Mayor's Office of Community Mental Health

2024 Annual Report of Involuntary Transports

Presented to NYC City Council
(Local Law 116 2023)

Updated May 2, 2025

Introduction

The Mayor's Office of Community Mental Health (OCMH) submits the following report to the Honorable Speaker of the New York City Council, Adrienne Adams, pursuant to Local Law 116 (2023). This report is designed to track the City's use of the legal provisions under Sections 9.41 and 9.58 of the New York State Mental Hygiene Law, which allow for the involuntary transport to a hospital for any individual who appears to be mentally ill and is behaving in a manner likely to result in serious harm to themselves or others. Transparency and data-sharing are important to creating a safer and more caring New York City, and OCMH has worked across agencies to comply with this mandate.

Involuntary transport is a process initiated by a clinician, peace officer or police officer, by which an individual is taken into custody for the purpose of transportation to a hospital for psychiatric evaluation. It does not constitute an arrest, as it is not related to criminal charges, but rather is aimed at protecting the person and addressing immediate mental (and sometimes physical) health needs. Involuntary transports do not equate to involuntary hospitalization.

In November 2022, Mayor Eric Adams released a Mental Health Involuntary Transports Protocol for the City, outlining the process by which officer-initiated and clinician-initiated transports are to be conducted and emphasizing guidance from the New York State Office of Mental Health on interpretation of the attendant legal standard. The protocol aims to ensure that individuals at risk of serious harm receive timely care -- regardless of their ability to recognize their own urgent needs -- while safeguarding their civil rights. It emphasizes a collaborative, interagency approach involving mental health professionals, crisis outreach teams, law enforcement, and other city agencies.

Throughout this report, two types of involuntary transports will be referenced:

- **Transport under New York Mental Hygiene Law § 9.41**, initiated by a police officer or peace officer upon determining that an observed individual meets the legal criteria.
- **Transport under New York Mental Hygiene Law § 9.58**, initiated by a certified physician or mental health professional upon determining that an observed individual meets the legal criteria, and effectuated with police assistance.

The report will refer to transports pursuant to § 9.41 as "police-initiated transports" and transports pursuant to § 9.58 as "clinician-initiated transports."

Bear in mind that the number of involuntary transports is not equivalent to the number of people involuntarily transported, as an individual may be involuntarily transported multiple times. Data for how many unique individuals have been involuntarily transported is not available, as responding clinicians and officers are unable to gather personal and biographical information of each person, as they are often in the middle of a mental health crisis.

The report tracks involuntary transports across agencies, such as the New York City Police Department (NYPD), Metropolitan Transit Authority Police Department (MTA PD), New York City Department of Social Services (DSS), New York City Department of Health and Mental Hygiene (DOHMH), and New York City Health + Hospitals Corporation (H+H). The goal of the report is to increase transparency and share how the City and MTA are using this statutory authority to connect New Yorkers with emergency mental health support when needed.

Local Law 116 calls for the City to report data on the age, gender, race, ethnicity, and living situation of persons subject to involuntary transport. However, individuals in the midst of mental health crisis are often unable to share such details before or while being transported. For personnel effectuating transports, the need to complete their task safely and quickly must take precedence over the collection of biographical information. Accordingly, much of the biographical data reported are unverified impressions of the officer or clinician and may be incomplete, inaccurate, and/or inconsistent with how the person being transported self-identifies.

Frequently Asked Questions About Involuntary Transports

1. **What is the goal of this report?**
    - The goal of the report is to provide New Yorkers with data on how the city is connecting individuals who meet the legal criteria for transportation to the hospital with emergency evaluation and care. The report provides metrics such as the number of involuntary transports initiated under Sections 9.41 and 9.58, breakdowns by geographical location, and outcomes after evaluation (e.g., hospital admissions vs. discharge after treatment). Tracking these data points over time can help identify trends in utilization and the impact of policy changes.

2. **What is involuntary transport?**
    - Involuntary transport is a process by which an individual is taken into custody for the purpose of transportation to a hospital for psychiatric evaluation. It does not constitute an arrest, as it is not related to criminal charges, but rather is aimed at protecting the person and addressing immediate mental (and sometimes physical) health needs.

3. **Who decides if an involuntary transport is necessary? What are the criteria?**
    - Involuntary transport under § 9.41 of the New York Mental Hygiene Law is initiated by a police officer or peace officer.
    - Involuntary transport under § 9.58 of the New York Mental Hygiene Law is initiated by a physician or mental health professional (a licensed psychologist, registered nurse or graduate-level licensed social worker), who has received certification to initiate transports after completion of specialized training. The clinician is assisted by police in effectuating the transport.
    - Under either statute, the legal criteria for involuntary transport are: (1) the person appears to be mentally ill; and (2) the person is behaving in a manner that presents a risk of serious harm to the person or others.

4. **What places can someone be involuntarily transported from?**
    - An involuntary transport may occur within any public or private space, including a place of worship, school, subway, shelter or residence.

5. **What happens to a person after they have been transported? What kind of treatment are they offered?**

- The person is transported to a hospital emergency room for an initial period of evaluation, limited under state law to a maximum of 72 hours. Upon evaluation, if a physician finds that the individual meets legal criteria for admission for psychiatric treatment, the individual may be admitted either voluntarily or involuntarily to the hospital's inpatient psychiatric unit (NY Mental Hygiene Law - Admissions Process). Regardless of whether the person is admitted to inpatient care from the emergency department, they will ultimately be discharged with referrals to treatment in the community when they are deemed to not require inpatient care.

6. **Is everyone subject to an involuntary transport admitted to a hospital for psychiatric treatment?**
    - Involuntary transports do not equate to involuntary hospitalization. In reality, Sections 9.41 and 9.58 authorize transport for evaluation, but the decision to hospitalize is made by a physician after a thorough assessment.

7. **Does an involuntary transport include an arrest?**
    - Involuntary transport is a process that allows peace or police officers to take an individual into custody solely for the purpose of transportation to a hospital for evaluation. It does not constitute an arrest, as it is not related to criminal charges but rather aimed at protecting the person and addressing immediate mental health needs. In some cases, the person transported may separately be under arrest for a criminal offense or outstanding warrant, in which case they will be released back to police custody upon their discharge from the hospital.

8. **Can an involuntary transport be requested for someone?**
    - If you believe someone is experiencing a mental health crisis and is in immediate danger of hurting themselves or others or you should contact emergency services like 911 to report your concerns. A responding police officer or qualified medical professional may initiate the process of an involuntary transport after assessing the situation. Under less urgent circumstances, there are other avenues by which a member of the public can seek psychiatric evaluation of a person. Section 9.43 of the Mental Hygiene Law allows anyone to submit a verified statement to the court, requesting that the judge issue a warrant for a person to be brought before the court and, at the judge's discretion, potentially transported from there to a hospital for evaluation. Section 9.45 of the Mental Hygiene Law authorizes local health departments to direct an involuntary transport based on a report received from certain family members or care providers.

