

# **Department of Community Safety: An Implementation Guide for Mayor Mamdani's First Term**

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In late 2025, the Vera Institute of Justice convened experts, practitioners, and advocates to discuss public safety and criminal justice policy ideas for the next administration. The recommendations that follow regarding the Department of Community Safety (DCS) emerged from those discussions. We thank the participants, listed at the end of this document, for their time and expertise.

## Introduction

A central piece of Mayor Mamdani's platform was the creation of a [Department of Community Safety](#) (DCS), a permanent city agency that will deliver the evidence-based public health approach to safety our city needs. The DCS would fill gaps and improve coordination of safety-related responsibilities distributed across the New York Police Department (NYPD), the Department of Health and Mental Hygiene (DOHMH or NYC Health), the Department of Homeless Services (DHS), the Office of Neighborhood Safety (ONS), and other departments and offices. With this new department the city can address our crises of mental health, homelessness, and violence; relieve the NYPD of work better handled by health and social service providers so it can focus more on serious offending; improve coordination across city agencies and community-based organizations (CBOs); better use and collect data; and invest in long-term, community-centered safety.

This document lays out steps that the Mamdani administration can take in the beginning of its first term to best set up DCS for success. Although Mayor Mamdani's platform envisions the new department taking on a number of critical functions, this document does not seek to address the full scope of those responsibilities. Other efforts are underway to provide recommendations regarding alternatives to incarceration, reentry services, and closing Rikers Island, many of which either have been or will be presented by organizations that contributed to this document, including members of the [NY ATI/Reentry Coalition](#).

Instead, the document focuses on immediate steps needed to build DCS and on two main areas of growth during the mayor's first term:

1. Improving and scaling violence prevention and intervention.
2. Improving connections between behavioral health services and the criminal legal system.

## Immediate steps for setting up an effective and sustainable governing structure for safety

- **Appoint a deputy mayor for community safety to oversee much of the city's safety and justice infrastructure.** This infrastructure includes DCS, the Department of Correction (DOC), the Department of Probation (DOP), the Office for the Prevention of Hate Crimes (OPHC), the Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV), the Fire Department (FDNY), and Emergency Medical Services (EMS). Housing these entities under one deputy mayor will ensure better communication and coordination among them. This deputy mayor would also be responsible for 911 operations and subway safety and act as the primary liaison with public safety partners such as the district attorney's offices, courts, and state and federal partners.<sup>1</sup> NYPD would continue to report elsewhere given its size and unique oversight needs. The shift away from a deputy mayor for public safety to one for community safety is consistent with the reality that public safety is co-produced by government and community.

- **Ensure that the deputy mayor for community safety prioritizes more than just traditional public safety strategies.** The scope of the deputy mayor's portfolio should include prevention, crisis intervention, alternatives to incarceration, and reentry services, in addition to the work of agencies like corrections and probation. This breadth of responsibility will ensure proper coordination and mission alignment among the spectrum of agencies and contracted services that contribute to safety in New York City.
- **Issue an executive order to create a DCS consisting of the Mayor's Office of Criminal Justice (MOCJ), ONS, and new capacities.** A city charter amendment will be required for this work to last beyond the Mamdani administration, but an executive order will enable the administration to begin building the department. Housing MOCJ within DCS is an immediate stopgap measure that would leverage the existing departmental infrastructure MOCJ has developed (e.g., budget code, procurement infrastructure, and human resources) and mitigate further siloing of oversight, coordination, and service delivery.<sup>2</sup> We recommend that DCS initially prioritize two areas of work: (1) improving and scaling community violence interventions; and (2) improving and expanding crisis response and other areas of intersection between criminal legal and behavioral health systems.

The following sections provide tangible steps for how the next administration can set up and build out the foundation of DCS in its first term.

## Improving and Scaling Violence Prevention and Intervention

Mayor Mamdani should focus his first term on restructuring elements of violence intervention and prevention for greater efficiency, expanding and scaling existing initiatives, and introducing new initiatives that address service gaps. New York City already has many of the components needed to create robust, well-coordinated mechanisms for violence prevention and intervention. This is one reason New York City is simultaneously one of the safest *and* least incarcerated cities in the country. Many cities across the country learned from New York City's [innovations](#) a [decade ago](#), and now New York City has the opportunity to learn from its own experience and that of [others](#). Once properly resourced, supported, and implemented as part of DCS, the Crisis Management System (CMS) can once again be a national leader in evidence-based public health response to gun violence. These recommendations offer guidance on immediate steps the new administration can take to strengthen and expand current infrastructure as it develops the new DCS.

