



# From Dispatch to Doorstep: Tracking B-HEARD's Response to Mental Health Crises

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# Executive Summary

The Behavioral Health Emergency Assistance Response Division (B-HEARD) is a New York City program that dispatches mental health professionals, rather than a traditional police response, to City residents who are experiencing a mental health crisis but do not pose an immediate threat to themselves or others. The program began in Harlem in June 2021 and has expanded six times since then, now serving approximately 40% of the City's police precincts. The program operates between the hours of 9 AM and 1 AM. At present, B-HEARD is jointly administered by Health + Hospitals (H+H) and the Fire Department (FDNY)—the former supplies social workers and the latter supplies emergency medical technicians (EMTs) and emergency response vehicles.

On November 14, 2025, now former Mayor Eric Adams unveiled a plan to transition B-HEARD to be fully staffed and operated by H+H, but this report analyzes the program as it has been structured and operated to date. This Independent Budget Office (IBO) report can inform any operational changes the new Mamdani administration may make going forward. While this plan has been announced, action must be taken by the Mamdani administration for operational changes to take effect.

B-HEARD is part of a larger framework of City services aimed at responding to the mental health needs of New Yorkers. The program is meant to address acute needs and, when necessary, refer individuals to community-based services. For more on mental health resources available to New Yorkers, see [IBO's August 2025 report](#).







This report discusses the operational aspects of B-HEARD, including:

1. program structure;
2. hours of operation;
3. staffing and budget;
4. program locations;
5. response time trends;
6. comparisons with similar programs in other jurisdictions;
7. considerations for program expansion.

A companion piece, [B-HEARD: A Look at Precinct-Level Data](#), examines changes in demand for services as measured by mental health call volume by precinct.

This report is not an audit and does not evaluate the objectives of the program or its effectiveness in meeting them, nor does it analyze or discuss health outcomes (the patient's condition and disposition) for the individuals who have engaged with B-HEARD teams.

Key takeaways include:

-  The number of calls deemed eligible for a B-HEARD response has increased nine-fold since the pilot began. These calls have accounted for more than 40% of all mental health calls citywide in the last two years. (See [Response Time Trends](#) section for more details.)
-  As the total number of mental health calls decreases, response times are slowing, not just for calls eligible for and receiving a B-HEARD response, but for mental health calls citywide as well. This is true even when accounting for outliers as evidenced by the trend being consistent for both average and median response times. FDNY has never established a benchmark response time for which B-HEARD or traditional response teams should be aiming.
-  With regard to response time, B-HEARD is performing on par with, or sometimes better than, similar programs in other jurisdictions. (See [Comparisons to Other Programs](#) section for more details.)
-  Mental health calls are assigned a low response priority in FDNY's categorization of calls to emergency medical services (EMS) and there are a small number of B-HEARD response teams. As of the most recent expansion in October 2023, there are nine such teams designated to cover the entirety of the Bronx, upper Manhattan, Central Brooklyn, and Northwestern Queens.
-  B-HEARD teams typically spend a longer time on site than other teams responding to mental health calls, indicating that they are taking longer to evaluate and resolve the cases once contact is made.
-  B-HEARD may or may not remain under the joint control of FDNY and H+H depending on how the Mamdani administration decides to proceed. Logistical considerations for either program structure include meeting appropriate staffing levels for continued rollout of the program, new, creative recruitment strategies to attract and retain staff, potentially establishing appropriate mechanisms for routing calls in the absence of FDNY's involvement, and potential new contracts for private emergency vehicles in the absence of FDNY's EMS vehicles. (See [Considerations Going Forward](#) section for more details.)

## Introduction

The Behavioral Health Emergency Assistance Response Division ([B-HEARD](#)) is a pilot program that was launched in June 2021 to respond to New Yorkers experiencing mental health crises with trained mental health workers rather than police officers. The program also aims to reduce the number of New Yorkers transported to hospitals as a result of mental health crises and to connect individuals to community resources, something that emergency medical services were unable to do prior. From its inception, B-HEARD has been jointly operated by New York City Health + Hospitals (H+H) and the New York City Fire Department (FDNY) with oversight from the Mayor’s Office of Community Mental Health (OCMH). OCMH’s role includes identifying ways for H+H and FDNY to improve operations.

On November 14, 2025, the now former Mayor Adams [unveiled a plan](#) to restructure the B-HEARD program so that H+H would be solely responsible for staffing and operating the program beginning sometime in 2026. No operational steps to implement this restructuring have been taken. This report discusses the program as it has operated to date under the initial model.

The aim of B-HEARD is to reduce the number of police responses to mental health calls and to instead send professionals who are uniquely trained to respond, connecting individuals to community-based care whenever necessary.

In recent years there has been increased national scrutiny on the involvement of police officers in mental health crises, particularly regarding the use of force and appropriate de-escalation methods.

1. A Washington Post [database](#) containing a record of fatal shootings nationwide by on-duty police officers between January 1, 2015 and December 31, 2024 indicates that 20% of people killed were suffering from a mental health crisis.
2. An [article](#) published in September 2022 reported that approximately 40% of all use-of-force incidents reported by Connecticut law enforcement agencies in a two-year period involved “emotionally disturbed” individuals.
3. A [2020 article](#) described fatalities resulting from interactions with law enforcement as “flashpoints in growing calls for major changes in police use of force and in the way law enforcement responds to mental-health crises,” and further cited increased funding for social services and the implementation of clinician-led responses as potential interventions.

In May of 2025, the New York City Comptroller published an [audit](#) (Audit) focused on B-HEARD’s effectiveness in responding to New Yorkers in crisis and in meeting its goals. The Audit noted that, from January 1, 2022 through September 30, 2024, more than 60% of mental health calls in the pilot area were deemed ineligible for a B-HEARD response, and 35% of the calls that were eligible did not receive services. This report:

- provides a similar analysis of calls, but over a longer period of time (June 2021 through March 2025);

- provides a breakdown of the changes in the number of calls over time; and
- presents the findings in smaller time segments (quarters instead of years).

By analyzing the data in smaller time segments, IBO can evaluate whether there are seasonal trends in call volume or response time that may be informative for program planning in the future.

The Audit critiques the lack of appropriate performance metrics and data collection to track and evaluate program performance against program goals. The goals of B-HEARD, as outlined in the Audit, are:

- to route 911 mental health calls to a health-centered B-HEARD response team whenever appropriate;
- to reduce unnecessary use of police resources;
- to increase connection to community-based care; and
- to reduce unnecessary transport to hospitals.

While the Audit calls for the involved agencies, particularly OCMH, to develop and track long-term outcome metrics, OCMH disputed this recommendation as a misinterpretation of B-HEARD's core function as an emergency response, and ultimately outside the scope of the program. OCMH asserted that success of the program should instead be measured by:

- the ability of a B-HEARD team to provide a clinical evaluation on scene; and
- the ability of a B-HEARD team to connect patients to further care as needed.

IBO notes that a comprehensive analysis of B-HEARD would entail a discussion of health outcomes for the individuals that have engaged with B-HEARD teams. An analysis of outcomes is outside of the scope of this report and would require protected health data that is maintained by H+H in patients' electronic medical records. Furthermore, additional records to best understand a patient's full medical history would likely be required. Given OCMH's focus on responding to a patient's immediate need, IBO's analysis has focused on response time for calls and time spent on scene.

