MENTAL ILLNESS POLICY ORG.
UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA
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White Paper on Thrive NYC

By DJ Jaffe, Executive Director, Mental Illness Policy Org.
Author, Insane Consequences: How the Mental Health Industry Fails the Mentally Ill

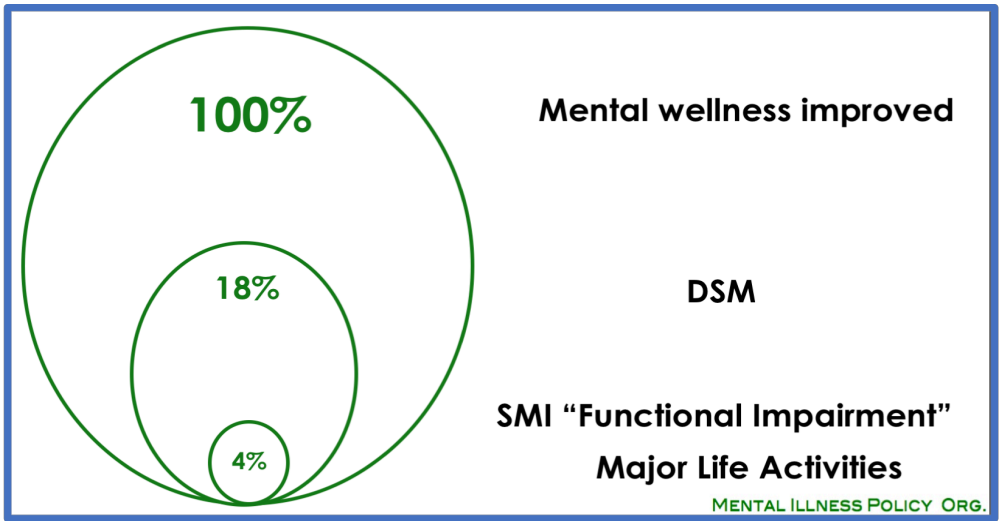
March 26, 2019

Summary:

ThriveNYC does not focus on delivering treatment to the most seriously mentally ill. Instead, it focuses on improving mental wellness in the masses. It is the seriously mentally ill who are most likely to become homeless, arrested, incarcerated, violent, hospitalized, suicidal, and victimized. Until the city council forces DOHMH and ThriveNYC leadership to focus their budgets on the elephant in the room: delivering treatment to the most seriously mentally ill, the quality of life for patients and public in New York city will continue to deteriorate and we will continue to rely on jails and prisons, rather than the mental health system to provide treatment to the seriously mentally ill. Solutions such as expanding Kendra's Law and other programs for the seriously mentally ill are described.

Background on difference between poor mental wellness and serious mental illness that is needed to understand why ThriveNYC is failing.

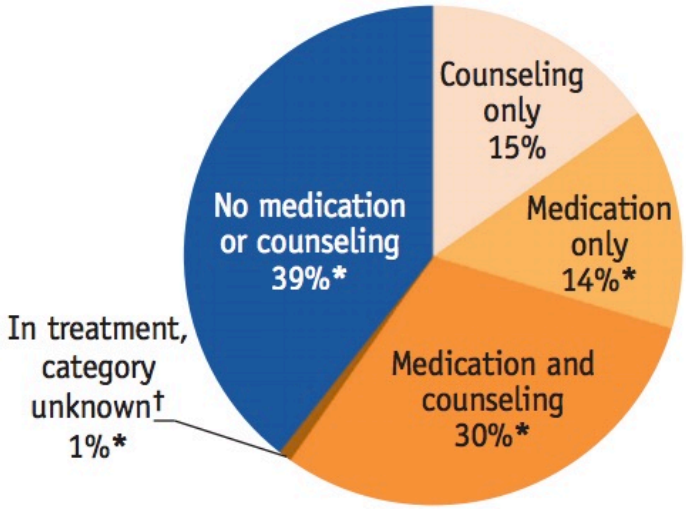
100% of the population can have their mental wellness improved, 20% have something in the Diagnostic and Statistical Manual (DSM) often mild illnesses like anxiety, mild depression, and ADHD. But 4% of adults have a serious mental illness meaning they have a functional *impairment* which *substantially* interferes with or limits one or more *major* life activities."[1] That's 239,000 New York adults.[2]



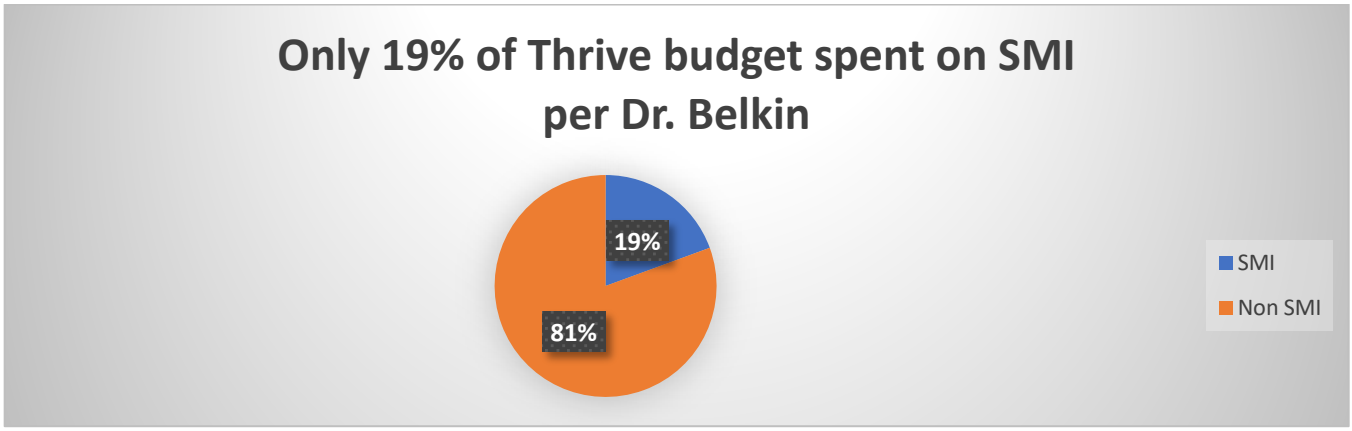
The untreated seriously mentally ill need help the most and are most likely to become homeless, arrested, incarcerated, victimized, violent, suicidal or hospitalized without treatment. They need hospital beds, medications, case managers, supported housing, clubhouses, civil commitment, Kendra's Law and other treatments not needed by the higher functioning. This is the group ThriveNYC and DOHMH fail to prioritize.