9. **Are involuntary transports limited to persons of a certain age?**
    - There is no minimum age for a person to be subject to involuntary transport. While children under 18 are eligible when they meet the legal criteria, the process often includes additional safeguards and considerations. For instance, for children under 18 years old, the parent/guardian is notified if not already present as an escort to the hospital. This ensures that the child's rights are protected and that the appropriate

support and resources are made available to them following the transport.

10. Are families contacted for involuntary transports of loved ones?

- For children under 18 years old, the parent/guardian is notified if not already present as an escort to the hospital. For adults 18 and older, loved ones may be notified if requested by the individual.

11. What is the city doing to help people having mental health crises other than transporting them to the hospital? What other resources are there for someone in crisis?

- Anyone can reach out to 988 at any time of day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. NYC 988 is the Health Department's largest mental health crisis service. 988 counselors and peers will listen to a caller's situation, help through the moment of crisis with emotional support and coping skills, and connect them to ongoing mental health services that meet their needs, at a mental health clinic for example.
- Through NYC 988, a Mobile Crisis Team (MCT) can be requested or may be suggested by the call taker to visit the person, within a few hours, 8 am – 8 pm, 7 days a week. Mobile Crisis Teams are the City's cornerstone short-term intervention for non-life-threatening mental health crises. In Fiscal Year 2024, the City received 17,650 referrals for adult mobile crisis teams.
- The Behavioral Health Emergency Assistance Response Division (known as B-HEARD) is a health-centered response to 911 mental health calls with the goal of de-escalating crisis situations and responding to a full range of medical and mental health concerns. B-HEARD teams assist individuals in crisis by providing immediate health-centered assessments from trained medical and mental health professionals.
- DOHMH also supports Crisis Residences, which provide an alternative to hospitalization for people experiencing mental health crises. They are safe, supportive, home-like temporary residences offering 24-hour peer support, group activities, and connection to clinical services as needed. Guests typically can stay for up to one week.

12. Where can I find more information on this policy?

- Link(s) to policy
  - NYC Involuntary Transports Policy as of November 2022
  - New York Mental Hygiene Law Section 9.41
  - New York Mental Hygiene Law Section 9.58
  - OMH - Interpretative Guidance Involuntary Emergency Admissions

2024 Annual Data on Officer-initiated and Clinician-Initiated Involuntary Transports

1. **The number of involuntary transports conducted pursuant to subdivision (a) of section 9.41 of the Mental Hygiene Law**

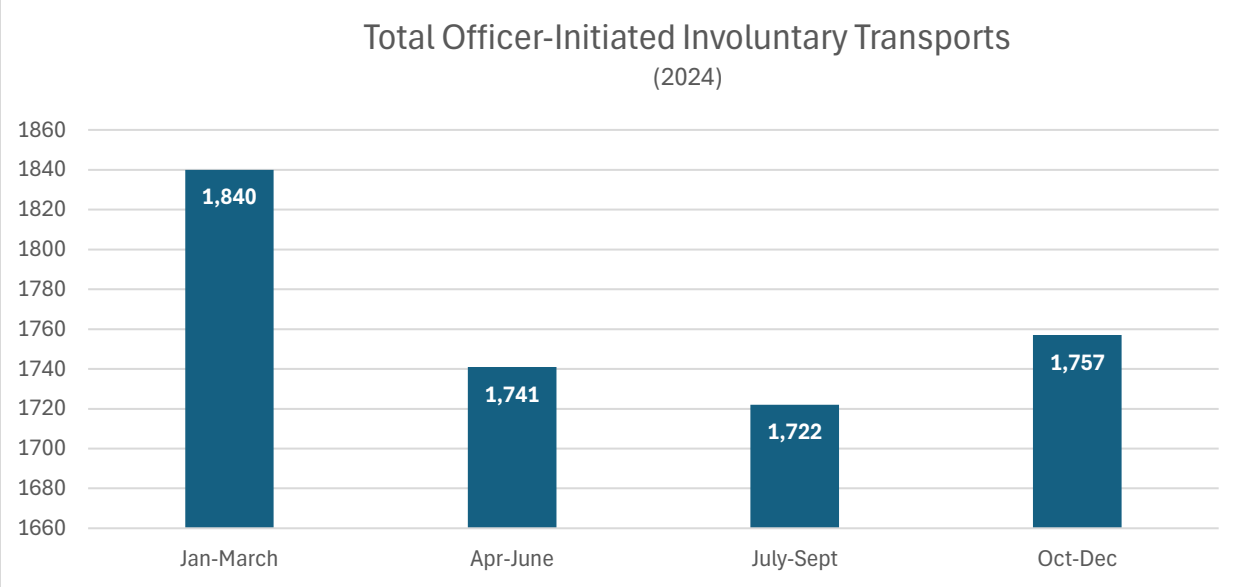
An officer-initiated transport may occur when an individual experiencing a mental health emergency is involuntarily transported to a hospital, typically by ambulance, after a police officer or peace officer determines that the person appears to be mentally ill and is conducting themselves in a manner likely to result in serious harm to the person or others, as authorized under the Mental Hygiene Law Article 9.

Data for this metric is collected and reported by NYPD and MTA PD.

2024

Total Officer-Initiated Involuntary Transports in 2024

7,060



* 7060 is the number of officer-initiated transports that occurred, not the number of individuals transported.

2. The number of involuntary transports conducted pursuant to subdivision (a) of section 9.58 of the Mental Hygiene law

A clinician-initiated transport under section 9.58 of Mental Hygiene law may occur when a designated clinician determines that an individual appears to be mentally ill and that their conduct may cause serious harm to themselves or others. In such cases, the individual is involuntarily transported to a hospital, typically by ambulance, in coordination with police. 9.58 Designated Clinicians may direct the transport of any person to a hospital for the purpose of evaluation for admission.

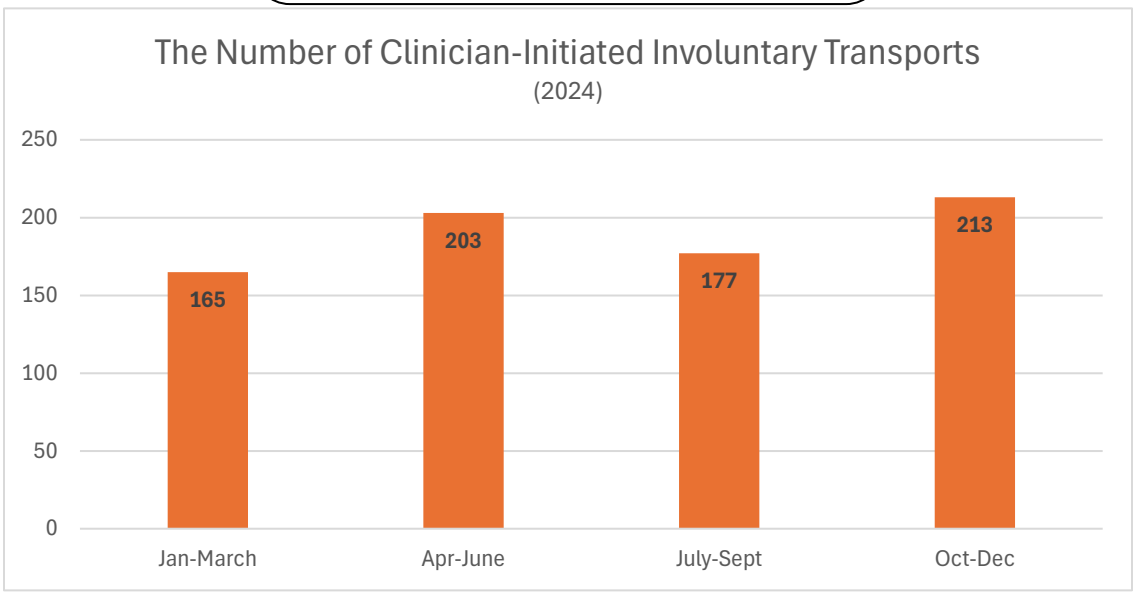
A Section 9.58 Designated Clinician is either a physician or one of the following professionals who is a member of an approved mobile crisis outreach team[i] approved by the State Commissioner of Mental Health: a licensed psychologist, registered professional nurse, or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker.