### Department structure

Although the long-term structure of DCS will require a robust community planning process, the administration should take immediate steps to restructure various existing offices to accomplish the initial goals of scaling up violence intervention and improving coordination of service.

- **Transfer ONS from the Department of Youth and Community Development (DYCD) to DCS.** ONS plays a leading role in the city's efforts to prevent violence by: (1) leading a citywide public health response to violence; (2) co-developing public safety solutions with affected communities; (3) investing in the capacity and staff of organizations at the front lines of violence reduction; and (4) generating evidence for what works to prevent violence. ONS has \$135 million in contracts that are currently being managed by DYCD, and embedding ONS there has limited the growth, capacity building, and continuous improvement required for successful violence intervention—largely due to holding a distinct mission. When ONS is

transferred into DCS, DCS should leverage the infrastructure of MOCJ, which has the robust contracting and procurement team needed to ensure operational continuity.

- **Ensure ONS has the leadership and staffing it needs to be effective and have credibility with the community.** The administration should anchor ONS with strong senior leaders, staff it with ONS veterans and experienced agency hands, and restore working relationships with community-based leaders who have credibility and years of experience doing this work. Creating a durable infrastructure for ONS will require staff with a deep understanding of how government functions, knowledge of the community safety landscape, and credibility with providers and the community.
- **Designate the Mayor's Office of Operations, the Law Department, and the Office of Information Privacy to create a data and legal infrastructure for efficient real-time information sharing.** All relevant agencies, departments, and safety service providers (including subcontractors) should have access to data systems holding information about crime data, calls for service, and the 311 system. Clear rules will be needed about when information sharing is appropriate and when the need for confidentiality prohibits it. This data infrastructure will allow DCS to pull data from all relevant entities in real time and refine overall public safety strategy accordingly, including improving CMS response times. Finally, it will help facilitate borough-wide coordination efforts, including regular stakeholder conferences.
- **Establish processes to ensure consistent, ongoing collaboration between DCS and the portfolio of the deputy mayor for Health and Human Services (HHS).** The success of DCS will depend in part on its ability to overcome the siloing that has hampered prior efforts, including the siloing between agencies and providers in the criminal legal system and the health system. Addressing this will require constant communication and collaboration between these systems to improve both planning and implementation, as well as the linking of HHS data systems to the data systems described above.
- **Measure and manage for results.** From the outset, DCS should adopt a disciplined approach to tracking whether new strategies are actually producing the results they are intended to deliver. This means defining clear goals, establishing baselines, routinely reviewing data on whether programs are reaching the people and places they are meant to serve, and reporting publicly on the outcomes. The purpose is not simply to monitor activity, but to understand impact, what is improving, what is not, and where course corrections are needed.

## **Violence prevention initiatives**

The Mamdani administration should set up a host of initiatives to visibly improve neighborhoods that have experienced disinvestment. The recommendations below suggest initiatives that can be stood up within the first six months of the administration.

- **Stand up a Safe Design initiative within ONS to invest in permanent design and environmental improvements to the city's safety infrastructure.** This new initiative would expand the Mayor's Action Plan for Neighborhood Safety (MAP) beyond the New York City Housing Authority (NYCHA) and build upon the existing NeighborhoodStat (NStat) initiative within MAP, which works with NYCHA residents to address safety issues in certain developments, including through changes to the physical environment (such as lighting, garbage cleanup, and beautification of public spaces). Projects should be developed in coordination with the deputy mayor of operations and the chief public realm officer to ensure alignment across government agencies. A Safe Design initiative would create an enduring citywide place-and-safety function that sits within the broader public safety strategy.

