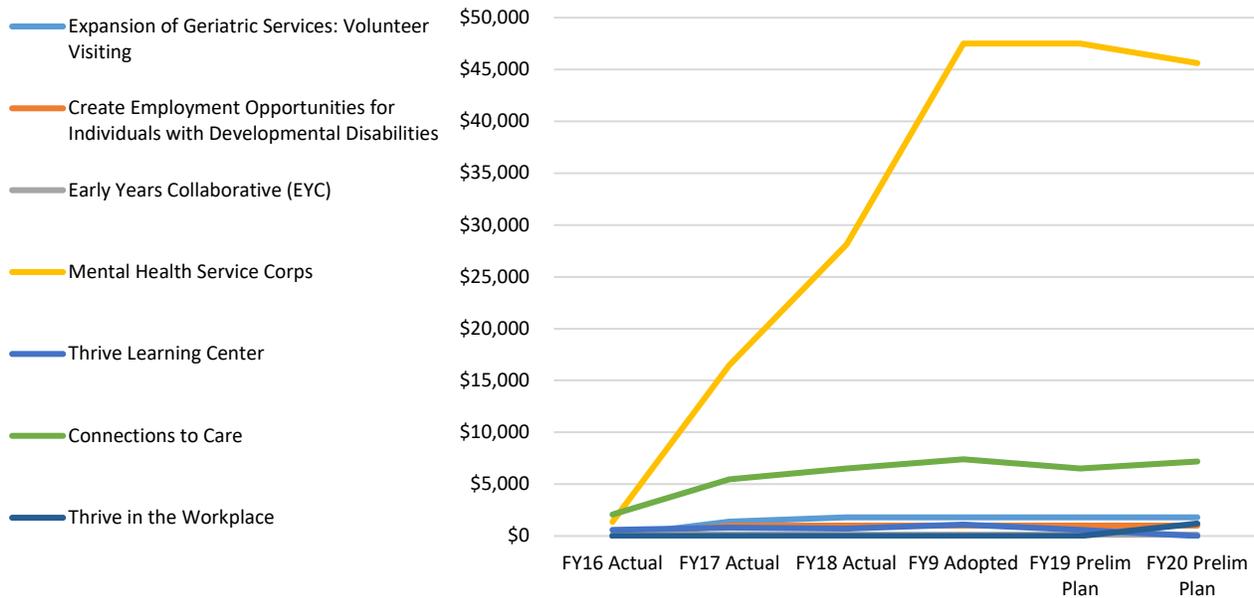
**Figure 10: FY20 Spending - Close the Treatment Gaps by Agency**



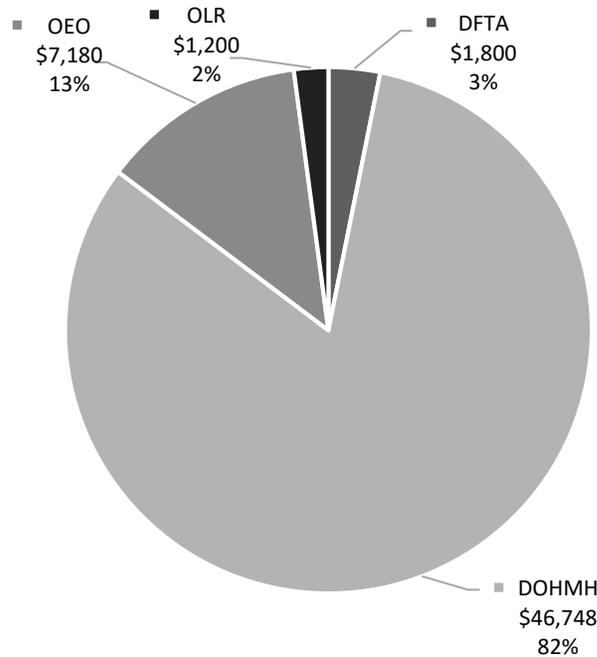
**Partner with Communities Budget Summary**

The Fiscal 2020 Preliminary Budget totals \$56.9 million for the “Partner with Communities” initiatives, which is 23 percent of the total proposed spending for Thrive NYC programs. This is \$2 million less than the \$58.9 million proposed at Fiscal 2019 Adopted Budget due to decreases totaling \$3.2 million in three programs, offset by increase of \$1.2 million for one program. The reductions impact the Connections to Care program (\$220,000), the Mental Health Service Corps (\$1.9 million) and the Thrive Learning Center (\$1.1 million). These reductions are offset by the funding of Thrive in Your workplace, supported at \$1.2 million. The two graphs below break down these initiatives by fiscal year and Fiscal 2020 broken down by agency.

