Human Resources Administration
Department of Homeless Services
Department of Social Services

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Introduction

Pursuant to Local Law 115 of 2017 to amend the administrative code of the City of New York, in relation to requiring information on mental health services in shelters, the Department of Social Services (DSS) submits the calendar year (CY) 2023 report below.

Those most at risk of homelessness are affected by high rates of poverty, trauma, interpersonal conflict and violence, poor health -- including high rates of chronic disease and behavioral health diagnoses, and limited access to high quality mental health services. Department of Homeless Services (DHS) clients may enter the emergency shelter system with a host of complex and interrelated challenges but have one thing in common: a lack of safe and affordable permanent housing.

This report describes mental health conditions and services for individuals experiencing homelessness in shelters and on the street. It should be viewed against the backdrop of the many other services Human Resources Administration (HRA), DHS, and other City agencies provide to address social and structural determinants of health and homelessness.

DHS and HRA are continuously improving how mental health services are provided for those seeking or residing in shelter and, in alignment with City and State laws governing the right to shelter and the Americans with Disabilities Act, makes reasonable accommodations available to all clients upon demonstration of need.

While some shelters with qualified medical providers on site may provide evaluation and referral services and medication adherence support, shelters are not assisted living facilities, psychiatric centers, or medical institutions; as such, shelters do not have capacity to provide skilled nursing services, supervised medication management, or assistance with activities of daily living.

Shelter Mental Health Programs in 2023

Mental Health Shelters

Mental health shelters are a City-level designation (rather than regulated at State-level), reflecting our recognition that people with mental illness needs special services. Due to a range of factors, including a shift away from mass incarceration policies (including the criminalization of substance use and mental illness) and the decrease in support for institutionalization and institutional settings, and despite recent investments in outpatient and mobile mental health care, we are continuing to see the need for specialized shelter among adult individuals with severe substance use challenges and/or mental health challenges.

Mental health shelters are not licensed treatment facilities and do not have 24/7 clinical care and only limited day time hours. Instead they have additional staff with clinical background to support the unique needs of DHS clients who are experiencing homelessness and have a mental or behavioral health condition. Clients experiencing substantial psychiatric or mental health needs and/or substance misuse challenges are prioritized for placement in shelters with mental health and/or substance use support staff or treatment programs onsite. Factors considered when determining the need for mental health shelter placement include:

- History of severe mental illness;
- Past or recent psychiatric hospitalizations;
- Client's current functioning and behavior based on self-report and staff observation; and/or
- Clinical recommendation based on mental health or psychiatric evaluation.

Overall, the 45 NYC DHS mental health shelters provide:

- On-site behavioral health assessment and referrals to community mental health care;
- Psychiatric evaluations to support Supportive housing applications
- Enhanced security services to manage mental health crisis
- Access to telemedicine services via H+H Expresscare
- Staff trained to recognize and respond to overdose by administering naloxone

Some of the mental health shelters provide

- Medication storage and adherence support,
- Individual or group counseling services;
- Formal partnerships with specialized Shelter Partnered Assertive Community Treatment programs (SPACT)

Other Behavioral Health Programs in 2023

Behavioral health encompasses mental health and substance use care and treatment. Behavioral health programs in shelter implemented or continued in 2023 include:

- In 2021, DHS began conducting systematic follow-up after non-fatal overdoses to guide shelter staff in providing prevention counseling and linkage to harm reduction and substance use services including medications for addiction treatment. In 2023, DHS hired three harm reduction specialist staff to provide outreach to clients at risk, safety planning and linkage to care on-site in shelter. These staff served 21 shelters in 2023.
- In FY23 DHS secured a three-year grant totaling approximately $1.2 million dollars in funding from SAMHSA and Healing NYC to increase overdose prevention services, including direct outreach to clients at risk, shelter-based risk reduction counseling, naloxone and fentanyl test strip training and distribution to clients, and linkage to care.
- DHS and HRA became a NYS certified Opioid Overdose Prevention Program (OOPP) in 2016. In 2023, DHS trained 3,505 staff and 3,200 clients to respond to an overdose and administer naloxone, and distributed over 27,000 naloxone kits to shelter.
- In 2023 NYC Council passed Local Law 35 requiring mental health services to be provided in Families with Children Shelters, in-person or via telehealth. DHS adjusted shelter budgets to

increase social work salaries to improve recruitment and retention of qualified LMSW and LCSW staff in FWC shelters to deliver or coordinate mental health services.