- Launch a “first 100 days” environmental design investment blitz focused on addressing public concerns about quality of life as a first step toward an ongoing campaign of addressing community concerns. Use data from a variety of sources—including 911 and 311 calls related to the conditions of public spaces, statistical and survey data, and MAP-style community input—to select a handful of bounded geographical areas (e.g., blocks, corridors, or plazas) where concentrated design efforts can have a clear impact. The boundaries should be defined tightly so work is manageable and the impact of the city’s efforts is clearly visible. Consideration should be given to whether areas are already being served by ONS or other initiatives whose work could be leveraged and built upon. Work should be driven by current need and historical harm, involve a community accountability process, and be coordinated across agencies to quickly deliver and maintain improvements. It is essential that this is not a one-time exercise but the first step in an ongoing effort to address local environmental issues. This will require creating new mechanisms for residents to submit concerns and provide feedback on city efforts so as not to leave a communication void and further erode trust in government.
- Establish shooting reviews across all borough commands, jointly convened weekly by NYPD and DCS. Participants should include relevant district attorney’s offices, NYPD bureau personnel, DOP, DOHMH, Department of Social Services (DSS), CMS providers, hospital-based violence intervention programs (HVIPs), and other relevant agencies.<sup>3</sup> This process will allow stakeholders to identify emerging conflicts, assess patterns, and coordinate immediate outreach and support for individuals and families.

## Funding

Funding a large-scale department with weight and influence comparable to the NYPD is a gargantuan multiyear task, which can begin with some of the following steps during Mayor Mamdani’s first year.

- Resolve problems with the procurement process for subcontractors, including contracting, billing, and payment, in partnership with the city council. Under the [current system](#), providers wait months or years to finalize city contracts and receive payment for their work. As a result, nonprofit organizations are often forced to take out loans while awaiting payment—without receiving city reimbursement for the interest. The costs associated with these loans come at the cost of providing services. Some providers have had to close down, and many smaller providers cannot afford to bid for contracts because they do not have sufficient funds to operate while awaiting payment. The city council has already enacted [legislation](#) to begin addressing this issue. The administration should quickly implement these new laws. The city should also fund a dedicated technical assistance program to help providers improve partnerships with city agencies and address any internal administrative issues that may be contributing to delays.
- Conduct a systematic assessment of existing violence prevention and intervention strategies to identify needed resources and investments. The Adams administration [cut funding](#) for a number of successful programs. Meanwhile, concurrent with his tenure, CVI programs have [helped drive](#) record crime declines across the country. To ensure that funded services match neighborhood needs and reflect national best practices—and that they have sufficient funding, capacity, and authority—the city should undertake an immediate assessment of existing strategies, including listening sessions to hear from partners and the community.
- Review the Request for Proposal (RFP) process to better reflect what services are needed and ensure DCS selects the best providers. To better align RFPs with the best providers,

the city must: (1) receive input from potential providers in the RFP program design process; and (2) build the capacity of community-based organizations to submit strong proposals through training and partnerships between small grassroots organizations and entities able to provide technical assistance.

- **Establish a flexible new funding mechanism to support innovative models and unmet needs.** This should enable the city to respond to community safety issues with speed and flexibility. Possible uses for this funding include supporting underfunded community-based organizations, especially grassroots groups doing high-touch work; funding resources for youth and families who fall between systems; and creating a rapid-response fund for immediate support after violence and trauma.
- **Create a small grants program to support basic repairs and safety improvements on and around private property.** Stand up a simple, fast-moving grants program that helps residents and small property owners make basic safety upgrades such as repairing or adding lighting, fixing gates and locks, addressing blight, and completing small exterior repairs. The program should build on existing models like Safe in the City and MAP by offering straightforward application pathways, modest awards, and quick turnaround.
- **Develop a violence and safety innovation fund.** This would enable the administration to pilot and evaluate new violence prevention and intervention approaches, support youth-led and community-designed interventions, and partner with universities or researchers to test promising models. As a pioneer in CVI and one of the country's [safest cities](#), NYC should remain an innovator in safety solutions.
- **Seek state funding for Raise the Age (RTA) implementation.** The state legislature has excluded NYC from receiving RTA implementation funding through a provision that reserves state implementation funds for localities that adhere to a 2 percent tax cap. Some of this money could be used to increase funding for violence prevention and intervention services, as well as specialized programs for high-risk/hard-to-reach youth. The new administration should convene all stakeholders to help publicly advocate for these critical funds.

## Capacity building

Standing up an effective DCS will require setting up a robust network of providers. As with funding the department, this is a long-term task—one that will require building broad relationships with community-based organizations, recruiting heavily for both city government and service providers, and engaging in university partnerships.