Data for this metric is tracked and reported by DOHMH and DSS

2024

The Number of Clinician-Initiated Involuntary Transports

758



* 758 is the number of clinician-initiated transports that occurred, not the number of individuals transported.

3. The number of 911 (radio) calls that resulted in the involuntary transport or transportation of an individual

A radio run refers to a request for service dispatched over the police radio system. The dispatcher directs officers on patrol over their radios to respond to a specific incident. These are typically received as 911 calls. This data is only available by NYPD and **only reported for NYPD officer-initiated involuntary transports.**

For the purposes of this report, we are using NYPD radio calls that resulted in an officer-initiated transport as a proxy for 911 calls.

Data for this metric is collected and reported by NYPD. [1]

2024

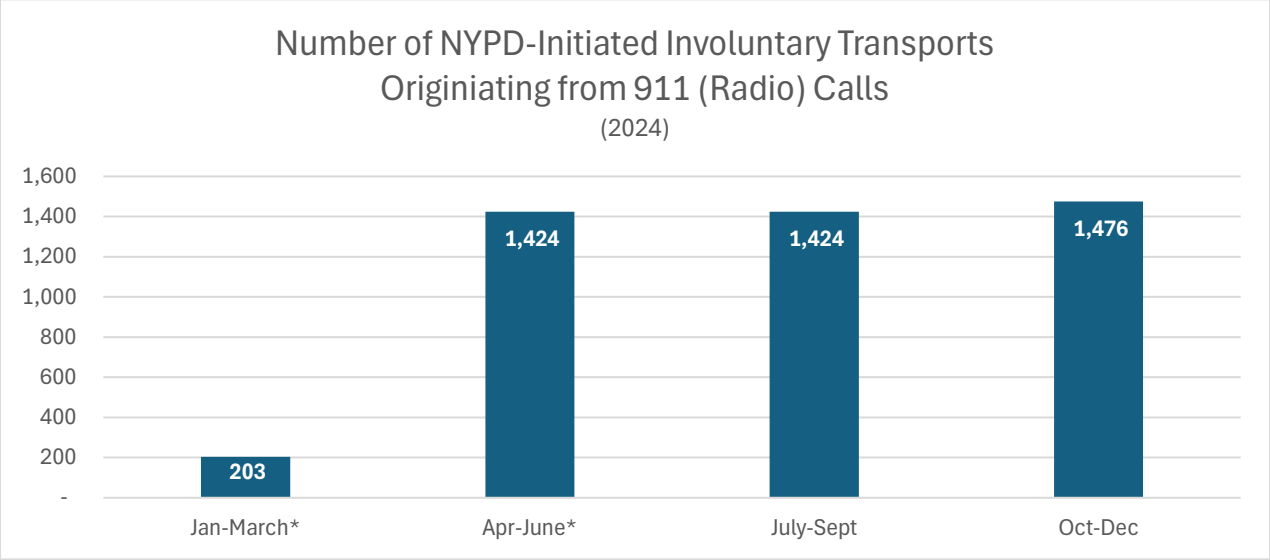
Number of NYPD Initiated 9.41 Involuntary Transports – Radio Calls

4,527

2024

Percent of NYPD Initiated 9.41 Involuntary Transports – Radio Calls

64%



*NYPD radio call data was incomplete January -May 2024 due to new data collection processes

[1] Jan-May 2024 data for this metric by NYPD is incomplete. In order to collect and report this data, NYPD made changes to their Aided report system which allowed the metric to be captured beginning June 2024. The revised Aided report provides a method to accurately track radio calls received in the 911 system as it relates to requests for involuntary transports.

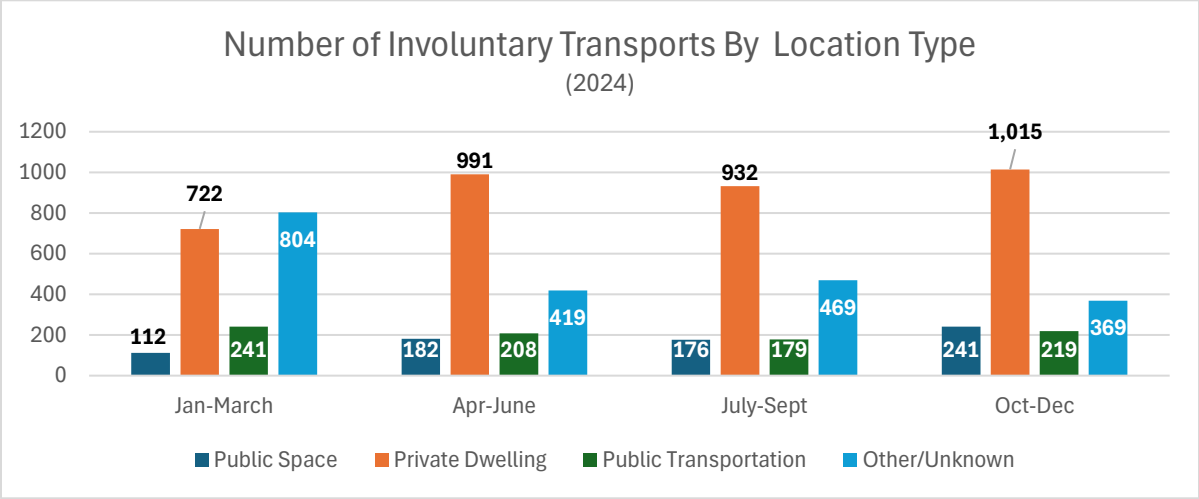
4. **Information, in the aggregate, regarding the borough and precinct from which individuals subject to involuntary transport were moved, including whether an individual was transported from a private dwelling or a public space, such as a park or the public transportation system, or temporary emergency housing**

The following charts show, in aggregate, the location types—Public Space, Private Dwelling, or Public Transportation- and borough/ precincts for involuntary transports conducted by **9.58 Designated Clinicians on DSS Outreach Teams, NYPD officers and MTA PD officers**. These numbers combine statistics from multiple outreach teams and law enforcement in order to protect Personal Identifiable Information (PII).

