



Overview of Select City Department of Homeless Services And NYC Health Resources

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Executive Summary

Voices of Community Activists and Leaders (VOCAL-NY) requested that the New York City Independent Budget Office (IBO) summarize [Safe Havens](#) and mental health services provided by the City of New York.

There are numerous government-funded City, State, and federal resources to support individuals facing challenges related to housing, mental health, and/or substance use in New York City. There is also substantial need:

- According to a [2024 report](#) from the New York City Department of Health and Mental Hygiene (NYC Health), 34% of adults with a diagnosed mental illness in New York City in 2023 had an unmet need for mental health treatment.
- In 2025, the [Homeless Outreach Population Estimate](#), the annual point-in-time estimate of individuals experiencing street homelessness in New York City, also reported the highest number in the last decade—over 4,500 individuals on the night of January 28, 2025.

This report is centered around shorter-term programs for unhoused New Yorkers—defined as those who experience street homelessness or live in a shelter—through the Department of Homeless Services (DHS) and mental health and substance use programs offered or overseen by NYC Health. IBO reviewed reports and articles published about these resources and followed up with inquiries to the Mayor’s Office of Management and Budget, DHS, and NYC Health. This report does not catalog the full range of government-funded services, including longer-term programs offered by the City. For example, this report does not cover supportive housing, a critical permanent housing solution offered by the City.

While unhoused populations, people experiencing mental illnesses, and people dealing with substance use challenges face distinct difficulties, service needs sometimes overlap among the three groups. Among IBO’s findings:

As of December 2024, the City had 2,161 beds in Safe Havens. In January 2025, Mayor Adams [announced](#) an expansion of 900 new beds, bringing the City to approximately 3,000 Safe Haven beds. Together with stabilization beds, this expansion increases the total number of low-barrier beds for New Yorkers experiencing street homelessness from 4,000 to 4,900.

As of July 2025, [mobile behavioral health treatment](#) teams can treat over 6,300 adults in New York City at a given time. These teams serve adults who have functional impairment due to mental illness or substance use and may experience housing instability, have frequent interactions with the criminal legal system, or some combination of these challenges.

NYC Health coordinates several harm reduction services in New York City, including:

- [14 syringe service programs](#) across all five boroughs.
- Four free [public health vending machines](#), which provide free access to life-saving health supplies, including naloxone, and fentanyl test strips to those who need them.

Introduction

At the request of the nonprofit VOCAL-NY, the Independent Budget Office (IBO) has prepared this report, which summarizes the availability of Safe Havens, a program coordinated by the Department of Homeless Services (DHS), as well as the breadth and availability of mental health and related resources that are made available by the Department of Health and Mental Hygiene (also called NYC Health). The programs described are intended to serve the unhoused population, including those that experience street homelessness or live in a shelter. In this report, IBO presents an overarching inventory of existing programs that provide temporary/short-term services to address mental health, street homelessness, and substance use in New York City through these agencies. IBO also presents the available budget details for the various programs and services being described.

While the specific focus of this research was Safe Havens and NYC Health programming, those do not encompass all services of this kind in New York City. There are other shorter-term substance use, homelessness, and mental health supports that are not covered herein. For example, NYC Health + Hospitals offers unhoused patients a place to stay for up to 90 days after a major health event, complete with expanded medical services, through its medical respite bed program. There are also State-run programs that operate within the five boroughs of the City such as the addiction treatment centers run by the State Office of Addiction Services and Supports. This report also does not include information on supportive housing or more long-term or permanent housing solutions.

Programs to Support Unhoused New Yorkers

Site-based Services

The Department of Homeless Services (DHS) operates multiple low-barrier facilities to support unhoused New Yorkers experiencing street homelessness, including Safe Havens, stabilization beds, and drop-in centers. Safe Havens and stabilization beds (collectively called “low-barrier beds”) are small-scale alternatives to conventional congregate shelters that offer more privacy, more flexible intake, and more relaxed curfews. While both provide physical and mental health services on-site, Safe Havens have more intensive services. Under [new rules](#) issued in 2025, (all years refer to City fiscal years, unless otherwise specified), referrals to low-barrier beds require a record of six months of street homelessness in the City’s outreach database, StreetSmart, with exceptions based on individual client needs (see following section for more details on street outreach).