- **Create a DCS workforce pipeline for violence intervention careers.** This can be done in partnership with CUNY, the New School's Institute for Transformative Mentoring, and community organizations. People [who work](#) for community-based violence intervention organizations are underpaid, often lack career pathways, and are at high risk of experiencing physical harm and trauma. To strengthen retention, this pipeline should offer, at a minimum, credentialing programs, safety training, mediation and case-management certificates, apprenticeships, youth leadership tracks, and trauma-informed leadership development. Salaries for these positions should include minimum floors and be in parity with similar jobs done by other city employees. Contracted [credible messengers](#) should receive the same kind of training, liability protection, and benefits given to other first responders—including city benefits when they are injured and access to services like counseling.
- **Optimize mental health intervention skills for CVI, ambassador, navigator, and other roles.** Those working in these positions should be trained on more expansive mental health counseling skills that have been adapted for use by non-clinicians. For example, cognitive behavioral interventions (CBI) combined with wraparound services like job placement or

coaching [have been shown](#) to reduce harm and increase the safety of participants and their communities. Programs such as [READI Chicago](#), [Choose to Change](#), and [Advance Peace](#) illustrate the impact of CBI. DCS should regularly reassess what other training is needed to support the department's mission, as well as to advance workforce learning and opportunities for advancement.

- **Strengthen the capacity and effectiveness of CVI programs.** Key additional strategies include: (1) increasing CVI capacity to navigate and partner with local health, mental health, substance use, housing, education, and other social service providers; (2) improving client needs assessments and case management infrastructure; and (3) developing standardized data collection and sharing protocols.
- **Create ongoing long-term evaluation and learning partnerships with research institutions.** These should support implementation assessments, community-informed metrics, cost-benefit analyses, and long-term evaluations of CMS, MAP, Atlas, Safe Design, the Brownsville Safety Alliance, and DCS-wide initiatives. This partnership should include peers to ensure people with lived experience are informing practices. The city should also embed researchers in programs whenever feasible, for both evaluation and strategic planning purposes. This research must include the impact of city and state agencies and programs on the efficacy of these initiatives. Too often, providers are blamed for outcomes beyond their control, such as government agencies failing to respond in a timely manner or at all and the lack of availability of certain services.

## Improving Connections Between Behavioral Health Services and the Criminal Legal System

This section provides recommendations for setting up two core commitments that came from the Department of Community Safety platform: (1) improving coordination between behavioral health and substance use disorder services and the criminal legal system; and (2) improving crisis response, including both how 911 calls are handled and the ways that callers receive services.<sup>4</sup> As explained below, this can and should be achieved while keeping the Mayor's Office of Community Mental Health (OCMH) outside of DCS.

### Division structure

While the coordination of behavioral health services requires long-term planning alongside several agencies, nonprofit organizations, and service providers, the administration can make immediate structural changes to better facilitate connections to care for people who interact with or are at risk of interacting with the criminal legal system.

- **Create a Division of Behavioral Health Coordination within DCS, focused on ensuring coordination with agencies providing or funding behavioral health services.** The division's goal should be to ensure that the city has strategies and sufficient programming to serve people impacted by the criminal legal system who also have unmet behavioral health needs.<sup>5</sup> The [majority of people](#) with behavioral health needs will likely never interact with the criminal legal system. As a result, most existing services and support for this population should remain outside DCS. At the same time, many of those served by DCS, across all of its divisions, are likely to need mental health or substance use services.
- **Task the Division of Behavioral Health Coordination with improving 911 and crisis response across agencies.** 911 should remain operationally within the NYPD. But DCS, with the support of the deputy mayor for community safety, should set the agenda for reducing

overreliance on NYPD, determine where coordination and integration with other agencies is appropriate, and identify areas for improvement. The bulk of the recommendations in the subsequent section explain DCS's scope of work with respect to this issue.

- **OCMH must be empowered to drive integrative and community-oriented approaches to meet New Yorkers' mental health needs, in collaboration with DCS.** Addressing mental health challenges requires a cross-agency approach led by experts in public health. The mayor should empower and expect OCMH to (1) continue its role collaborating across agencies and integrate DCS into these interactions; (2) collaborate with DCS to expand behavioral health responses, services, and reach; and (3) drive innovation, community-led, and “[task-sharing](#)” models, as well as “whole of government” approaches to behavioral health services. This will provide the necessary foundations for community mental and behavioral health and substance use disorder capacity and policy that DCS will need to leverage in order to be successful.<sup>6</sup>

## Improving 911 call-taking and dispatch

Although delivering better crisis response extends beyond 911 call-taking and dispatch, improving 911 is a first and important step to set the groundwork for building a more responsive and efficient crisis response system.

