

# The Subway Safety Plan



**NYC**

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# THE SUBWAY SAFETY PLAN

New York City subways are the lifeblood of our city. They connect millions of working people to our jobs, homes, and neighborhoods every day, and help visitors from all over the globe explore the greatest city in the world. Yet for too long, our subway system has also confronted a painful humanitarian challenge playing out right in front of our eyes. Too many New Yorkers experience homelessness in our stations and our trains each night.

Their challenges often begin long before that moment. Some have struggled with unmet mental health needs or substance misuse. Some are veterans, who have returned from service and have not received critical services. Still others have lost a job or the roof over their head, realities that have become all too common in the pandemic. All are our fellow New Yorkers. For too long, they have gone unseen by every level of government. That must change. We will see every New Yorker, and we will lead with compassion.

Tragically, we have also seen violence on our subway platforms and stations. And while we know homelessness and violence do not equate and must not be conflated, we must also acknowledge that a small minority of individuals who may be experiencing several compounding challenges at once, including behavioral health challenges, must be reached with immediate interventions to prevent deterioration and potential danger. We have seen the lives of innocent New Yorkers taken, simply coming into a station to take a train. We have seen threats and dangerous situations that make our communities feel unsafe – whether people are going to work, returning home, or visiting our city. We cannot allow that to continue.

We must address these concurrent, and sometimes interconnected, crises. We must do so in coordination with the MTA, New York State, and Federal partners who all play significant roles in keeping our subways and communities safe. Public safety and justice are the highest priorities of the Adams Administration, and they go hand-in-hand. We can and will achieve both. We will protect all New Yorkers, including those experiencing homelessness and those with severe mental illness, and we will help every New Yorker receive the support they need.

# OUR CHALLENGE

We face two concurrent challenges: First, thousands of our fellow New Yorkers experience street homelessness each night, many in subway stations across our city. Every person has their own story and challenges and deserves a unique path to help, whether through mental health care, treatment for substance use, or support finding a home.

Second, our subways must be safe and feel safe for every person who enters them. As we emerge from COVID-19, the subway system is a crucial piece of our economic recovery – transporting students to school, helping workers back to offices, and allowing tourists to travel our city. Our city’s prosperity depends on everyone feeling confident and secure when they enter a station.

We must immediately protect our people, including those experiencing homelessness and those with severe mental illness, who sadly are far more likely to be the victims of violence and crime. We must immediately help New Yorkers struggling to take the first step towards a better future – a journey that the City will coordinate every step of the way, from their first moment out of the station to ongoing care and a permanent home. And we must examine the systemic challenges that have led New Yorkers to end up in this position, from a mental health crisis to a shortage of affordable housing.

Our Subway Safety Plan addresses the gaps in the system where too many have been lost. This plan recognizes that helping a person off our streets is only the first step of what the City can and must deliver – and it outlines a three-part system that will seamlessly transition New Yorkers in need of care from: 1) outreach to 2) initial housing and mental health care to 3) permanent housing and community. We will do so by investing in three areas:

- **People:** Adding response teams throughout our city to connect with unhoused New Yorkers on our subways, meeting them where they are.
- **Places:** Ensuring that these unhoused New Yorkers with multiple needs in our subway system have both short- and longer-term destinations of care, support, and housing.
- **Policies:** Working with every level of government to begin the hard work of reforming our broken mental health and housing systems.

# PEOPLE

Investing in our people is the most immediate step we can take to protect New Yorkers in our stations, and connect those experiencing homelessness to the care they need. With new Joint Response Teams ready to provide personalized support, new outreach teams to support mental health and wellbeing, and new collaboration across City agencies, we will help our fellow New Yorkers begin their journey to permanent housing and stable care, coordinated by the City every step of the way.

## Immediate Action on Our Subways

We will state without reservation that our subways exist to move paying customers from one point to another. They are not meant to house individuals or provide recreational space, and we will make it clear our stations and trains are not intended – or available – as an alternative. We will begin enforcing the subway system’s rules of conduct, and do so transparently and fairly. We will also recognize: Enforcement without short- and long-term support, from mental health care to housing, will not solve this challenge.