In addition to such low-barrier beds, the City also operates drop-in centers, which provide services but not beds (clients can choose to sleep on chairs if available). Drop-in centers do not require a referral and are open 24 hours, with meals and showers as well as case managers to provide support and connections to resources. The City was operating 9 drop-in sites as of December 2024, according to the Office of Management and Budget (OMB), with at least one in each borough.¹

In recent years, the City has invested to expand these facilities, especially Safe Havens. In 2019, the City [launched](#) “The Journey Home: An Action Plan to End Long-Term Street Homelessness,” with the goal of increasing the total number of low-barrier beds to 2,800, including 1,000 new Safe Haven beds, though without a specified timeline. As of December 2024, the City had approximately 4,000 low-barrier beds, including 2,161 Safe Haven beds across 29 Safe Haven sites.

City spending on low-barrier beds, drop-in centers, and outreach has increased since the 2019 plan, with most of the increase taking place over the last several years. The City spent an average of \$119 million each year from 2019 through 2021 and an average of \$283 million each year from 2022 through 2024. These programs are funded primarily by the City, although some federal COVID-19 related stimulus funding was used during the pandemic. For context, DHS spent a total of \$3.9 billion across all funding sources in 2024 (\$2.7 billion when removing funds specifically related to asylum seekers).

In Mayor Adams’ State of the City speech in January 2025, the Mayor [called](#) for the addition of 900 new Safe Haven beds, for a total of 3,061. The Preliminary Plan, released later in January, added [\\$106 million](#) for Safe Haven expansion, including an additional \$44 million in 2026, \$48 million in 2027, \$46 million in 2028, and \$43 million in 2029.² The City adds Safe Havens primarily through contracts with nonprofit providers, sometimes by facilitating non-profit ownership, i.e., through a model where the City issues a 30-year contract with a nonprofit provider, which then acquires a building or constructs a new building based on that contract.

Outreach Services

Unhoused New Yorkers experiencing street homelessness connect with these low-barrier facilities through engagement with outreach teams, including those run by DHS and NYC Health (see following section for outreach conducted by NYC Health). At DHS, Street Outreach teams operate 24 hours a day/7 days a week/365 days a year, through contracts with nonprofit providers that conduct both general and intensive canvassing. General canvassing assigns staff to larger geographic areas for an overview, focused on general observations and interactions, while intensive canvassing focuses for two-week periods in each area, often in response to referrals from other agencies or 311 rather than geographic assignments. Different providers operate in different areas: the Bowery Residents’ Committee (BRC) canvasses in the subway, while other providers canvass above ground, organized by borough. All providers must document their interactions in StreetSmart. According to quarterly [Local Law 217 reports](#), the subway is the most common location for initial outreach engagements.

There are also 16 outreach teams across all five boroughs under the State’s [Safe Options Support](#) (SOS) program, canvassing the subway and other transit areas. Each team includes licensed clinicians, care managers, and peer specialists and uses “Critical Time Intervention,” a phased approach to connect individuals to services and their community. Initial outreach can include multiple engagements per week, and services provided through SOS can last up to 12 months. Though funded and operated by the State, these teams work with DHS and have access to StreetSmart and the CARES database, the DHS database for shelter. Under a new expansion announced in February 2025, SOS also covers the Staten Island Railroad, which had not previously been covered.

In addition to street canvassing, DHS also employs outreach specialists who focus on specific areas where unhoused New Yorkers gather (called “hotspots” within DHS) to build connections and trust over time. These hotspots may be seasonal and/or change over time. Outreach specialists have access to both CARES and StreetSmart to help coordinate across systems.

These outreach specialists are part of the City’s Street Homelessness Joint Command Center (JCC). The JCC serves as a centralized hub to connect outreach teams with other parts of DHS, including low-barrier sites, 311 calls, and other agencies and programs, including those outlined below. The JCC also reviews and approves client placement in order to match clients to sites that best fit their needs.

The City also operates two co-response outreach teams that work with law enforcement officers, both operating in the subway. The Partnership Assistance for Transit Homelessness ([PATH](#)) pairs DHS clinicians and outreach staff with NYPD transit officers to connect with unsheltered individuals in subway stations overnight. The Subway Co-Response Outreach Teams ([SCOUT](#)) program pairs DHS clinicians with the Metropolitan Transit Authority Police Department (MTAPD), focusing on unhoused individuals with serious mental illness. Both teams also have access to StreetSmart and CARES, and coordinate with the JCC.