- **Evaluate 911 protocols to assess how call-takers can better identify and triage mental and behavioral health calls.** Possible improvements include offering “mental health services” as an immediate option to callers, asking additional mental health-related questions before dispatch, revising B-HEARD eligibility criteria to give call-takers more flexibility to divert calls, adding a mental health checkbox to the 911 computer-assisted dispatch (CAD) system, and creating an explicit [preference for non-police responses](#) wherever suitable.
- **Update metrics for determining the effectiveness of the city's crisis and emergency response infrastructure and identify goals for improvement.** Currently, discussions tend to focus exclusively on shorter response times. Although important for life-threatening emergencies, this focus tends to privilege a police-first response and overlooks [other measures of success](#) like matching call and response types and call outcomes.
- **Engage New Yorkers on an [ongoing basis](#) to evaluate and improve 911 and crisis response.** To understand whether current call-taking protocols match callers' needs, the city could conduct listening sessions and surveys in areas with high 911 utilization as well as overpoliced communities where residents may be [hesitant](#) to call 911. The city could use these same evaluations to develop community-based metrics for crisis response. To assess existing alternative crisis response programs and develop new ones, the city should hire people with lived experience accessing these services as consultants and core team members, as well as fund [community oversight boards](#) with decision-making power over program planning, implementation, funding, and evaluation.
- **Analyze 911 calls to identify existing caller needs.** This should include a review of call types and sources (resident versus officer-initiated), priority levels, response types, call outcomes, high-frequency users, accuracy, and data gaps.<sup>7</sup> This analysis should be repeated regularly and reported publicly along with the underlying data.
- **Create a plan to improve 911 data collection, interagency coordination, and transparency.** This plan should include data entered into NYPD, FDNY, and EMS CAD systems. It should address data-sharing among these agencies, as well as with NYC Health + Hospitals (H+H), DCS, and OCMH. It should also ensure that more information is available through [NYC Open Data](#), which currently lacks data points that are critical for evidence-based

reform, including call source type, responding agencies, on-scene activities, and call outcome.

- **Update 911 call codes, triage algorithms, and priority setting to better reflect call scenarios and callers' needs.** Currently, 911 calls assigned a multi-agency response, such as “EDP” calls flagged for both EMS and NYPD dispatch, often receive a police-first response because each agency triages and prioritizes the same call differently. Updated codes will improve dispatch processes to better ensure that calls are receiving the most appropriate and effective response. Additionally, many calls should be recategorized using mental and behavioral health-related language.
- **Ensure 911 call centers include staff with mental and behavioral health expertise.** The city should [embed mental and behavioral health professionals](#) at each 911 call center. These staff members can provide support over the phone when appropriate while also assisting with taking and triaging calls. They can also help to shift 911 culture to more fully embrace alternative responses. For example, embedded mental and behavioral health experts can identify calls in the 911 queue that were not originally flagged for alternative response but that they believe are suitable and pull those calls for diversion. This staff should be co-located and [cross-trained](#) with NYPD, FDNY, and EMS staff. Protocols and training for providing tele-mental health support by peers and clinicians developed for NYC-WELL/988 can serve as a template.
- **Convene stakeholders to address 911–988 interoperability.** They should identify technical, data, legal, and bureaucratic barriers to achieving the ability to transfer 911 calls to 988. Their conclusions should draw on [national guidelines](#).
- **Learn from other jurisdictions.** DCS personnel should examine best and emerging practices from other jurisdictions and judiciously visit other sites with key NYC stakeholders to improve buy-in and consensus around the ultimate approach.

## **Developing and improving alternative responses to behavioral health crises and other community needs**

Currently, only one alternative to a police response exists in New York City (B-HEARD), and a wide range of views exist on its efficacy and potential for improvement. The recommendations below provide insight into how existing crisis response can improve while also laying the groundwork to create new community-based solutions.

