

Pursuant to Local Law 35 of 2023¹ (LL35) to amend the administrative code of the city of New York, in relation to requiring mental health professionals in Tier II Families with Children (FWC) shelters, which went into effect on July 31, 2024 in the 30 highest-volume shelters, see the inaugural report for partial calendar year 2024 (August 1st through October 31st) for those 30 highest-volume Tier II shelters.

1. The number of families in FWC Tier II shelters

FWC clients are offered mental health services and shelter staff actively work to connect families to these resources. Local Law 35 explicitly requires that families residing in Tier II shelters have access to on-site mental health services. Because of the phased implementation of this law, the data for this first report only includes clients residing in the 30 highest-volume sites for whom this law was enacted first. *Note. These 30 sites represent 43 percent of the total Tier II FWC population, or 45 percent of Tier II FWC households.*

Table 1. Number of Tier II FWC shelters, number of clients, and client ages (August 1 to October 31, 2024)

	Number of Tier II FWC Shelter Programs	Number of Unique Tier II Households	Number of Unique Tier II Clients	Number of Unique Tier II Clients < age 18
All DHS Tier II FWC Shelters	131	12,041	38,008	21,273
<i>30 Highest-volume shelters</i>	30	5,454	16,959	9,321

Note. Shelter data is derived from the Building Compliance System (BCS) Shelter List and includes all active Family Tier II shelters during the reporting from (August 1 to October 31, 2024). Client data is derived from CARES Demographics during the same period and reflects the total number of unique households residing in these 30 highest-volume shelter during that time. All subsequent reporting and calculations of mental health service provision is based on this count of unique families.

2. Mental Health Professionals

Summarized in Table 2, this section reports the number and types of mental health professionals available on-site in the 30 highest-volume shelters.

¹ See: [9aec1e03-efa4-4708-8cc0-a80abc8cb5bd.pdf](https://legistar1.com/9aec1e03-efa4-4708-8cc0-a80abc8cb5bd.pdf) (legistar1.com)

DHS Social Workers. Social workers provide the majority of on-site clinical services within shelters.

- Licensed master’s level social workers (LMSW) serve as Client Care Coordinators in shelters as employees of DHS contracted shelter providers. They work with families to facilitate access to mental health services and assist them as they navigate multiple systems to cope with the stressors that are often associated with experiencing homelessness.
- Licensed Clinical Social Workers (LCSW) are qualified to diagnose mental health conditions and deliver psychotherapy and are also qualified to supervise LMSW staff to deliver clinical services.
- Master’s level social workers (MSW) provide case management and care coordination services and are qualified to conduct biopsychosocial assessments.

Table 2. Number and description of mental health titles on-site at the 30 highest-volume shelters

Clinical Staff	Number of Active Social Work Staff	Number (%) of Shelters with on-site Social Workers
Master of Social Work	29	13 (43%)
Licensed Master of Social Work	25	14 (47%)
Licensed Clinical Social Worker	3.66	5 (17%)
Any social work staff	57.66	22 (73%)

Note. Staffing data is as of December 2024. The number of shelters with on-site social work staff does not equal the sum of each social work title due to some shelters having more than one social worker. Further, there are eight sites without any social work staff at this time, so they are excluded from the *any social work staff* row.

3. Mental Health Services for Families

This section describes the types of mental health services offered to families and the number of families receiving services. The three categories of mental health services are:

1. Biopsychosocial assessments.
2. Referrals to mental health services.
3. Utilization of partner behavioral health telehealth provider services.

3.1 Biopsychosocial assessment

Shelter staff encourages all families to complete a biopsychosocial assessment (BPS), which is a voluntary comprehensive assessment of a family’s current strengths and needs across several domains (e.g., medical, behavioral health, social, educational/developmental). The BPS is a vital tool that enables shelter staff to better understand a family’s strengths and needs, develop care plans, make referrals as warranted, and coordinate care.