### One City Working Together

The City will deploy up to 30 inter-agency collaborative teams that bring together the Department of Homeless Services (DHS), the Department of Health and Mental Hygiene (DOHMH), the New York City Police Department (NYPD), and community-based providers in high-need locations across our city. To expand the number of clinicians who can refer individuals for assessment in hospitals, staff across agencies will be trained in 9.58 assessments – enabling better engagement and evaluation with individuals experiencing homelessness, their needs and connecting them to advanced services better suited to triage and provide for their care.

Coordination between these intra-City collaborative efforts and teams provided by New York State has already begun, and they will work as one to ensure we are being efficient and not duplicating efforts. Each inter-agency collaboration will complement each other with different areas of focus. Some will immediately help those dealing with a single challenge, like reaching temporary housing or receiving mental health care, while others will provide holistic support, reaching individuals in the best moments to engage them.

## Homelessness

- **5 community-based homeless outreach teams and additional Transit Hub teams.** Homeless outreach teams will re-deploy at the highest-need stations in the city, including: Penn Station, Grand Central Terminal, West 4th Street, the W. 42nd St. Corridor, the Fulton Street Corridor, and Jamaica Center. These teams will work with NYPD officers to canvas platforms, stairwells, mezzanines, and entrances. Additional Transit Hub interventions will also occur at key transit hubs throughout the city, as individuals sleeping on trains or otherwise breaking MTA rules will be required to seek alternative shelter. Efforts will focus on helping transport individuals in need of shelter to safe refuge.

## Mental Health

- **12 new DOHMH Neighborhood Response Unit (NRU) teams.** These teams consist of medical staff, behavioral health clinicians, and peers. They will take a trauma-and-resilience informed multidisciplinary community approach, responding to a range of acute and ongoing community-specific crises and mobilizing community assets. Teams will build relationships through peer and supportive counseling, increasing opportunities to refer and link New Yorkers to services they need as well as engage local communities to become mental health ambassadors to destigmatize mental health and increase awareness of mental health services in the community.

## Holistic Support

- **“End of the Line” teams.** In partnership with the MTA, the City will propose reinstating a policy calling for “End of the Line” exits from all individuals still aboard at a train’s final stop, with modifications. The final stops on our subway lines are one of the best moments to engage those experiencing homelessness, and over the past two years the State and City have found success reaching people in that moment. During that period, our teams have successfully engaged unsheltered New Yorkers on the subways, helping hundreds of individuals who were riding trains come off into shelter settings (including shelter, Safe Haven, and stabilization beds). These “End of

the Line” teams will expand that work to service high-priority stations across the city, working with NYPD to encourage potential clients to disembark and allow DHS to provide support.

- **Up to 12 new cross-agency teams.** Teams that combine an outreach worker, clinician, and officer will begin to engage New Yorkers in subway cars to steer clients off trains to platform-based clinical teams to increase engagement and care provision, including offering shelter to those in need.

### **Increased NYPD Presence & Rules of Conduct Enforcement**

As announced in early January, New Yorkers will continue to see an increased presence of NYPD officers in subway cars and on platforms, especially at high-priority stations. More than 1,000 additional officers have already been deployed across the system.

Each officer deployed in our transit system will now have a clear mandate to enforce the MTA and New York City Transit Authority (NYCTA)’s rules of conduct, and will undergo additional training in these rules before setting foot in our stations and on trains. These rules include the prohibition of:

- Lying down, sleeping, or outstretching in a way that takes up more than one seat per passenger or interferes with fellow passengers
- Creating an unsanitary environment by spitting, littering, and more
- Exhibiting aggressive behavior towards other passengers
- Using the subway system for any purpose other than transportation
- Smoking or open drug use

If New Yorkers are not traveling, they should not be in the subway system. We will enforce these rules of conduct in a fair and transparent way. Our goal is corrective action, not removal, and we will give individuals an opportunity to remedy their behavior before taking further action. Yet for individuals in need of care who violate these rules, enforcement cannot and will not be the long-term solution. We must take this moment to engage these New Yorkers and help them on a path towards housing, care, and support, with the City seamlessly coordinating every step of the way.

## Immediate Support for New Yorkers' Health and Well-Being

There are nearly 300,000 New Yorkers with severe mental illness, and they are our neighbors, friends, co-workers and loved ones. Too many are left behind by our systems, left to cycle through bouts of homelessness, hospitalization, and even incarceration. All levels of government must work together to create a new system to support these New Yorkers with comprehensive mental health support – especially through an infusion of federal funding. Yet this will not happen overnight.