New York City leaves 40% of the seriously mentally ill, approximately 93,000 individuals untreated.[3]

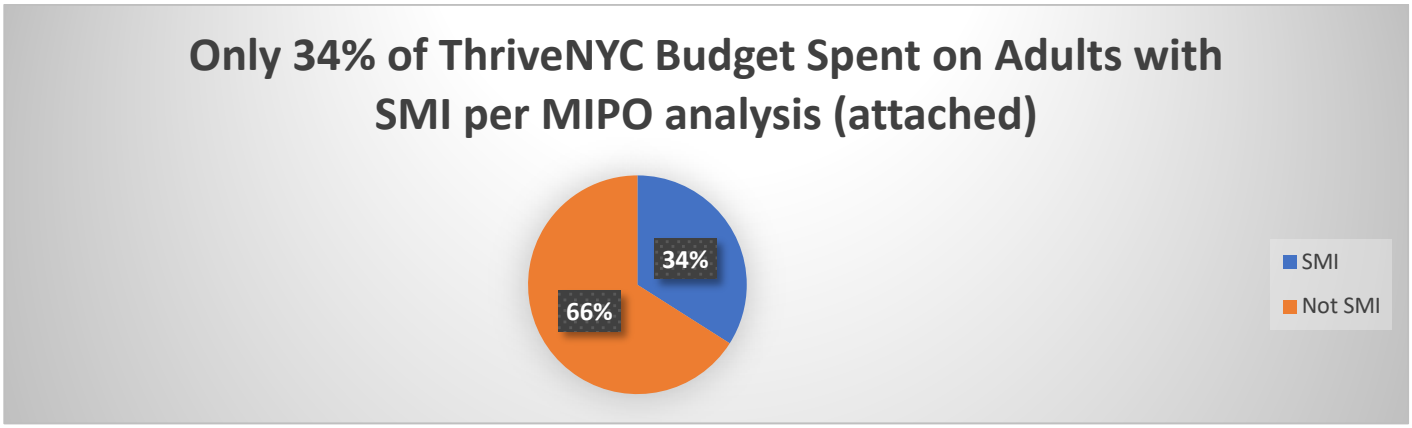
40% of Seriously Mentally Ill in NYC received zero treatment (2012)



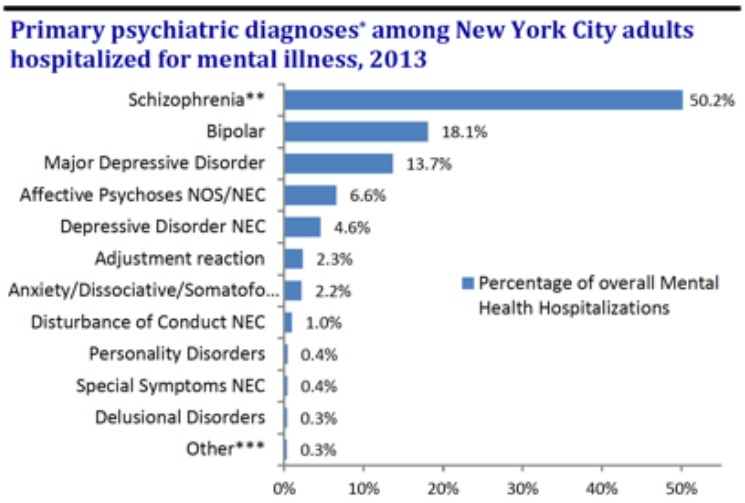
According to Dr. Gary Belkin, only $165 million of the initially projected $850 million four-year ThriveNYC budget was allocated to persons with serious mental illness.[4]



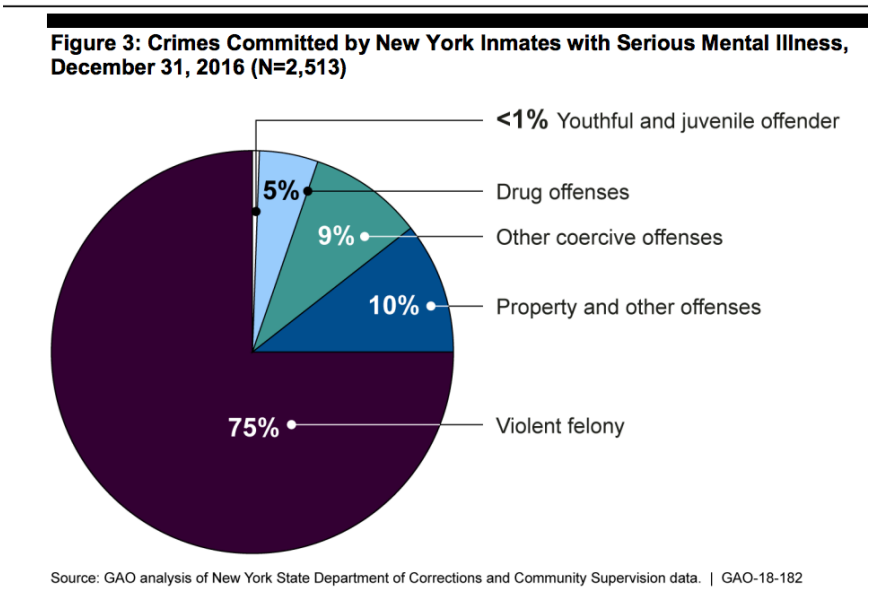
Our own analysis (attached) of the preliminary 2020 budget released by OMB in response to criticism of ThriveNYC is more generous, but still shows that under a best case scenario only $83 million of the $250 million (one-third) goes to seriously mentally ill.



It is the seriously mentally ill (primarily bipolar and schizophrenia), not the others who are most likely to be hospitalized. Further 23-34% of those discharged from hospitals are readmitted within 30 days.[5] Helping the seriously mentally ill would reduce hospitalizations.



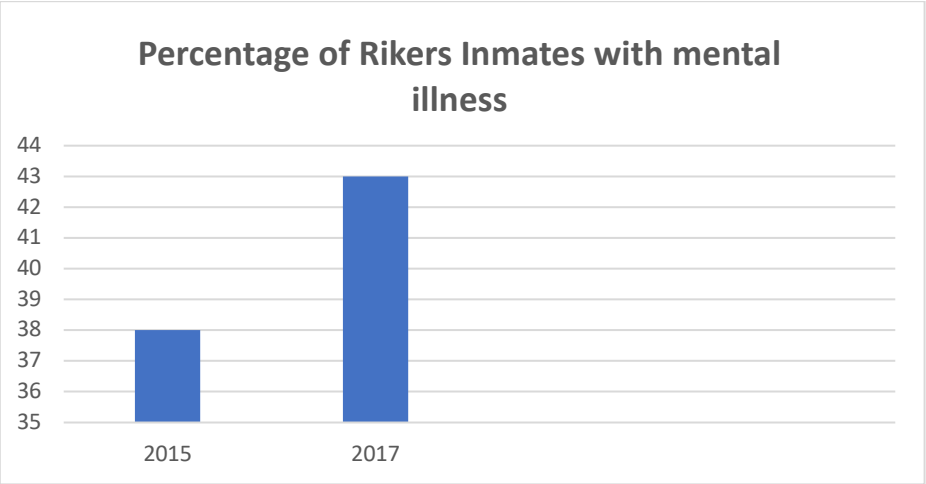
75% of the incarcerated seriously mentally ill committed violent felonies. (Note this is NYS data. We do not have NYC, but have no reason to believe it is different). Helping the seriously mentally ill would reduce the felonies.[6]