1. The total number of shelters and facilities and number with on-site mental health services

The number of shelters, domestic violence shelters, and HASA facilities with on-site mental health services, as well as the total number of shelters, domestic violence shelters and HASA facilities.

DHS and HRA performed a count of all shelter programs and collected information about the availability of on-site mental health services. On-site mental health services could be provided through co-located clinics, a mobile health clinic or van, or a contracted medical provider. A total of 66 DHS shelter programs and 33 HRA Domestic Violence shelters provided on-site mental health services (Table 1).

Table 1. Number of shelters programs and shelter programs with on-site mental health services, 2023

	Overall number of shelter programs	**Number of shelter programs with on-site mental health services[1]**
DHS Shelters[2]	**565**	**66**
Single adults	169	37
Streets[3]	53	25
Veterans short term housing / Criminal Justice Shelter	1	0
Adult Families	16	2
Families with Children	326	2
Domestic Violence Shelters	**54**	**33**
Domestic Violence Emergency Shelters	42	29
Domestic Violence Tier II Shelters	12	4
HASA Facilities	**94**	**13**
Emergency SRO / Family Provider Sites	66/15	0
Emergency Transitional Provider Sites	13	13

Note: These are shelter programs that were active as of December 31 of the reporting year

[1] These clinic data is derived from a Point in Time (PIT) count conducted in Summer 2023 by the DSS Health Services Office/DHS Office of the Medical Director

[2] These data includes DHS Emergency Sites. Additionally, this data is housed on the Building Compliance System (BCS) and has historically been updated by shelter staff..

[3] Streets includes Safe Havens, Drop in Centers, and Stabilization Beds.

2. A description of the mental health services in each intake center

New York City Department of Homeless Services Intake Centers

Families with children

Families with children enter DHS shelter through the central intake center called the Prevention Assistance and Temporary Housing (PATH) center. All new families that report a health issue at intake, or those with specific needs, such as pregnant people, families with infants or who have a member with an acute medical condition or recent hospitalization are seen by the clinical provider at PATH. As needed, families are linked to a psychiatric provider for a comprehensive assessment. Once in shelter, clients are encouraged to and assisted in seeking care from a mental health professional or a local clinic of their choice as appropriate.

In addition, families self-reporting or observed to be facing mental health or substance use challenges are referred to DHS Resource Room Social Workers for further assessment. Resource Room Social Workers complete mental health and substance use assessments in the DHS CARES system. Assessment findings determine whether a call will be placed to 911 for EMS assistance and possible hospitalization.

Single adults

After completing the health screening at intake/assessment, single adult clients are offered comprehensive behavioral health assessments and psychiatric evaluations by onsite clinicians, as appropriate. For many of these individuals, entry into the DHS system may be the first contact they have with the health care system in several years. As such, clinical providers at assessment shelters conduct a comprehensive medical and a brief psychiatric assessment, followed by, as needed, a comprehensive psychiatric evaluation; the onsite clinic may also provide on-site treatment and stabilization services. These assessments are used to direct new entrants into the DHS system to a mental health or substance use shelter and refer to additional services.

Adult Families

For adult families, staff assessments using a client questionnaire are conducted at intake centers where individuals respond to questions posed from staff. Clinical assessments are not conducted by a clinician at these sites.

Providing Naloxone at DHS Intake/Assessment

All shelters, including intake and assessment sites, are equipped with staff who are trained to distribute naloxone to clients and act as overdose first-responders and to administer naloxone; we continue to train staff on an ongoing basis and conduct trainings for clients using a train-the-trainer model. During DHS intake, all individuals seeking shelter from NYC DHS are assessed for substance use challenges in addition to mental health challenges. Individuals who are identified as experiencing substance use challenges may be referred to a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for further referral to in- or out-patient substance use treatment.

Human Resource Administration Domestic Violence Services

HRA's Domestic Violence Services (DVS) provides oversight for the 24 hour NYC domestic violence hotline which serves as one of the contact points for the domestic violence shelter system, but also provides safety planning and referrals. Safe Horizon, a private not - for - profit social service agency and DV service provider, is the City contracted provider operating the hotline.

Upon arrival at a domestic violence shelter, as required by State mandate a client will be assessed within 48 hours of arrival. As a part of the client assessment process, the following medical and mental health questions are asked:

- Have you or your child (ren) ever been hospitalized? If yes, please explain.
- Have you or your child (ren) ever received psychiatric treatment or counseling? If yes, please explain.
- Is anyone in the family currently in treatment (Yes) or (No)?
- If yes, Name of Psychiatrist, phone#, Treatment schedule, List of medications,
- Is anyone pregnant (Yes) or (No).
  - If yes, who and expected date of delivery?
  - If yes, receiving prenatal care (Yes) or (No)? Where?
  - Any complications with the pregnancy (Yes) or (No), Explain

Depending on the responses, referrals are made. In every case there is on-going case management at the shelter.