New York City cannot and will not wait to help our people. The City will take immediate steps to bring more support to these New Yorkers, with multiple agencies expanding services to reach those experiencing homelessness or severe mental illness. These services include:

- **Deploying additional joint FDNY & H+H Behavioral Health Emergency Assistance Response Division (“B-HEARD”) teams to 6 new precincts, more than doubling the precincts covered to 11.** These teams will expand on the already-successful pilot of answering non-violent 911 mental health calls with mental health professionals. This initiative is coordinated by the Office of Community Mental Health. They will be trained and deployed in the next 3-6 months, in North Manhattan and the South Bronx.
- **Incorporating medical services into DHS sites serving individuals experiencing unsheltered homelessness.** DHS Safe Havens and Stabilization bed programs will offer on-site physical and behavioral health care to immediately address clients' needs.
- **Conducting an inter-agency review of Kendra's Law (New York State Mental Hygiene Law § 9.60) Assisted Outpatient Treatment (AOT) efforts.** The City will examine AOT referrals, applications, care-coordination, and re-connection to care to identify efficiencies and ensure clients are placed in the best-care pathway for their needs.
- **Increasing information sharing and coordination.** We will drive more coordination between H+H emergency departments, psychiatric units, and our outreach teams around subway stations and in the streets, for more single-interaction multi-service care delivery for those in need. We also will work with State partners, including the New York State Department of

Corrections and Community Supervision (DOCCS), to improve transitions of care and re-entry services to improve efficiencies and decrease gaps in care.

## Immediately Improved Coordination Across Government

### **Weekly “Enhanced Outreach Taskforce” (EOT) Meeting.**

Building from the targeted approach of the NYPD’s revolutionary COMPStat strategy – which through management, statistics, and accountability has helped drive crime down to record lows over the past two decades – we will develop a similar strategy for homelessness, public safety, and mental health challenges. A dedicated team of senior leaders will meet once per week to address specific challenges throughout the city, with a collaborative and precise approach.

This team will also coordinate new efforts to drive real-time data sharing across all City agencies, partners, and State entities. We will create benchmarks and metrics for our work to understand progress, replicate what works, and immediately make adjustments where needed.

The EOT will include representatives from:

- The Mayor’s Office
- The Deputy Mayor for Health & Human Services
- The Deputy Mayor for Public Safety
- The Deputy Mayor for Operations
- NYPD
- DOHMH
- DSNY
- Parks Department
- DYCD
- NYC Health + Hospitals
- Office of Community Mental Health
- Department of Social Services (DSS/HRA/DHS)
- The MTA
- The Transport Workers Union (TWU)

In addition to this weekly meeting, the City will identify other daily opportunities to foster better collaboration between the NYPD, City Hall, and the MTA – ensuring all teams are acting in concert, enforcing rules and conduct violations consistently, and not duplicating efforts.

### **New and ongoing engagement of transit workers.**

As all levels of government work together to make our subways safe, our transit workers on the ground – including train operators, conductors, dispatchers, and station agents – must have a critical voice in the conversation. These workers are essential to the success of our subway system and our city, and we must prioritize their safety as well as the safety of the riders who enter our stations.

They often see trouble, or the potential for trouble, before law enforcement – and will alert authorities from their train operator and conductor cabs, station agent booths, and platform posts. In coordination with the MTA and TWU Local 100, we will engage transit workers regularly, ensure they are being utilized to their fullest potential, and provide the equipment and resources they need.

We will also convene a Subway Safety Summit with TWU Local 100 President Tony Utano and his staff; MTA leadership; and the NYPD Transit Bureau to identify steps we can take with workers to improve rider and worker safety.

## **Immediate Public Awareness Efforts**

Investing in people doesn't only mean new teams of City workers. It means all New Yorkers working in common cause – connecting themselves, their friends, and their loved ones to the care they need. The City will launch additional efforts to make every New Yorker aware of the mental health services available to them, and will lead ongoing discussions about community-building and community-based solutions.

### **Connecting To Care**

We urge all New Yorkers: If you are experiencing mental health challenges, or know a friend or loved one who is exhibiting concerning behavior, reach out to NYC Well, the City's free 24/7 helpline, available in 200+ languages:

- Text "WELL" to 65173
- Call 1-888-NYC-Well

Within moments, you will be speaking with a trained counselor who can connect you to the care and services you need.