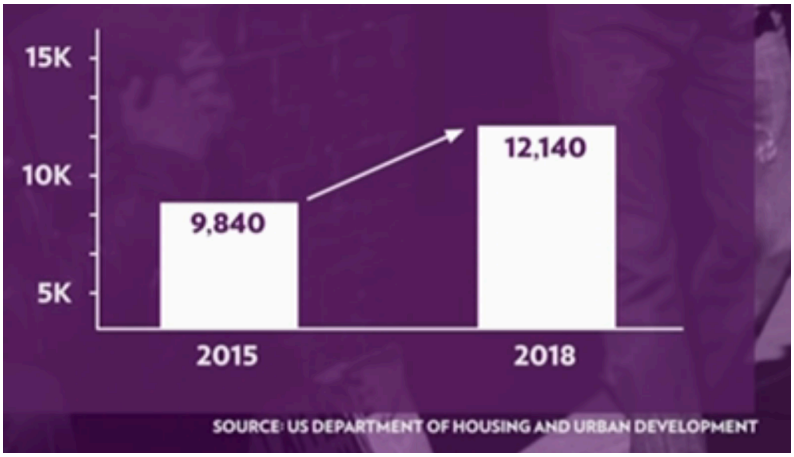
Existing Metrics show ThriveNYC and DOHMH are failing

Since ThriveNYC was introduced, the number of homeless seriously mentally ill, the number of incarcerated mentally ill and the number of Emotionally Disturbed Persons (EDP) calls to police are rising. We also believe the number of suicides and individuals needing hospitalization are rising.[7] DOHMH and ThriveNYC claim to be monitoring 400 metrics. But they are not monitoring the most important metrics including number of homeless, incarcerated, hospitalized, suicidal and victimized mentally ill and taking steps to reduce those metrics. Due to the lack of transparency it is difficult to determine which organization is more to blame: NYC DOHMH or ThriveNYC. It is perhaps irrelevant since for practical purposes, both are under the control of the First Lady.

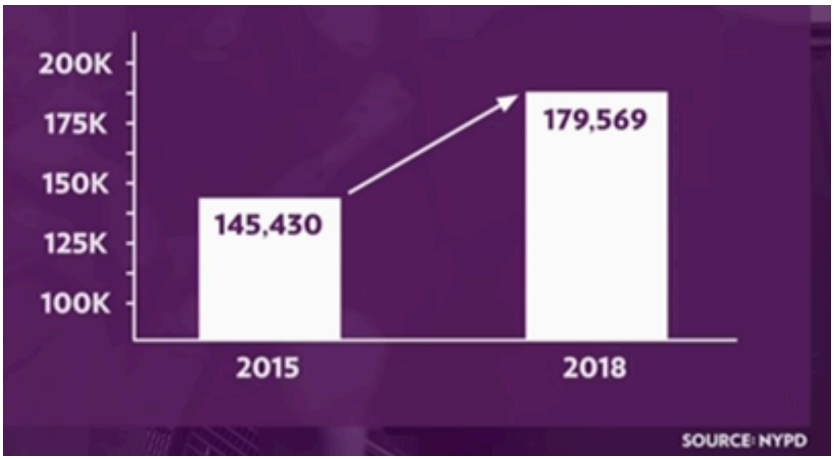
The percentage of individuals in Riker's Island with mental illness rose from 38% in 2015 to 43% in 2017.[8]



The number of homeless seriously mentally ill in NYC went up from 9,840 in 2015 to 12,140 in 2018.[9]



The number of calls to police concerning Emotionally Disturbed Persons (EDP Calls) went from 145,430 in 2015 to 179,569 in 2018 per NYPD.



ThriveNYC was ill-conceived. The six guiding principles fail to focus on seriously mentally ill who need help the most.

When ThriveNYC was introduced it contained very little to move New York's 93,000 untreated seriously mentally ill into the treated column.[10] Instead, it contained 54 initiatives grouped under six principles that reflected a lack of understanding about serious mental illness. In fact, it was subtitled, "A Roadmap for All" indicating that it did not intend to focus on delivering treatment to the seriously mentally ill, but was focused on improving "the mental well-being of all New Yorkers."

The first principle, "Change the Culture" focused on implementing public awareness campaigns. The seriously mentally ill do not need public service campaigns, they need services. While public awareness campaigns have been successful at reducing the spread of HIV and sexually transmitted diseases (by teaching how they are transmitted and encouraging use of condoms), reducing influenza (by encouraging inoculations) and other issues, the National Academy of Science specifically found that this public health approach (education) is ***not*** an effective tool to deliver help to the seriously mentally ill.[11] Mental illness is not contagious. You can't educate your way out of spreading it. As will be seen below, much of the anti-stigma education, and pronouncements by the Mayor, First Lady, DOHMH and ThriveNYC leadership has been misleading, for example, by downplaying violence and how to reduce it.

The second guiding principle, "Act Early" is premised on the popular notion that by intervening early we can prevent mental illness. That is false. Serious mental illnesses cannot be prevented. There will be a Noble Prize to whoever figures out how to prevent serious mental illnesses like schizophrenia and bipolar disorder. The President's New Freedom Report declared "Preventing mental illnesses remains a promise of the future" and a scholarly report from the National Academies of Science (NAS) found "the nation is spending billions of dollars on [prevention] programs whose effectiveness is not known."[12] ThriveNYC is one such program.

We can prevent *progression* of mental illness, but that means treating people with it, not without it, as First Episode Psychosis Programs (FEP) and perhaps On-Track NY does.[13] Serious mental illnesses most often appear in the late teens and early twenties. They are not predictable nor are they preventable so programs aimed at elementary schools may have benefits, but the benefit is not on reducing the incidence of serious mental illness.

The four remaining principles, "Close Treatment Gaps" "Partner with Communities" "Use Data Better" and "Strengthen Government's ability to lead" are fairly generic but could have helped the seriously mentally ill if they were applied on behalf of the seriously mentally ill. But none were.

Programs for SMI were not executed or failed to provide any data

The three ThriveNYC programs, NYC SAFE, Mental Health Service Corps, and Diversion Centers that were aimed at seriously mentally ill are either floundering, remain largely unimplemented or have not disclosed data. NYC SAFE is supposed to be providing intensive case management and services to people who cycle in and out of the system. No data on the number of people, diagnosis or outcomes is available. The Wall St. Journal reported that the Mental Health Service Corps only placed 263 of the 400 clinicians it said it would place and that 132 hires (33% of total) have left. Diversion Centers were supposed to provide a place for police to bring mentally ill for stabilization that were less expensive and more humane than hospitals and would not require as much police time to admit someone. None of the promised diversion centers have been built, and while they may be good to help "dry out" people on substances, some question whether a short term diversion center can help someone with serious mental illness. Clearly the SMI-focused programs are playing second fiddle to the others.

The three flagship ThriveNYC initiatives are expensive failures

ThriveNYC leaders have pointed to three flagship "successes." Mental Health First Aid, 888 NYC WELL, and Changing the Culture/Fight Stigma have become the poster children for ThriveNYC. All three are failures.

Mental Health First Aid does not help mentally ill

ThriveNYC leadership set a goal of training 250,000 New Yorkers in Mental Health First Aid (MHFA) and claim to have completed training of 100,000. The inventors of Mental Health First Aid admit they don't know if it helps the mentally ill and the National Institute of Mental Health (NIMH) found it doesn't. Therefore the program should be stopped and the funds allocated to programs that provide a benefit to people with mental illness.