Programs to Address Mental Health and Substance Use Needs in New York City

NYC Health has both site-based and mobile behavioral health programs. On-site resources and program offerings include crisis residences, support and connection centers, early childhood mental health clinics, clubhouses, and comprehensive psychiatric emergency programs. Mobile services include mobile crisis teams, assertive community treatment (ACT), shelter partnered ACT, forensic ACT, intensive mobile treatment, and co-response teams. Figure 1 provides details on each type of resource, the population it serves, and service type (site-based or mobile). NYC Health also provides, or otherwise supports, substance use and harm reduction programs throughout the city.

Site-based Mental Health Services

[Crisis residences](#), or crisis respite centers, offer stays of up to 28 days for individuals experiencing mental health crises. During a stay, guests may come and go at will. There are nine crisis respite centers operated by NYC Health community partners across each of the five boroughs. In 2025, these were budgeted at \$3 million.

Support and connection centers, formerly referred to as [diversion centers](#), operate as an alternative to arrest or hospitalization. These centers offer short-term clinical and non-clinical services to individuals with mental health and/or substance use needs who are referred by first responders – [either](#) the New York Police Department or a Behavioral Health Emergency Assistance Response Division (B-HEARD) team. (B-HEARD teams, staffed with a combination of mental health professionals and emergency medical technicians, are a non-police response to New Yorkers experiencing mental health crises.) Length of stay is

FIGURE 1

The Department of Health and Mental Hygiene Offers Several Mental Health Resources

Resource	Population Served	Service Type
Crisis Residencies	Adults exhibiting symptoms of a mental health crisis, with or without a mental health diagnosis	Site-based
Support and Connection Centers (SCC)	Adults with mental health and substance use needs that are experiencing an acute crisis	Site-based
Childhood/School-Based Mental Health Clinic	Children and adolescents in a school setting	Site-based
Clubhouse	Adults with a serious mental illness diagnosis	Site-based
Comprehensive Psychiatric Emergency Program (CPEP)	Individuals with known or suspected mental illness in a hospital setting (though not all sites serve children and adolescents)	Site-based
Mobile Crisis Team (MCT)	Individuals experiencing a mental health crisis; referred by 988, a 24/7 crisis hotline	Mobile
Assertive Community Treatment (ACT)	Individuals with a serious mental illness diagnosis, also having functional impairment or reliance on psychiatric treatment as a result	Mobile
Forensic Assertive Community Treatment (FACT)	Individuals who meet criteria for ACT and have had recent involvement in the criminal legal system	Mobile
Shelter Partnered Assertive Community Treatment (SPACT)	Individuals who meet criteria for ACT and reside in certain NYC shelters	Mobile
Intensive Mobile Treatment (IMT)	Adults experiencing housing instability who have had recent/frequent interaction with the mental health and criminal legal systems, and for whom engagement with other forms of care have been unsuccessful	Mobile
Co-Response Team (CRT)	Individuals at risk of, or who have recently had, a mental health crisis	Mobile

NOTE: CPEPS will be discussed in the mobile mental health services section as these are directly linked to mobile crisis teams.

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dependent upon the guest's needs and ranges from hours to days long. At the inception of this initiative, [the City announced](#) that it would budget approximately \$9.5 million annually for

two centers, one in East Harlem and one in the Bronx, with a goal of diverting 2,400 people per year. After a program reduction last year, the City currently contracts only one center, Project Renewal in East Harlem, according to OMB.

Childhood mental health clinics, or [school-based mental health clinics](#), are operated either by community-based organizations or hospital systems. NYC Health’s involvement in these clinics consists of onsite technical assistance, quality assurance, partnership management, and assessment of clinic services in relation to the needs of the school and its students. There are currently 233 of these clinics across 379 schools in New York City, available to all children regardless of housing status. It is important to note that children who are unhoused are likely to also receive other services in shelters which may include either protective or preventative services provided by the Administration for Children’s Services.