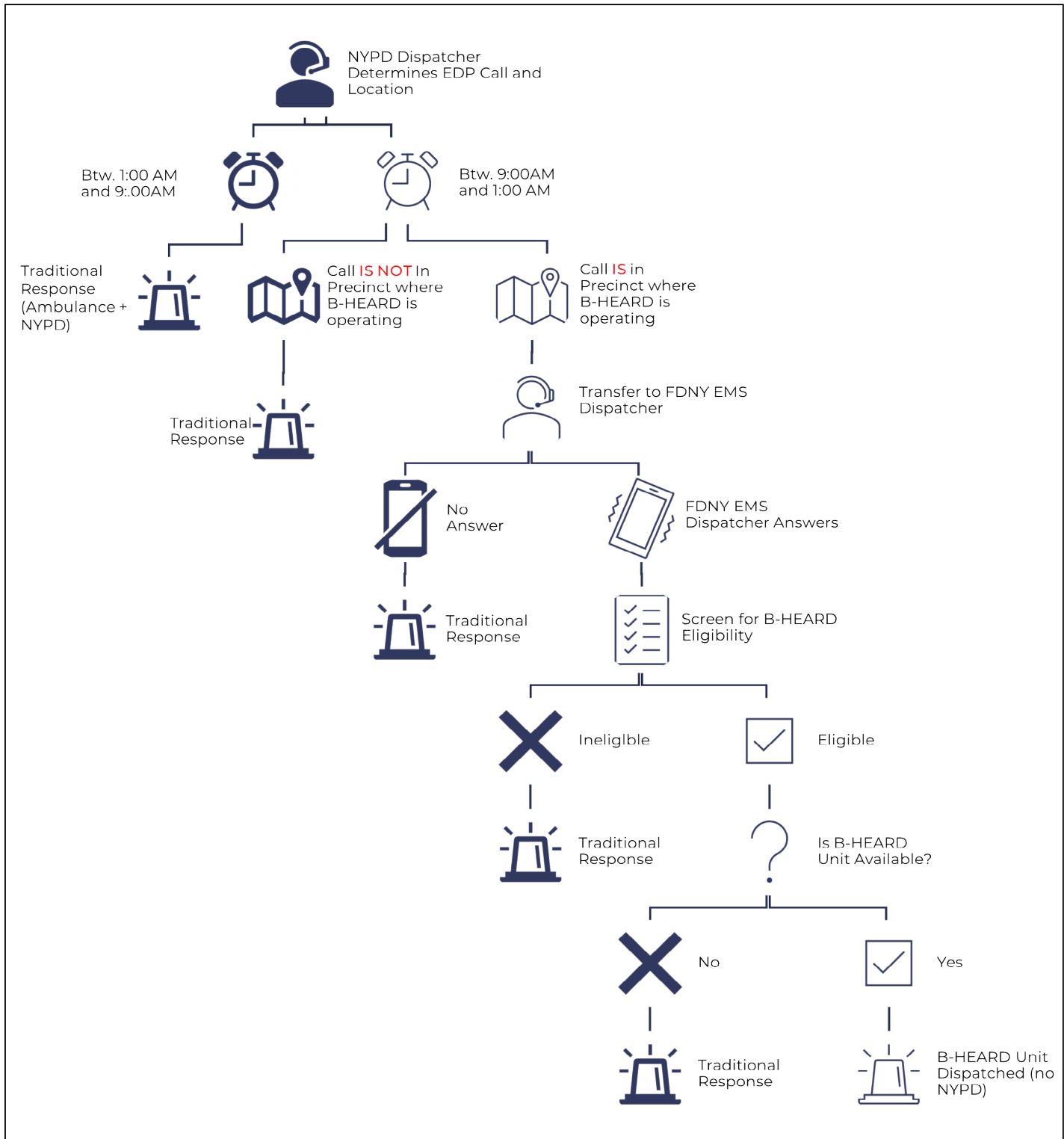
## **B-HEARD Program Structure**

In New York City, when someone calls 911 to report a mental health emergency, either for themselves or for someone else, the phone operator asks a series of questions to determine whether the call involves an “emotionally disturbed person” (EDP), in other words, if it is a mental health call. For the remainder of this report, mental health calls will be referred to as EDP calls because that is the term that FDNY uses.

Before B-HEARD was implemented, EDP calls resulted in a joint response from an ambulance and New York Police Department (NYPD) officers. As with all EMS calls, the ambulance could either be from the FDNY or from one of the nonprofit hospitals that operate ambulances in

FIGURE 1

Flowchart of B-HEARD Process



SOURCE: IBO analysis of FDNY procedures

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parts of New York City. Now, if an EDP call comes in from an NYPD precinct that is covered by B-HEARD, and during B-HEARD operating hours, then a new process takes place. The call is routed to an FDNY EMS dispatcher, and if a call-taker is available to answer, then the call is further triaged and assessed for B-HEARD eligibility: the caller must affirm that there is no known weapon on site and the individual for whom the call is being made cannot be considered an imminent danger to themselves or others. If the call is eligible for B-HEARD, and if a unit is available, the unit is dispatched to the call. Note that all B-HEARD units are FDNY vehicles, so nonprofit hospital operated ambulances are not involved in these calls at all. If there is no B-HEARD unit available, then the call gets a traditional response by a regular ambulance along with NYPD officers. Figure 1 provides a visual flowchart of the B-HEARD process from time of call to a unit being dispatched.

Each B-HEARD team consists of three people: two FDNY emergency medical technicians (EMTs), and one licensed social worker from H+H. Upon arriving at a scene, the B-HEARD team works to de-escalate the situation and conduct physical and mental health assessments. Each call may be resolved with individuals receiving one or more of the following services:

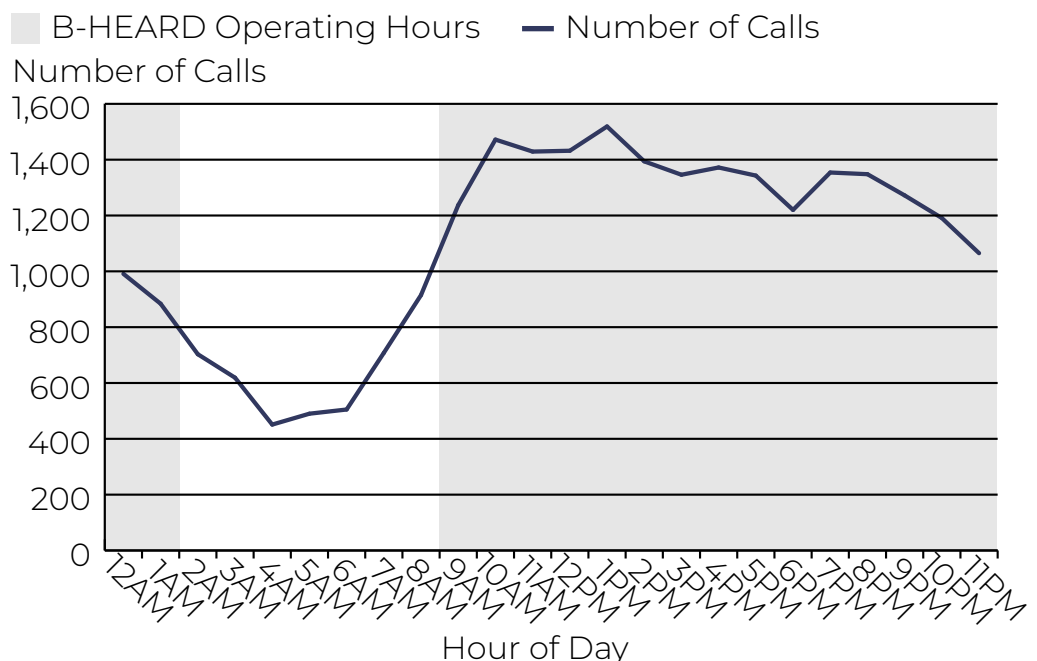
- referral to community-based crisis counseling or other follow-up services;
- transport to a community-based center;
- transport to a hospital for further treatment or assessment;
- counsel with no immediate indication of need for follow up.

## Hours of Operation

B-HEARD operates seven days a week from 9:00 AM to 1:00 AM. IBO obtained data from FDNY on all EDP calls from the beginning of the pilot on June 6, 2021 through March 2025. For the third quarter of 2025, (January 1, 2025 through March 31, 2025), IBO analyzed call distribution by time of day to assess whether the program's hours of operation align with the times when the call

**FIGURE 2**

### Hourly Distribution of All EDP Incidents Citywide in the 3rd Quarter of 2025



SOURCE: IBO analysis of FDNY EDP call data

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volume is highest. As shown in Figure 2, EDP call volume across the city is greatest during the program’s hours of operation.

When the data for the same period are segmented into calls that occur within the pilot area and calls that occur outside of the pilot area, the same overall trend is evident. The pilot area at present encompasses Central and East Harlem, Washington Heights, Inwood, parts of Brooklyn including East New York, Brownsville, and Canarsie, parts of Queens including Astoria, Long Island City, and Jackson Heights, and the whole borough

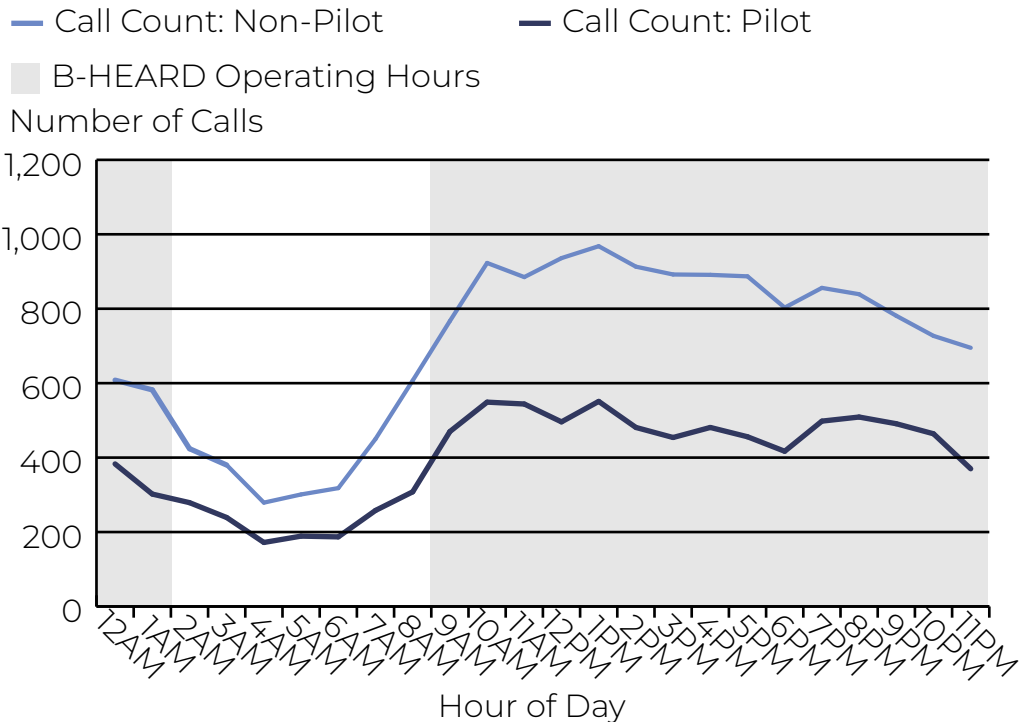
of the Bronx. As seen in Figure 3, the majority of calls are captured between the hours of 9:00 AM and 1:00 AM, both in and out of the pilot area. It is unsurprising that there are more total calls outside of the pilot area because the pilot area contains only 40% of the City’s population. Inside and outside the pilot area, 17% of calls fall outside B-HEARD’s hours of operation.

