The city’s Behavioral Health Emergency Assistance Response Division, a pilot program that dispatches paramedics and mental health professionals to respond to crises called into 911 instead of police, is logging slower response times and serving fewer people since its launch, according to data released Wednesday.

Advocates said the latest numbers indicate that the program has performed worse over time, rather than improving. They said response times were longer, and there were fewer calls routed to B-HEARD in recent months, according to a review of previously released reports, which still exist online but are not immediately accessible on the program’s site.

B-HEARD launched in June 2021 in parts of Harlem before expanding into Washington Heights, Inwood, the South Bronx and other neighborhoods. There were approximately 11,000 mental health 911 calls in the pilot’s coverage area from July 1, 2021, to June 30 this year, according to the full-year report. Operators routed about 22% of those calls—almost 2,400—to B-HEARD teams.

City Fire Department emergency medical technicians and paramedics and New York City Health + Hospitals social workers then reached about 73% of the callers routed to B-HEARD. That was lower than the average in the first six months of the fiscal year, when B-HEARD teams responded to 82% of calls routed to them. Average response times also grew. The average time was 13 minutes and 41 seconds for the first six months of the fiscal year but stood at 15 minutes and 30 seconds for the full year.

Over the course of the year, about 54% of callers were transported to a hospital for additional care, up...
City officials released B-HEARD data reports for the first six months of the fiscal year, the quarter spanning January to March of this year and then the full-year report—evidently skipping the release of quarterly data for the two three-month periods between March and September. Rosenthal said a more critical look into the program’s effectiveness is necessary. “It’s not working,” she said. “The city isn’t being transparent with the data.”

Following New Yorkers’ Black Lives Matter protests, establishing B-HEARD became a priority for the city. The Mayor’s Office for Community Health runs the program in partnership with NYC Health + Hospitals, the Department of Health and Mental Hygiene, the Police Department and the Fire Department’s Emergency Medical Services.

B-HEARD launched with a $1.2 million initial budget in fiscal 2021. The budget grew to $2.8 million for fiscal 2022. The budget for fiscal 2023 includes $55.3 million for the program. This month the city announced that B-HEARD will expand to the remainder of the South Bronx, as well as East New York and Brownsville in Brooklyn.

Jordyn Rosenthal, advocacy coordinator for Financial District–based Community Access, a supportive housing nonprofit for New Yorkers experiencing mental health challenges, said that before expanding, the city should reckon with the aspects of B-HEARD that have performed worse over time.

“Trends are going in the wrong direction,” said Rosenthal, who also is a steering committee member at Correct Crisis Intervention Today. “What’s probably happening is multiple crises are happening at the same time, and those that B-HEARD can’t get to, police are going to.” That might create longer response times and lower the number of calls the pilot is able to respond to, she said.

The creation of a nontraditional mental health response program is a “step in the right direction,” she said, but she criticized B-HEARD for not incorporating peer-support workers alongside health care professionals—a model that many advocates consider the lynchpin for successful crisis intervention.

from 46% hospitalized in the first half. Throughout the year, about 36% of people received either on-site care—such as de-escalation and counseling—or services from community-based organizations, down from 47% who received care in the community during the first half of the year. City Hall representatives were unable to return requests for comment before publication. (This piece will be updated with the city’s response once it is available.)

Jordyn Rosenthal, advocacy coordinator for Financial District–based Community Access, a supportive housing nonprofit for New Yorkers experiencing mental health challenges, said that before expanding, the city should reckon with the aspects of B-HEARD that have performed worse over time.

“Trends are going in the wrong direction,” said Rosenthal, who also is a steering committee member at Correct Crisis Intervention Today. “What’s probably happening is multiple crises are happening at the same time, and those that B-HEARD can’t get to, police are going to.” That might create longer response times and lower the number of calls the pilot is able to respond to, she said.

The creation of a nontraditional mental health response program is a “step in the right direction,” she said, but she criticized B-HEARD for not incorporating peer-support workers alongside health care professionals—a model that many advocates consider the lynchpin for successful crisis intervention.