Clubhouses are spaces geared toward New Yorkers with serious mental health conditions which, in addition to fostering a social and recreational environment for members, offer health, legal, education, and job services. In 2023, the City contracted 16 clubhouses in New York City serving approximately 5,000 members. In 2024, NYC Health re-procured the clubhouse portfolio for the first time in 30 years which the agency described as reflecting its commitment to providing the highest quality services and maximizing the reach of public funding. A [concept paper](#) and a later request for proposals issued by NYC Health outlined plans to increase the number of active clubhouse members—defined as individuals who engage with the clubhouse at least once every 90 days—from 5,000 to 15,000 in two years by setting new membership standards for clubhouses. This expansion plan also had the stated goal of enrolling 3,750 new members in high-need neighborhoods. As part of the clubhouse expansion model, NYC Health announced that it would [double funding](#) for clubhouses to \$30 million. As of June 2025, NYC Health confirmed that the new contracts have been awarded, and 13 clubhouses are currently active. The clubhouses currently contracted by the City are a mix of longstanding and new providers that were able to meet the outlined requirements for higher membership.

Mobile Mental Health Services

Comprehensive psychiatric emergency programs ([CPEPs](#)) provide mental health care for individuals with a known or suspected mental illness in a hospital setting. This care includes triage, observation, treatment, and referral. Mobile crisis teams (MCTs) are the outreach component of CPEPs—as [outlined](#) by the State Office of Mental Health, CPEP services consists of three components: hospital-based crisis intervention services, extended observation beds, and crisis outreach services. MCTs provide in-person crisis de-escalation, engagement, assessment, and referrals to appropriate services. These teams, if unable to make in-person contact with an individual, will attempt to make contact via a phone or video call. This service is available 7 days a week between 8:00AM and 8:00PM and, while services are primarily provided in individuals’ homes, they are also provided in schools for children experiencing crisis. Currently, the combined budget for adult and children’s MCTs is \$23 million. According to NYC Health, the agency is not involved in the hospital-based emergency care provided by CPEPs but is involved in the MCT aspect of most CPEPs in New York City through the provision of funding, oversight, and technical assistance. There are also MCTs

FIGURE 2

At the End of Fiscal Year 2025, Mobile Behavioral Health Treatment Teams Had Capacity to Treat Approximately 6,300 New Yorkers

Type of Team	Eligibility Criteria	Number of Teams	Client Capacity	Modified 2025 Budget (in millions)
ACT	Serious mental illness diagnosis and related functional impairment or reliance on psychiatric treatment	64	4,272	\$18
FACT	ACT-eligible and current/recent criminal legal involvement	6	408	\$4
SPACT	ACT-eligible and current residence in specific shelters	10	680	-
IMT	Housing instability and recent/frequent criminal legal and mental health system interaction	36	973	\$42

SOURCES: NYC Health; Mayor's Office of Management and Budget

NOTE: SPACT teams are not contracted by the City, but are directly contracted by the New York State Office of Mental Health. The ACT budget reported above only includes funds reflected in the City budget and does not include Medicaid revenue, the primary source of funding for this type of team.

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that are operated by hospitals that do not have CPEPs, and others that are operated by community-based organizations.

Assertive community treatment (ACT) is an evidence-based approach that assists clients with psychiatric symptom management, employment, securing and maintaining housing, and substance use reduction or abstinence. ACT teams typically meet with a client 6 times a month and clients may stay in the program as long as needed. Forensic ACT (FACT) teams are for individuals who meet eligibility for ACT team involvement but also have involvement in the criminal legal system due to serious mental illness or treatment noncompliance. Shelter-partnered ACT (SPACT) teams serve individuals who meet ACT eligibility and reside in select shelters.

Intensive Mobile Treatment (IMT) teams serve adults who have high service needs that are not being met in mental health clinics or ACT settings. This includes those who experience housing instability and have frequent interactions with mental health and/or criminal legal systems. While similar to ACT teams, IMT teams are more flexible and intensive. IMT teams are interdisciplinary and include behavioral health clinicians and peer specialists who provide services to clients regardless of their location. IMT teams may also continue to provide

services to people during hospitalization, incarceration, and residential substance use related rehabilitation. Individuals can be connected to ACT, FACT, SPACT, and IMT teams through a referral system called Single Point of Access (SPOA). SPOA [takes referrals from](#) homeless services, mental health providers, corrections, and community-based organizations.