DVS is working in conjunction with NYC Health and Hospitals to expand the Domestic Violence Shelter (DVS) Mental Health Initiative to provide culturally competent, domestic violence-informed psychiatric and psychological mental health screening, care and treatment to children, youth and adults at domestic violence shelters. Mental health services through the Mental Health Initiative have established services in 33 DV emergency shelters and will expand to include services in all DV emergency shelters by end of calendar year 2024.

HIV/AIDS Services Administration

Mental health services at HIV/AIDS Services Administration (HASA) Emergency Transitional Provider Sites and Permanent Congregate Provider Sites include programs for crisis intervention and referrals for short-term hospitalization for clients diagnosed with mental illness. Treatments include individual therapy, group therapy, recreational therapy and psychological testing. Social service professionals and case managers assist clients with continuing care options that enhance their mental stability and independent functioning.

During HASA intake, all individuals seeking shelter are assessed for substance use challenges in addition to mental health challenges. Comprehensive Health Assessment Teams (CHAT), for example, help

conduct an early assessment of mental health and substance use history to determine if a person may be effectively served and/or eligible for supportive housing. Individuals who are identified as experiencing substance use challenges may be referred to a Credentialed Alcoholism and Substance Abuse Counselor (CASAC) for further referral to in- or out-patient substance use treatment. If a client appears to be in crisis upon arrival at intake, intake staff contact HRA's Customized Assistance Services and request an emergency psychiatric evaluation and possible hospitalization if appropriate.

3. Description of the mental health services provided at drop-in centers and safe havens

Drop-in centers provide a low-threshold alternative to traditional shelter for individuals experiencing street homelessness and offer temporary respite where individuals can shower, eat a meal, see a doctor, and rest. There is on-site case management and housing placement services.

Services at drop-in centers and safe havens include a psychiatric assessment and referral to care as indicated from the assessment.

All placements to low-barrier street beds, including safe havens and new stabilization beds, are processed through the Joint Command Center (JCC). This ensures that clients are receiving the level of care which they require.

Safe Havens provide an immediate transitional housing alternative for individuals who've experienced unsheltered homelessness, with a focus on those who've experienced chronic unsheltered homelessness. As a result, street outreach teams can place clients into a Safe Haven directly from the street based on individualized engagements/assessments. Safe Havens are generally smaller settings (smaller capacity), with clinically rich staffing and flexible program requirements, such as no curfew. The program embraces housing-first and harm-reduction models. The primary goal is to encourage clients to accept services and come in off the streets into flexible settings with strong clinical supports, which will help clients further transition to permanent housing. Equipped with MSW level clinicians, CASAC certified staff, and psychiatrists, the clinically rich staffing model and lower client to staff ratio allows for more intensive work with each client. Stabilization beds are small-scale, low-barrier programs specifically tailored for individuals experiencing unsheltered homelessness who may be resistant to accepting or who may not be best served by other services, including traditional transitional housing settings. Stabilization beds are specifically meant to address individuals' unique needs, including smaller physical settings, as well as on-site services and compassionate staff who work closely with these New Yorkers to build trust, stabilize lives, and encourage further transition off the streets and ultimately into permanent housing.

4. Description of mental health services provided to the unsheltered homeless population

A description of the mental health services provided to the unsheltered homeless population directly and by referral, including the number of removals initiated pursuant to section 9.58 of the mental hygiene law.

Section 9.58 of the Mental Hygiene Law allows a qualified mental health professional or physician to remove a person to a hospital for evaluation if they appear to be mentally ill and may cause serious harm

to themselves or others, or if the individual displays an inability to meet basic living needs and has a physical issue that has put them in danger because of lack of treatment.

Outreach teams work from a harm reduction approach, building relationships with individuals who over time have historically rejected services. Outreach teams are also focused on the most vulnerable of those living outside to ensure they are safe and not at risk for injury or death. Outreach teams also perform crisis intervention assessments and work on placements to indoor settings through on-going case management and supportive services. This includes linking clients to medical benefits as they continue to work with these individuals throughout their journey. The outreach teams meet people "where they are" both literally and figuratively— whether that means conducting a psychiatric evaluation on a street corner or sending an outreach worker who can speak to a client in his or her native language.