**Figure 11: Partner with Communities Initiatives by Fiscal Year**



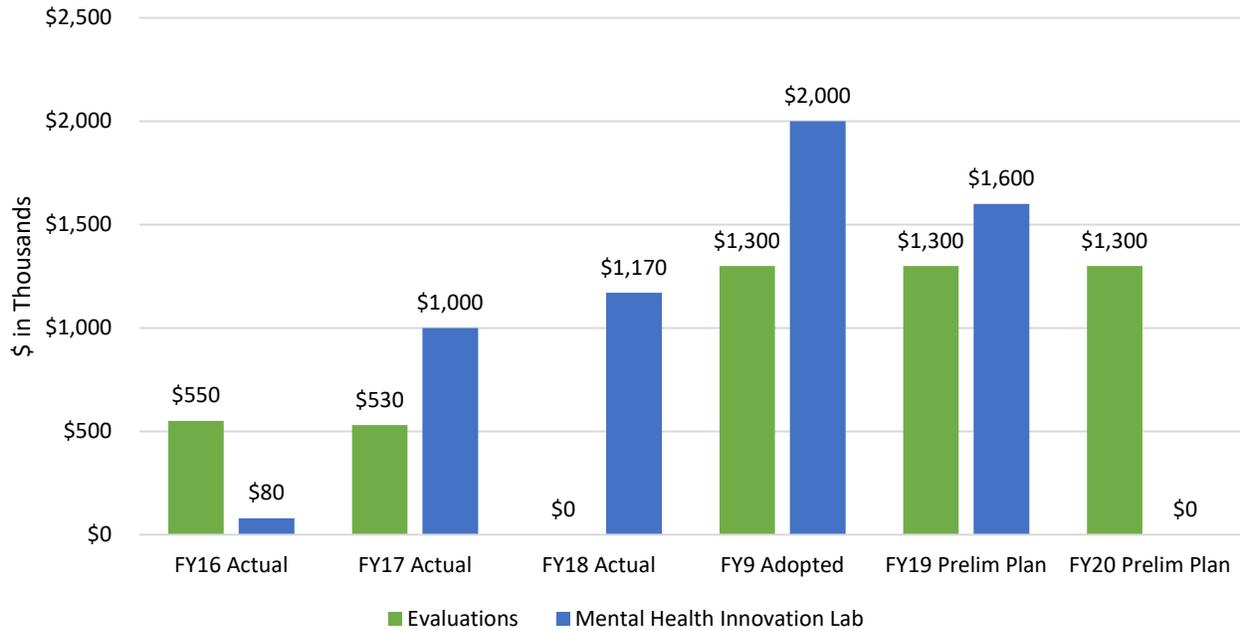
**Figure 12: FY20 Spending - Partner with Communities by Agency**



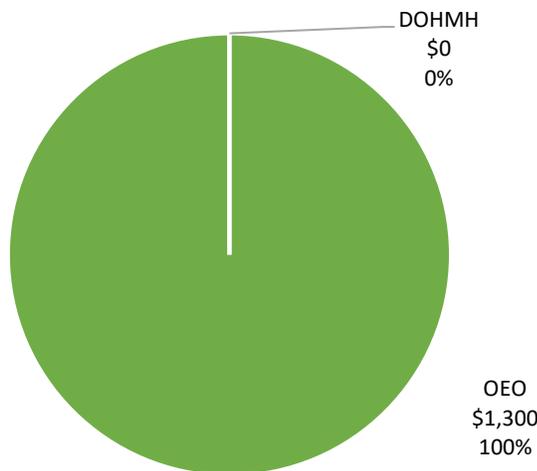
**Use Data Better Budget Summary**

The Fiscal 2020 Preliminary Budget totals \$1.3 million for the “Use Data Better” initiatives, which is one percent of the total proposed spending for Thrive NYC programs. This is \$2 million less than the \$3.3 million proposed at Fiscal 2019 Adopted Budget due to decreases totaling \$2 million for the Mental Health Innovation Lab. The three graphs below break down these initiative by Fiscal Year, Fiscal 2020 spending breakdown by initiatives, and Fiscal 2020 breakdown by agency.