Nearly 2,500 families, or 46 percent of all families residing in the 30 highest- volume shelters have a BPS in their file. During the period between August 1, 2024 to October 31, 2024, 562 BPS assessments were completed for families, while the others were completed prior to the reporting

period. Both are reported to provide a more accurate description of provision of this mental health assessment.

Table 3. Biopsychosocial completion rate for clients in shelter (30 highest-volume shelters)

Report Period	Number of Unique Households	Number (%) of Households with a BPS on Record
Aug-Oct 2024 (Cumulative)	5,454	2,492 (46%)

3.2 Referrals to Mental Health Services

Referring clients to appropriate services is an important step in supporting their health and well-being. Using insights from the BPS and other sources, on-site mental health providers assess families' needs for clinical support and make appropriate referrals such as to on-site clinics or providers, to tele-health, or to off-site providers. After a serious mental health incident, shelter staff are expected to offer crisis management, including emergency services or referrals, to prevent future occurrences.

Table 4 shows the number of referrals to mental health services throughout the reporting period. Families experiencing homelessness have a higher prevalence of mental health needs compared to families who are not; however, not all families require a referral for services as many are already connected to mental health providers, and others may have declined these voluntary services. Therefore, DHS does not forecast the number of referrals to ever be at 100 percent of the shelter population.

Table 4. Number of referrals to select mental health, substance use, and early intervention services (30 highest-volume shelters)

Report Period	Number of Households Referred to Mental Health Services	Number of Households Referred to Substance Use Services	Number of Households Referred to Early Intervention Services
Aug-Oct 2024 (Cumulative)	137	5	11

3.3 Utilization of Telehealth Services

NYC Health and Hospitals ExpressCare (ExpressCare). DHS has established formal relationships with H+H ExpressCare to increase access to telehealth services for shelters systemwide. ExpressCare offers dedicated virtual urgent care for DHS clients, which is an on-demand service, available 24 hours a day, seven days a week. As summarized in Table 5, in the first three quarters

of 2024, ExpressCare received 462 behavioral health-related calls from DHS shelters to address behavioral health issues, 27 of which (or 5.8 percent) were for people under the age of 18.

Table 5. ExpressCare utilization among DHS clients, Q1-Q3 2024

Reporting Period	Total Medical Visits	FWC Medical Visits (<age 18)	Total Behavioral Health Visits	FWC Behavioral Health Visits (<age 18)
Q3 2024	641	112	172	11
2024 YTD	2,795	511	462	27

Note. ExpressCare does not collect information on FWC shelters specifically and so it is not possible to differentiate adult callers in the FWC system from other adults in the DHS system. The data provided on FWC captures the number of visits for individuals up to/including age 18 only and is not exclusive to the Top 30 largest shelters related to LL35 implementation.

Although conducting biopsychosocial assessments and connecting families to mental health services in the community or through telehealth platforms represent the core of the mental health work provided by DHS staff, shelter clinicians may also offer psychiatric evaluations, mental health treatment plan coordination, and individual, group, or family psychotherapy onsite, depending on individual staffing capacity.²

4. Average Caseload

The NYC Department of Homeless Services has established budgets for social work staff based on the capacity of each shelter that yields an average caseload of 1:49. As the department is in the initial phase of implementation and efforts to recruit new social workers is ongoing, the current actual ratio of DHS-contracted social workers on-site to families in shelter is 1:78, accounting for a 54% vacancy rate of 68.5 staff. These caseloads are the average of individual sites' caseload ratios and both exclude LCSWs from the calculation, as their role is primarily supervisory and they are not responsible for managing their own caseload. As previously shared, eight sites are excluded from the current actual caseload calculation as they do not have any on-site social work staff at this time. DHS continues to support providers in their recruitment efforts and providers with vacancies will refer families to community-based mental health services as needed.

² According to a point-in-time self-report of health services on-site conducted in Summer 2024.