IBO EXPLAINS

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New York City Independent Budget Office

Director Louisa Chafee

The Behavioral Health Emergency Assistance Response Division (B-HEARD)

The Behavioral Health Emergency Assistance Response Division (B-HEARD) is New York City's program for non-police response to emergency mental health crises. IBO has recently published a report that explains how the program has been structured and coordinated to date to highlight key operational trends that may inform future decisions. IBO's report is not an audit and does not evaluate the specific goals of the program or its effectiveness in meeting them, nor does it analyze or discuss health outcomes for individuals served by the program. Instead, IBO focuses on operational questions, particularly analyzing driving factors behind **response time and time spent on scene.** This report aims to help City officials and community stakeholders understand some of the constraints affecting the program and what considerations the Mamdani administration has to weigh going forward.

What is B-HEARD?

B-HEARD is a New York City pilot program meant to respond to certain mental health emergencies with trained behavioral health professionals rather than police officers, and to connect individuals with community-based care when possible. B-HEARD launched in June 2021 in Harlem due to the high volume of mental health calls historically received there. The program has expanded six times since then and appears to be based on geographic proximity rather than purely based on need. It is currently jointly operated by New York City Health and Hospitals (H+H) and the Fire Department of New York (FDNY) with oversight from the Mayor's Office of Community Mental Health (OCMH). H+H supplies licensed social workers, while FDNY supplies emergency medical technicians (EMTs), supervisory staff, and emergency response vehicles.

Where and When Does B-HEARD Operate?

Despite multiple expansions (see: Figure 1), B-HEARD continues as a **pilot**, indicating that the City considers its operations and logistics still under evaluation. As of the most recent expansion in October 2023, B-HEARD operates in **31 of New York City's 78 police precincts**, covering approximately 40% of the city's population. The pilot area includes:

- All of the Bronx
- Upper Manhattan
- Central Brooklyn
- Northwestern Queens

As of the end of 2025:

B-HEARD operates between the hours of 9:00 AM and 1:00 AM every day.

- There are nine B-HEARD teams during each 8-hour shift responsible for covering the entire pilot area.
- Total staffing includes 38 H+H social workers and 58 FDNY staff, including EMTs and supervisory personnel. B-HEARD teams consist of three people, two FDNY EMTs and one licensed H+H social worker.
- The program's budget is $35 million, up from $26 million in its first full year (2022). That 35% increase in budget occurred alongside a ninefold increase in the number of precincts that are covered.

How Does B-HEARD Operate?

When a person calls 911 to report a mental health emergency, the call is first handled through the NYPD's 911 system. If the call originates from a precinct covered by B-HEARD and occurs during B-HEARD's operating hours, the call is routed to an FDNY EMS dispatcher for further triage. If there is an EMS dispatcher available to answer, then they determine eligibility for B-HEARD. To be eligible, the caller must confirm that there is no known weapon and that the individual is not an imminent danger to themselves or others.

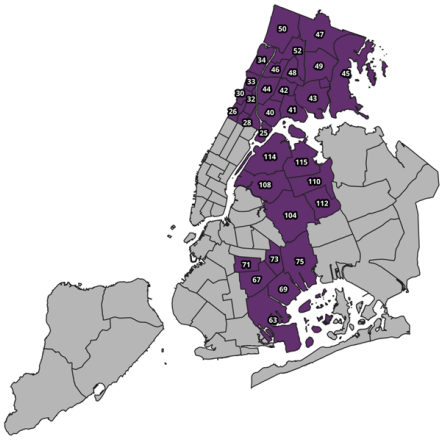
If a call is deemed eligible *and* if a B-HEARD unit is available, then that unit is dispatched. If no B-HEARD unit is available, the call receives a traditional response, consisting of a regular ambulance along with NYPD officers.

For a visual on how this process works, please see IBO's flowchart of the B-HEARD process.

FIGURE 1

Map of B-HEARD Expansion Over Time

Click map to see a timelapse GIF.