## Staffing and Budget

There were 38 H+H social workers staffing B-HEARD in March 2025 and 58 FDNY staff assigned to B-HEARD as of June 2025.<sup>1</sup> FDNY staff numbers are inclusive of one captain, lieutenants, sergeants, and EMTs, and though any of these titles may go out into the field, EMTs deal directly with the persons in crisis while the other members of staff operate in a supervisory capacity. EMTs and social workers both receive training prior to being dispatched to EDP calls. Training covers clinical skills, de-escalation, and information on connecting persons in need to appropriate care. All FDNY EMTs receive this training and are thus equipped to be

**FIGURE 3**

### Hourly Distribution of All EDP Incidents in Pilot vs. Non-Pilot Areas in the 3rd Quarter of 2025



SOURCE: IBO analysis of FDNY EDP call data

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**FIGURE 4**

### B-HEARD Staffing Breakdown, 2025

Staff Titles	Headcount
H+H Staff	38
Social Workers	38
FDNY Staff	58
Captains	1
Lieutenants	11
Sergeants	12
EMTs	34

SOURCES: Fiscal Year 2026 Preliminary Budget hearing; IBO communications with FDNY

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assigned to a B-HEARD team. All B-HEARD supervisory staff receive the same B-HEARD operations training required of the EMTs. Staffing for B-HEARD at FDNY may fluctuate over time due to a number of factors—personnel may transfer out of the unit, get promoted, retire, etc. Figure 4 provides more specific staffing numbers for the program as of the end of 2025 (all years refer to fiscal years unless otherwise noted).

As the area covered by the program has expanded, the number of teams has also grown. B-HEARD began operation in 2021 with two teams per shift, expanding to three teams by the end of 2022, and then six by the end of 2023. By the end of 2024, there were nine teams operating during each shift, the same amount in operation today.<sup>2</sup>

The program’s budget has also increased along with the expansion. B-HEARD has, to date, been jointly operated and funded with City dollars through FDNY and H+H. As shown in Figure 5, B-HEARD’s budget for the current fiscal year was \$35 million as of budget adoption (June 2025), a 35% percent increase from its first full year of operation. Meanwhile, B-HEARD expanded from coverage of 3 precincts up to 31 precincts, a nine-fold increase.

**FIGURE 5**

**B-HEARD Budgets from 2022 Through 2026**

*Dollars in Millions*

Fiscal Year	Program Budget
2022	26
2023	33
2024	33
2025	35
2026	35

SOURCE: IBO analysis of Financial Management System data as of July 2025

NOTE: The 2026 budget is prior to the announcement that B-HEARD would be solely operated and staffed by H+H.

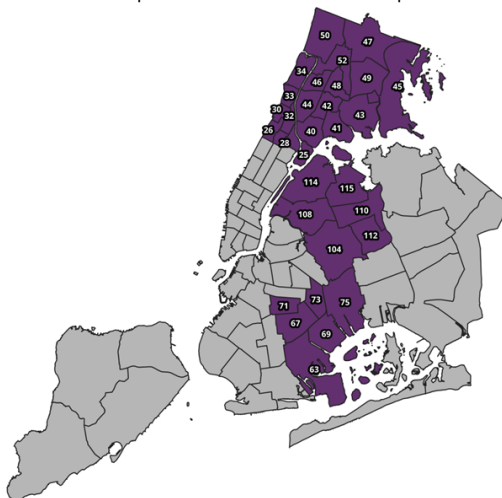
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**Program Locations**

**FIGURE 6**

**Map of B-HEARD Expansion Over Time**

Click map to see a timelapse GIF.



**Pilot Area as of October 2023 Expansion**

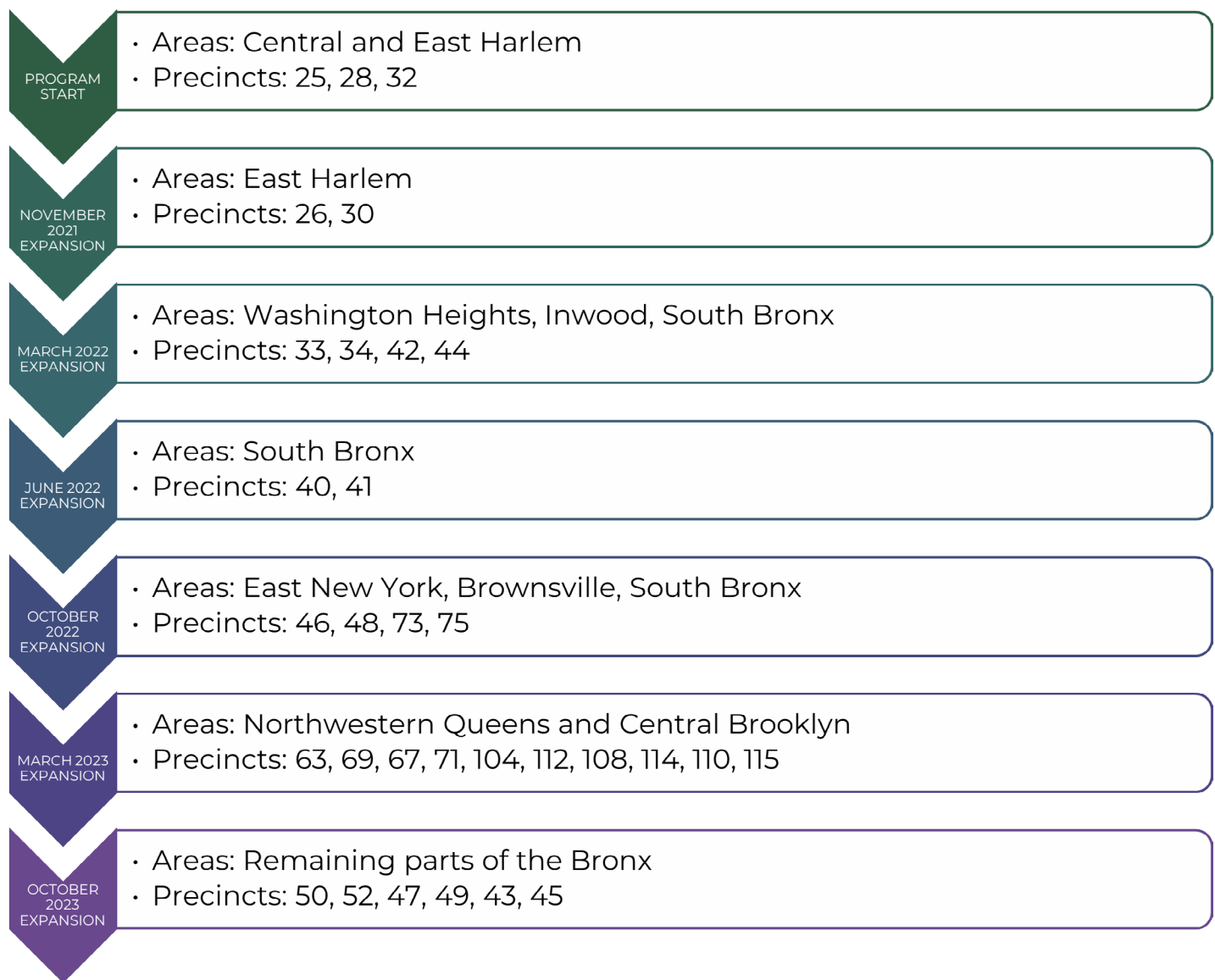
SOURCE: IBO analysis of OCMH B-HEARD webpage and census data  
*New York City Independent Budget Office*

Despite many expansions over numerous years, FDNY, OCMH, and H+H still refer to B-HEARD as a “pilot,” and this report follows suit. The ongoing pilot status of the program suggests that operational logistics are still being evaluated before possible citywide implementation. The B-HEARD pilot began in East and Central Harlem and has expanded over time—six times in total—to various other parts of the city. The pilot is currently operational in 31 of the 78 NYPD precincts. (B-HEARD is organized around police precincts because calls are routed through the 911 system, which is operated and maintained by the NYPD.)

