

STREET HOMELESS SOLUTIONS 2025: Adams Administration's Approach to Achieving a Continuum of Care



NYC

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Letter from the Mayor

Since the start of our administration, we have been clear that the days of walking by New Yorkers in distress on our subways and streets must end. Over the past three years, we have tirelessly addressed unsheltered homelessness and called for change in how to support those experiencing severe mental illness. We doubled the number of outreach workers who work with our hardest-to-reach New Yorkers experiencing homelessness and created new co-response teams that include both clinicians and

law enforcement to keep people safe. These efforts have not always been popular, but they've been the right thing to do. Today, we launch further efforts to keep everyone on our streets and subways safe, starting with an unprecedented \$650 million investment to tackle street homelessness in New York City.

This administration has made the largest investment in street homelessness in the city's history and is doubling down on effective program models by increasing the number of Safe Haven and homeless young adult beds. These transitional settings ensure that those who are struggling on our streets get on the path to permanent housing and stability.

We are also launching a specialized program for New Yorkers who cycle between the hospital and homelessness. "Bridge to Home" is a new treatment initiative for unsheltered New Yorkers with serious mental illness that will provide health care and specialized support. This innovative model will make sure that those leaving the hospital receive the stability and attention they need to transition to community care.

While we're implementing these additional programming models, we also must act on the policy front. We must pass legislation that provides greater support for people experiencing severe mental illness, provides assistance to those who can no longer care for themselves, and keeps all New Yorkers safe. We appreciate the partnership of Governor Kathy Hochul and our elected partners who are fighting to get this done. We look forward to implementing our holistic approach and repairing long-neglected holes in our city's safety net.

It has been said that the greatest measure of a society is how it cares for the weakest among it. In New York City, we will continue to hold ourselves to this standard, as we innovate and recommit to helping our unsheltered and those suffering from severe mental illness.

Sincerely,

A handwritten signature in black ink that reads "Eric Adams". The signature is fluid and cursive, with the first name "Eric" and last name "Adams" clearly distinguishable.

Mayor Eric L. Adams

Successes to Date and Background on Key Initiatives

In New York City, 95 percent of people experiencing homelessness are sheltered, but unsheltered homelessness remains a persistent challenge for individuals and communities. The city provides outreach to unsheltered individuals across the city and subways, 24/7/365. Since the start of the Adams administration, the city has doubled its outreach staffing to over 400 active outreach workers. These outreach workers meet clients where they are — engaging and building relationships with unsheltered individuals with the goal of connecting them to the most appropriate services, with an emphasis on coming inside. They understand that not everyone is prepared to make an immediate change. With this in mind, outreach teams focus on building trust and rapport with clients over time, helping them transition away from the streets and subways into a placement that suits them best.

Supplementing these efforts, the administration has also deployed “co-response” teams operating in the subway system through our Partnership Assistance with Transit Homelessness ([PATH](#)) and Subway Co-response Outreach ([SCOUT](#)) programs — an essential component of our comprehensive [Subway Safety Plan](#). Under the co-response model, clinical professionals are paired with police officers to engage with members of the public who appear to be unsheltered and in need of medical care and/or social services. Participating police officers receive specialized training in crisis de-escalation and allow their clinical partners to take the lead in engagement and assessment of needs, once safety is assured. While co-response is not meant to replace traditional outreach conducted without police involvement, in certain situations, the presence of police affords clinicians a greater sense of personal safety, enabling more meaningful engagement. Having police partners on-scene also greatly enhances the ability of clinicians to initiate transport to a hospital for evaluation in circumstances where an individual exhibits symptoms of mental illness presenting a danger to self or others. Together, these strategies have demonstrated success in connecting New Yorkers on our streets and subways with care.

Since the start of the Adams administration, more than 2,800 New Yorkers experiencing unsheltered homelessness have been connected to permanent housing, including over 700 from our Subway Safety Plan and End of Line initiatives. Additionally, the Subway Safety Plan has connected over 8,000 individuals with shelter, often a key step towards connecting people with permanent housing.