Mental Health First Aid is a commercially available workbook and eight hour training program sold by the National Council for Community Behavioral Healthcare to fund their operations. It ostensibly teaches non mentally ill people to identify the symptoms of mental illness in others and connect them to help. At the end of the all-day training, participants get a frameable certificate saying they received the training and fill out a questionnaire with the instructor in front of them. The questionnaire asks them if they feel they know more than they knew before the training. The answers to those questions provide the only 'evidence' base for the program. None of the 'evidence' is collected by monitoring people with mental illness. Even the the owners of the intervention admit:

> *"There has not yet been an evaluation of the effects on those who are the recipients of the first aid.*[14]

A 2005 study acknowledged, "Perhaps the most important unanswered question is the benefits of being a recipient of MHFA." In other words, does having people trained to identify mental illness benefit people with mental illness?

The answer is 'no.' Because identifying people who are so asymptomatic that special training is needed to identify them is not the problem. And once these asymptomatic individuals are identified, there is no evidence that people who received training are making referrals, that there is a place to refer to, and that person being referred will accept the referral and show up for treatment.

To remedy the lack of data being provided by the promoters of the treatment about outcomes for people with mental illness, the National Institute of Mental Health (NIMH) conducted it's own study. It gave "Resident Advisors (RAs)" in college dormitories MHFA and compared the outcomes for people with mental illness in those dormitories to outcomes in dormitories where no Resident Advisors received MHFA. The study found:

- "RAs in treatment halls were equally likely to help students with a crisis situation as those in control residence halls."
- "RAs in control and treatment halls reported a similar likelihood of approaching a student having significant mental health problems."

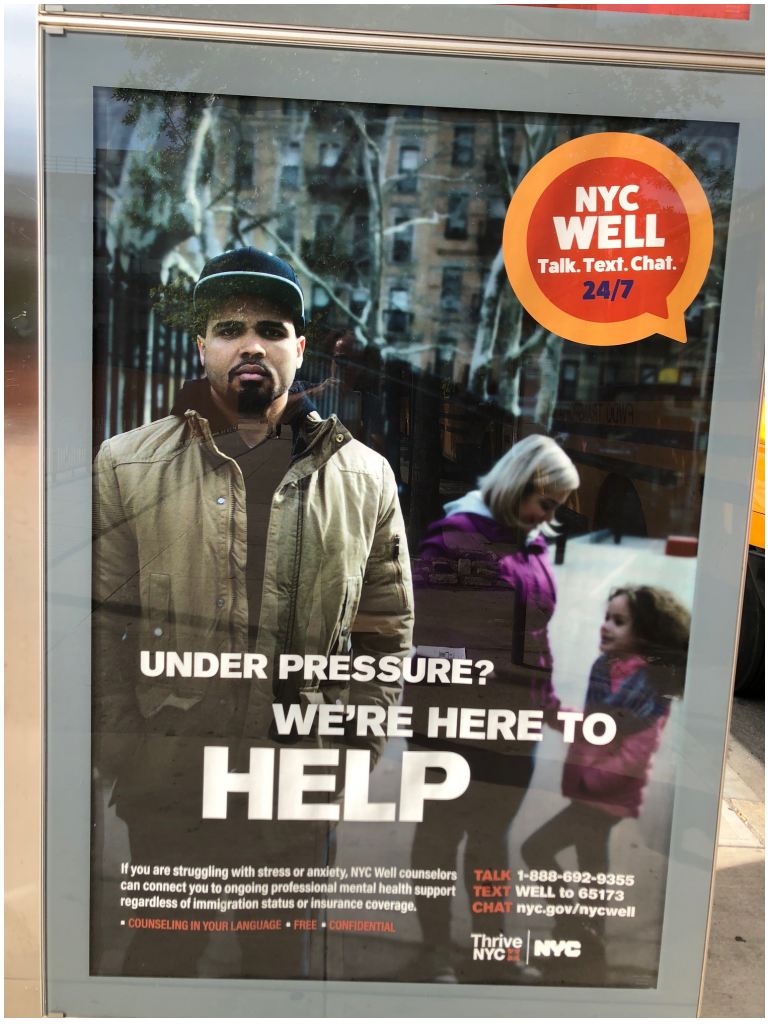
- "There were no reported changes in referrals for mental health services from RAs, or reported increases in interactions with RAs."
- "The preliminary results do not show any reported influence of the intervention on RAs' interactions with students" [15]

The only impact of Mental Health First Aid training is to make those who receive the training feel better about themselves, feel more capable in the 15 minutes after the class ends. But there is no evidence that more mentally ill are helped as a result of others receiving MHFA training.[16]

The City Council should end the program and allocate the funds to other efforts. That might include educating the public about Kendra's Law or educating clinicians and parents of the seriously mentally ill about LEAP Training.[17] Both have evidence they help the mentally ill.

888 NYC WELL is not helping seriously mentally ill.

New York City replaced it's 1800 LIFENET phone number with 1 888 NYC Well and positioned it as a major ThriveNYC advancement. LIFENET was narrowly targeted to the important issue of reducing suicide while ThriveNYC covers anything remotely related to behavioral health. NYC WELL garners 180,000 calls a year compared to the 105,000 calls in the last year of Lifenet. But ThriveNYC management garners those calls by running advertising encouraging people who are *not* mentally ill to call.



NYC WELL advertising is designed to get people who are not seriously mentally ill to call. This billboard encourages anyone "under pressure" or has "stress" or anxiety to call

One billboard encourages anyone "under pressure" or has "stress" or anxiety to call. As far as we know, there are no billboards encouraging people with schizophrenia, bipolar disorder, the homeless or their families to call. There are no billboards asking families of seriously mentally ill who could benefit from Kendra's Law to call and learn more about it.
Because of the failure of ThriveNYC to create more mobile crisis intervention teams, callers needing crisis stabilization for someone with serious mental illness are told there will be a two day wait and told to call police if the need is urgent.[18] NYC WELL is expensive. In addition to the $11 million advertising budget, $12 million is spent running it.[19] That means it cost $127 for each of the 180,000 calls. 90% of callers receive no follow-up. The number of calls to NYC-WELL is at best a measure of the quality and amount of dollars allocated to the ad campaign. It is not a barometer of care received by mentally ill.

The advertising budget for NYCWELL should be cut until a sufficient number of mobile crisis outreach teams are created so that calls about serious mental illness get a response (other than 'wait two days' or 'call

police'.) After the teams are created the NYC-WELL advertising budget should focus on getting families and others concerned about the seriously mentally ill to call. Further, NYC-WELL should have experts and handouts who can inform clinicians and families about how to petition for a Kendra's Law examination and provide help to those who want to file petitions. NYC-WELL's budget should be examined to see why it is so much greater than the LIFENET budget and to determine if the response to the texting capability is costing too much to maintain.

Efforts to "Change the Culture" and "Fight Stigma" are counterproductive

A major 'benefit' of ThriveNYC is the bully pulpit it gives the First Lady. Unfortunately that bully pulpit has been used to spread misinformation, political correctness and pop psychology, thereby making it more difficult for the seriously ill to access care. Following are some examples of misinformation.