[According to OCMH](#), precincts were selected for inclusion in the pilot based on the volume of mental health

**FIGURE 7**

**B-HEARD Expansion Timeline**



SOURCE: IBO analysis of OCMH B-HEARD webpage

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calls and the availability of community-based mental health resources in the area. The last B-HEARD expansion in October 2023 extended coverage to six outstanding precincts in the Bronx. Figure 6 shows the expansion of the pilot from the initial rollout through the most recent expansion in October 2023 and Figure 7 provides more detail on the areas in which each expansion occurred.

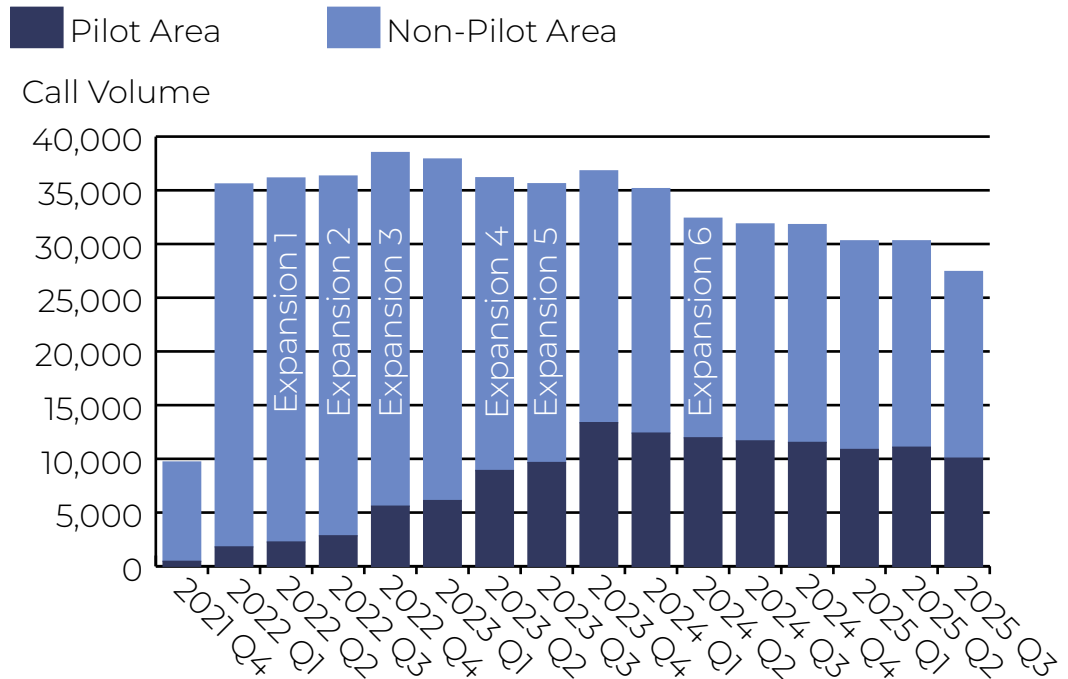
**Changes in Call Volume over Time**

Harlem was selected as the initial service area due to the volume of mental health calls that historically had been received there. Around the time of the program’s launch, there were

[8,703 mental health calls](#) in Harlem in 2020. Based on IBO’s analysis of the five pilot precincts in Harlem, Harlem had 8,798 EDP calls in 2022, 6% of the 146,000 calls citywide. In the first three quarters of 2025 there were 88,030 EDP calls citywide. Figure 8 illustrates changes in EDP call volume over the past four years, inside and outside of the pilot area.

**FIGURE 8**

**Number of EDP Calls Over Time, Pilot vs. Non-Pilot Areas**



SOURCE: IBO analysis of FDNY EDP call data  
NOTE: Quarter four of 2021 only includes one month of data, as the pilot began operating in June 2021.  
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While the number of EDP calls across the City has decreased—a 10.5% reduction

in call volume between 2022 and 2024—this does not necessarily indicate that fewer New Yorkers are facing mental health issues. The City has developed several resources to address the mental health needs of New Yorkers and it is possible that these are being accessed by individuals who may otherwise have engaged with B-HEARD. For more on City supports for this population, see IBO’s 2025 [report](#) on programs available through the Department of Homeless Services and the Department of Health and Mental Hygiene. The decreasing number of EDP calls may also reflect the willingness/capacity of those individuals (and those around them) to call 911 for help. Nonetheless, while call volume is an imperfect a measure of need, because B-HEARD units can currently only be dispatched through the 911 system, it is the measurement of demand that IBO can analyze.

The call volume in the pilot area increased over time as precincts were added to the program. The most notable increase in call volume happened between quarter three and quarter four of 2023, a likely result of 10 precincts being added to the pilot at the end of quarter three (March 2023). This was B-HEARD’s largest single expansion. For more details on the number of precincts added at each expansion, refer to Figure 7.

The total number of EDP calls ranged from more than 35,000 in the first quarter of 2022 to more than 25,000 in the third quarter of 2025.

## Trends in Response Time and Time Spent on Scene

### Citywide Response Times

In this section, IBO explores response times for all EDP calls citywide. IBO found that while the number of calls per quarter has decreased over time, both the average and median response times—whether for a B-HEARD unit or a traditional response team—have increased substantially over this period. The average response time has more than doubled over this period from 12 minutes to more than 26 minutes. The median response time has also increased over this period, from just over 10 minutes to almost 16 minutes. In all of the following figures reporting data by quarter, the fourth quarter of 2021 only accounts for one month—June—because the pilot began at the end of the quarter.

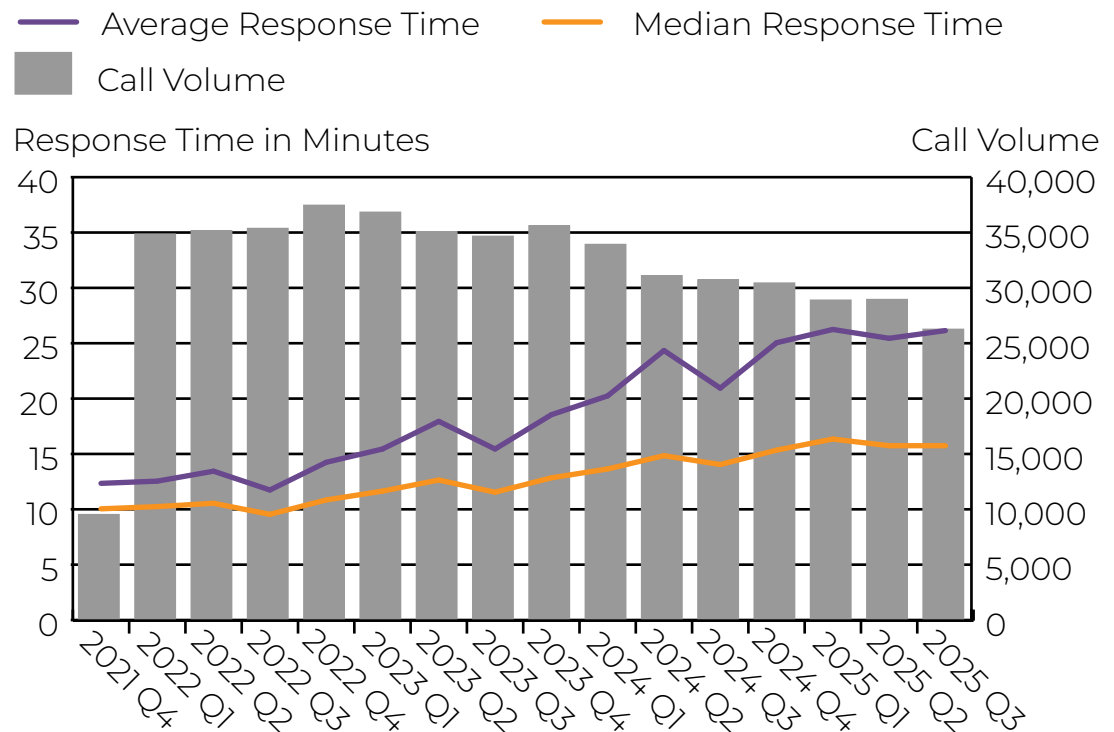
For the first full quarter for which the program was operational, the first quarter of 2022, there were a total of 35,587 EDP calls across the city. In quarter three of 2025, this count was 27,436, a decrease of approximately 23%. (Note that these call counts are reflective of the data after it has been filtered for unique incident IDs, but before the entries for which response time is incalculable have been removed.)

Response times are consistently somewhat faster in quarter three of each year. This trend may be related to tourism and visitors in the City being lower from January to March of each year. IBO found that analyzing these trends was clearest at the quarter level, but also analyzed response times at monthly intervals, which are presented in the Appendix.

While response times for EDP calls citywide have grown slower, this is not a trend unique

**FIGURE 9**

#### Average and Median Response Time for All EDP Incidents Citywide, Quarter Four 2021 through Quarter Three 2025



SOURCE: IBO analysis of FDNY EDP call data

NOTE: This average response time calculation includes calls at all times of day, both inside and outside of the pilot area.

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to EDP calls. FDNY [reports](#) in the Mayor’s Management Report that the average response time by ambulances for life-threatening medical emergencies in 2025 was 8 minutes 49 seconds. This is over two minutes slower than in 2021, when the average response time was 6 minutes 46 seconds.