The above-described teams each have varying capacities regarding to how many clients are served at a given time. At the end of 2024, the total client capacity for these teams was 6,009, and the City [reported](#) that 5,747 unique individuals received throughout 2024. This number includes individuals who were treated by ACT, FACT, and IMT teams. By the end of 2025, the total client capacity for these teams increased to 6,333 as shown in Figure 2.

Co-response teams (CRTs) handle short-term pre- and post-crisis intervention and are staffed by NYC Health and the New York Police Department, with one behavioral health professional and two police officers respectively. CRTs are active 14 hours a day, 7 days a week, and engage individuals who are at risk of harming themselves or others. Interventions and supports offered by CRTs consist of clinical assessment, supportive counseling, de-escalation, referrals for community or mobile treatment, and transportation to health and/or legal services. CRTs had a budget of \$5 million in 2025 including Triage, a mechanism by which cases are assessed and referred to the CRT program.

Substance Use Programs

NYC Health coordinates a number of substance use and harm reduction programs throughout New York City. For example, NYC Health provides funding and technical assistance for 14 syringe service programs (more commonly known as needle exchange programs) that provide access to sterile needles and syringes, as well as health services such as safe use education and hepatitis C and HIV testing, at no cost. NYC Health also operates four free public health vending machines in Brooklyn and Queens that provide access to life-saving health supplies, including naloxone, and fentanyl test strips to those who need them. Naloxone is a medication that reverses opioid overdoses when administered. Fentanyl test strips allow for drug samples to be tested for the presence of fentanyl, a synthetic opioid that increases the potency of other drugs and has been linked to many overdose deaths. The City [initially planned](#) on installing 10 vending machines, but cut back its plans in 2024 after installing four machines.

Other programs administered and/or otherwise supported by NYC Health include naloxone and fentanyl test strip distribution, Office of Addiction Services and Supports (OASAS) certified treatment programs, drug-checking services, and Relay, a peer-led non-fatal overdose response. [Drug-checking services](#), through which a trained technician tests powders and pills for contaminants, are available at four of the aforementioned syringe service programs. Relay, introduced in 2017, engages with individuals during an emergency department visit who may have experienced an opioid overdose. As of April 2023, Relay [operates in 14 hospitals](#), each located in a neighborhood with a high rate of overdose.

Additionally, there are two overdose prevention centers (OPCs) in New York City which are funded primarily through private sources. While NYC Health does not fund or operate these

centers, it does fund and support comprehensive wraparound services—including health, mental health, substance use disorder, treatment, and social services. Further, NYC Health released guidelines in September 2023 to promote OPC services that are responsive to community needs, and to ensure the safety of participants, staff, and local residents.

Potential Impacts of Federal Reductions

There are several recent federal changes that may affect programming detailed in this report. First, while recent federal cuts under the One Big Beautiful Bill Act and proposed cuts to the U.S. Department of Housing and Urban Development do not directly impact funding for the programs described in this report, they may have indirect impacts as the State and City respond. Second, the Trump Administration issued an [executive order](#) on July 24th that targets evidence-based best practices to support the populations discussed in this report, including housing first and harm reduction models. As of this report, it remains unclear how this executive order may impact the programs described above, given that most are City-funded. However, even services that are entirely City-funded may be indirectly [impacted](#) as the City addresses other federally-initiated changes and manages the resulting future budget shortfalls.



Endnotes

- 1 Bronx: Living Room (Bronxworks Inc). Brooklyn: The Gathering Place (CAMBA), Union Hall (CRF). Manhattan: Olivieri (Urban Pathways Inc), Paul's Place (Center for Urban Community Services Inc), GCN Mainchance (Grand Central Neighborhood Social Services Corporation), 9th Avenue (Urban Pathways Inc). Queens: Queens Drop-in (Common Grand Management Corp). Staten Island: SI Project Hospitality (Project Hospitality Inc).
- 2 The Executive Plan, released in May 2025, also moved an additional \$10 million into Safe Havens in 2025 from drop-ins and outreach funding (rather than adding new funding).



IBO's mission is to enhance understanding of New York City's budget, public policy, and economy through independent analysis.

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