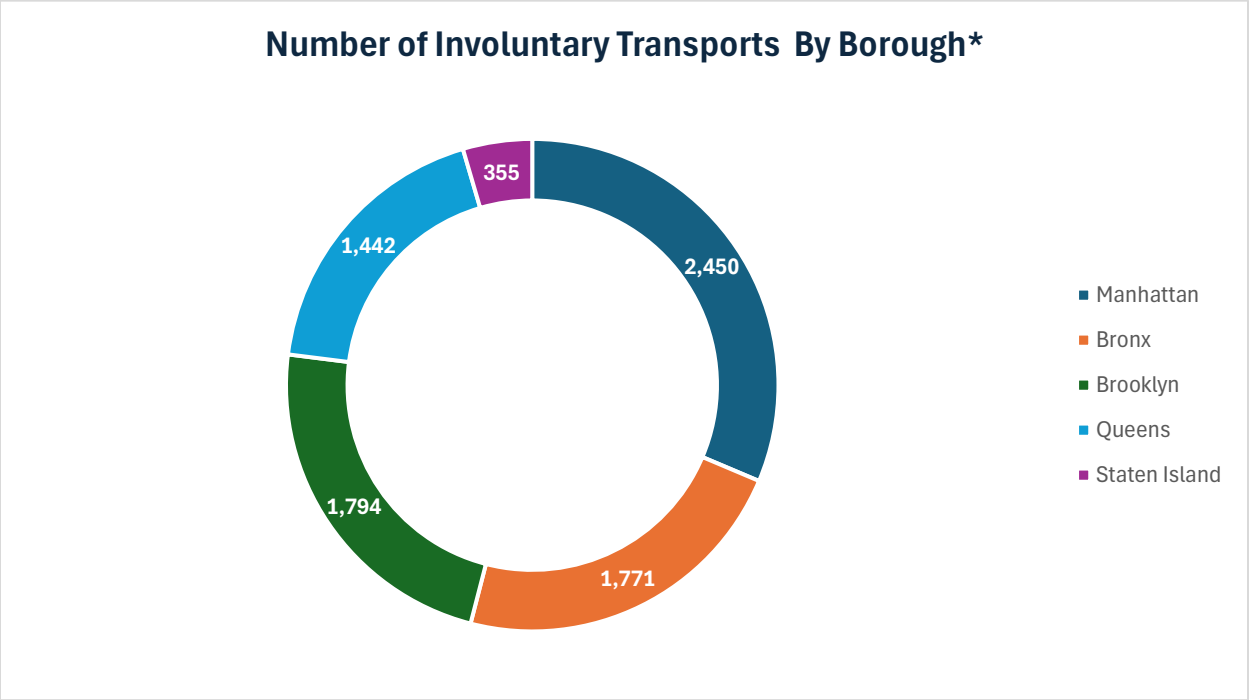
For the purpose of this data each location type includes:

- **Public Space:** A place that is open and accessible to the general public. Public spaces may include a park, the street, or city owned building. The following categories reported by NYPD constitute public space: commercial, house of worship, school, and temporary emergency housing. For the purpose of this data, subways or buses operated by MTA are captured under "public transportation".
- **Private Dwelling:** A residential unit that is occupied by one household and is used solely for private residential purposes. This excludes accommodations used for business, public access, or communal living. For data reported by DSS, Transitional Housing is a form of private dwelling.
- **Public Transportation:** Subways or buses operated by the MTA. This includes subway and bus stations and the inside and outside of buses and trains. Data for public transportation location is reported by MTA PD.

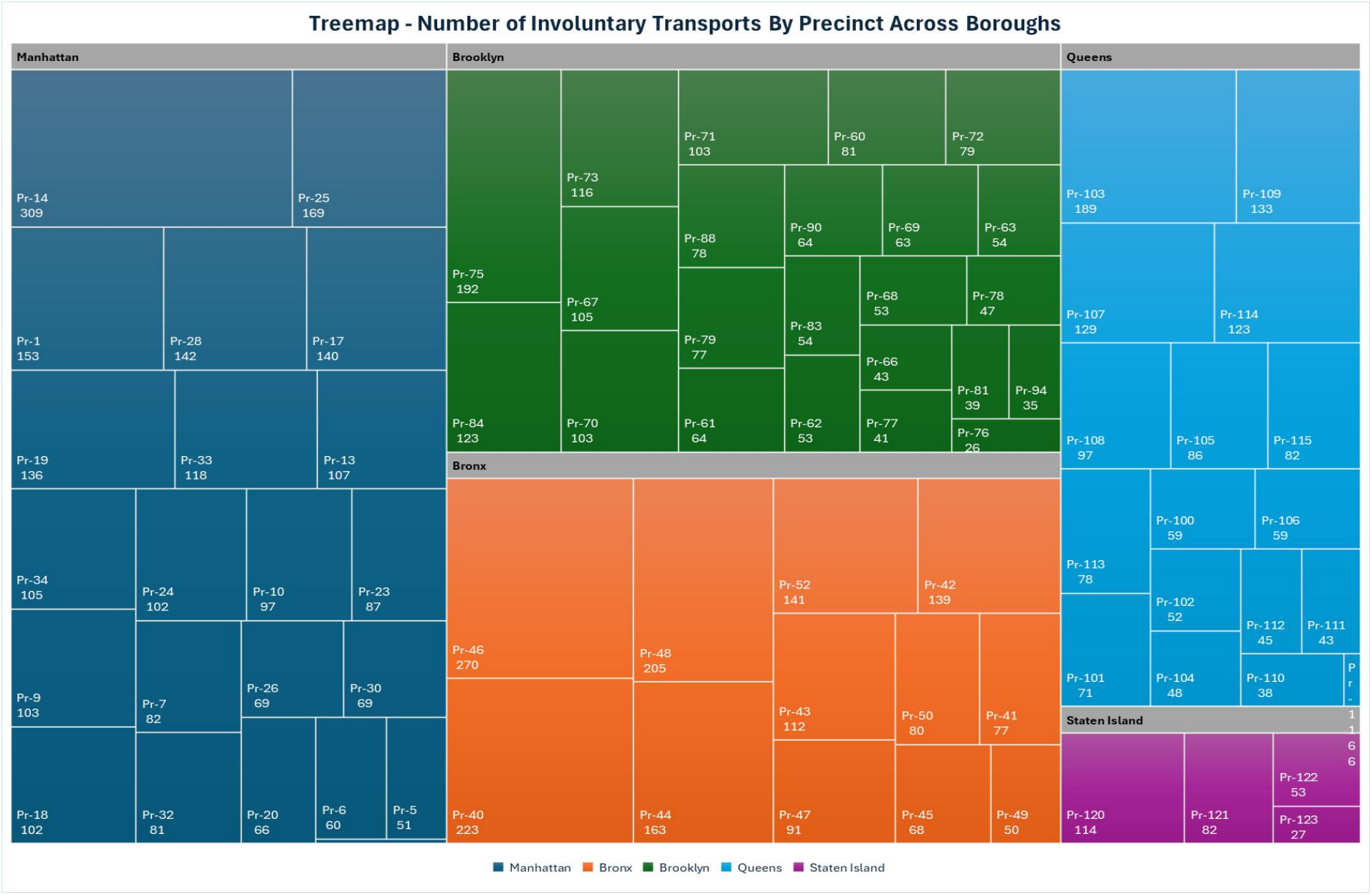
Data for this metric is reported by DSS, NYPD and MTA PD. DOHMH does not collect this data for their reported clinician-initiated involuntary transports.