## Summary of EDP Calls in the Pilot Area

To preface the discussion of response times in the pilot area, IBO provides a summary of all EDP calls received in this area during the program’s operating hours. Figure 10 below presents the number of calls received in each fiscal quarter, the share of those calls that were deemed eligible for a B-HEARD response, the share of eligible calls that were assigned to a B-HEARD unit, and the share of calls assigned to a unit that received a B-HEARD response.

The number of calls eligible for a B-HEARD response increased nine-fold from 311 in quarter

**FIGURE 10**

### Summary of Calls in the Pilot Area

Fiscal Year	Quarter	Total EDP Calls	Calls Eligible for B-HEARD Response	Calls Assigned a B-HEARD Team	Calls That Received a B-HEARD Response	Calls That Did Not Receive a B-HEARD Response
2021	Q4	356	95 (27%)	75 (79%)	69 (92%)	6 (8%)
2022	Q1	1404	311 (22%)	369 (119%)	348 (94%)	21 (6%)
2022	Q2	1676	434 (26%)	357 (82%)	334 (94%)	23 (6%)
2022	Q3	2210	1,007 (46%)	559 (56%)	484 (87%)	75 (13%)
2022	Q4	4321	1,558 (36%)	792 (51%)	697 (88%)	95 (12%)
2023	Q1	4740	1,507 (32%)	722 (48%)	649 (90%)	73 (10%)
2023	Q2	6910	2,128 (31%)	1,148 (54%)	1,019 (89%)	129 (11%)
2023	Q3	7719	3,720 (48%)	2,181 (59%)	1,965 (90%)	216 (10%)
2023	Q4	10505	5,036 (48%)	2,844 (56%)	2,491 (88%)	353 (12%)
2024	Q1	9504	4,778 (50%)	2,658 (56%)	2,363 (89%)	295 (11%)
2024	Q2	9109	4,234 (46%)	2,933 (69%)	2,616 (89%)	317 (11%)
2024	Q3	8945	4,014 (45%)	2,492 (62%)	2,158 (87%)	334 (13%)
2024	Q4	8710	3,794 (44%)	2,405 (63%)	2,114 (88%)	291 (12%)
2025	Q1	8163	3,427 (42%)	1,445 (42%)	1,364 (94%)	81 (6%)
2025	Q2	8295	3,513 (42%)	1,291 (37%)	1,186 (92%)	105 (8%)
2025	Q3	7614	3,154 (41%)	1,152 (37%)	1,047 (91%)	105 (9%)

SOURCE: IBO analysis of FDNY EDP call data

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one of 2022 to 3,154 in quarter three of 2025. Between the start of the program and present, a greater share of calls has been deemed eligible for a B-HEARD response (consistently more than 40% since the third quarter of 2023), but a declining share of the eligible calls have been assigned a unit (down from nearly 80% at the beginning to 37% by the end of the study period). Approximately 90% of the cases assigned a unit receive a B-HEARD response (as identified in the data by the incident having a timestamp for a B-HEARD unit arriving on scene). A small share of calls did not receive a response (the calls that had no on-scene time recorded). Some possible reasons could be that the call may have been cancelled or the patient may have not been present when the unit arrived. In quarter one of 2022, there were more incidents assigned a B-HEARD unit than were eligible for one. This could be attributable to a change in call type over the course of the response. Eligibility is determined by the final call type designation, but a call that started out with an eligible code may be updated to a different code that is ineligible by the time the call is finalized. Because of the newness of the pilot, it is also possible that traditional ambulance response teams were requesting B-HEARD teams for cases that were not eligible, thereby driving up the number of ineligible calls receiving a response.

Another factor that would have impacted the number of calls receiving a B-HEARD response is the introduction of a sub-pilot that began on December 22, 2021 and concluded on June 26, 2024. During this period, the sub-categories of EDP calls which B-HEARD units were assigned and responded to were expanded, i.e., B-HEARD units were responding to a larger pool of calls.<sup>3</sup> These changes were made with consultation from program stakeholders and internal data support from FDNY so as to maximize the program's efficiency.

## Pilot Area Response Times and Time Spent on Scene

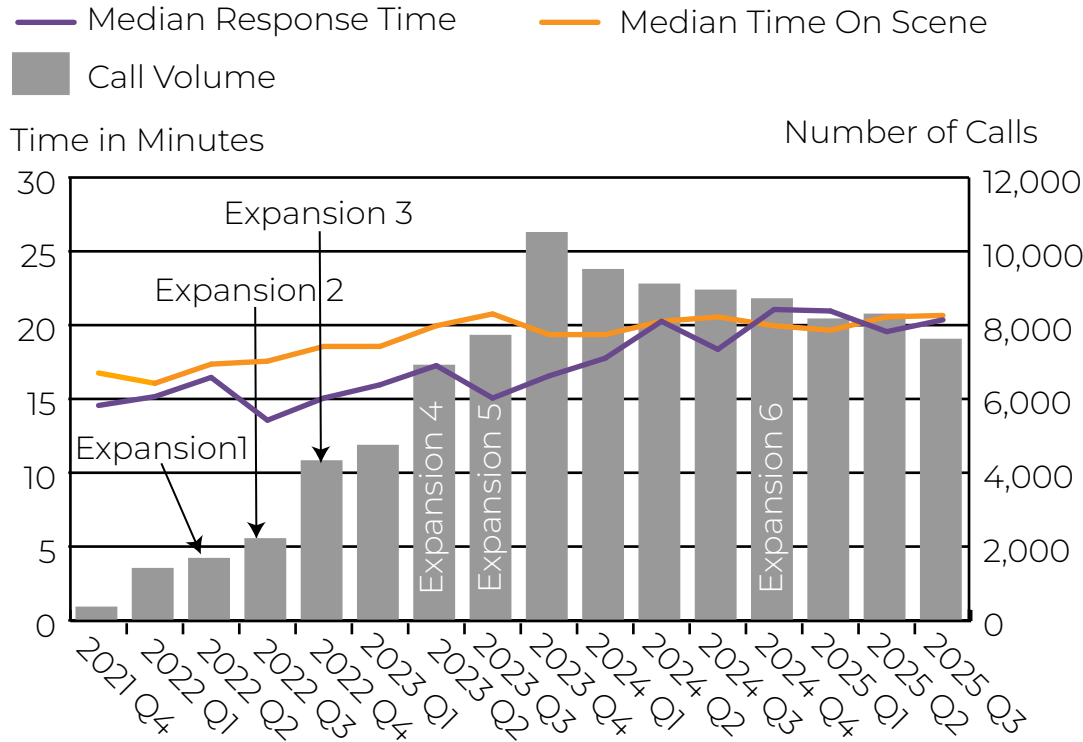
This section presents an analysis of median response times within the areas where B-HEARD is operational. (Averages are more sensitive to extreme values which are contained in the dataset.) For the citywide analysis presented previously, both the average and median response times are shown, and in every year, the average response time is higher than the median. In other words, the medians, unlike the averages, are not skewed by the outliers contained within the dataset. Response times for this program have previously been reported in data briefs issued by OCMH, though the last update was for [fiscal year 2022](#). For that year, the reported average response time was 15 minutes 30 seconds.

All calculations and figures presented in this section are representative of calls taking place within the program's operating hours only.

Figure 11 shows that the time that responding units spend on scene once they arrive has increased slightly over the last four years. Median time on scene has fluctuated much less than median response times. Duration on scene as recorded in the dataset represents the time spent on scene of all units that arrived on scene. These units could include B-HEARD units, basic life support ambulances, or advanced life support ambulances. IBO includes time on scene in this portion of the analysis to highlight that, while response times are slowing over time, the time that responding teams are spending interfacing with patients has remained comparatively stable, even increasing slightly.

**FIGURE 11**

**Median Response Time and Time Spent on Scene for All EDP Incidents in the Pilot Area, Quarter Four 2021 through Quarter Three 2025**



SOURCE: IBO analysis of FDNY EDP call data

NOTE: This average response time calculation includes calls at all times of day, both inside and outside of the pilot area.

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**Pilot Area by Cohorts**

As previously noted, after its launch in June 2021, B-HEARD was expanded six times. IBO segmented the data into calls occurring in the geographies that were added at each of these times, herein termed “pilot cohorts.” For example, pilot cohort 1 includes calls taking place in the 25<sup>th</sup>, 28<sup>th</sup>, and 32<sup>nd</sup> NYPD precincts where the pilot first started, pilot cohort two includes calls taking place in the 26<sup>th</sup> and 30<sup>th</sup> precincts which were added in the first expansion, and so on. In Figure 12, the median response time for EDP calls within

each cohort is shown over time with a label for when each expansion occurs. Each of these cohorts is then compared with the constant red line representing precincts that have never been included in the pilot (the “never pilot” cohort). The aim of this analysis is to evaluate whether inclusion in the B-HEARD pilot changed response times in those newly added regions. Figure 12 shows that there is no consistency in the change to response time in the pilot cohorts after these geographies are added to the program; in some cases (such as cohorts 2 and 5) the response time improves in the quarter after incorporation into the pilot and in other cases (such as cohorts 3 and 4) it slows.