Violence: The First Lady and ThriveNYC leadership maintain that the mentally ill are no more violent than others. That is true for the 100% who can have their mental wellness improved, the 20% with something in DSM and the subset of the 4% with serious mental illness who receive treatment. It is not true of the 93,000 untreated seriously mentally ill and the First Lady should know that. After all, hospital psychiatric units are locked while other units are not. Nurses in psych units wear panic buttons, while those in other units do not. She is training police to address mental illness calls, not calls for say, psoriasis. Mental health outreach workers go out in pairs for their own safety. Of course the untreated seriously mentally ill as a group are more violent than others and by hiding behind the platitude that the mentally ill are no more violent than others she is diminishing public support for programs that reduce violence.

Stigma: The First Lady and ThriveNYC leadership maintain that stigma is the major barrier to treatment. Any mom of the seriously mentally ill knows that is not true. In fact when the First Lady tried to get treatment for her own daughter, she wrote, not about stigma, but that she could not find a doctor. The major barriers to care for the seriously mentally ill are the lack of doctors, clinics, social workers, housing with onsite support, clubhouse programs and case managers. Other barriers include high cost, lack of transportation, anosognosia (not being aware you are ill) and cognitive deficits that prevent following through.

Anti-stigma efforts mislead the public. The stigma public service announcements don't show homeless psychotic individuals rummaging dumpsters for food or bleeding in their jail cells after being beat up by other inmates. Instead, they show high-functioning executives and claim everyone can recover. The anti-stigma campaigns divert attention from where attention is needed.

Underserved populations The First Lady's pronouncements have compassionately focused on the need for culturally appropriate services for African Americans, Latinos, LGBT, Asian Americans, youth and the elderly. But there is no indication that ThriveNYC or DOHMH funds are going to seriously mentally ill within those subpopulations. They seem to be going to community centers.

Prevention – The First Lady and ThriveNYC leadership maintain that if they intervene early they can prevent mental illness. As previously described serious mental illnesses like schizophrenia and bipolar (which make up

the bulk of those with serious mental illness) cannot be prevented and a Noble Prize will likely be awarded to whoever figures it out. By claiming she knows how to prevent mental illness, she is misleading the public and squandering resources that could be used to lower rates of homelessness, arrest, and incarceration of the seriously mentally ill.

Risk Factors – The First Lady and ThriveNYC leadership speak of 'social determinants of health' including the effects of poverty, coming from single family home, underperforming in school, having angst about gender-identity on individuals. They are all problems that need addressing, but none are independently risk factors for serious mental illness. By wrapping worthy social services in a mental health narrative she is diverting mental health funds from the seriously mentally ill. Social service program funds should come from the appropriate budgets.

Ageism - The First Lady and ThriveNYC leadership regularly talk about targeting programs to youth and the elderly. But it is adults 18-64 who are most likely to become homeless, arrested, incarcerated. Suicide is most common in men over fifty and specifically incarcerated men and those with mental illness, yet the first Lady and ThriveNYC leadership continually talk about the need to reduce suicide in those under 24 who are the least likely to commit suicide.[20]

Trauma - The first Lady and ThriveNYC leadership speak about the need to reduce trauma. Trauma is not a mental illness, PTSD is. Everyone in the world experiences trauma (loses a child, sibling, parent or spouse; gets divorced or grows up in a single parent household; loses a job or home, etc.). If mental health funds go to prevent all trauma in the world there will be nothing left for those with PTSD or serious mental illness.

Change the Culture initiatives fail to mention problems of seriously mentally ill. Many seriously mentally ill live under lice infected rags. Others experience much higher rates of homelessness, incarceration, violence, victimization and hospitalization. Efforts to end stigma and change the culture have done nothing to highlight these issues and therefore the public doesn't understand the fixes.

Change the Culture initiatives fail to mention solutions to help the seriously mentally ill: Expanding use of Kendra's Law, creating congregate housing with onsite support, opening clubhouses, fighting the closing of Allen Hospital in Inwood are some of the ways the city can help the seriously mentally ill that are rarely if ever mentioned in Change the Culture initiatives. Nor are they funded with ThriveNYC dollars. There are also federal and state policies that effect the mentally ill in New York City that the First Lady could bring attention to but has not. These include ending the closure of state psychiatric hospitals, making Kendra's Law permanent and improving it, adding a gravely disabled civil commitment standard, eliminating the IMD Exclusion in Medicaid and others.

Response of officials: When we have spoken to officials they basically say they see no need to prioritize and believe they can do everything. But the few initiatives that should serve the seriously ill (ex. diversion centers, NYC-SAFE and mental health corps) have either not gotten off the ground or are floundering. Meanwhile the pop-psychology initiatives are up and running full stream. To combat the criticism, those who get money from ThriveNYC or report to the Mayor are being told to speak up and encouraged to use the city PR hashtag #ThriveWorksHere. Those who believe ThriveNYC is not working are afraid to speak up for fear of losing their funding.

Conclusion: ThriveNYC has ushered in massive mission-creep. The needs of the seriously mentally ill are being ignored while dollars and attention flow to "mental illness lite" and social problems masquerading as mental illnesses. The ability to get care has become inversely related to need. The least seriously ill go to the head of the line and the seriously ill to jails shelters prisons and morgues. Riker's is New York's largest facility to treat the mentally ill.

We don't need a 'new paradigm' a 'shift in culture.' We need a return to the old culture where the primary responsibility of the mental health system was to treat the seriously mentally ill. New York has moved from a hospital based system which by definition served the seriously ill to a community based system which refuses to serve those so seriously ill they would otherwise need hospitalization. Under the First Lady's leadership, community programs are now getting more of what they want: mental health dollars absent an obligation to serve the seriously ill.

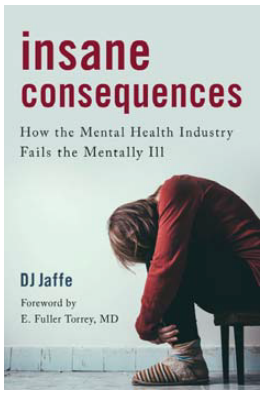
Former NYPD Police Commissioner Bill Bratton told a forum that to reduce the problems the police face, he needs easier civil commitment standards, city hospitals to take in those they bring in, keep them long enough to be stabilized, give them treatment and housing after release, and enroll in Kendra's Law if warranted. That is still the best plan for the seriously mentally ill in NY.

What the City Council can do. The City Council should cut the 54 initiatives down to a few that help the most seriously mentally ill and require the administration to focus on those. It should exercise it's oversight and budget responsibilities and ensure mental health funds are being used where they are most effective. They should hold officials responsible for, and require them to report on rates of homelessness, arrest, incarceration, violence, EDP calls, and needless hospitalization of the seriously mentally ill. The council should ramp up funding for Kendra's Law. **A fact sheet is attached on other actions the council can take.**

# # #

About Mental Illness Policy Org. Mental Illness Policy Org is a non-partisan, not-for-profit think tank focused on improving policies that determine treatment of the most seriously mentally ill. It is funded solely by donations from families of the seriously mentally ill and accepts no funds from government, health care providers, or pharmaceutical companies.