The following charts show a combination of both clinician-initiated and officer-initiated involuntary transports in aggregate by borough and by precinct.



***A total of six involuntary transports occurred outside of the five boroughs**



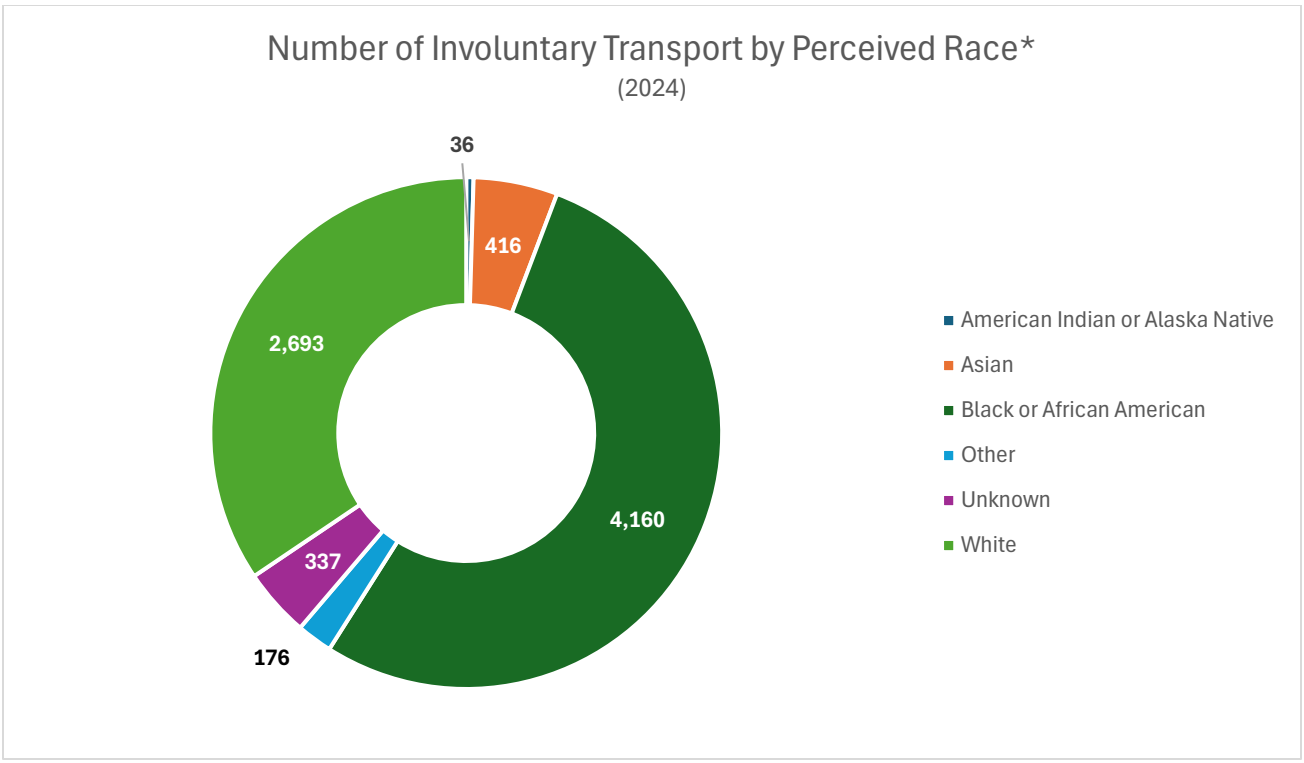
Note: Due to the structure of Treemap data visualization the following precincts not visible in the chart: Manhattan (Precinct 22: 4) and Queens (Precinct 116: 6).
Data for DOHMH's clinician-initiated transports is not available by precinct and is not included in this visualization.

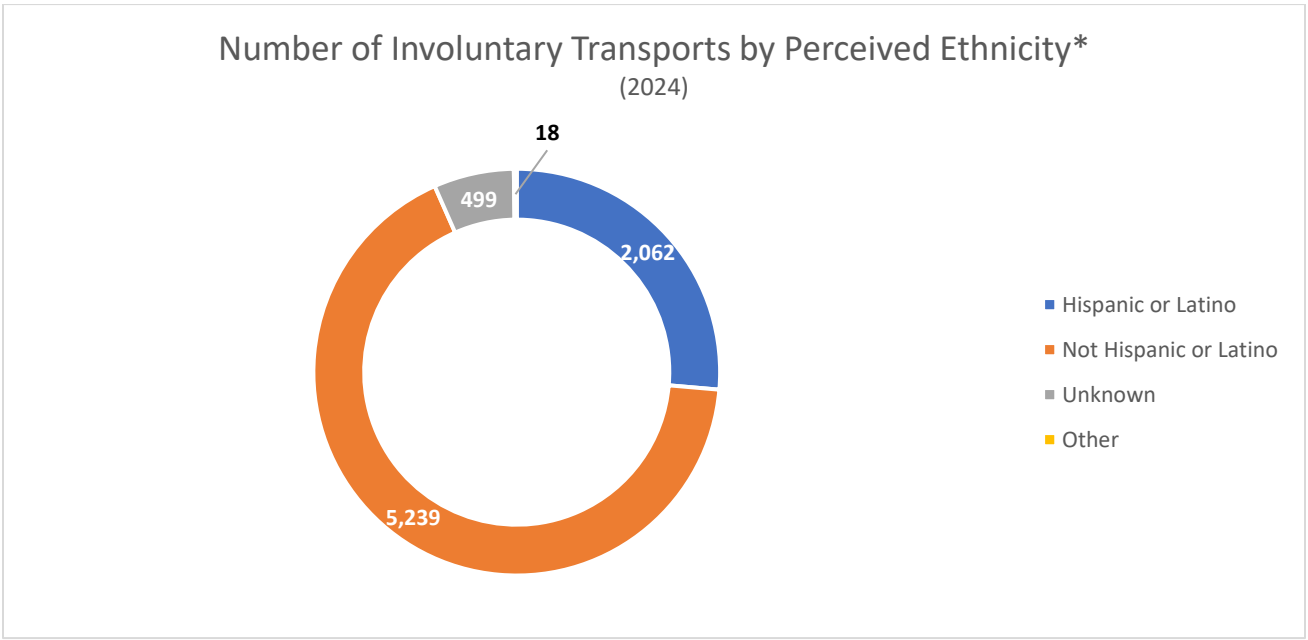
5. Perceived demographic information, in the aggregate, of individuals subject to involuntary transport, including age, race and ethnicity[2], disability status