**Figure 13: Use Data Better Initiatives by Fiscal Year**



**Figure 14: FY20 Spending - Use Data Better by Agency**



**Strengthen Government’s Ability to Lead Budget Summary**

The Fiscal 2020 Preliminary Budget does not allocate funding for the “Strengthen Government’s Ability to Lead” initiatives.

## Preliminary Mayor's Management Report

As mandated by Section 12 of the New York City Charter, the Mayor reports to the public and the City Council twice yearly on the performance of municipal agencies in delivering services. The PMMR covers performance for the first four months of the fiscal year, from July through October.

### Performance Indicators

Thrive NYC Performance Indicators	Actual		Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY18	FY19
<b>Change the Culture</b>						
Individuals trained in Mental Health First Aid (DOHMH)	18,656	46,761	72,000	76,000	11,020	16,700
Connections to advocacy services for crime victims (NYPD)	1,832	7,039	4,800	5,200	1,931	4,841
<b>Act Early</b>						
Teachers, assistant teachers, paraprofessionals and social workers that have attended Social-Emotional Learning professional development (DOE)	772	864	650	650	147	364
Students who received targeted mental health services in Community Schools (DOE)	3,316	27,031	*	*	4,005	4,498
Thrive NYC Performance Indicators	Actual		Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY18	FY19
Schools served by the school Mental Health Consultant Program (DOE)	800	897	929	929	862	928
Eligible families residing in DHS shelters who have been successfully visited by the Newborn Home Visiting Program (DOHMH)	1,252	1,329	1,100	1,100	457	475
Maternal depression screenings conducted for clients visited by the Newborn Home Visiting Program (DOHMH)	1,089	1,166	840	840	378	365
Individuals (staff and parents) who received mental health consultation in early care and education programs (DOHMH)	1,584	2,532	1,500	1,500	1,629	958
<b>Close Treatment Gaps</b>						
Naloxone kits distributed from DOHMH to Opioid Overdose Prevention Programs (DOHMH)	30,671	98,890	80,000	100,000	31,296	46,231
NYC Well: Direct callers/texters/chatters (non-service providers) who report that they are accessing mental health care for the first time (DOHMH) (%)	16%	13%	*	*	14%	10%
Total number of answered contacts by NYC Well (DOHMH) (000)	152.6	256.6	↑	↑	89.0	86.7
Runaway and homeless youth served (DYCD)	2,408	2,802	2,800	2,800	927	1,177
<b>Partner with Communities</b>						
Individuals served by NYC Mental Health Service Corps (DOHMH)	N/A	24,435	*	*	8,484	6,691
Participants served by Connections to Care (Mayor's Office for Economic Opportunity)	7,532	11,927	9,292	10,946	958	3,079