But we will do more. Outreach workers and co-response teams are a critical frontline resource, but they need innovative resources to maximize their success. For example, we will continue to create attractive shelter options to offer clients to help encourage them to come inside and receive the help they need. Furthermore, some individuals fall into street homelessness after stays in hospitals or carceral settings: staff in those settings need sites to which they can refer individuals to avoid street homelessness. A high proportion of those experiencing unsheltered homelessness have severe mental illness (SMI), substance use disorder, or both. A spectrum of resources consider the need for mental health care services for many of those experiencing unsheltered homelessness will further the city's success in connecting people experiencing street homelessness to care, and the Adams administration continues to pursue this 'continuum of care' model.



STREET HOMELESSNESS SOLUTIONS: TAKING A HOLISTIC APPROACH

Building on the substantial outreach efforts launched by the administration, Mayor Adams announced in his [2025 State of the City](#) address that the administration is launching additional resources towards Street homelessness, including:

- Adding additional Safe Haven/low barrier shelter beds, to bring the total up to 4,900 from the approximately 4,000 operating today — giving outreach providers more low-barrier transitional housing to offer adults unsheltered on the streets and in the subways.
- Continuing support for homeless outreach workers across the city to ensure 24/7/365 coverage citywide.
- Adding additional Runaway and Homeless Youth beds, to bring the total up to 900 beds, from the approximately 800 operating today giving outreach providers more specialized resources to offer young adults (ages 21-24).
- Launching “Bridge to Home,” a new innovative, community-based treatment model designed to deliver comprehensive behavioral health care within a supportive, home-like environment, creating a specialized option specifically for people with SMI leaving inpatient stays without a place to go. This 100-bed initiative will serve individuals with SMI discharged from the hospital who continue to experience psychiatric challenges but do not qualify for extended hospitalization. It will also provide care for individuals who have struggled with traditional treatment and sheltering options, including those who have demonstrated difficulty adhering to treatment.
- Opening an Extended Care Unit (ECU) at NYC Health + Hospitals/Elmhurst — the third in the NYC Health + Hospital system — for patients with SMI who have been disconnected from resources and require a longer stay of inpatient care to prevent a return to street homelessness.

SAFE HAVENS: A PROVEN MODEL FOR SUCCESS

THE ADMINISTRATION IS INVESTING \$106 MILLION IN THE BASELINE BUDGET TO SUPPORT A PORTFOLIO OF 4,900 TOTAL SAFE HAVEN/LOW BARRIER BEDS.

Those experiencing chronic unsheltered homelessness often need alternatives to the traditional shelter system. The city offers Safe Havens — low barrier shelters with a small size, fewer rules and restrictions, and high service levels — for those previously living unsheltered to support their successful transition from the street to indoors. Safe Havens are typically smaller than traditional shelters and offer a flexible model that allows New Yorkers experiencing unsheltered homelessness an easier transition inside. Safe Havens provide a wealth of services, including behavioral health and medical supports as well as referrals to services within the community, intensive case management, and housing placement.

Safe Havens have a demonstrated track record of success: Chronically unsheltered individuals are more likely to accept a placement and connect to permanent housing when offered a Safe Haven bed instead of a standard shelter bed. In Fiscal Year 2024, more than 1,100 New Yorkers experiencing unsheltered homelessness were connected to permanent housing, most often from a Safe Haven setting.