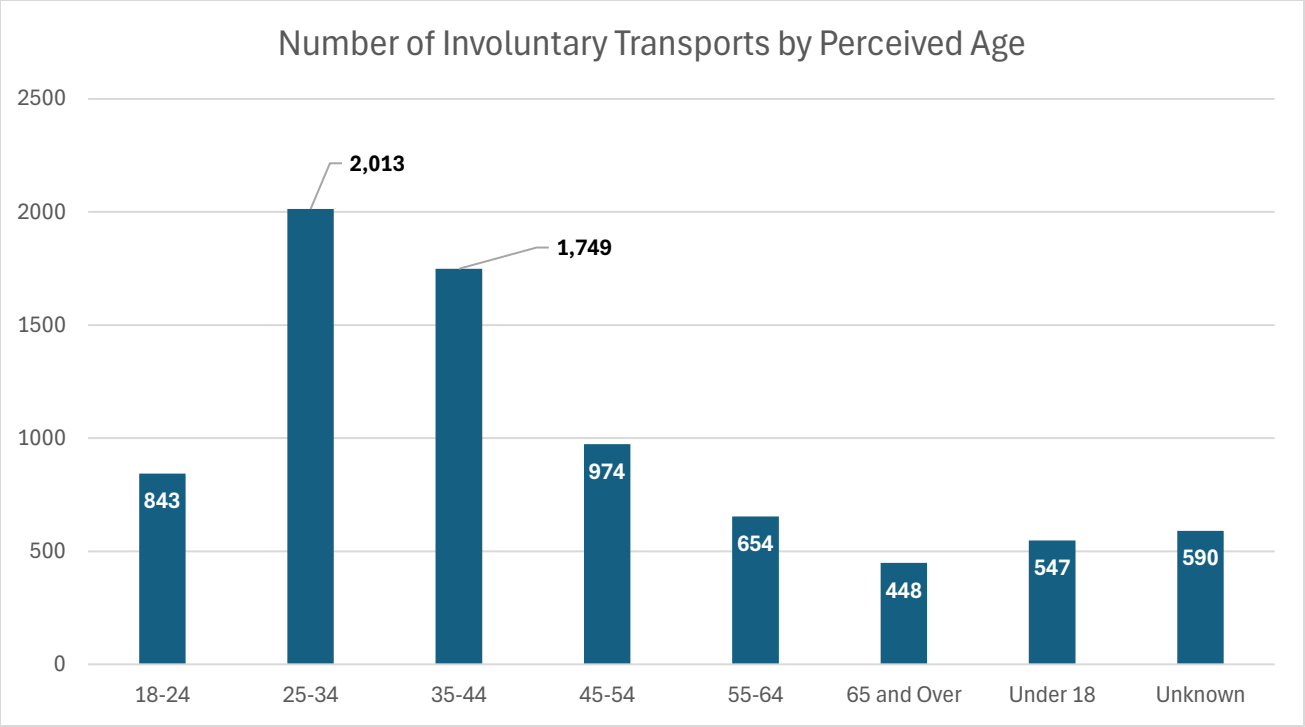
Obtaining accurate demographic information during a mental health emergency can be challenging as individuals may not communicate for a number of reasons, including distress or an unwillingness to provide details due to fear, mistrust, language barriers or lack of awareness. In such cases, immediate care takes priority over data collection, leaving gaps in information.

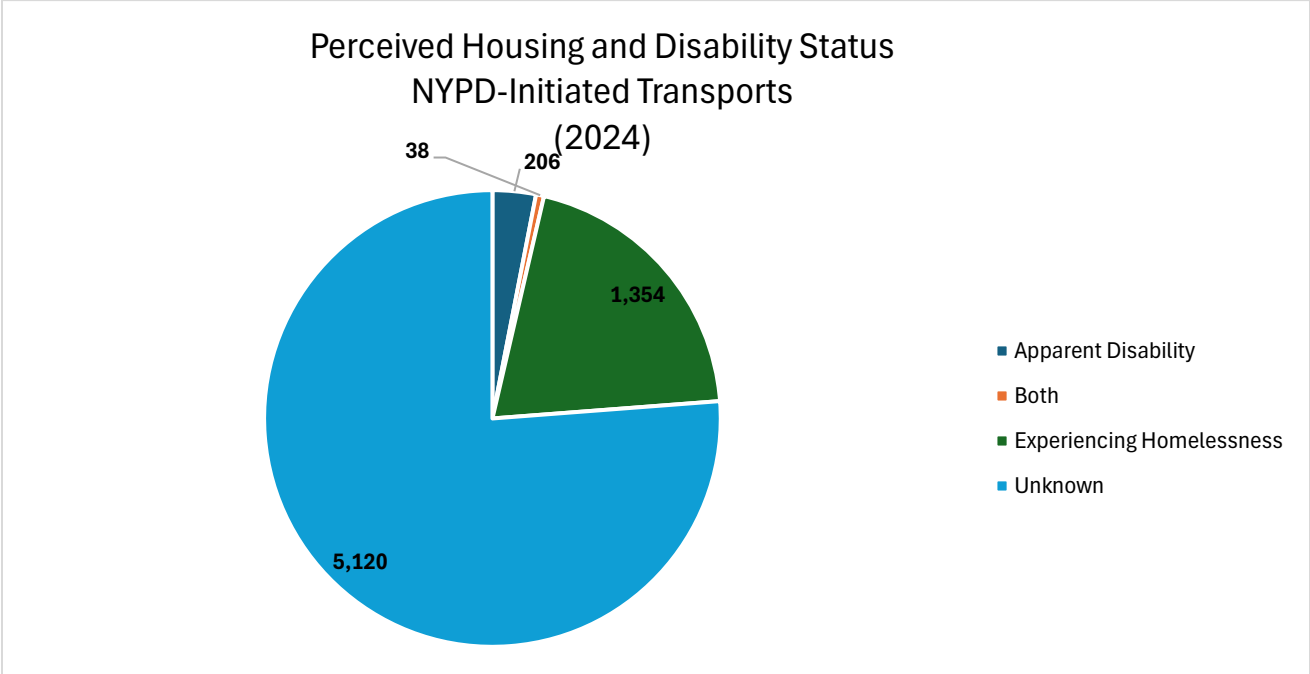
Data for this metric is based on the perceptions of the clinician and/or officer initiating an involuntary transport and may not reflect the way an individual self-identifies.