About DJ Jaffe DJ Jaffe has a seriously mentally ill family member. He is Executive Director of Mental Illness Policy Org. and author of Insane Consequences: How the Mental Health Industry Fails the Mentally Ill. He has thirty years experience in pro-bono advocacy on behalf of the seriously mentally ill with various organizations. His op-eds on local and national mental illness policies have appeared in the New York Times, Wall St. Journal, Washington Post, New York Post, Daily News, National Review, Washington Examiner, The Hill, Huffington Post and numerous other publications. He is credited as being the driving force behind Kendra's Law, certain provisions of the 21st Century CURES Act, and other legislation.



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NYC CAN REDUCE INCARCERATION, HOMELESSNESS, & HOSPITALIZATION BY RAMPING UP KENDRA'S LAW.

(Rates before and after admission to Kendra's Law per 2017 NYS/OMH Kendra's Law database)

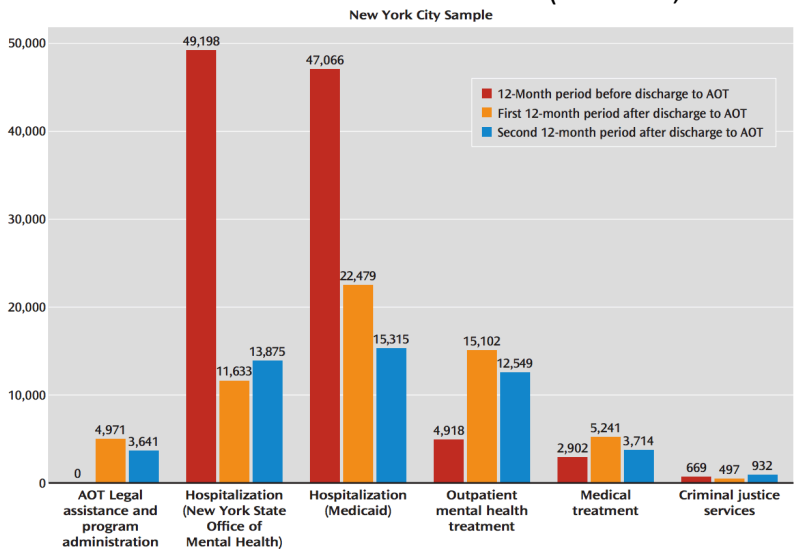
KENDRA'S LAW REDUCES INCARCERATION

KENDRA'S LAW REDUCES HOMELESSNESS

KENDRA'S LAW REDUCES HOSPITALIZATION

KENDRA'S LAW CUTS COST TO TAXPAYERS 50%

(Swanson, et. al. AJP)



***Overview**: Kendra's Law is for the subset of the seriously mentally ill who **already** accumulated **multiple** episodes of incarceration or needless hospitalization as a result of their refusal to stay in treatment ("frequent flyers", "round-trippers"). It allows judges to order them to stay in up to one year of mandated and monitored treatment while they continue to live in the community. The NYC studies here show reductions in homelessness, arrest, incarceration, hospitalization and costs. It is not the entire solution, but should be an important part of it. NYC makes little use of Kendra's Law and largely focuses ThriveNYC on improving mental 'wellness' in the masses rather than treating the seriously ill. As a result, hospitals, jails and shelters are being overwhelmed.*

OTHER OUTCOMES

New York State Office of Mental Health. Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment. Report to Legislature, Albany: New York State, 2005, 60. http://mentalillnesspolicy.org/kendras-law/research/kendras-law-study-2005.pdf (Accessed 2/8/15).	Reduces danger and violence 55% fewer recipients engaged in suicide attempts or physical harm to self 47% fewer physically harmed others 46% fewer damaged or destroyed property 43% fewer threatened physical harm to others Improves consumer outcomes 49% fewer abused alcohol 48% fewer abused drugs Consumer perceptions were positive 75% reported that AOT helped them gain control over their lives 81% said AOT helped them get and stay well 90% said AOT made them more likely to keep appointments and take meds Improved collaboration between mental health and court systems. "As AOT processes have matured, professionals from the two systems have improved their working relationships, resulting in greater efficiencies, and ultimately, the conservation of judicial, clinical, and administrative resources."

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NYC Policy Suggestions to Cut Mental illness to Jail Pipeline

- **Measure Meaningful Metrics.**
  - Hold Mayor, DOHMH, ThriveNYC leaders and HHC (to extent possible) responsible for reporting on and reducing the most important metrics: rates of homelessness, arrest, incarceration, violence, suicide and needless hospitalization of adults with Serious Mental Illness.

- **Fix Thrive/NYC**
  - Cut the 54 Thrive/NYC initiatives down. If you are focused on everything you are focused on nothing.
    - Cut stigma, PR, MHFA, Prevention and education programs
  - Move social services that are masquerading as MH programs to proper departments. These include jobs programs to jobs, tutoring to education, marriage counseling, anti-poverty, etc.
- **Put resources against highest risk populations.**
    - Evaluate all long-term inmates who received mental health services while incarcerated prior to release, to see what services are needed in the community including Kendra's Law if appropriate
- Evaluate all those who are being released from involuntary commitment, or have had multiple hospitalizations to determine what services, including possibly Kendra's Law, they need.
- **Robustly implement Kendra's Law** (See attached data on success of Kendra's Law)
  - Put Kendra's Law evaluators in jails, prisons, hospitals and shelters.
  - Train 1 800 NYC Well how to triage and refer and follow though on calls from families who think their family member needs AOT.
  - Focus funds being spent on NYC WELL ads, to encourage calls about Kendra's Law
  - Proactively review expiring court orders to see if they need renewing and document those not renewed.
  - Hire more Kendra's Law Case Managers
  - Urge NYC Caucus in NYS Assembly to pass S-00516 to make Kendra's Law permanent and improve it

- **Allocate large percentage of any new housing to SMI, specifically to mental health courts (it saves money).**
  - Bring back group homes and S.R.Os, both of which had on-site 24/7 support (not just housing vouchers)

- **Support and expand programs that do focus on SMI**
  - Support and expand Fountain House and programs that provide housing to SMI
  - Support and expand Assertive Community Treatment Teams and mobile case managers
  - Hire and create more forensic assertive community treatment teams (FACT)
  - Prioritize programs with strong *independent* evidence it improves *meaningful* metrics (ex. homelessness, arrest, incarceration, hospitalization, suicide) in people with *serious* mental illness."
  - Hire and expand Crisis Intervention Teams so calls to NYC WELL get a response.
  - Hire gap navigators: special caseworkers assigned specifically to help the seriously over the crack between hospitalization and community care or prison and community care
  - Urge Albany to enact a 'gravely-disabled' state commitment standard

- **Preserve Hospitals:**
  - Make access to city hospitals easier for the most seriously ill.
    - Encourage HHS to use long-acting (3-month) injectables, ECT, and clozapine
  - Make greater use of Conditional Discharge from hospital
  - Prevent the closure of Allen Hospital in Inwood.
  - Fight state downsizing plans for Staten Island and other state psych facilities.