IBO analysis of OCMH B-HEARD webpage and census data
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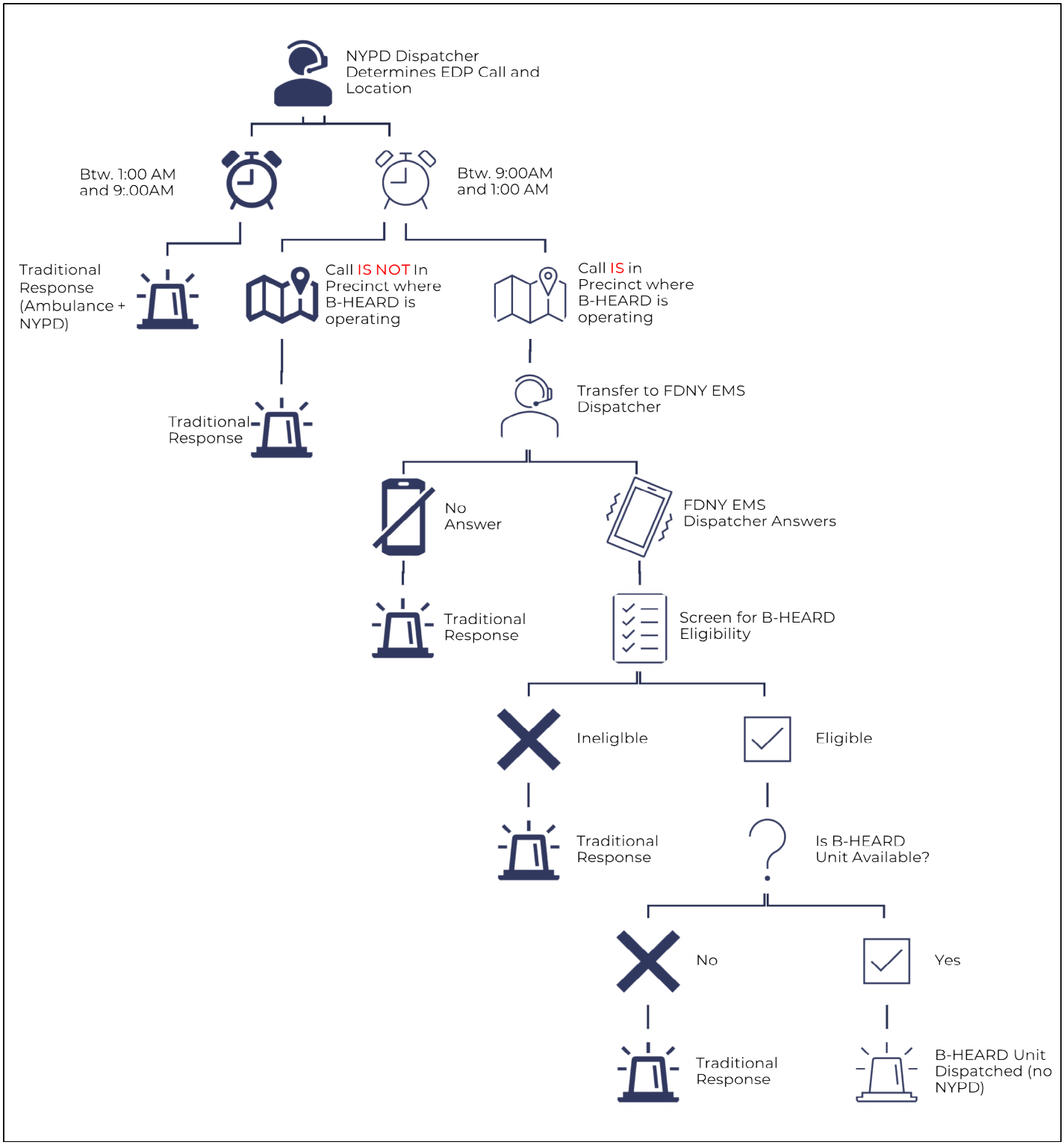
What do the Data Say?

IBO analyzed B-HEARD to better understand how the program functions operationally and to examine trends in response times across multiple program expansions. Especially as EMS

FIGURE 2

Flowchart of B-HEARD Process



SOURCE: IBO analysis of FDNY procedures

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response times are rising for all call types citywide, it is essential to understand EDP calls within the broader landscape.

IBO found that across the city, **response times for EDP calls have increased substantially over time**, even as the number of calls has declined. From the first quarter of 2022 through the third quarter of 2025:

- The average response time for EDP calls more than doubled, increasing from about 12 minutes to more than 26 minutes.
- The median response time increased from just over 10 minutes to nearly 16 minutes.

These trends are true of both mental health calls that receive a B-HEARD response as well as calls that receive a traditional police and EMS response.

IBO also found that **B-HEARD teams spend more time on scene** than traditional response teams. In the most recent quarter analyzed, the median time spent on scene was 33 minutes for B-HEARD responses, compared with 19 minutes for non-B-HEARD responses. While this report does not assess outcomes or effectiveness, longer time spent on scene and interfacing with the patient could be indicative of those calls receiving more tailored and appropriate care. Although to truly determine this, the City must evaluate outcomes for patients.

Why is B-HEARD Not Working as Well as it Could?

IBO's analysis points to several interconnected operational factors driving response time trends. As B-HEARD expanded geographically, response times slowed as coverage grew faster than team capacity. With only nine teams per shift serving a large, multi-borough area, units must travel farther and are less likely to be immediately available when a call comes in, especially if they are spending more time on scene. B-HEARD responses are constrained by many factors including the number of teams available at any given time.

Mental health calls are assigned a low response priority within the EMS system, which may further delay dispatch. Moreover, even as the number of calls deemed eligible for B-HEARD has increased nine-fold since the pilot began, a declining share of eligible calls are assigned a B-HEARD unit. In the most recent quarter analyzed, only 37% of eligible calls were assigned a B-HEARD unit, and only 33% ultimately received a B-HEARD response. IBO's full report has more details about this.

What Questions Still Need to be Answered?

Looking ahead, IBO's report highlights several unresolved questions:

- What are patient outcomes and is the current B-HEARD model appropriate and optimal for achieving positive outcomes?
- Will B-HEARD expand to additional precincts or operate beyond its current hours? Before expansion is considered, the City should conduct an evaluation of outcomes.
- What staffing levels would be required to better meet current demand, or increased demand if the program expands further?

- Will the program continue to be jointly operated by FDNY and H+H, transition to sole operation by H+H as previously proposed, or be incorporated into a new Department of Community Safety?
- How will call routing, EMS staffing, and emergency vehicle capacity be handled if FDNY's role changes?

IBO also has analyzed mental health call volume by precinct in a short companion report that can help inform future discussions about where expansion may be most appropriate.

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