**B-HEARD Versus Non-B-HEARD Response Times and Time on Scene**

Among calls assigned to a B-HEARD team, IBO also compared response times for calls in the pilot area that received a B-HEARD response and calls that did not, shown in Figure 13. Note that analyses in this section are representative of all EDP calls taking place within the pilot area during B-HEARD’s operating hours, regardless of eligibility determination.

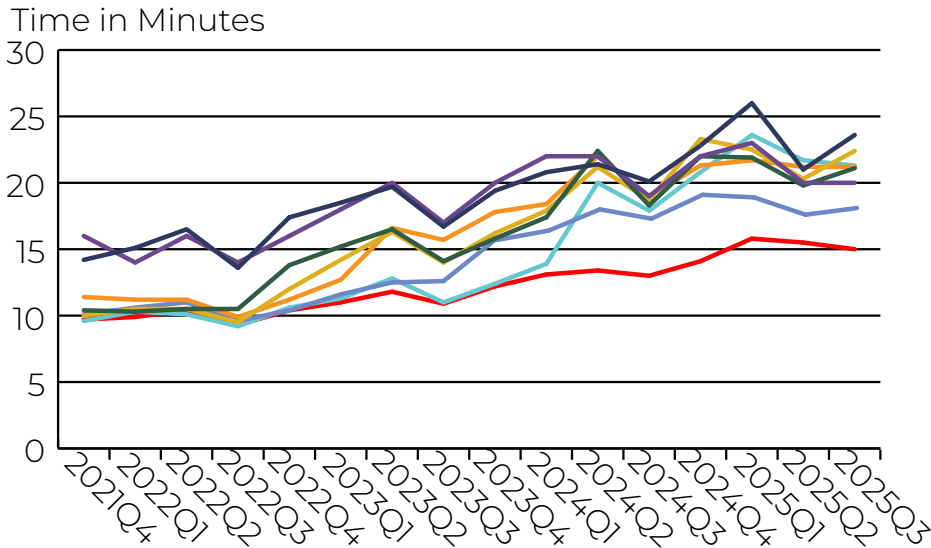
Response times for calls not receiving a B-HEARD response have been faster than those for calls receiving a B-HEARD response since quarter three of 2022. That quarter (March 2022)

**FIGURE 12**

**Median Response Times in Pilot Cohorts vs. Never Pilot Cohort**

Click chart to see a GIF of each pilot cohort.

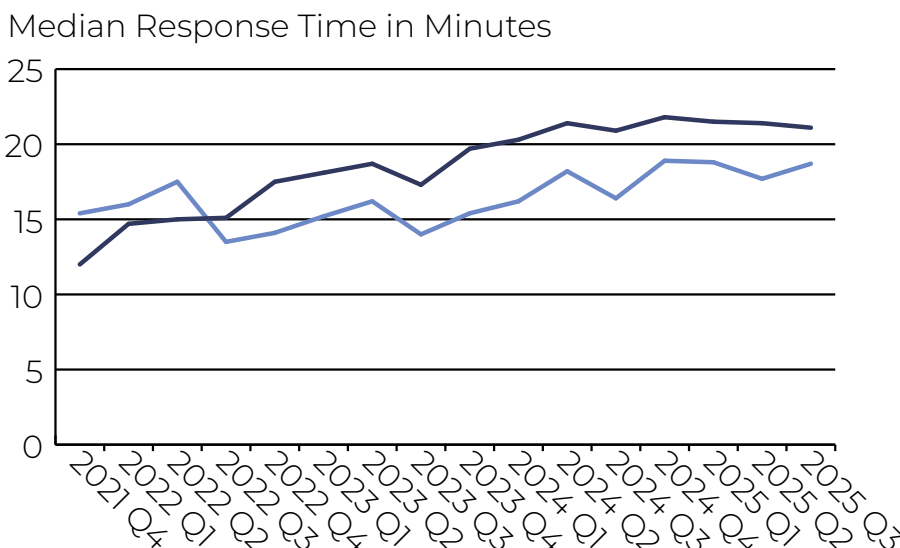
- Pilot Cohort 1    — Pilot Cohort 2    — Pilot Cohort 3
- Pilot Cohort 4    — Pilot Cohort 5    — Pilot Cohort 6
- Pilot Cohort 7    — Never Pilot Cohort



**FIGURE 13**

**Median Response Time of Incidents Receiving a B-HEARD Response vs. Those Not Receiving a B-HEARD Response in the Pilot Area, Quarter Four 2021 through Quarter Three 2025**

- B-HEARD    — Non-B-HEARD



SOURCE for Figures 12 & 13: IBO analysis of FDNY EDP call data

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was B-HEARD's second expansion, when it went from operating in five precincts to operating in nine precincts. It is unsurprising that response times took longer when the area of service increased dramatically without a similar increase in capacity.

The time spent on scene by B-HEARD units is and has been greater than the time on scene recorded for calls not receiving a B-HEARD response. In the most recent quarter of data, the median time spent on scene for calls receiving a B-HEARD response was 33 minutes while the time spent on scene for calls not receiving a B-HEARD response was 19 minutes.

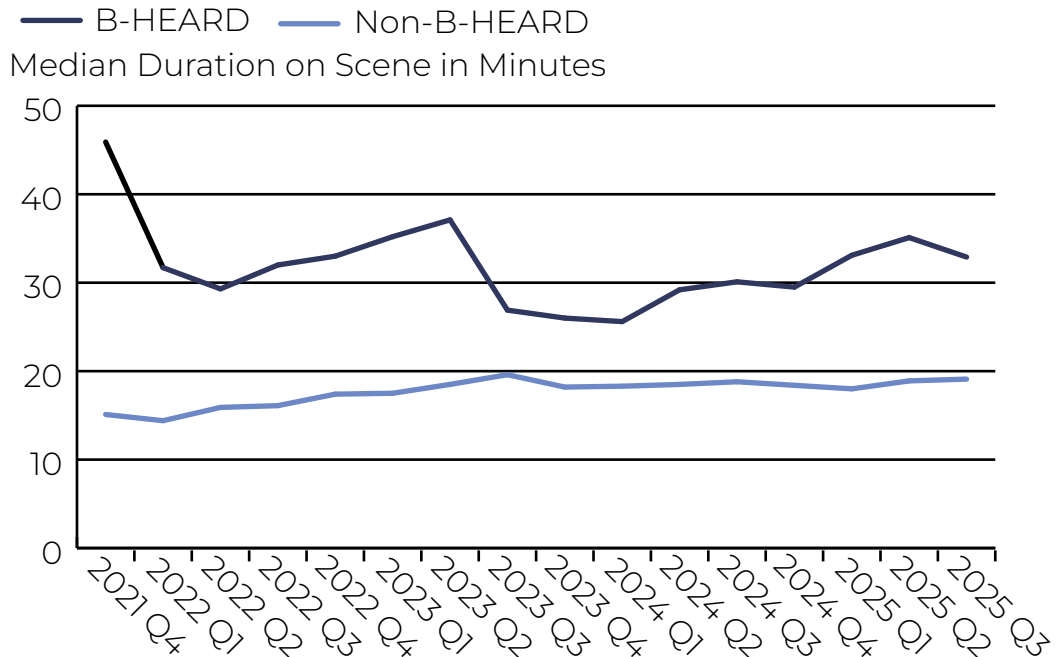
While it is impossible to fully evaluate what happens at a B-HEARD call without knowing the ultimate outcomes—or even what the most successful outcome would be—B-HEARD units are taking longer to evaluate and respond to their calls once they arrive.<sup>4</sup> This may reflect the complexity of calls receiving a B-HEARD response, and the time and attention that B-HEARD teams dedicate to resolving the case once on scene. Figure 14 shows that throughout the past four years, B-HEARD teams have consistently spent longer on scene than traditional responding units have in the same areas during the same hours.

## Comparisons to Other Programs

The first program in the United States to attempt non-police response to mental health emergencies was in Eugene, Oregon in 1989. It was called Crisis Assistance Helping Out On The Streets (CAHOOTS), and it operated 24 hours a day, seven days a week until April 2025 when [funding challenges](#) resulted in its services in Eugene being stopped entirely. CAHOOTS continues to operate in a reduced capacity in Springfield, Oregon, 12 hours a day. CAHOOTS has [served as a model](#) for several programs in other jurisdictions across the country.

FIGURE 14

### Median Duration on Scene for Incidents Receiving a B-HEARD Response vs. Those Not Receiving a B-HEARD Response in the Pilot Area, Quarter Four 2021 through Quarter Three 2025



SOURCE: IBO analysis of FDNY EDP call data

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Mobile Crisis Services of Lane County (MCS-LC) is a mobile crisis response program launched in 2024 that now addresses some of the demand for services in Eugene, Oregon after CAHOOTS ended. [MCS-LC](#) has an average response time of 20 minutes and teams spend approximately 35 minutes on scene. B-HEARD’s most recent average response time is 28 minutes (slower than MCS-LC’s average of 20 minutes).