In 2023, there were 82 removals initiated by DHS and contracted outreach teams pursuant to section 9.58 of the mental hygiene law. Of the 82 removals, DHS staff conducted 41, and outreach teams contracted by DHS conducted 41.

Overall, DHS Outreach teams provide emergency and crisis intervention, counseling, case management, assistance with entitlements, benefits, housing and other resources, and provides referrals and linkages to health care services, as necessary, to individuals choosing to live on the streets.

5. Ten most common self-reported mental health issues among adults and children at intake/assessment

A list of the 10 most common mental health issues for adults living in shelters, as self-reported at intake/assessment, and the 10 most common medical health issues for children living in shelters, as self-reported at intake/assessment

The tables below outline the top 10 behavioral/mental health conditions among adults in Adult Families, Single Adults, and Families with Children shelters. This is self-reported data at the time of application from every adult client that spent the night in an adult family, families with children or single adult shelter in 2023. In this data collection method, each client can report several health conditions and these data are not mutually exclusive. These counts include clients that turned 18 while in shelter during 2023.

Table 2. Top ten self-reported behavioral health conditions from intake/assessment for adults entering adult families shelters, January 1, 2023 – December 31, 2023

Rank	Behavioral Health Condition	N
1	Depression	461
2	Anxiety	451
3	Bipolar disorder	265
4	Post-traumatic stress disorder (PTSD)	198

5	Attention deficit hyperactivity disorder (ADHD)	120
6	Schizophrenia	111
7	Panic disorder	81
8	Substance abuse or dependence	77
9	Autism or severe developmental delay	71
10	Schizoaffective disorder	36

Table 3. Top ten self-reported behavioral health conditions at intake/assessment among single adults entering shelters, January 1, 2023 – December 31, 2023

Rank	**Behavioral Health Condition**	**N**
1	Depression	5,398
2	Bipolar disorder	4,468
3	Anxiety	4,254
4	Schizophrenia	2,771
5	Post-traumatic stress disorder (PTSD)	2,429
6	Substance abuse or dependence	1,449
7	Attention deficit hyperactivity disorder (ADHD)	1,116
8	Schizoaffective disorder	855
9	Alcohol abuse or dependence	838
10	Panic disorder	300

Table 4. Top ten self-reported behavioral health conditions at intake/assessment for adults in families with children shelters, January 1, 2023 – December 31, 2023

Rank	**Behavioral Health Condition**	**N**
1	Depression	1,269
2	Anxiety	1,267
3	Bipolar disorder/manic depression	558
4	Post-traumatic stress disorder (PTSD)	553
5	Autism or severe developmental delay	300

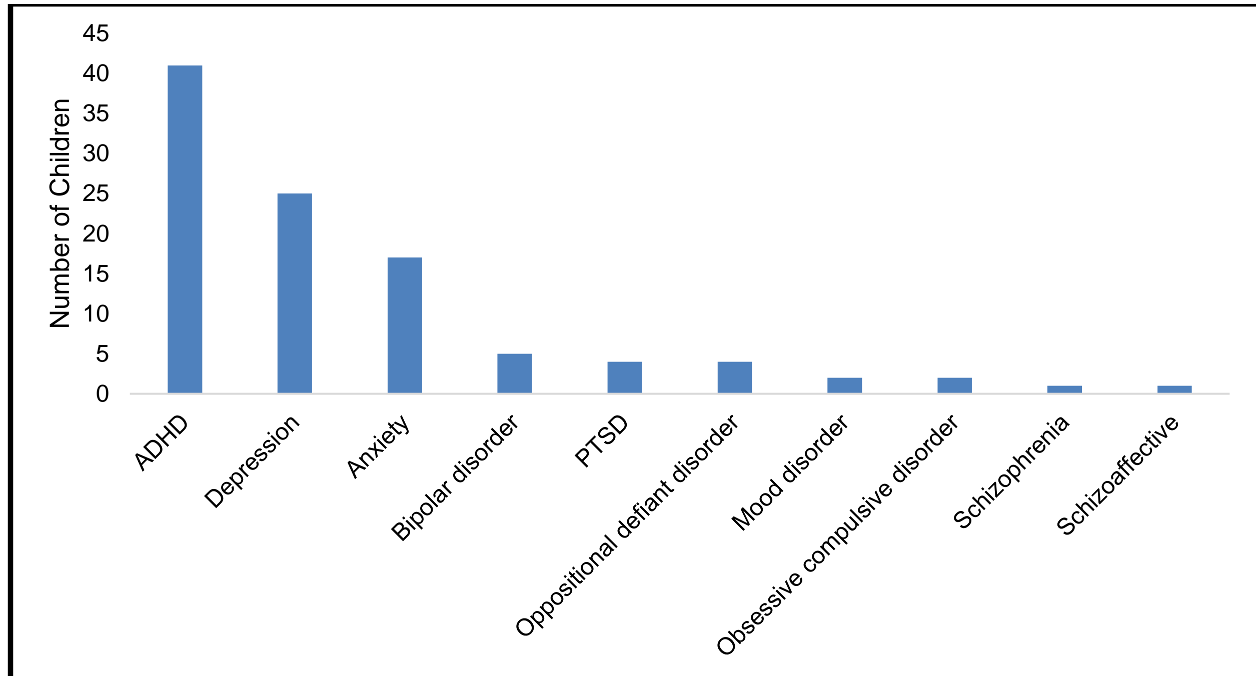
6	Attention deficit hyperactivity disorder (ADHD)	283
7	Schizophrenia	140
8	Panic disorder (panic attacks)	106
9	Substance abuse/dependence (drugs)	40
10	Schizoaffective disorder	34