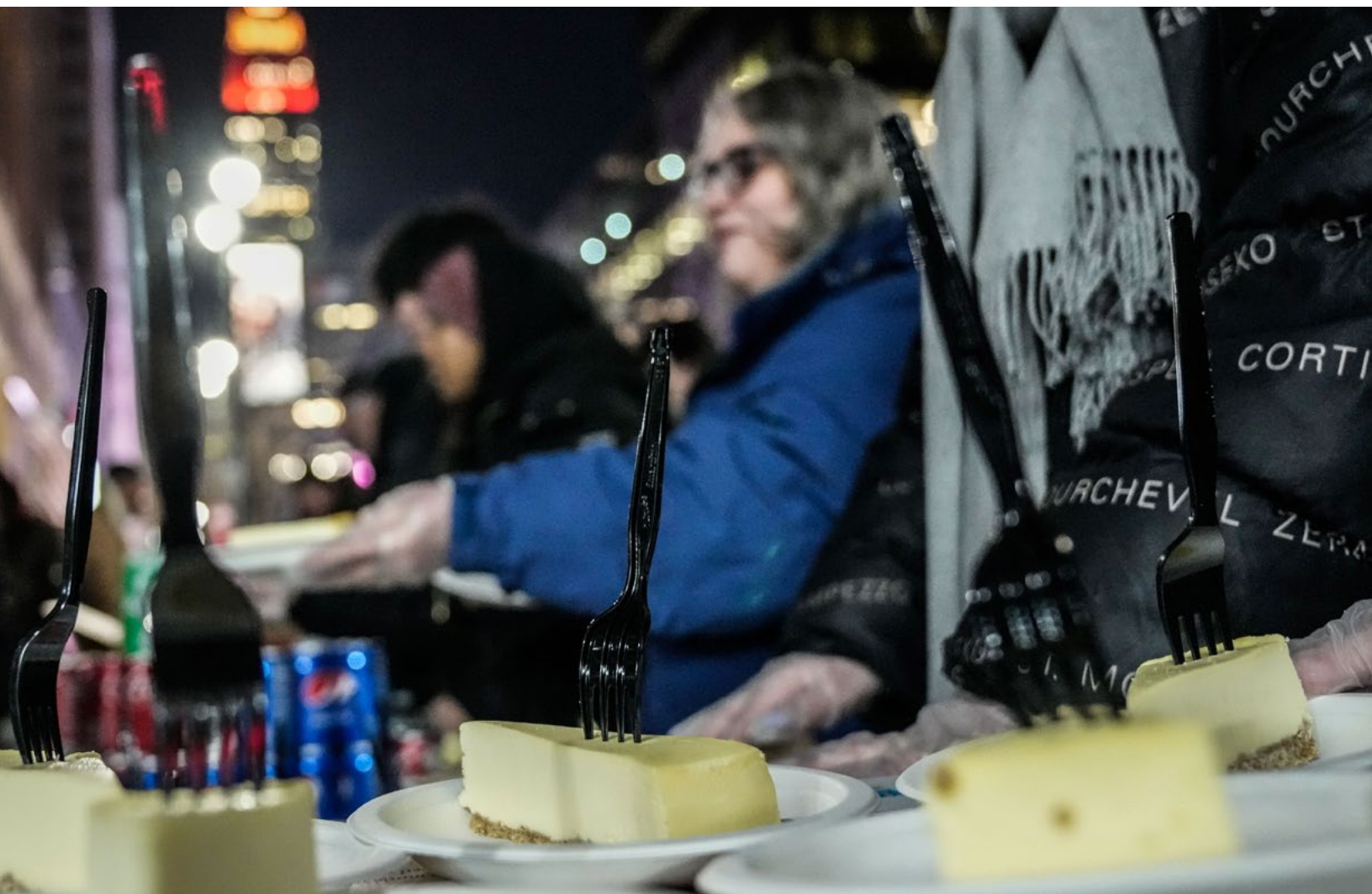
These additional beds will be located strategically throughout the city. Location of sites, particularly for unsheltered clients, is just as important as the type of site. Distributing shelters across the city, including near some end-of-line subway stations, allows us to meet people where they are and provide services while they remain in a community that is familiar and comfortable to them. This increases the likelihood that a placement turns into a successful long-term exit from the street. When shelters are located in areas that are familiar and accessible to unsheltered individuals, it reduces the barriers or hesitations they may feel related to coming inside. When we respond in a way that is supportive and trauma-informed, we can expect fewer people to stay on the streets.