## Appendices

### A. Thrive NYC Funding Overview

<i>Dollars in Thousands</i>		<b>FY16</b>		<b>FY17</b>		<b>FY18</b>		<b>FY19</b>	<b>FY20</b>	
<b>Agency</b>	<b>Initiative</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Adopted</b>	<b>Prelim</b>	<b>Prelim</b>
ACS	Attachment and Biobehavioral Catch Up (ABC)	\$1,500	\$1,200	\$3,060	\$2,010	\$5,900	\$1,560	\$3,300	\$3,300	\$3,300
ACS	Cognitive Behavioral Therapy Plus (CBT+)	\$3,000	\$1,600	\$1,390	\$990	\$1,400	\$810	\$0	\$0	\$0
ACS	GABI - Trauma Svcs for Families	\$200	\$0	\$3,250	\$1,380	\$3,700	\$1,010	\$3,700	\$3,700	\$3,700
ACS	Social-Emotional Learning ECE - Trauma Smart	\$0	\$0	\$4,150	\$260	\$3,400	\$2,210	\$3,400	\$3,400	\$3,400
DFTA	Expansion of Geriatric Services: Volunteer Visiting	\$0	\$0	\$1,800	\$1,400	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800
DFTA	Geriatric Mental Health in Senior Centers	\$810	\$0	\$1,310	\$1,100	\$1,400	\$1,400	\$1,400	\$1,400	\$3,100
DHS	Mental Health Services in all Contracted Family Shelters	\$16,300	\$250	\$27,200	\$1,800	\$27,200	\$22,500	\$27,200	\$27,200	\$27,200
DOE	Mental Health Clinics in all Renewal and Community Schools	\$11,200	\$9,380	\$13,200	\$12,900	\$13,200	\$13,100	\$13,200	\$13,200	\$13,200
DOE	Mental Health Services for 50 High-Needs Schools	\$0	\$0	\$6,200	\$0	\$6,200	\$0	\$6,200	\$6,200	\$6,200
DOE	Mental Health Trainings (KOGNITO, YMHA, MEP)	\$0	\$0	\$700	\$120	\$700	\$400	\$700	\$700	\$700
DOE	Social-Emotional Learning ECE - UPK	\$0	\$0	\$8,100	\$3,300	\$8,700	\$8,100	\$9,100	\$9,100	\$9,100
DOHMH	Coordinated Mental Health Planning	\$600	\$120	\$590	\$350	\$400	\$240	\$400	\$400	\$400
DOHMH	Create Employment Opportunities for Individuals with Developmental Disabilities	\$0	\$0	\$1,000	\$988	\$1,006	\$1,006	\$1,006	\$1,006	\$1,006
DOHMH	CUNY - Mental Health Digital Platforms	\$320	\$300	\$800	\$800	\$0	\$0	\$0	\$0	\$0
DOHMH	Early Years Collaborative (EYC)	\$122	\$122	\$150	\$150	\$250	\$136	\$142	\$142	\$142
DOHMH	Expanding Access to Buprenorphine Treatment in Primary Care Settings	\$100	\$100	\$300	\$200	\$400	\$200	\$400	\$400	\$400
DOHMH	Expansion of Newborn Home Visiting Program	\$1,820	\$660	\$1,980	\$1,640	\$1,980	\$1,740	\$1,980	\$1,980	\$1,980
DOHMH	Media	\$3,900	\$3,800	\$10,800	\$10,800	\$2,000	\$530	\$2,000	\$2,000	\$2,000
DOHMH	Mental Health First Aid	\$600	\$440	\$1,770	\$1,730	\$5,200	\$3,560	\$6,300	\$6,300	\$6,300
DOHMH	Mental Health Innovation Lab	\$100	\$80	\$800	\$1,000	\$1,100	\$1,170	\$2,000	\$1,600	\$0
DOHMH	Mental Health Service Corps	\$1,500	\$1,360	\$18,010	\$16,500	\$33,200	\$28,130	\$47,500	\$47,500	\$45,600
DOHMH	NYC Well	\$1,000	\$1,000	\$12,080	\$12,080	\$12,080	\$12,080	\$12,080	\$12,080	\$12,600
DOHMH	Peer Specialist Training Expansion	\$0	\$0	\$2,460	\$1,960	\$1,600	\$1,320	\$0	\$0	\$0
DOHMH	Public Health Diversion Centers	\$700	\$0	\$5,800	\$0	\$9,000	\$0	\$9,500	\$9,500	\$9,500
DOHMH	School Mental Health Consultants	\$1,200	\$790	\$8,260	\$6,030	\$10,500	\$8,800	\$10,500	\$10,500	\$10,500
DOHMH	Social-Emotional Learning ECE	\$1,100	\$110	\$2,730	\$2,720	\$3,600	\$1,590	\$3,600	\$3,600	\$3,600
DOHMH	Talk to Your Baby	\$1,740	\$930	\$890	\$860	\$460	\$460	\$1,130	\$1,130	\$1,130
DOHMH	Thrive Learning Center	\$80	\$60	\$200	\$80	\$200	\$700	\$1,100	\$600	\$0
DOHMH	Workforce Summit	\$70	\$90	\$60	\$100	\$0	\$0	\$0	\$0	\$0
DOHMH DHS NYPD	NYC Safe	\$13,960	\$11,250	\$20,970	\$19,920	\$26,027	\$19,777	\$36,000	\$36,000	\$36,000
DVS/HRA	Veteran's Outreach Program	\$0	\$0	\$600	\$600	\$600	\$600	\$600	\$600	\$600