Note: These counts include clients who turned 18 while experiencing homelessness and residing in NYC DHS shelter during 2023

The DSS Health Services Office/DHS Office of the Medical Director collects self-reported behavioral health conditions for new families applying for shelter at the Families with Children (FWC) intake center (PATH) that report a behavioral health issue at intake (e.g., anxiety, depression, ADHD) and also collects medical information from families that have not previously completed the expanded health screening, if they presented to the clinic for another issue (e.g., pregnancy, recent hospitalization).

- In 2023, data was collected for 1,827 children, of those, 102 children (6%) had at least one behavioral health condition, as reported by the head of the household for each family member. The leading behavioral health condition among children was Attention deficit hyperactivity disorder (ADHD) (Figure 1).
- The health screening captures self-reported behavioral health information on the seven most common behavioral health conditions among children plus an option to mark 'other' with the ability to specify what the other conditions entail.
- Figure 1 shows the behavioral health conditions among children as reported by head of the household for each family member. Some children have more than one behavioral health conditions.

Figure 1. Self-reported behavioral health conditions among children, as reported by head of the household for each family member at families with children intake center, January 1, 2023 – December 31, 2023



Notes: N=102; children may report more than one behavioral health condition

6. Ten most common mental health issues among adults and children living in shelters

A list of the 10 most common behavioral health issues for adults living in shelters and the 10 most common behavioral health issues for children living in shelters, as reported by providers under contract or similar agreement with the department to provide mental health services in shelter

The tables below outline the most common behavioral health conditions among children (Table 5) and adults (Table 6 and 7) living in shelter as reported by the providers at Intake and Assessment. Attention-deficit hyperactivity disorder and depression were the leading behavioral health conditions reported among children and adults, respectively.

Table 5: Most common behavioral health conditions among children as reported by the medical provider at PATH, January 1, 2023 – December 31, 2023

Rank	Behavioral Health Condition
1	Attention deficit hyperactivity disorder (ADHD)
2	Developmental disorder of scholastic skills, unspecified
3	Depression
4	Anxiety disorder

5	Bipolar disorder
6	Post-traumatic stress disorder (PTSD)
7	Oppositional defiant disorder
8	Schizophrenia
9	Persistent mood disorder
10	Adjustment disorder

Table 6: Most common behavioral health conditions among adults in family with children shelters as reported by the medical provider at PATH, January 1,2 023 – December 31, 2023

Rank	**Behavioral Health Condition**
1	Major depressive disorder
2	Anxiety disorder
3	Generalized anxiety disorder
4	Bipolar disorder
5	Post-traumatic stress disorder (PTSD)
6	Depression
7	Attention deficit hyperactivity disorder (ADHD)
8	Schizophrenia
9	Bipolar II disorder
10	--

Table 7: Ten most common behavioral health conditions among single adults as reported by the medical providers at adult assessment shelters, January 1, 2023 – December 31, 2023

Rank	**Behavioral Health Conditions**
1	Depression
2	Cannabis use disorder
3	Anxiety
4	Post-traumatic stress disorder (PTSD)
5	Bipolar disorder
6	Alcohol use disorder
7	Schizophrenia

8	Cocaine use disorder
9	Nicotine use disorder
10	Schizoaffective disorder

7. Metrics relevant to the provision of mental health services

Any metrics relevant to the provision of mental health services reported to the department by any entity providing such services.

Please refer to the new overdose report and the annual mortality report submitted pursuant to LL225 of 2017 and LL63 of 2005, replaced by LL 7 of 2012, respectively.