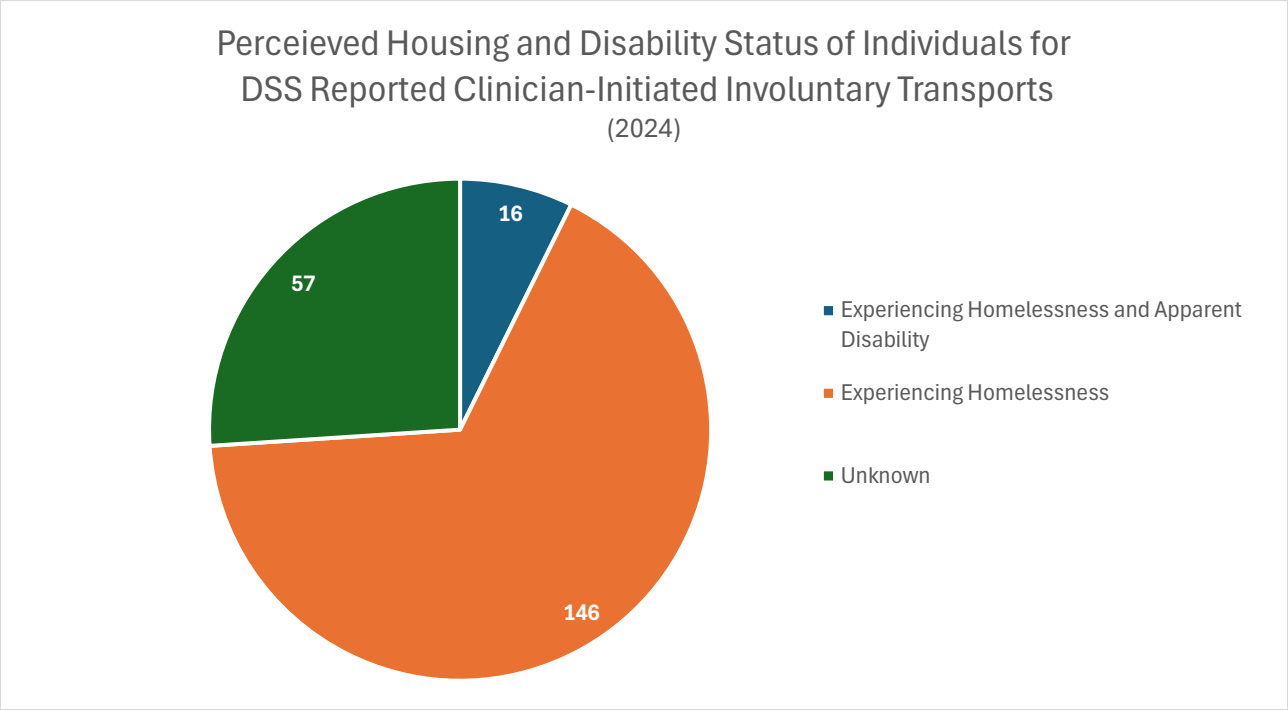
[2] Data Source and Limitations - Race/Ethnicity: The data presented in this report is an aggregation of information from four agencies: NYPD, MTA, DOHMH and DHS. It is important to note that these agencies do not collect and report race and ethnicity data uniformly.
For ethnicity, four categories are used: Hispanic or Latino, Not Hispanic or Latino, Unknown, and Other. Notably, NYPD does not collect ethnicity data. However, their racial categories include "Black Hispanic" and "White Hispanic." For the purpose of this report, these categories have been included in the "Hispanic" ethnicity category. All other racial categories – excluding "other" and "Unknown" – reported by NYPD have been aggregated into the "Not Hispanic or Latino" ethnicity category.
With respect to race, we have combined "Black" and "Black Hispanic" into a single "Black" category. Similarly, "White" and "White Hispanic" have been combined into a single "White" category.
Further complicating matters, DHS reports "Hispanic or Latino" as a category for both race and ethnicity. To maintain ethical data reporting practices and avoid double-counting, as there is no separate "Hispanic" category under race, we have grouped these responses under the "Other" race category for this report.
These inconsistencies in data collection and the subsequent aggregation may affect the accuracy and granularity of any analysis related to race and ethnicity.


Number of Involuntary Transport by Perceived Race*
(2024)
36
416
2,693
4,160
337
176
American Indian or Alaska Native
Asian
Black or African American
Other
Unknown
White


Number of Involuntary Transports by Perceived Ethnicity*
(2024)
18
499
2,062
5,239
Hispanic or Latino
Not Hispanic or Latino
Unknown
Other


Number of Involuntary Transports by Perceived Age
2500
2000
1500
1000
500
0
2,013
1,749
843
974
654
448
547
590
18-24
25-34
35-44
45-54
55-64
65 and Over
Under 18
Unknown

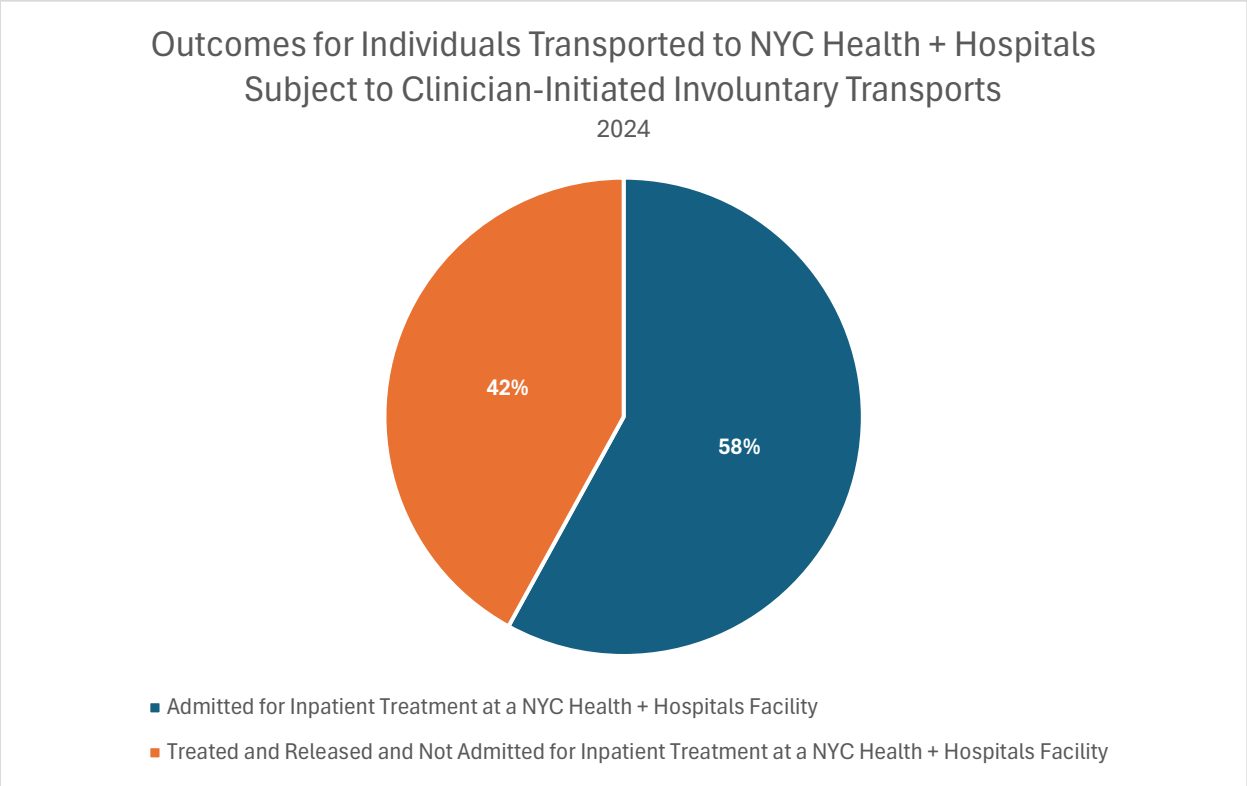

Perceived Housing and Disability Status
NYPD-Initiated Transports
(2024)
38
206
1,354
5,120
Apparent Disability
Both
Experiencing Homelessness
Unknown


Perceieved Housing and Disability Status of Individuals for DSS Reported Clinician-Initiated Involuntary Transports
(2024)
16
57
146
Experiencing Homelessness and Apparent Disability
Experiencing Homelessness
Unknown

6. Information, in the aggregate, regarding whether individuals subject to involuntary transport were transported, and, where available, were admitted, to a hospital, and if so, the names and addresses of each hospital to which such individuals were transported or admitted[3].