Philadelphia’s Community Mobile Crisis Response Teams (CMCRT) is a 24/7, citywide crisis response program. CMCRT teams consist of behavioral health crisis intervention specialists, certified peer specialists or family advocates, and medical professionals. Per CMCRT’s data briefs, teams work to “engage, screen, assess, provide resolution-focused crisis intervention, de-escalate, develop safety plans, and link/transport to appropriate treatment and/or community services as indicated.” CMCRT [reported](#) a median response time of 1 hour 1 minute and a median intervention length of 39 minutes across January 2022 to September 2025. In quarter three of 2025 (the most recent period for which IBO received B-HEARD data and thus the most recent point for which IBO can draw comparison) CMCRT’s median response time was 52 minutes and the median intervention length was 45 minutes. During the same time period, the median response time for B-HEARD units was 21 minutes and the median time spent on scene was 33 minutes—both faster than that of CMCRT.

## Considerations Going Forward

Advocates and city officials alike have expressed keen interest in B-HEARD expansion. Council member Erik Bottcher, for example, noted that B-HEARD does not serve his council district and called for an expansion to all 78 of the city’s precincts in a fiscal Year 2026 [Preliminary Budget Hearing](#). The Adams administration unveiled a mental health agenda in March 2023 titled [Care, Community, Action: A Mental Health Plan for New York City](#). One of the action points in that agenda stated that the City will expand B-HEARD citywide, though no timeline for such an expansion was outlined. Mayor Mamdani has announced plans to create a [Department of Community Safety](#) that would both implement new services to address mental health and crisis response in New York City as well as expand existing programs of this kind, including B-HEARD.

## Challenges to Expansion

Another consideration is the involved agencies’ ability to appropriately staff the program at the level that a citywide expansion would need. Historically, the City has had difficulty hiring and retaining social workers. A January 2025 OCMH [report](#) detailed the unique challenges in the behavioral health workforce. First, the report states that there is an over-reliance on social workers in the behavioral health sphere while other professions are underrepresented. The report also noted that, while the high turnover rate for behavioral health positions at H+H has improved in recent years, some titles, including that of social worker, were experiencing persistent shortages.

A more recent January 2026 [press release](#) announced that H+H is currently seeing its lowest behavioral health staff turnover and vacancy rates in recent history, having hired more than 400 social workers systemwide since January 2024. It should also be noted that the City has

implemented various strategies for training new social workers. For example, CUNY’s Human Services Career Advancement Scholarship covers up to 50% of tuition costs for programs within the human services sector, including social work programs. The Mental Health Service Corps, a workforce development program offered by OCMH, trains cohorts of early career social workers and places them at H+H facilities across the city. The program also serves to train social workers already in the system on evidence-based practices to enhance social work competency systemwide. Even without a shortage of candidates, the hours of the later shift—5:00 PM to 1:00 AM—may be less appealing to prospective employees, especially for a job that must be done in-person and outside of a typical clinical setting.

If B-HEARD transitions to the newly proposed model where H+H would be the sole agency responsible for administering and overseeing the program, then a new mechanism for responding to calls would also need to be devised to substitute the role of FDNY’s call takers. The new mechanism would also likely have to facilitate external vendors responding to calls. A further consideration is the fact that there are existing model guidelines for handing off calls from local crisis lines to 911, which may be helpful in developing a robust system connecting some callers to the newly revised B-HEARD teams going forward. The phaseout of FDNY would also mean that H+H would have to expand and/or revise contracts with private EMS providers to substitute FDNY’s emergency response vehicles.

Even if FDNY remains involved, staffing levels at FDNY’s call center must be high enough so EDP calls can be determined as eligible for B-HEARD. Calls only become eligible for B-HEARD when 911 transfers to EMS and triage occurs.

## Conclusion

B-HEARD teams are designed to provide care that is specific and appropriate for those experiencing mental health challenges. While the theoretical goal is for B-HEARD to provide New Yorkers in need with appropriate mental health services and resources, there are operational challenges which limit the program’s capabilities.

The results of IBO’s analyses indicate that response times are slowing as the number of EDP calls decreases, not just for calls eligible for and receiving a B-HEARD response, but for all EDP calls (and even non-EDP calls) citywide overall. This is true even when accounting for outliers as evidenced by the trend being consistent for both the average and median response times. Appropriate staffing levels at multiple steps in the process are key to B-HEARD’s success: at EMS call centers where calls are determined for eligibility, and for B-HEARD teams of social workers and EMTs that are deployed. B-HEARD teams do generally stay on the scene longer than regular 911 ambulances once they arrive, and B-HEARD is also performing on par with, or sometimes better than, similar programs in other jurisdictions based on IBO’s comparative analysis.

As the new Mamdani administration considers the future of non-police response to EDP calls in New York City, lessons can be learned from the initial years of B-HEARD. If the program is to be expanded citywide, and/or incorporated into a more comprehensive approach, then these operational difficulties must be accounted for so that the program can be operated at scale.

## Appendix: Notes on Data

IBO obtained data from the New York City Fire Department (FDNY) on every EDP call across the city from the beginning of the B-HEARD program on June 6, 2021 to the end of quarter three of fiscal year 2025 (March 31, 2025). IBO received data on call eligibility for B-HEARD as well as whether each call received a B-HEARD response, and if so, how long the unit took to arrive on scene. There were a total of 522,019 unique calls in the dataset, as identified by their incident IDs.

IBO calculated average and median response time and on-scene duration. Response time for each call was calculated by IBO while the on-scene duration for each call was provided in the dataset. The on-scene duration represents the average time spent on scene of all units that arrived on scene. These units could include B-HEARD units, basic life support ambulances, or advanced life support ambulances.

The response time was calculated as the difference between when the call came in and the timestamp at which the first ambulance arrived on scene. In cases where the variable denoting the time of the first ambulance on scene was blank, the time at which the B-HEARD unit arrived on scene was used to calculate response time. It is important to note that this calculation of response time encompasses the time taken to dispatch a unit and the time taken for the unit to travel to the scene. IBO could not calculate response times for 17,211 calls (3.3% of the total) where the data fields for first ambulance on scene and B-HEARD unit on scene were both blank. These records were removed from the analysis.

Most of the removed subset (77.7%, or 13,379 incidents) had a time recorded in the variable denoting police arrival on scene. The remaining 3,832 incidents had no timestamp recorded for any of these three variables. In 793 (20.7%) of these cases, the incident disposition was recorded as cancelled and another 493 (12.9%) were recorded as patient gone on arrival. A number of these may also have been the result of the responding EMS unit not transmitting an on-scene signal upon arrival.

IBO performed its analysis on the remaining 504,808 observations. Of this number, 3,338 incidents (0.7%) had a calculated response time less than or equal to zero. These cases are likely the result of the responding unit being on or near the scene and being flagged down by someone. This is worth noting because these values, though few in relation to the size of the entire dataset, are included in the calculation of average response times.

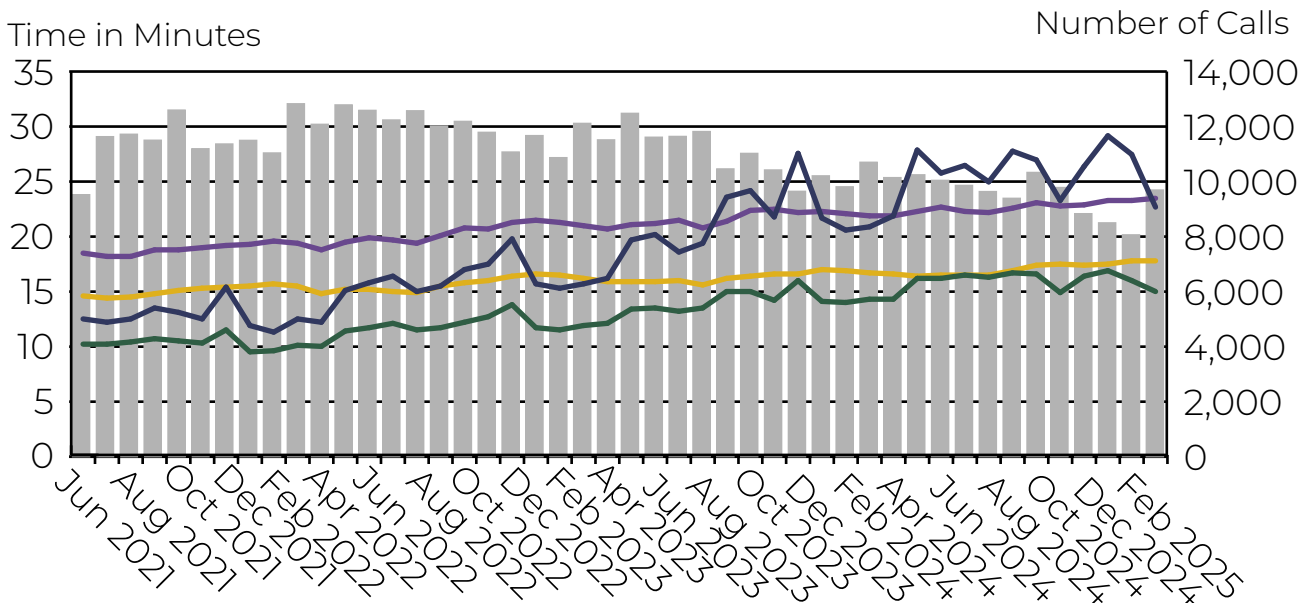
Calculations of response times for B-HEARD units solely considers the time at which the B-HEARD unit arrives on the scene, regardless of whether the incident had another unit respond.

