



What the Data Shows about Mayor Adams' Involuntary Removal Policy

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Mayor Eric Adams has made involuntary removals a central piece of his plan to address the city's mental health crisis, despite significant questions existing about the **limitations of this narrow focus**. At the end of January, Mayor Adams' Administration released **data on involuntary removals/transports** conducted by city agencies in 2024, as required by Local Law 116 of 2023. The data in this report, released one month later than the legal deadline, raises questions about the effectiveness of this practice in ensuring New Yorkers experiencing a mental health crisis are connected to treatment that provides them with stability.

FINDINGS

Disconnected from Long-Term Services

New Yorkers who are involuntarily removed from private or public spaces often remain disconnected from long-term services. Many people subjected to involuntary removal/transport are not being admitted to inpatient treatment after arriving to a public hospital.*

*The admissions data only includes data based on clinician-initiated transports where NYC Health + Hospitals is informed through email by the clinician-initiated Designated Clinician. There is no access to outcome data for private hospital networks in the city, where involuntary transports are also taken.



In fact, over 40% of those transported are not admitted for inpatient care, raising concerns about the effectiveness of these interventions. Additionally, the report does not specify whether the approximately 60% of patients admitted to inpatient treatment received medical or psychiatric care.

Racial Disparities

The racial disparities in involuntary transports are stark. While Black New Yorkers make up about 23% of the city's population, they accounted for 54% of involuntary hospital transports last year.

Rhetoric Not Matching Results

Involuntary transports are overwhelmingly more likely to occur from a “private dwelling” than from a public space. In fact, involuntary transports were more than 5 times as likely to originate in a private residence than a public place. This is inconsistent with the Mayor's rhetoric that the policy is aimed at helping those struggling with mental illness in public spaces and on public transportation.

Incomplete Data

The data in the report is incomplete, preventing a clear understanding of the policy's impacts and outcomes. The number of transports is not equivalent to the number of people transported, because there is no tracking of whether the same individual has been involuntarily transported multiple times.

- ▶ **Missing 911/Radio-Initiated Calls:** It was reported that there were 7,060 total officer-initiated involuntary transports in 2024, and 4,527 of those initiated by NYPD were the result of 911 radio calls. However, the report indicates this data is incomplete and missing information from January through May, because the department only began using technology to accurately track these transports in June 2024.
- ▶ **Missing Location Data:** Borough and precinct-level data, including whether an individual was transported from a private dwelling or public space, only includes transports initiated by DSS, NYPD and MTA PD and omits DOHMH clinician-initiated involuntary transports due to the agency not collecting the data.



- ▶ **Incomplete Data on Hospital Admissions:** Data on hospital admissions outcomes is only available for involuntary transfers initiated by a clinician and when they have informed NYC Health + Hospitals, even though NYPD initiated involuntary transports are 10 times more likely. Additionally, information on outcomes is only available for those transported to the City's public hospitals and unavailable for those brought to private hospitals.

WHY IT MATTERS

Despite the mayoral administration's reliance on involuntary removals and transports, as it pursues expanded authority for the use of involuntary commitments, there remains a lack of clear data about the practice's effectiveness as a solution to improve mental health outcomes. The Mayor has focused on using these practices to remove individuals from the subway and other public spaces, but the majority of removals are occurring from private homes, as noted above.

The increasing focus on these policies of imposed action has overshadowed mental health solutions with significant evidence of being effective yet lacking in sufficient resources to serve New Yorkers in need of short and long-term mental health treatment.

In the FY26 budget negotiations, the Council is advocating for investments that meet the scale of need in the City. The Council calls for great investment in the following programs:

- ▶ **Intensive Mobile Treatment (IMT) and Assertive Community Treatment (ACT)** teams provide rigorous support for individuals with the most serious mental health challenges that have largely gone unaddressed. One organization that operates IMT has found that 75% of clients served became stably housed and 67% took their medication, with another 14% agreeing to try medication. These programs help people living on the streets attain stability, but they lack the support from the Administration and have long waitlists. The Council and mental health advocates have urged greater funding from the Administration to expand these programs, but there has been no commitment to scale them up and provide increased assistance to strengthen them.



- ▶ **Continuum of Care:** In addition to these programs that help reach New Yorkers with the greatest needs, it is also critical that effective transitional support programs exist to help people maintain stability as their conditions improve. Step-down programs from IMT/ACT can both help people keep people housed, on medication and out of hospitals, while freeing up spots for IMT/ACT to reduce their waitlists. The only current program that exists is privately funded, but Speaker Adrienne Adams called for city investment in the service during her recent State of the City address.
- ▶ **Community-Based Care Models:** The Council's Mental Health Roadmap has called for expanding the infrastructure of community-based mental healthcare in neighborhoods. Through legislation, the Council expanded crisis respite centers and clubhouses, but the mayoral administration undermined several existing clubhouses with its new contracts. Several of those clubhouses that New Yorkers relied upon were saved by the Council committing its discretionary funding towards their preservation for the current fiscal year. Yet, they will require continued funding, and the mayoral administration should provide funds in the forthcoming budget that maintains their ability to help New Yorkers.



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