- **Listen to criminal justice.**
  - Have meetings with police, sheriffs, DA's, and mental health court judges—without mental health officials in the room—and ask them what has to be done. Stack any MH committee with criminal justice as they are interested in cutting violence rather than obsessing about stigma.

Few ThriveNYC initiatives are dedicated to helping seriously mentally ill (SMI) between 18 and 64

It is the seriously mentally ill (SMI) between 18 and 64 who are most likely to become homeless, arrested, incarcerated without treatment. Bulk of ThriveNYC excludes them. ThriveNYC focuses on kids under the guise that mental illness can be prevented. SMI cannot be prevented. There will be a Nobel Prize for whoever figures that out. Other funds go to social services (ex. improving grades) by wrapping them in a mental health narrative. Following is the ThriveNYC budget (NYC OMB) and Analysis by DJ Jaffe, Mental Illness Policy Org (office@mentalillnesspolicy.org http://mentalillnesspolicy.org) showing most are not targeted to the seriously ill over 18 and under 64.)

Analysis of 2020 ThriveNYC Preliminary Budget:

$ in millions		**FY19**	**Helps**	**Comments**
Agency		**Budget**	**SMI 18-64**	
DOHMH	Mental Health First Aid	$ 6.3		Does not help mentally ill. (See https://mentalillnesspolicy.org/samhsa/mental-health-first-aid-fails.html)
DOHMH	Media	$ 2.0		
NYPD/DOC	Crisis Intervention Teams / Training	$ 4.4	4.4	
NYPD	Victim Advocate Program	$ 14.7		
DOHMH	School Mental Health Consultants	$ 10.5		
DOHMH	Social-Emotional Learning - Early Childhood Mental Health	$ 3.6		
DOHMH	Public Health Diversion Centers	$ 9.5		I think these are mainly drying out tanks for substance abusers. Not sure.
DOHMH	Talk to Your Baby	$ 1.1		
DOHMH	Expansion of Newborn Home Visiting Program	$ 2.0		
ACS	Attachment and Biobehavioral Catch Up	$ 3.3		
ACS	GABI - Trauma Services for Families	$ 3.7	3.7	Trauma ≠ mental illness. PTSD = mental illness. We counted anyway.
ACS	Social-Emotional Learning - Trauma Smart	$ 3.4		
DOE	Mental Health Clinics in all Renewal and Community Schools	$ 13.2		
DOE	Mental Health Prevention and Intervention Program High Needs Schools	$ 6.2		Serious Mental illness can't be prevented
DOE	Social-Emotional Learning - UPK	$ 9.1		
DOE	Mental Health Trainings in Schools (KOGNITO, YMHF A, MEP)	$ 0.7		Kognito NOT evidence based https://mentalillnesspolicy.org/samhsa/kognitounproven.html
DHS	Mental Health Services in all Contracted Family Shelters	$ 27.2	6.8	¼ of all MI have SMI, so we multiplied by .25
ENDGBV	Relationship Counseling for all Foster Care Teens	$ 0.2		
DOHMH	NYC Well	$ 12.1		Callers are told to call police. Funds existed previously for 1800 LIFENET
DOHMH	Peer Specialist Training Expansion	$ -		
DOHMH	CUNY - Mental Health Digital Platforms	$ -		
DOHMH	Workforce Summit	$ -		
DOHMH	Expanding Access to Buprenorphine Treatment in Primary Care Settings	$ 0.4		
Multi-Agency	Expanding Access to Naloxone	$ 9.3		
DOHMH/DHS/NYPD	NYC Safe	$ 36.0	36	No data has been made public on number served, diagnosis, outcomes, etc.
DF TA	Geriatric Mental Health in Senior Centers	$ 1.4		
DYCD	Mental Health Services in all Runaway and Homeless Youth Shelters	$ 2.0		
H+H	Mental Health and Substance Abuse Programming for all Youth at Rikers	$ 3.8		
ENDGBV	Mental Health Services in all Family Justice Centers	$ 3.3		
ACS	Cognitive Behavioral Therapy Plus	$ -		CBT has been shown to be ineffective for seriously mentally ill
DOHMH	Coordinated Mental Health Planning	$ 0.4	.4	
DOHMH	Mental Health Service Corps	$ 47.5	31.35?	163 of 395 hires have left the program http://nymag.com/intelligencer/2019/03/chirlane-mccrays-program-struggles-to-retain-key-staff.html we reduced budget by 1/3.
DOHMH	Thrive Learning Center	$ 0.6		
DF TA	Expansion of Geriatric Services: Volunteer Visiting	$ 1.8		
DVS	Veteran' s Outreach Program	$ 0.6	.6	
DOHMH	Early Years Collaborative	$ 0.1		
OEO	Connections to Care	$ 6.5		
HRA	Connections to Care Jobs Plus	$ -		
DOHMH	Create Employment Opportunities for Individuals with DD	$ 1.0		
DOHMH	Mental Health Innovation Lab	$ 1.6		
OLR	Thrive in the Workplace	$ -		
OEO	Evaluations	$ 1.3		
Total ThriveNYC		**$ 250.9**	**$83.25**	**Only 34% of ThriveNYC might be focused on seriously mentally ill 18-64**

The sane way to attack mental illness

BE OUR GUEST

BY D.J. JAFFE

Last week, an allegedly mentally ill man in lower Manhattan sucker-punched an 8-year-old autistic child on the subway, and in Harlem police shot an allegedly mentally ill man who they thought lunged at them with a weapon.

The Daily News quoted a friend of the shooting victim saying, "He's schizophrenic. If he's not on his meds he acts out."

Incidents like these are all too common in New York, but Mayor de Blasio and his wife Chirlane McCray claim their mental health plan called ThriveNYC, backed by taxpayer spending of $850 million over four years, is working just fine.

It's simply not true. New York City's own data show rates of homelessness, police calls and incarceration of the mentally ill are rising.

ThriveNYC is failing to stem the tide for one simple reason: It doesn't focus on helping the most seriously mentally ill, who are the ones most likely to become homeless, arrested, incarcerated and present dangers to themselves or others without treatment.

Instead, ThriveNYC has become little more than a brand name for a fund that the mayor and his wife use to throw money at social services, simply by wrapping those social services in a mental health narrative. It includes programs to lower divorce rates and address unemployment, angst about gender identity, sadness, bereavement and more. Of course, mild depression is a real problem, but other mental illnesses are far larger threats to the lives of New Yorkers.

ThriveNYC contains, according to the city's count, 54 discrete programs. When Assemblywoman Nicole Malliotakis ran for mayor, she proposed cutting the programs that don't help the seriously mentally ill, like Mental Health First Aid, and expanding those that do. That's the solution the City Council should insist on. MHFA is an eight-hour seminar that ostensibly teaches the public how to assist people who are so asymptomatic that special training is needed to identify them.

The asymptomatic are not the problem, the seriously ill are. And there are virtually no city services for them.

The City Council should insist the mayor develop services for the seriously ill, and that the Mayor's Management Report, the annual update on how city services are performing, include meaningful metrics such as the number of mentally ill who are homeless, arrested, incarcerated, violent and needlessly hospitalized.