Hospital admission decisions are made by an attending physician on the staff of a hospital. Admission to the hospital refers to inpatient treatment and can be medical or psychiatric. Hospital admission does not include periods of observation, evaluation and/or treatment in an emergency unit of a hospital.

The NYC Health + Hospitals admissions data only includes data based on clinician-initiated transports where NYC Health + Hospitals is informed through email by the clinician-initiated Designated Clinician. We do not have access to outcome data for private hospital networks in the city, where involuntary transports are also taken.



[3] Note: The average of the percentages shown may not be a precise representation of the overall data, as it does not account for the different sample sizes in each category.

Names of Hospitals That Received Involuntarily Transported Individuals

*Note: Data regarding hospitals transported to was not available for clinician-initiated transports reported by DOHMH.

Hospital Name	Total Involuntary Transports (2024)
Bellevue Hospital	755
St. Barnabas Hospital	506
Queens Hospital Center	432
Lincoln Hospital	362
Harlem Hospital Center	346
Mount Sinai Hospital	319
Kings County Hospital Center	289
Elmhurst Hospital Center	275
Mount Sinai Beth Israel	275
Brookdale Hospital Medical Center	258
Woodhull Medical Center	254
Jacobi Medical Center	234
Richmond University Medical Center	231
Jamaica Hospital Medical Center	213
Mount Sinai Morningside	197
South Brooklyn Health	197
New York-Presbyterian/Columbia University Irving Medical Center	194
Maimonides Medical Center	180
New York-Presbyterian Brooklyn Methodist Hospital	175
Bronx Care Hospital Center	174
Metropolitan Hospital Center	146
Montefiore Medical Center	135
St. John's Episcopal Hospital South Shore	128
Interfaith Medical Center	122
New York-Presbyterian/Weill Cornell Medical Center	102
NYU Langone Hospital—Brooklyn	99
Zucker Hillside Hospital	99
New York-Presbyterian Hospital	89
North Central Bronx Hospital	66
Unknown	51
Bronx Psychiatric Center	42
Bronx Care Hospital Center - Fulton	37
Staten Island University Hospital	33
North Shore University Hospital	24
NYU Langone Health	21
Lenox Hill Hospital	17
Mount Sinai West	17
New York-Presbyterian Queens	16

New York-Presbyterian Allen Hospital	15
Flushing Hospital Medical Center	13
Other	12
Brooklyn Jewish Hospital and Medical Center	11
Staten Island University Hospital – South	11
Mount Sinai Brooklyn	10
Mercy Hospital	9
New York-Presbyterian Lower Manhattan Hospital	9
Montefiore Med Center - Jack D Weiler Hosp of A Einstein College Div	8
Maimonides Midwood Community Hospital	7
Mount Sinai Queens	7
Brooklyn Hospital Center - Downtown Campus	6
Cornerstone of Medical Arts Center Hospital	6
St. John's Riverside Hospital	6
ST. JOSEPH'S HOSPITAL – Yonkers	6
Long Island Jewish Valley Stream	5
SUNY Downstate Medical Center	5
Wyckoff Heights Medical Center	5
Montefiore Mount Vernon Hospital	3
Kingsbrook Jewish Medical Center	2
Wakefield Division of Montefiore	2
Brooklyn Hospital Center	1
Brooklyn VA Medical Center	1
James J. Peters Department of Veterans Affairs Medical Center	1
Long Island Jewish Medical Center	1
Margaret Cochran Corbin VA Campus	1
Mount Sinai South Nassau	1
Nassau University Medical Center	1
New York Eye and Ear Infirmary of Mount Sinai	1
NORTH SHORE UNIVERSITY HOSPITAL AT GLEN COVE	1
Westchester Square Campus-Montefiore Medical Center	1

Appendix

[i] **Relevant Agencies and Teams**

Involuntary Removals

- **Police/ Peace Officers (9.41 Removals)**
  - Any peace officer, when acting pursuant to his or her special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department, may conduct an Involuntary Removal pursuant to the above captioned definition of a 9.41 removal.
- **9.58-Designated Clinician**
  - A 9.58-Designated Clinician is either a physician or one of the following professionals who is a member of a mobile crisis outreach team approved by the State Commissioner of Mental Health: a licensed psychologist, registered professional nurse, licensed clinical social worker, or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker.
  - 9.58-Designated Clinicians may remove or direct the removal of any person to a hospital for the purpose of evaluation for admission if such person appears to be mentally ill and is conducting themselves in a manner likely to result in serious harm to the person or others.
- **Mobile Crisis Response**
  - Mobile crisis teams (MCTs) are dispatched to an individual's home or any community setting where a crisis may be occurring, to provide brief intervention and facilitate access to other crisis/behavioral health services. Anyone, including individuals, family members, friends, or community members, can request a mobile crisis team by calling 988 and the crisis counselor/call taker will determine if a MCT is an appropriate response. They provide appropriate care and support while avoiding unnecessary law enforcement involvement, emergency department use and hospitalization. However, mobile crisis response may include co-response with local law enforcement, if possible, given local arrangements. Mobile and Telephonic Crisis Response Services will be available 24 hours per day, seven days per week, and 365 days per year, providing an in-person intervention within 3 hours of the determination of need.
- **Subway Co-response Outreach (SCOUT) and Partnership Assistance with Transit Homelessness (PATH) Teams (DHS with MTA-PD and NYPD)**
  - Supplementing the efforts of DHS-contracted outreach teams serving the general population of unsheltered New Yorkers, DHS has also partnered with law enforcement to serve the specific needs of those among the unsheltered who struggle with untreated SMI. In 2024, DHS has deployed nurses to form "co-

response" teams with police officers in two programs operating in the subway system: Partnership Assistance with Transit Homelessness (PATH) and Subway Co-response Outreach (SCOUT) programs -- an essential component of the City's 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.

- **DHS Homeless Outreach- Joint Command Center**
    - Experienced outreach teams from not-for-profit service providers canvass the five boroughs 24/7/365 as part of our citywide effort to identify and engage individuals experiencing unsheltered homelessness, encourage them to accept services, and ultimately help them transition off the streets. Additionally, DHS performs joint outreach operations with community stakeholders and Agency partners, including the Department of Health and Mental Hygiene, the Parks Department, and the Department of Transportation as appropriate, to utilize each Agency's expertise, engage more New Yorkers, and offer more supports.