

# B\* HEARD

## Transforming NYC's Response to Mental Health Emergencies

Fiscal 2022  
(July 1, 2021 – June 30, 2022)

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 July 1, 2021 – June 30, 2022, there were approximately 11,000 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>. In March 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. Two additional Bronx precincts were added in June 2022 – the 40<sup>th</sup> and 41<sup>st</sup> – for a total of 11 precincts covered by the pilot area during Fiscal Year 22.

The goals of the B-HEARD pilot are to:

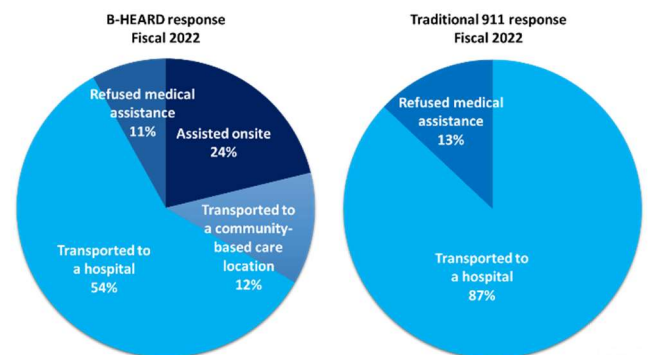
- Route 911 mental health calls to a health-centered B-HEARD response whenever it is appropriate to do so.
- Increase connection to community-based care, reduce unnecessary transports to hospitals, and reduce unnecessary use of police resources.

This brief summarizes data for B-HEARD operations from July 1, 2021 – June 30, 2022.



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

- 54% 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.
- 36% of people served by B-HEARD were served in their community, with options for behavioral healthcare that were not previously part of emergency response.
  - 24% 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.



## A high percentage of people accept assistance from B-HEARD teams – and everyone is offered follow-up care

- From July 1, 2021 – June 30, 2022, **89% of people engaged by B-HEARD accepted their assistance.**
- **Everyone served by B-HEARD was offered follow-up care.** Follow-up care could include help and support from a Department of Health and Mental Hygiene team, a Department of Homeless Services team, a Support and Connection Center, hospital-based programs, and previous healthcare providers.

## Assistance is reaching people quickly

- From July 1, 2021 – June 30, 2022, **B-HEARD assistance reached people in need in under 16 minutes on average**, in line with the EMS average response time to mental health emergency calls.

Average B-HEARD response time,\*  
Fiscal 2022

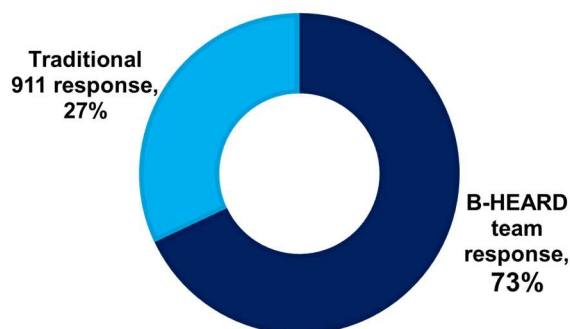
**15 minutes  
30 seconds**

\*Includes physical and behavioral medical assistance

## From July 1, 2021 – June 30, 2022, of the B-HEARD pilot:

- **911 EMS operators routed 22% of mental health 911 calls (2,381 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.
- **B-HEARD teams responded to 73% of all calls routed to them (1,729 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.

**B-HEARD teams responded to 73% of calls routed to B-HEARD by 911**



To learn more about the B-HEARD program, visit [mentalhealth.cityofnewyork.us/b-heard](https://mentalhealth.cityofnewyork.us/b-heard)