Instead, McCray points to the number of calls to a helpline as an indicator of success. But she is making that number go up by spending millions on advertising to get people who don't have mental illness to call the number. One transit ad asks anyone who feels "under pressure" to call. What New Yorker doesn't feel that way sometime?

Focus city resources on New Yorkers in deepest need

Programs that ought to be expanded include psychiatric hospital beds, Fountain House — a recovery program for the seriously mentally ill — and Kendra's Law, which lets a court intervene when family members believe a loved one is at risk to themselves or others.

It's often said that it's harder to get into Bellevue than Harvard, and once in you will be discharged sicker and quicker. At a minimum, city hospitals should make wider use of long-acting injectables, which can help prevent the seriously mentally ill from deteriorating for up to three months; clozapine, which can help restore cognitive functioning, and electroconvulsive therapy, which can help people who have not been helped by other treatments.

The mayor and his wife like to say, "the mentally ill are no more violent than others." That's true for the treated. But the seriously mentally ill who go untreated are more violent than others, and ThriveNYC lets 40% of them go entirely untreated Instead, it focuses on improving "mental wellness" in all others. That's lunacy.

Jaffe is executive director of Mental Illness Policy Org, author of "Insane Consequences: How the Mental Health System Fails the Mentally Ill" and an adjunct fellow at Manhattan Institute.

Daily News 3/11/19

[1] SAMHSA. Results from the 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf

[2] NYCDOHMH "Vital Signs" 2015. https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2015serious-mental-illness.pdf

[3] NYCDOHMH "Vital Signs" 2015.

[4] Per statement by Dr. Gary Belkin, then Deputy Dir. DOHMH, now director of policy for ThriveNYC to Staten Island News 11/17/17 https://www.silive.com/news/2017/11/thrivenyc.html, Note that the original budget estimate of $850 million was not spent. However, the programs that would have served the seriously mentally ill were the programs that were not implemented. Ex. Diversion centers.

[5] OMH Transformation Report says NYC hospital psych readmit rates range from 23-34% (pg 22).

[6] General Accounting Office (GAO) Report to Congressional Committees, Federal Prisons, Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism, February 2018. https://www.gao.gov/assets/700/690279.pdf

[7] We could not find NYC Vital statistics for suicide for 2017 or 2018. While the rise in hospitalization in NYC HHC hospitals is well documented, that may be accounted for by the closure of not-for-profit psychiatric hospitals in New York.

[8] Rising rates of incarceration 2010-2014 (29% to 38%) was reported on page 5 of DeBlasio's Task Force on Mental Health and Criminal Justice at https://mentalillnesspolicy.org/kendras-law/nyc-mayor-deblasio-task-force-report-on-behavioral-health-and-the-criminal-justice-system-pdf.html. The 2017 rate (43%) per "Insane: America's Criminal Treatment of Mental Illness" by Alisa Roth.

[9] Source of Data: Housing and Urban Development, Point in Time Counts, Population and Subpopulation Reports. Available at https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=&filter_Scope=CoC&filter_State=NY&filter_CoC=NY-600&program=CoC&group=PopSub

[10] ThriveNYC: A Mental Health Roadmap for All

[11] "Universal and selective interventions to prevent the onset of schizophrenia are not warranted at this time. Much more risk factor research is needed." Institute of Medicine (IOM), *Reducing Risk for Mental Disorders: Frontiers for Preventative Intervention Research*, (Washington, DC: National Acadamy of Sciences, 1994), http://www.nap.edu/catalog/2139/reducing-risks-for-mental-disorders-frontiers-for-preventive-intervention-research. A National Academies report endorsing a public health approach specifically excludes "some rare but often severe disorders; for example, schizophrenia, bipolar disorders." It also says, "Studies to date [on schizophrenia and bipolar disorder] have not been large or numerous enough to capture these rare disorders with any hope of accuracy." *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* (Washington, DC: National Academies Press, 2009), http://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress

[12] The President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (Rockville, MD: Department of Health and Human Services, 2003). Summary at http://store.samhsa.gov/product/Achieving-the-Promise-Transforming-Mental-Health-Care-in-America-Executive-Summary/SMA03-3831.

A 2014, the *Wall Street Journal* headline summed up the findings of a large study of veterans that found their mental illnesses could not be prevented: "Shirley S. Wang, "Study Fails to Find Evidence That Programs for Soldiers and Families Prevent Psychological Disorders," *Wall Street Journal*, February 10, 2014. http://www.wsj.com/articles/SB10001424052702304914204579394941039669728. The IOM report article was based on: *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*, Laura Aiuppa Denning, Marc Meisnere, and Kenneth E. Warner (eds.) (Washington, DC: National Academies Press, 2014), http://www.nationalacademies.org/hmd/Reports/2014/Preventing-Psychological-Disorders-in-Service-Members-and-Their-Families.aspx.

[13] On-Track NY is a state OMH funded program aimed at keeping students with mental illness on track by wrapping them in services. They are claiming success but so far have not published much data. They are publishing massive amounts of publicity.

[14] Betty A. Kitchener, Anthony F. Jorm, "Mental health first aid training: review of evaluation studies," Australian and New Zealand Journal of Psychiatry 2006; 40:6–8) (Footnote 4)

[15] "Mental Health First Aid for college students: A multi-campus randomized control trial" Daniel Eisenberg, Ph.D.,Nicole Speer, Ph.D., NIMH Grant 1RC1MH089757-01 (2011?).This grant was awarded on 09/23/2009 for the amount of $988,937. It was funded out of Recovery Act funds. It appears to have been completed by September 30, 2011

[16] Lack of evidence for Mental Health First Aid documented: https://mentalillnesspolicy.org/samhsa/mental-health-first-aid-fails.html

[17] The LEAP Foundation trains family members and clinicians how to get people who are so seriously mentally ill that they don't recognize they are ill (anosognosia) to accept treatment. https://leapinstitute.org/home. Kendra's Law is New York City's most effective program to reduce homelessness, hospitalization and incarceration of the most seriously mentally ill. https://mentalillnesspolicy.org/wp-content/uploads/2017KendrasLawResults.pdf

[18] A 3/22/19 NY Times article by David Goodman quoted a family on this. At Mental Illness Policy Org we receive numerous reports from parents who called NYC-WELL about a child (or other) with a serious mental illness who was decompensating only to be told no one would come out to help or there would be a wait of two or more days and therefore the caller should call police. Goodman, David, "$1 Billion for Mental Health: The Reality of de Blasio's 'Revolutionary' Plan' New York Times, March 22, 2019. https://www.nytimes.com/2019/03/22/nyregion/thrivenyc-mental-health-.html

[19] Goodman, David, "New York Times, March 22, 2019.

[20] Advocates frequently, correctly claim suicide is second leading cause of death in youth, which is technically correct, but that is because youth rarely die of anything. Suicide is rare in kids. It is also rare in adults, but when it occurs, it is primarily an adult issue. See Jaffe, DJ, "Preventing Suicide in All the Wrong Ways" Center for Health Journalism, 9/9/2014, https://www.centerforhealthjournalism.org/2014/09/09/preventing-suicide-all-wrong-ways