## **“Re-Imagining a Healthier and Safer New York City for All”**

In the next month, the Adams Administration will draw on the knowledge and lived experience of our communities by hosting: “Re-imagining a Healthier and Safer New York City for All.” This convening kicks off a multi-year conversation focused on bringing together public and private partners, academic experts, practitioners, persons with lived experience, advocates and government leaders, in order to identify gaps, strategize ways to scale proven solutions, and push innovative new interventions that will improve access to and quality of care for thousands of New Yorkers living with severe mental illness, and especially for those facing intersecting vulnerabilities including homelessness, substance use disorder, and complex physical health needs. Solving our City’s challenges will require short, medium, and long-term solutions, and this Administration is committed to addressing all three.

## **PLACES**

While street homelessness is caused by a convergence of multiple systemic failures, it is exacerbated by our city’s housing crisis. A compassionate, robust, and continuous system of service and outreach can only be successful if there is an ample supply of housing to place people into. To ensure that anyone experiencing homelessness has a place to go, we will:

- Create new Drop-in-Centers to provide an immediate pathway for individuals to come indoors, and explore opportunities to site Drop-in-Centers close to key subway stations to directly transition individuals from trains and platforms to safe spaces.
- Deploy an additional 3 H+H Street Health Outreach & Wellness (“SHOW”) vans for a total of 9 active citywide. These vans create a safe space to engage individuals from the transit system above ground, and bring medical and behavioral services to the community.
- Increase availability of 140 Safe Haven beds and nearly 350 Stabilization Beds in 2022.
- Expand the availability of supportive housing through new development and by streamlining the placement process, reducing the amount of paperwork it takes to apply.

# POLICIES

Finally, we must examine and address the larger, systemic challenges at all levels of government that have led to this situation. This starts with an examination of the City's laws – yet we will also urge New York State and Federal legislators to take much-needed action, especially to create a mental health system that supports all New Yorkers.

## City of New York

The City will continue to revisit existing laws to get individuals most impacted by mental illness – who present a danger to themselves and others – the care they need as one tool towards reshaping our mental health system. Immediately, we will revisit existing law so that if someone who can't take care of themselves refuses treatment, they can be hospitalized if that is what a doctor and judge recommend. We will use existing law in the most targeted way possible, especially for people with a documented history of violence.

We will also be appealing for aid from our federal and state partners for additional funding for hospital beds, so that those who can't take care of themselves have someplace to go. There must be a strong and well functioning mental health system for Kendra's law and civil commitment laws to work effectively and best meet the needs of all New Yorkers, which requires our federal and state partners to work with us to expand access to mental health care, ensure care providers have pertinent patient clinical history and to ensure that mental health providers in our city take care of all New Yorkers including those covered by Medicaid.

## New York State

We will continue to work closely with New York State partners to expand subway outreach and improve connections to the mental health, substance use, and social services people need, building upon the recent announcement from the Governor on joint NYS-NYC Safe Options Support Critical Time Intervention ("SOS CTI") teams to implement mental health services for street homeless New Yorkers. We are excited to welcome 12 New York State Office of Mental Health SOS CTI teams, which will be comprised of up to 150 staff, over the next few months to join us in this work.

We also celebrate the Governor's \$100M investment in Behavioral Health Crisis Stabilization Centers, three of which will be in New York City. These represent a critical front door for people to access peer-led recovery supports and services for mental health and substance use, during or before a moment of crisis. Finally, we praise the State's recent budget investment in expanding our health workforce, including behavioral health<sup>1</sup>. We particularly celebrate the immediate cost-of-living adjustment (COLA) increase of \$500 million<sup>2</sup>, which will be a crucial investment to recruit and retain new health and human services professionals who will care for New Yorkers most in need. On top of this progress, we urge the State to:

- Review Kendra's Law (Mental Hygiene Law § 9.60) to examine the following issues:
  - † Increasing access to medical records in order to determine Assisted Outpatient Treatment (AOT) eligibility and provide continuity in treatment, in cases.
  - † Reducing the barriers for patients to remain in continuous effective care treatment.
  - † Integrating AOT orders and the most updated treatment plans into assessments and care delivery to provide continuity of care between AOT services and inpatient psychiatric services.
  - † Addressing the concerns regarding comorbidity of those with both serious mental illness and substance use disorders.
  - † Allowing a primary clinician (psychiatric nurse practitioner or psychologist) to stand in for a psychiatrist in court.
- Increase the resources available for psychiatric beds, as well as Medicaid funding, to grow the number of acute psychiatric beds at Health + Hospitals and other hospitals throughout the city.
- Partner with the City to increase clinical training opportunities, and grow a pipeline for much-needed mental health clinicians especially in under-served communities.
- Expand Loan Repayment programs for clinical training programs, which will foster a diverse pipeline of mental health professionals.