- **Revise 911 protocols to allow B-HEARD dispatch based on updated call codes** (see “Improving 911 Call-Taking and Dispatch,” above). This includes calls currently eligible for B-HEARD, “EDP” calls ruled ineligible for B-HEARD under current protocols, and mental health calls that are miscoded under current call codes.
- **Update protocols and train staff for coordination among B-HEARD, NYPD, FDNY, and EMS.** Police, fire, and medical first responders across the city must know how to work with and request a B-HEARD team. There must also be clear protocols for determining who is in charge if multiple agencies respond. This will require not only clear guidelines, but also buy-in for coordination at the top of each agency.
- **Coordinate among city agencies to ensure crisis responders can provide people with a [warm handoff](#) to community-based care options.** Because of the city’s shortage of behavioral health services and the siloing between systems, even when people do receive acute care during a behavioral health crisis, they will often not receive the ongoing help needed to prevent a future crisis. The Mamdani administration has indicated plans to address the lack of services by increasing investments in various behavioral health

interventions. As these resources come online, the proposed Division of Behavioral Health Coordination (described above) will need to establish processes to ensure crisis responders are able to immediately connect the people they serve to the longer-term services they will need to remain stable.

- **Create a pipeline for new alternative first response programs that are responsive to specific neighborhood needs.** Instead of a “one-size-fits-all” model, the city should develop crisis response programs that fit the unique needs of each community. To begin this process, the city should combine a neighborhood-level analysis of 911 calls (see “Analyze 911 calls,” above) with neighborhood-level community oversight boards (see “Engage New Yorkers,” above) to identify all call scenarios suitable for alternative response. This could include mental and behavioral health-related calls that are not currently being diverted to alternative response as well as other nonviolent situations—such as those involving disputes, trespass, or alarms—that could be better served by a non-police response. The community oversight boards, which should include peers, can also help identify community-based service providers that, if properly resourced, could serve as alternative crisis responders. This data can inform a long-term plan for mental health, behavioral health, and other crisis responses that are locally responsive and integrated into the city’s 911 system.
- **Develop alternative response models to non-crisis situations that do not require police involvement.** Many situations, such as noise complaints or double-parked cars, which are currently addressed by NYPD, do not require a police response. This wastes police resources that could otherwise be focused on solving serious crimes. The city should conduct a comprehensive review to identify situations that do not require police involvement, develop and fund appropriate alternative responses, and create processes at 311 and 911 for ensuring that the correct entity is dispatched to each type of call.

## Capacity building

Addressing challenges with 911, EMS, and the crisis workforce is a multiyear process, but the administration can take immediate steps to jumpstart this effort in its first term. Many of these recommendations align with those for violence intervention workers outlined above.

- **Improve compensation and supports for 911, EMS, and mental health crisis response workers to build New York City’s alternative crisis response workforce.** Call-takers, dispatchers, and medical and mental health crisis responders are [underpaid and overworked](#), leading to burnout, unsafe working conditions, and citywide staffing shortages. To improve staff recruitment and retention, the city should increase salaries, improve compensation through other financial incentives, offer mental health supports like [counseling and clinical supervision](#), and ensure all staff have career advancement opportunities.
- **Support call-takers and dispatchers with new training and feedback systems as alternative responses expand.** For example, 911 should conduct regular meetings with call-takers and their supervisors to review calls, understand why they are routed for alternative crisis response—or not—and identify opportunities for better matching call scenarios to appropriate responses.
- **Assess expanded staffing options for mental and behavioral health crisis response teams.** Although some mental health calls require a certified clinician, others may be best served by a peer counselor. Diversifying mental health staff will likely ease hiring difficulties. Looking at previous city alternative response models that used joint peer and clinician team staffing models (e.g., Health Engagement and Assessment Teams (HEAT) and Co-Response Teams (CRT)) could help inform this process.

- **Build pathways for advancement into program design.** Civilians providing safety services deserve the same type of career advancement opportunities as police. Planning for upward professional mobility from the outset will help with recruitment and retention.