The New York City Department of Social Services (DSS)/the New York City Department of Homeless Services (DHS) will immediately include additional Safe Haven beds in the agency's development pipeline, allowing non-for-profit providers to submit proposals for consideration. Once proposals are selected, DSS/DHS will work with local communities to ensure the new facilities are integrated into the surrounding neighborhoods. With the addition of these 900 beds, we are expanding capacity to 4,900 units — an unprecedented milestone — providing the most vulnerable members of the unsheltered population with an invaluable opportunity to transform their lives and receive the highest level of care and support. The first new Safe Haven sites (four locations with approximately 350 beds) will open this calendar year (2025) with the first coming online this spring. The remaining Safe Haven sites will be identified this calendar year with anticipated opening by 2027.

OUTREACH: A CRITICAL FRONTLINE RESOURCE

THE ADMINISTRATION IS INVESTING \$16 MILLION IN THE BASELINE BUDGET TO SUPPORT 24/7/365 OUTREACH OPERATIONS CITYWIDE.

DHS, in partnership with a robust network of experienced not-for-profit providers, operates one of the most comprehensive outreach programs in the nation with teams canvassing the five boroughs 24/7/365 to identify and engage clients, build trust, and encourage them to come inside and accept services. Outreach teams work to connect New Yorkers experiencing homelessness to an array of shelter resources, including traditional shelters and specialized low-barrier beds, as well as health resources. It can take multiple engagements to address the long-overlooked and complicating factors that have led these individuals to the streets or subways, and the Adams administration is committed to continuing to engage with them and address their needs.



RUNAWAY AND HOMELESS YOUTH BEDS: PROTECTING OUR MOST VULNERABLE

THE ADMINISTRATION IS INVESTING \$6 MILLION IN THE BASELINE BUDGET FOR 100 ADDITIONAL BEDS IN THIS PORTFOLIO.

Homeless young adult Crises and Transitional Independent Living beds offer critical support for Runaway and Homeless Youth, particularly those aged 21-24. These services provide both immediate shelter and long-term stability, helping vulnerable individuals transition out of homelessness and rebuild their lives. In addition to providing shelter, Runaway and Homeless Youth programs provide comprehensive case management that is tailored towards the unique needs of youth's developmental stage, including health, mental health, employment, education, and life skills. Life skills include cooking, laundry, career, paying bills, budgeting, and many other skills needed to successfully live on their own, as well as maintaining stable housing.

We will open 100 new Transitional Independent Living and Crisis program beds for homeless young adults, aged 21-24. The New York City Department of Youth and Community Development (DYCD) will immediately begin assessing the interest of current Runaway and Homeless Youth providers. Once applications are selected, DYCD will work with state authorities to certify sites for an operational start date in 2026. Homeless young adults beds at DYCD are in high demand with an almost 100 percent utilization rate. The additional 100 beds will have a significant impact on reducing street homelessness for this population.

BRIDGE TO HOME: AN INNOVATIVE APPROACH FOR SUPPORTING INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

THE ADMINISTRATION IS INVESTING \$13 MILLION IN THE BASELINE BUDGET TO SUPPORT THIS PROGRAM.

Bridge to Home is an innovative, community-based treatment model designed to deliver comprehensive behavioral health care within a supportive, home-like environment. This program will specifically serve individuals discharged from public hospitals, including inpatient units and Comprehensive Psychiatric Emergency Programs, who continue to experience psychiatric challenges but do not qualify for extended hospitalization. It will also provide care for individuals who have struggled with traditional treatment and sheltering options, including those who have demonstrated difficulty adhering to treatment.