- Engage in a public-private effort, along with our City's world-class academic and private health systems, to preserve access to psychiatric beds, crucial resources that save lives during mental health crises.
- Advance regulations to certify medical respite providers, as medical respite provides a safe, short-term place for those experiencing homelessness to recover from a medical condition or recuperate following discharge from the hospital.
- Update State Article 28 regulations to allow providers to bill Medicaid for service provided in shelter.

## Federal Government

We not only need dramatic levels of new federal funding for mental health and substance use disorder, we need new mechanisms of funding. Block grants provided to states from Washington place the onus on each state to create their own mental health system from scratch, without establishing federal standards of quality of care of mental health, or opportunities for inter-state coordination and cooperation. We need better federal standards and a national quality of care framework for mental health, which will drive investment into proven, evidence-based behavioral health programs instead of the disorganization and fracture we all currently experience. We urge Federal agencies and lawmakers to:

- **Enforce mental health parity.**

Insurance companies, on average, reimburse at 80 cents on the dollar for behavioral health versus physical health. This drains billions of dollars of revenue from our health care systems – funds that should be going toward hiring more psychiatrists, nurses, social workers, and licensed peer behavioral health workers. This happens despite The Mental Health Parity and Addiction Equity Act of 2008<sup>3</sup>, which mandated insurers to reimburse providers equally for mental and physical health. This landmark piece of legislation is not enforced consistently and that must change. Mental health is health, and we must follow the laws on the books to make it so.

- **Support the Behavioral Health Crisis Expansion Act (S.1902)<sup>4</sup>.**

This legislation is a critical step towards creating a better, standardized behavioral health crisis response system across the country. The new system

would be supported federally, and modeled after what is already happening in localities like New York City.

- **Repeal the IMD exclusion in the Social Security Act of 1965. (S.1905)<sup>5</sup>.**

This provision, part of the same federal legislation that established Medicare and Medicaid in 1965, prohibits Medicare or Medicaid reimbursement for inpatient psychiatric care in any institution with more than 16 beds. It is an outdated and discriminatory provision that has disincentivized the growth of psychiatric bed capacity, especially at private hospital systems, and directly contributes to negative consequences for those with severe mental illness.

- **Make it easier to create more housing and get people housed.**

We fully support President Biden’s Executive Order to reduce administrative burdens that have stood in the way of creating more affordable housing, and the Biden Administration’s efforts to address the nation’s history of discriminatory housing practices. We must get people housed more quickly in New York City and across the nation.

# CONCLUSION

Even with the immediate action this Administration is taking across our five boroughs, we will not solve a decades-long crisis overnight. Yet we will, as a city, bring people together to solve this crisis – from State and Federal partners to every New Yorker working in common cause. Public safety and justice go hand-in-hand. We can do both. We will protect every person who walks down into our subways, and we will truly see our fellow New Yorkers who are struggling and get them the help they need.

We can build a better system. We can build a system in which helping a New Yorker off our streets, trains, or subway stations is the first step in a new journey, from outreach to housing to ongoing care and a true sense of community all coordinated seamlessly by the City. We will be there for each other. We will build a better city, together.

# ENDNOTES

- 1 January 5, 2022. “Governor Hochul Announces Direct Payments to Health Care Workers as Part of \$10 Billion Healthcare Plan.”  
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- 3 The Mental Health Parity and Addiction Equity Act of 2008.  
[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea\\_factsheet](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet)
- 4 The Behavioral Health Crisis Services Expansion Act.  
<https://www.congress.gov/bill/117th-congress/senate-bill/1902/text>
- 5 Congressional Research Service.  
<https://sgp.fas.org/crs/misc/IF10222.pdf>