## Credits

The following people provided consultation and expertise: Gary Belkin (former executive deputy commissioner, NYC Department of Health and Mental Hygiene), Erica Bond (vice president of justice initiatives, John Jay College of Criminal Justice), Jeffrey Coots, J.D., M.P.H. (director, From Punishment to Public Health (P2PH), adjunct assistant professor, CJMA Program, John Jay College of Criminal Justice), Mary Crowley (Fountain House), Renita Francois (former executive director of the Mayor's Action Plan), Tamara Greenfield (former deputy executive director, Mayor's Action Plan for Neighborhood Safety), John Hall (NYPD, ret.), Brady Hamed (former director of strategic initiatives at the Office of the Deputy Mayor for Operations), Dana Kaplan (senior advisor, Independent Rikers Commission), Margo Kulkarni (data scientist, alternative response programs), Janos Marton (chief advocacy officer at Dream.org; Council on Criminal Justice), Jessica Mofield (former executive director of the Mayor's Office to Prevent Gun Violence and VP of Policy and Community Engagement at the Center for Policing Equity), Justine Olderman (former executive director of the Bronx Defenders), Dana Rachlin (executive director of We Build the Block and associate director of From Punishment to Public Health at John Jay), Mariela Ruiz-Angel (director of alternative response initiatives at Georgetown Law's Center for Innovation in Community Safety, former City of Albuquerque associate chief administrative officer, former founding director of Albuquerque Community Safety Department (ACS)), Christina Sparrock (mental health advocate and peer specialist), Vincent Schiraldi (former commissioner of the NYC Department of Correction), Jordan Stockdale (former chief of staff, Manhattan District Attorney and former deputy director of Close Rikers), Alex S. Vitale (Brooklyn College/Policing and Social Justice Project), and Ken Zimmerman (Fountain House).

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## Notes

<sup>1</sup> The deputy mayor should appoint an MTA safety liaison officer to convene weekly meetings of all entities providing services in the subway system. That includes, at minimum, the Bowery Residents Committee (BRC), Partnership Assistance for Transit Homelessness (PATH), Subway Co-Response Outreach Teams (SCOUT), Safe Options Support (SOS) teams, and relevant city agencies serving in the subway system, including the NYPD and MTA. More information on subway safety is outlined in a separate subway safety implementation document.

<sup>2</sup> Ensuring that DCS gains and maintains community trust will require distinguishing between criminal legal system-focused agencies and care-focused systems. We recognize that including MOCJ in DCS is in tension with that objective and that this has raised concerns, which we do not disregard. While beyond the scope of this document, resolving this will require a reenvisioning of MOCJ's role. MOCJ currently fulfills a wide variety of distinct functions, including policy, programming, contracting, and research. It has been hampered by lack of consistency across administrations and is currently understaffed. The administration will need to conduct an analysis of which current MOCJ functions overlap with DCS and design a structure that assigns responsibilities accordingly.

<sup>3</sup> Models for this kind of interagency initiative exist. The Gun Violence Strategies Partnership (GVSP) involves 20+ federal, state, and local law enforcement agency representatives who meet every weekday to review recent gun violence, share information, and coordinate resources. This model of interagency collaboration could be expanded to other priority safety challenges, including non-police response challenges such as severe mental illness, substance use, and homelessness. Brooklyn's Take Up Taskforce, which has now been disbanded, was an attempt to create this kind of broader cross-agency collaboration.

<sup>4</sup> A deep analysis of how to improve coordination of all behavioral health services interacting with DCS (clubhouses, community health navigators, mobile treatment, youth health services, substance use treatment, and supportive housing services) would require a longer memorandum, with extensive input from experts in the mental and behavioral health fields.

<sup>5</sup> This unit should also house an MTA liaison, responsible for overseeing the city's relationship with and investment in the MTA, setting metrics for successful safety initiatives, and liaising regularly with the various entities providing social services within the subways. More information on this proposal can be seen in the subway safety implementation document.

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<sup>6</sup> OCMH should also conduct a more robust review of the possible modalities of care to which DCS could hand people off (e.g., clubhouses, Functional Family Therapy, and a range of widely usable skills that require training but not clinical expertise). New York City needs to invest in and build out the capacity of a robust community mental health ecosystem that community-based organizations and city agencies can adopt, combine, and iterate on with guidance and shared learning. Facilitating and enabling this ecosystem is an under-tapped role, and it is a capacity OCMH can and should build up.

<sup>7</sup> The Vera Institute of Justice is currently analyzing publicly available 911 data and authoring a research memorandum on the results. For more information, contact Jaeok Kim, associate director for research, Vera Institute of Justice, at [jkim@vera.org](mailto:jkim@vera.org).