The program will be staffed 24/7 by NYC Health + Hospitals professionals, including psychiatric providers, social workers, nurses, peer specialists, and licensed creative arts therapists. This multidisciplinary team will offer individualized, comprehensive care, including medication management, individual and group therapy, substance use disorder treatment and around-the-clock support.

Individuals will receive assistance connecting to outpatient medical and behavioral health services, applying for benefits, accessing essential resources, and securing permanent housing solutions. Ongoing connections to treatment and resources are expected to help prevent and reduce violence within this population.

Integration of this program within the NYC Health + Hospitals system will ensure seamless information sharing through a single electronic medical record and close collaboration with hospitals to facilitate smooth patient flow between the program and acute hospital services when necessary. Bridge to Home is a critical addition to the continuum of care giving hospitals an additional discharge option presently missing for individuals who no longer meet inpatient criteria but need additional supports in the community.

Bridge to Home aims to enhance engagement in outpatient behavioral health treatment, reduce unnecessary emergency room visits and inpatient hospitalizations, decrease street homelessness and reliance on shelters, and lower interactions with the criminal justice system. The city will be monitoring outcomes across systems as the program comes online to ensure the success of this novel program.

This initiative will serve up to approximately 100 individuals at a time, offering a pathway to sustained treatment and community stability. Site identification for Bridge to Home will begin immediately. The city expects to procure space for the program by summer 2026.

As part of site selection, the administration will conduct a robust community engagement effort to ensure the local elected officials, community boards, stakeholders, and residents are kept informed as the program advances through key stages of implementation. This engagement will also focus on soliciting community input and addressing any questions or concerns and it will include ongoing communication with appropriate regulatory partners. Any necessary site renovations and preparations, including building inspections and approvals, will take place after securing the site.

In parallel with site selection, the city will begin the contracting process with the goal of selecting a community-based non-profit provider to operate the site. While the contracting process is underway, NYC Health + Hospitals will also hire the team of clinicians, as well as complete any necessary licensing-related matters required by the state. Bridge to Home is slated to be fully operational by summer 2027.

EXTENDED CARE UNITS: MAINTAINING AVENUES FOR CARE THROUGH NYC HEALTH + HOSPITALS

NYC Health + Hospitals just opened its third Extended Care Unit (ECU). These units now operate at NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Kings County, and NYC Health + Hospitals/Elmhurst in Queens; all but NYC Health + Hospitals/Bellevue opened during the Adams administration. The opening of the NYC Health + Hospitals/Elmhurst ECU will provide an additional 20 beds to the program, increasing the total bed count across all three NYC Health + Hospitals ECUs to 65. The ECUs are an innovative model of inpatient care that provide support for patients with serious mental illness who have been historically disconnected from health and social services. For these New Yorkers, the ECUs provide more intensive inpatient treatment coupled with social learning, behavioral paradigms, and person-centered rehabilitation. In the ECU, patients access psychopharmacological treatment; rehabilitative activities, including music and art therapy; reading; and various exercises for up to 120 days, regardless of insurance status or ability to pay. Within the ECU, there is a focus on comprehensive discharge and aftercare planning, with the patient's own goals informing treatment and maximizing opportunities to use new skills for meaningful community reintegration.

Within six months following a stay in the ECU, 50 percent of patients are connected to permanent housing and patients overall see a 54 percent reduction in Emergency Room visits and inpatient psychiatric hospitalizations. The ECUs reduce the pattern of individuals experiencing unsheltered homelessness being discharged to the streets and increase the chances of those experiencing SMI reaching stability and permanent housing. The ECUs are supported by patient care revenue for health care services provided.

POLICY APPROACH: ADVOCATING FOR LONG-TERM CHANGE TO FILL SYSTEMIC GAPS

The administration also continues to support additional policy solutions at the city, state, and federal levels to address unsheltered homelessness and the need to provide care to people with SMI.