<i>Dollars in Thousands</i>		<b>FY16</b>		<b>FY17</b>		<b>FY18</b>		<b>FY19</b>	<b>FY20</b>	
<b>Agency</b>	<b>Initiative</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Budget</b>	<b>Actual</b>	<b>Adopted</b>	<b>Prelim</b>	<b>Prelim</b>
<i>DYCD</i>	Mental Health Services in all Runaway and Homeless Youth (RHY) Shelters	\$1,630	\$1,620	\$2,030	\$1,940	\$2,030	\$2,030	\$2,030	\$2,030	\$2,030
<i>ENDGBV</i>	Mental Health Services in all Family Justice Centers	\$2,000	\$0	\$3,340	\$670	\$3,340	\$1,700	\$3,340	\$3,340	\$3,340
<i>ENDGBV</i>	Relationship Counseling for all Foster Care Teens	\$250	\$180	\$240	\$120	\$240	\$130	\$240	\$240	\$240
<i>H+H</i>	Mental Health and Substance Abuse Programming for all Youth at Rikers	\$1,700	\$400	\$3,780	\$2,170	\$3,700	\$3,590	\$3,780	\$3,780	\$3,780
<i>HRA</i>	Connections to Care JobsPlus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$680
<i>Multi-Agency</i>	Expanding Access to Naloxone	\$0	\$0	\$3,300	\$2,600	\$9,600	\$9,600	\$9,300	\$9,300	\$9,300
<i>NYPD</i>	Victim Advocate Program	\$1,810	\$100	\$5,030	\$5,030	\$9,200	\$9,190	\$14,700	\$14,700	\$14,700
<i>NYPD DOC</i>	Crisis Intervention Teams / Training	\$5,300	\$5,300	\$3,230	\$3,360	\$6,900	\$6,900	\$1,600	\$4,350	\$5,300
<i>OEO</i>	Connections to Care	\$2,070	\$2,070	\$5,460	\$5,460	\$6,520	\$6,520	\$7,400	\$6,500	\$6,500
<i>OEO</i>	Evaluations	\$2,040	\$550	\$1,890	\$530	\$0	\$0	\$1,300	\$1,300	\$1,300
<i>OLR</i>	Thrive in the Workplace	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,200
<b>Total Thrive NYC</b>		<b>\$78,722</b>	<b>\$43,862</b>	<b>\$188,910</b>	<b>\$125,648</b>	<b>\$224,733</b>	<b>\$174,589</b>	<b>\$249,928</b>	<b>\$250,878</b>	<b>\$251,828</b>

## B. Thrive NYC Initiative – Launch Dates

Initiative Name	Lead Agency	Launch Date
<b>Change the Culture</b>		
Mental Health First Aid	DOHMH	12/1/2015
Public Awareness Campaign	DOHMH	1/1/2016
NYC Well Search Tool	DOHMH	3/31/2017
Improve School Climate	DOE	2/1/2015
Crisis Intervention Training	NYPD	6/1/2015
Crime Victim Assistance Program	NYPD	6/1/2016
Diversion Centers	DOHMH	Late 2019
<b>Act Early</b>		
The School Mental Health Prevention and Intervention Program	DOE	2/1/2018
Mental Health Training for School Staff	DOE	4/1/2016
		5/1/2016
		5/1/2016
Community School Mental Health Program	DOE	9/1/2015
Expansion of Newborn Home Visiting Program	DOHMH	11/1/2015
Talk to Your Baby	Children's Cabinet	5/1/2015
Attachment and Biobehavioral Catch- Up (ABC)	ACS	11/1/2015
Trauma Services for Families With Young Children - Group Attachment-Based Intervention (GABI)	ACS	1/17/2017
Creating Awareness about Relationship Equality	ENDGBV	2/1/2016
Healthy Relationship Academy Workshops at Community Schools	ENDGBV	1/6/2016
Social Emotional Learning	ACS	7/1/2016
	DOE	7/1/2016
	DOHMH	7/1/2016
School Mental Health Consultant Program	DOE	5/1/2016
Mental Health Service Coordination in all Contracted Family Shelters	DHS	7/1/2016
<b>Close Treatment Gaps</b>		
NYC Well (NYC Support)	DOHMH	10/1/2016
CUNY Mental Health Digital Platform	DOHMH	10/1/2016
NYC Mental Health Workforce Summit	DOHMH	5/1/2016
Expand Access to Buprenorphine in Primary Care Settings	DOHMH	1/1/2016
Expand Access to Naloxone	DOHMH	7/1/2016
NYC Safe	DOHMH	8/1/2015
Co-Response Teams (CRT)	DOHMH	3/1/2016
Peer Specialist Training	DOHMH	7/1/2016
Mental Health Services in Family Justice Centers	ENDGBV	12/19/2016
Reduce Violence and Address Treatment in the City's Jails	MOCJ	1/15/2017
Cognitive Behavioral Therapy Plus (CBT+)	ACS	8/1/2016
Mental Health and Substance Use Programming for All Youth at Rikers Island and Juvenile Detention Facilities	H+H / CHS	12/1/2016
Integrated Brief Intervention for Substance Misuse Program (SBIRT)	DOHMH	1/1/2017
Expand and Enhance Discharge Planning Services	MOCJ	1/1/2015
Mental Health Services for All Youth in Runaway and Homeless Youth Shelters	DYCD	10/1/2015
<b>Initiative Name</b>	<b>Lead Agency</b>	<b>Launch Date</b>

