NEW YORK — Teams of mental health professionals and EMTs responding to 911 calls in a pilot program in Harlem have reduced the rate of hospitalizations for people in crisis, data released by New York City shows.

But advocates say more work is needed to eliminate police from mental health emergencies as three quarters of the calls in the pilot were still routed to police.

The numbers released Thursday from the Mayor’s Office of Community Mental Health provides the first look into the pilot program that pairs social workers and EMTs — rather than armed police officers — to answer mental health emergency calls.

The program is the first of its kind in the nation’s largest city, following on the successes of others, such as in Denver, which launched a pilot in recent years, and Eugene, Oregon, home to the CAHOOTS civilian response program since 1989.

In New York, the EMTs and social workers respond when there is no weapon or “imminent risk of violence.” Two teams of three are on duty 16 hours a day in two shifts.

During the first month of the pilot from June 6 to July 7, dispatchers flagged 138 mental health emergency calls in three police precincts as eligible for the new teams, which is roughly a quarter of the mental health emergency calls fielded in the area where the program is operating.

Of those eligible calls, the teams responded to 107, or just under 80%. The city says the other 20% of people received the traditional police and EMT response because the non-police teams were dispatched to other calls already.

When approached by the teams, half of patients were taken to the hospital. In traditional police responses, hospitalization occurs more than 80% of the time, according to the Mayor’s Office of Community Mental Health.

About a quarter of people were assisted where they were, while 20% were taken to a community-based care location that is not a hospital.

The data show the situations are “being deescalated,” said Ashwin Vasan, CEO of Fountain House, a nonprofit organization that operates community-based mental health programs.

“They’re being managed in a compassionate, humane way. They’re not leading to arrest. They’re not leading to violence,” Vasan said. “They’re leading to treatment. They’re leading to connections into care.”

NYC is sending social workers instead of police to some 911 calls. Here’s how it’s going.

It's working in Eugene, Olympia, Denver: More cities are sending civilian responders, not police, on mental health calls

However, the number of times the non-police teams are responding remains far too low and hospitalizations still needs to be lower, said Ruth Lowenkron, director of the Disability Justice Program at New York Lawyers for the Public Interest.

“We’re talking about lives here,” Lowenkron said, referring to the at least 18 people who were experiencing a mental crisis and died during encounters with law enforcement since 2015 in New York City, according to the advocacy coalition group Correct Crisis Intervention Today NYC.

Lowenkron said she wants to see more data on who is being hospitalized, adding that in most cases, the hospital is “not the place to serve people who have crises.”

“What are their circumstances? What caused you to determine that they needed to be transported to a hospital in that large number? And then, what happened to them when they got to the hospital?” Lowenkron asked.

A spokesperson for Mayor’s Office of Community Mental Health said the city plans to publish more data, including response times and the types of locations to
where the teams are dispatched. Demographic data is not expected to be released.

988: FCC unanimously approves new three-digit suicide prevention hotline

Susan Herman, director of the Mayor’s Office of Community Mental Health, said the data show as a successful start to the program.

“I think it’s clear that New York City is committed to getting people the care they need, when and where they need it.” she said. “And a large part of that is transforming our emergency response.”

City officials hope the share of calls routed to the teams will grow from 25% to 50% in the coming months as it trains 911 operators and tweaks its dispatch technology.

Lowering the rate of hospitalizations is important, Herman explained, because many people experiencing mental health emergencies do not need to be admitted to the hospital and treating them in different settings can provide better care and alleviates strains on hospital emergency departments.

Police and EMTs responding to mental health emergencies can assess only physical health and public safety needs, whereas a social worker can assess mental health needs and determine whether a person can be better treated on site or in a nonhospital setting, Herman said.

Success in Denver: Denver successfully sent mental health professionals, not police, to hundreds of calls

In April, USA TODAY detailed the national growth of non-police response teams answering mental health emergency calls in the wake of the killings of George Floyd and Daniel Prude. Advocates and the families of people who were killed by police responding to similar calls were critical of the design of the program and other proposals in New York City.

Criticisms included that the teams should consist of peers with lived mental health experience and that the system should not be embedded in the city’s EMS and 911 services, Lowenkron said. The program should also narrow the definition of when police respond, she added.

“What is violence?” said Lowenkron, referring to documents in which the city said police would respond in situations with the “imminent risk of violence.” “Your sense of violence, and mine may be very different.”

During the first month of the program, the teams called for police back up only seven times while NYPD called for the teams to respond 14 times. In those calls, the city said the dispatched police determined that the call did not involve a weapon or risk of harm so they sought the social worker and EMT team assistance.

The city plans to expand the program carefully and hopes to be in one or two other areas by fall, Herman said.

Vasan said the successes of the pilot should be taken as a call to expand the efforts.

“We can’t go small on this. We got to go big,” Vasan said. “We have to invest not only in a narrow expansion of health-first crisis response, but in really sufficient investment in stronger mental health infrastructure to prevent crisis and to address mental health needs post crisis.”

Vasan hopes to see federal legislation that would establish the principles of non-police crisis response nationwide, which can hold local programs to certain quality and performance standards.

Daniel’s Law: NY state bill would create non-police mental health response

Lowenkron said $112 million in funding for non-police crisis response teams was included in the city’s next budget. She was also hopeful for state legislation that could codify similar programs across New York and create state and regional councils to develop the programs.

“This is a core part of our public health system. And it must be a core part of public administration. So I am optimistic ... and I hope that we can move out of perpetual pilot into real baseline programming,” Vasan added.

Resources for help:

If you or someone you know may be struggling with suicidal thoughts, you can call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255) any time day or night, or chat online.

Crisis Text Line also provides free, 24/7, confidential support via text message to people in crisis when they dial 741741.

If you are in New York City, you can call 1-888-NYC-WELL (1-888-692-9355), text WELL to 65173 or chat online for help.

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