- **Supportive Housing Eligibility Changes:** For the first time, stays in hospital or in the criminal justice system will count towards eligibility, making it easier for high-need individuals who are moving between institutions to access the permanent housing that they need to stabilize. DSS will release a request for proposal addendum expanding the eligibility criteria for the city's 15/15 supportive housing initiative in the fourth quarter of Fiscal Year 2025.
- **Supportive Interventions Act:** The administration has developed and is working with our Albany partners to enact the [Supportive Interventions Act](#), legislation to address flaws and gaps in New York state's involuntary treatment laws. These laws are essential to our efforts to provide care to those who are unable to recognize their own severe mental illness and have an urgent need for treatment. Among other reforms, the Supportive Interventions Act makes explicit that a person requires care when untreated mental illness is preventing them from meeting their own basic needs, requires that psychiatric evaluations take account of a person's recent behavior in the community and current ability to adhere to outpatient treatment, and makes screening for court-ordered "assisted outpatient treatment" eligibility a routine part of discharge planning for all psychiatric inpatients. Enactment of the Supportive Interventions Act would provide immediate benefit to the city by helping secure hospital admissions, ensure adequate lengths of stay, and closely monitor outpatient treatment adherence for a great number of highly vulnerable individuals than current law allows. Over time, the bill's staffing reforms would also allow the city to open more psychiatric inpatient beds and shift more of the burden of crisis response from police to clinical professionals.

- **“Institute for Mental Disease” (IMD) Exclusion Repeal:** The administration will work in Washington, D.C. in support of efforts to repeal or modify the IMD exclusion. This provision of federal Medicaid law prohibits Medicaid reimbursement for inpatient psychiatric or addiction treatment provided in facilities of more than 15 beds that primarily treat patients for such purposes. The IMD exclusion is a major cause of the steep decline in the number of psychiatric treatment beds available in New York and nationally. The administration strongly support bills introduced in Congress by U.S. Representative Ritchie Torres and U.S. Representative Dan Goldman to repeal or at least relax the IMD exclusion. Without federal action, it will remain economically unfeasible to establish the dedicated facilities required to meet the city’s need for inpatient psychiatric care.
- **Additional Treatment Beds:** As the administration continues to work within NYC Health + Hospitals to expand capacity for inpatient psychiatric treatment, we also look to New York Governor Kathy Hochul and New York state Mental Health Commissioner Ann Marie Sullivan for assistance in growing capacity in the city. NYC Health + Hospitals is proud to be the city’s leading provider of this care but remains reliant on critical partnerships. The administration is grateful for successful efforts over the prior year to restore private hospital psychiatric beds to pre-COVID levels, and looks forward to the realization of plans to add inpatient capacity in the state hospital system, including the announced expansion of the “Transition to Housing Units,” providing extended psychiatric care and facilitating direct discharge to permanent supportive housing from state-operated facilities within New York City.

CONCLUSION: LOOKING FORWARD

These efforts will not work overnight, but the Adams administration is dedicated to continuing to provide outreach, care, and treatment every day as we tackle street homelessness and connect every person with SMI to the care and treatment they deserve. We will continue to monitor the number of people sleeping on our streets and subways through our annual and quarterly counts to get a citywide assessment.

We will also monitor the implementation and effectiveness of these specific new programs. We expect the first new Safe Haven beds to be online this spring, the young adult beds to be online in FY26, and for Bridge to Home to be open by early FY27. As these programs launch, we will monitor utilization rates, clients' length of stay and consistency of stays (remaining off the streets), and the connection of clients to permanent housing

The Adams administration continues to make key investments in the continuum of care, which makes reducing street homelessness possible. Through doubling-down on street outreach workers; implementing successful co-response models in the subway system, increasing safe haven and runaway youth beds that work for vulnerable populations; and expanding options for long-term treatment to those with SMI through extended care units and the novel Bridge to Home initiative, the Adams administration is implementing a holistic approach and repairing long-neglected holes in our city's safety net.