Close Gaps on Maternal Depression	DOHMH	2/25/2016
H+H Maternal Depression Screening	H+H	2/1/2016
Geriatric Mental Health Initiative	DFTA	7/1/2016
VetsThrive NYC	DVS	1/1/2017
<b>Partner with Communities</b>		
Mental Health Service Corps	DOHMH	7/1/2016
Thrive Learning Center	DOHMH	4/1/2017
Friendly Visiting Program	DFTA	7/1/2017
Early Years Collaborative	DOHMH	2/1/2016
Employment Opportunities for Individuals with Developmental Disabilities	DOHMH	10/16/2017
Weekend for Mental Health	CAU	5/20/2016
Connections to Care	Opportunity	3/01/2016
<b>Use Data Better</b>		
Mental Health Innovation Lab	DOHMH	7/1/2016
Assessment of School-Based Mental Health Services	DOHMH	10/1/2016
Evaluate Assertive Community Treatment (ACT) Teams	DOHMH	2/1/2016
Ensure the City Uses Jail and Diversion Programming Effectively	MOCJ	7/1/2015
Child Health, Emotional Wellness and Developmental Survey (CHEWDS)	DOHMH	4/1/2015
<b>Strengthen Government's Ability to Lead</b>		
Reshape Community Services Board	DOHMH	12/1/2016
Managed Care Transition	DOHMH	1/1/2013
NYC 15/15 (Supportive Housing for Vulnerable New Yorkers)	HPD, HRA, DOHMH	11/1/2015
Cities Thrive Coalition	City Hall	11/1/2016
Mental Health Council	City Hall	3/1/2016

\*Continued from last page

## C. Thrive NYC Initiative – Funding by Guiding Principle

### Changing the Culture

\$ in thousands		FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
Agency	Program	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
DOC H+H NYPD	Crisis Intervention Teams / Training	\$5,300	\$3,360	\$6,900	\$1,600	\$4,350	\$5,300	\$3,700
DOHMH	Media	3,800	\$10,800	530	2,000	2,000	2,000	0
DOHMH	Mental Health First Aid	440	1,730	3,560	6,300	6,300	6,300	0
DOE	Mental Health Trainings (KOGNITO, YMHA, MEP)	0	120	400	700	700	700	0
DOHMH	Public Health Diversion Centers	0	0	0	9,500	9,500	9,500	0
NYPD	Victim Advocate Program	100	5,030	9,190	14,700	14,700	14,700	0
<b>TOTAL</b>		<b>\$9,640</b>	<b>\$21,040</b>	<b>\$20,580</b>	<b>\$34,800</b>	<b>\$37,550</b>	<b>\$38,500</b>	<b>\$3,700</b>

### Act Early

\$ in thousands		FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
Agency	Program	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
ACS	Attachment and Biobehavioral Catch Up (ABC)	\$1,200	\$3,060	\$2,010	\$3,300	\$3,300	\$3,300	\$0
DOHMH	Expansion of Newborn Home Visiting Program	660	1,980	1,640	\$1,980	1,980	1,980	0
ACS	GABI - Trauma Svcs for Families	0	3,250	1,380	3,700	3,700	3,700	0
DOE	Mental Health Clinics in all Renewal and Community Schools	9,380	13,200	12,900	13,200	13,200	13,200	0
DOE	Mental Health Services for 50 High-Needs Schools	0	6,200	0	6,200	6,200	6,200	0
DHS	Mental Health Services in all Contracted Family Shelters	250	27,200	1,800	27,200	27,200	27,200	0
OCDV	Relationship Counseling for all Foster Care Teens	180	240	120	240	240	240	0
DOHMH	School Mental Health Consultants	790	8,260	6,030	10,500	10,500	10,500	0
DOHMH	Social-Emotional Learning ECE	110	2,730	2,720	3,600	3,600	3,600	0
ACS	Social-Emotional Learning ECE - Trauma Smart	0	4,150	260	3,400	3,400	3,400	0
DOE	Social-Emotional Learning ECE - UPK	0	8,100	3,300	9,100	9,100	9,100	0
DOHMH	Talk to Your Baby	930	890	860	1,130	1,130	1,130	0
<b>TOTAL</b>		<b>\$13,500</b>	<b>\$79,260</b>	<b>\$33,020</b>	<b>\$83,550</b>	<b>\$83,550</b>	<b>\$83,550</b>	<b>\$0</b>

