

# Transforming NYC's Response to Mental Health Emergencies

January – March 2022 (FY22 Q3)

On June 6, 2021, New York City launched B-HEARD (Behavioral Health Emergency Assistance Response Division), a pilot program in which both mental and physical health professionals are responding to 911 mental health emergency calls. B-HEARD teams include emergency medical technicians/paramedics from the Fire Department's Emergency Medical Services and social workers from NYC Health + Hospitals. Teams operate seven days a week, 16 hours a day. During the 16 hours a day when B-HEARD teams were operational from January 1 – March 31, 2022, there were approximately 2,400 mental health 911 calls in the pilot area.

In January 2022, the B-HEARD pilot area covered five police precincts in Harlem - the 25<sup>th</sup>, 26<sup>th</sup>, 28<sup>th</sup>, 30<sup>th</sup>, and 32<sup>nd</sup>. On March 20, 2022, B-HEARD teams began responding to calls in four additional precincts, the 33<sup>rd</sup> and 34<sup>th</sup> precincts in Manhattan and the 42<sup>nd</sup> and 44<sup>th</sup> precincts in the Bronx, for a total of nine precincts covered by the pilot area during this reporting period.

The goals of the B-HEARD pilot are to:

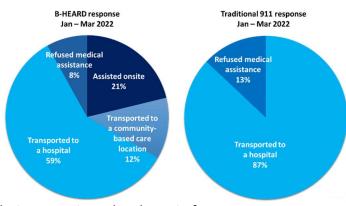
- Route 911 mental health calls to a health-centered B-HEARD response whenever it is appropriate to do so.
- Increase connection to community-based care, reduce unnecessary transports to hospitals, and reduce unnecessary use of police resources.

This brief summarizes data for B-HEARD operations from January 1, 2022 – March 31, 2022.

# B-HEARD pilot area, Jan - Mar 2022 Bronx Manhattan

# B-HEARD is leading to fewer unnecessary hospitalizations, and more community-based care

- 59% of people assisted by B-HEARD were transported to a hospital for additional care – a much lower percentage than the traditional response, in which 87% of people were transported to a hospital.
- 33% of people served by B-HEARD were served in
   their community, with options for behavioral healthcare that were not previously part of emergency response.
  - 21% of people assisted by B-HEARD were served onsite, including de-escalation, counseling, or referral to community-based care.
  - 12% of people assisted by B-HEARD were transported to a community-based healthcare or social service location – primarily the East Harlem Support and Connection Center.



# Compared to traditional 911 response, more people are accepting assistance from B-HEARD teams – and everyone is offered follow-up care

- In the B-HEARD response, 92% of people accepted assistance. In the traditional response (NYPD/EMS), 87% of people accepted assistance.
- Everyone served by B-HEARD was offered follow-up care. This can include help from a Department of Health and Mental Hygiene team, a Department of Homeless Services team, or a hospital-based program. It can also include reconnecting clients to their previous healthcare providers.

## Assistance is reaching people quickly

 From January through March 2022, B-HEARD assistance reached people in need on average in 14 minutes, in line with the EMS average response time to mental health emergency calls. Average B-HEARD response time,\*
Jan – Mar 2022

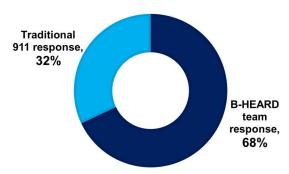
14 minutes 12 seconds

\*Includes physical and behavioral medical assistance

### From January – March 2022 of the B-HEARD pilot:

- 911 EMS operators routed 23% of mental health 911 calls (561 calls) to B-HEARD teams. B-HEARD is actively working to increase this percentage through multiple strategies, including by assigning additional EMS call-takers, analyzing calls to ensure that new protocols are followed, training patrol officers and EMS field units about the services B-HEARD teams can provide so they know when to request a B-HEARD response in the field, and piloting new approaches to triage. Typically, B-HEARD teams do not respond to calls involving individuals who require immediate transport to a hospital, present risk of imminent harm to themselves or others, or get deployed in situations where EMS call-takers do not have enough information to assess risk of imminent harm.
- e B-HEARD teams responded to approximately 68% of all calls routed to them, 383 total calls. The remaining calls received the traditional response by NYPD and EMS, typically because the B-HEARD teams were unavailable, responding to another call. This total does not include the number of times B-HEARD teams responded to requests from agency partners in the field, including NYPD and EMS. B-HEARD teams occasionally call on NYPD for assistance, primarily to assist EMS with escorting patients to the hospital and in rare instances to support with safety concerns.





To learn more about the B-HEARD program, visit mentalhealth.cityofnewyork.us/b-heard