### Close Treatment Gaps

\$ in thousands		FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
Agency	Program	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
ACS	Cognitive Behavioral Therapy Plus (CBT+)	\$1,600	\$990	\$810	\$0	\$0	\$0	\$0
DOHMH	Coordinated Mental Health Planning	120	350	240	400	400	400	\$0
DOHMH	CUNY - Mental Health Digital Platforms	300	800	0	0	0	0	\$0
DOHMH	Expanding Access to Buprenorphine Treatment in Primary Care Settings	100	200	200	400	400	400	\$0
Multi-Agency	Expanding Access to Naloxone	0	2,600	9,600	9,300	9,300	9,300	\$0
DFTA	Geriatric Mental Health in Senior Centers	0	1,100	1,400	1,400	1,400	3,100	\$1,700
H+H	Mental Health and Substance Abuse Programming for all Youth at Rikers	400	2,170	3,590	3,780	3,780	3,780	\$0
OCDV	Mental Health Services in all Family Justice Centers	0	607	1,700	3,340	3,340	3,340	\$0
DYCD	Mental Health Services in all Runaway and Homeless Youth (RHY) Shelters	1,620	1,940	2,030	2,030	2,030	2,030	\$0
Multiple	NYC Safe	11,250	19,920	19,777	36,000	36,000	36,000	\$0
DOHMH	NYC Well	1,000	12,080	12,080	12,080	12,080	12,600	\$520
DOHMH	Peer Specialist Training Expansion	0	1,906	1,320	0	0	0	\$0
DVS/HRA	Veteran's Outreach Program	0	600	600	600	600	600	\$0
DOHMH	Workforce Summit	90	100	0	0	0	0	\$0
<b>TOTAL</b>		<b>\$16,480</b>	<b>\$45,363</b>	<b>\$53,347</b>	<b>\$69,330</b>	<b>\$69,330</b>	<b>\$71,550</b>	<b>\$2,220</b>

*Partner with Communities*

\$ in thousands		FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
Agency	Program	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
OEO	Connections to Care	2,070	5,460	6,520	7,400	6,500	7,180	(\$220)
DOHMH	Create Employment Opportunities for Individuals with Developmental Disabilities	0	988	1,006	1,006	1,006	1,006	\$0
DOHMH	Early Years Collaborative (EYC)	122	150	136	142	142	142	\$0
DFTA	Expansion of Geriatric Services: Volunteer Visiting	0	1,400	1,800	1,800	1,800	1,800	\$0
OLR	Thrive in the Workplace	0	0	0	0	0	1,200	\$1,200
DOHMH	Mental Health Service Corps	1,360	16,500	28,130	47,500	47,500	45,600	(\$1,900)
DOHMH	Thrive Learning Center	600	800	700	1,100	600	0	(\$1,100)
	<b>TOTAL</b>	<b>4,152</b>	<b>25,298</b>	<b>38,292</b>	<b>58,948</b>	<b>57,548</b>	<b>56,928</b>	<b>(\$2,020)</b>

*Use Data Better.*

\$ in thousands		FY16	FY17	FY18	FY19	Preliminary Plan		*Difference
Agency	Program	Actual	Actual	Actual	Adopted	FY19	FY20	2019 – 2020
OEO	Evaluations	\$550	\$530	\$0	\$1,300	\$1,300	\$1,300	\$0
DOHMH	Mental Health Innovation Lab	80	1,000	1,170	2,000	1,600	0	(2,000)
		<b>\$630</b>	<b>\$1,530</b>	<b>\$1,170</b>	<b>\$3,300</b>	<b>\$2,900</b>	<b>\$1,300</b>	<b>(\$2,000)</b>