# Appendix: Additional Tables

**FIGURE A1**

**Average and Median Response Time and Time Spent on Scene for All EDP Calls Citywide, by Month**

- Average Response Time
- Average Time On Scene
- Median Response Time
- Median Time On Scene
- █ Call Volume



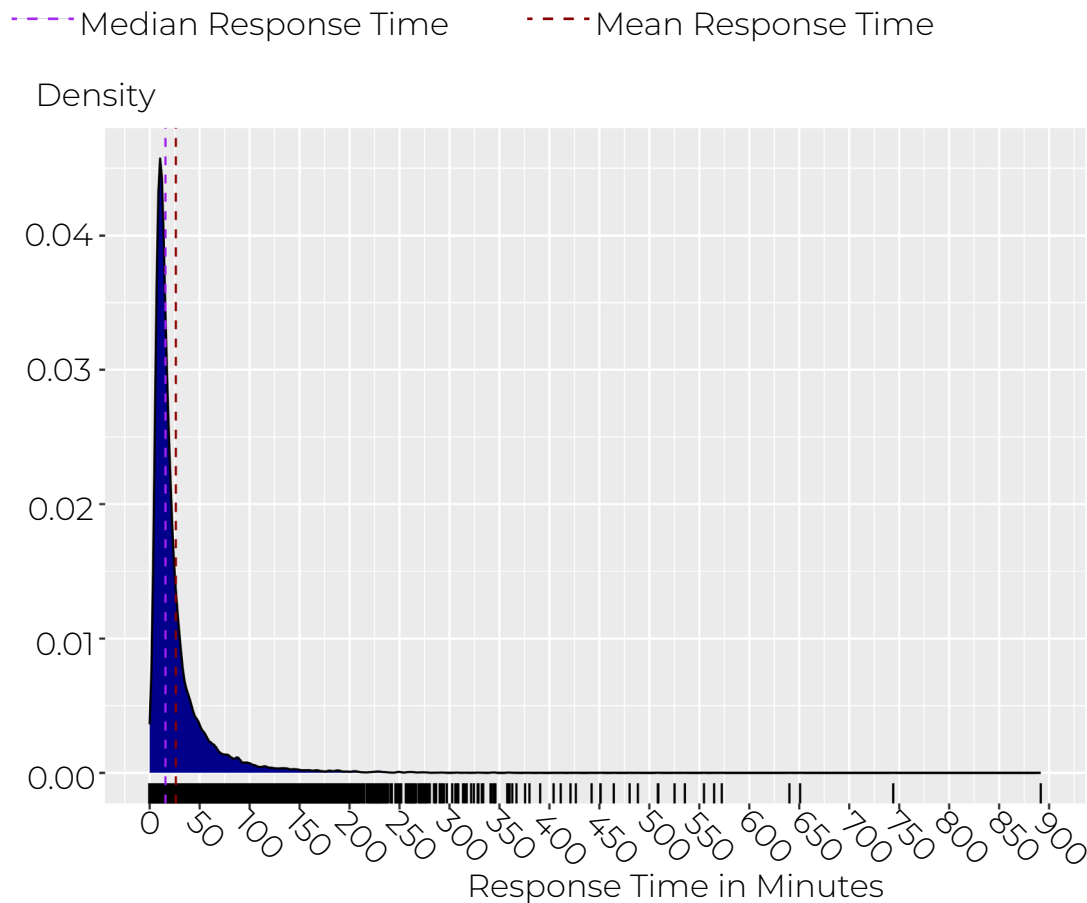
SOURCE: IBO analysis of FDNY EDP call data

New York City Independent Budget Office

In Figure A1, the trend of faster call times in quarter three of most years can be seen more clearly. While the months from January to April consistently have a dip in response times, the annual peak of response times (the time at which response times are slowest) occurs during December.

FIGURE A2

Density of Citywide Response Times, Quarter Three 2025



SOURCE: IBO analysis of FDNY EDP call data

NOTE: The tick marks along the bottom of the graph are representative of individual calls.

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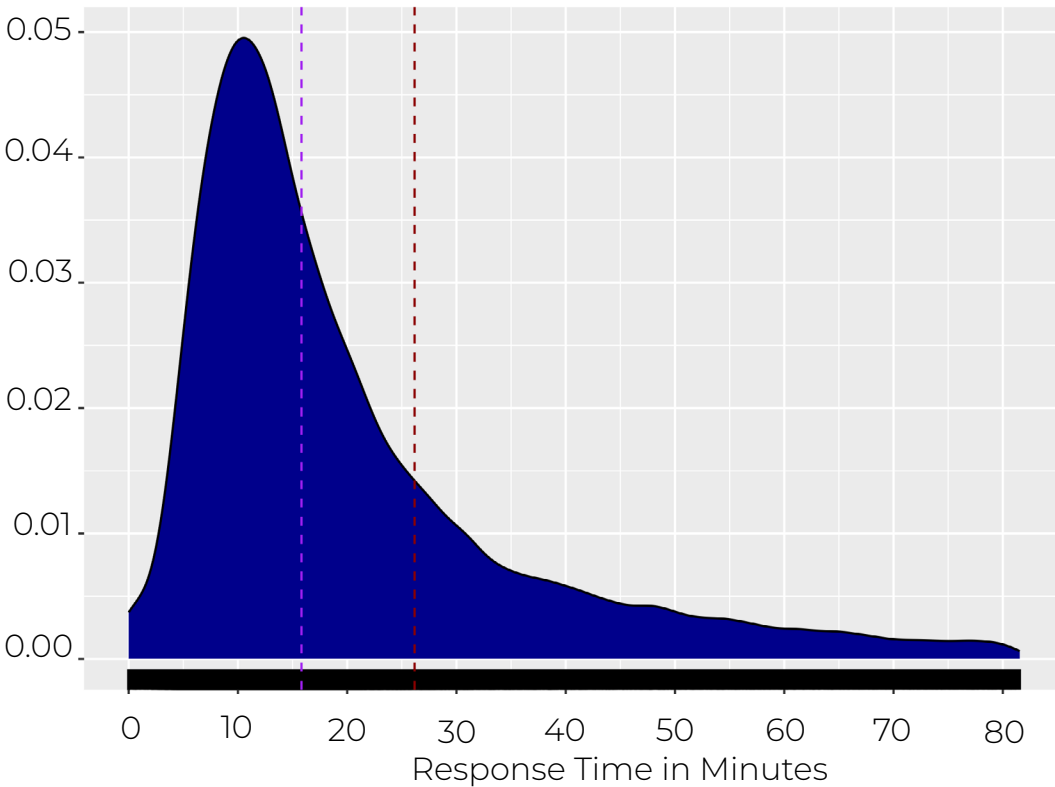
Figure A2 portrays the relative probability of an EDP incident in quarter three of 2025 having any given response time. There are some calls with prolonged response times, the highest of which is 892 minutes. It is not possible to determine how many of these are true response times and how many are due to human error. For example, the responding team may not have “stopped the clock” or transmitted an on-scene signal at the appropriate time. As is noted in the body of the report, the median response time is lower than the mean response time and thus the corresponding vertical line for the median is to the left of that of the mean.

**FIGURE A3**

**Density of Citywide Response Times for Calls in the 95th Percentile, Quarter Three 2025**

--- Median Response Time      --- Mean Response Time

Density



SOURCE: IBO analysis of FDNY EDP call data

NOTE: The tick marks along the bottom of the graph are representative of individual calls.

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**FIGURE A4**

**Percentiles of Response Times for All EDP Calls Citywide, Quarter Three 2025**

Percentile	Response Time (Minutes)
25%	10.0
50% (The Median)	15.8
75%	28.0
95%	81.6
Maximum Value	891.6

IBO further assessed the spread of response time for the third quarter of 2025 by splitting the data into percentiles as shown in Figures A4, A5, and A6. In Figure A4, the median is just under 16 minutes, while 75% of EDP calls received a response within 28 minutes and 95% of EDP calls received a response within 82 minutes.

SOURCE: IBO analysis of FDNY EDP call data

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**FIGURE A5**

**Percentiles of Response Times for All EDP Calls in the Pilot Area, Quarter Three 2025**

Percentile	Response Time (Minutes)
25%	12.3
50% (The Median)	20.4
75%	38.7
95%	105.8
Maximum Value	650.8

SOURCE: IBO analysis of FDNY EDP call data  
New York City Independent Budget Office

Figure A5 shows that, for the latest quarter of data, the median response time was just over 20 minutes and 75% of calls in the pilot area received a response within 39 minutes. Further, 95% of calls received a response time within 106 minutes, which is a half hour longer than the comparable 81 minutes for all EDP calls citywide. This analysis includes both calls that received a B-HEARD response—33% in this quarter—and those that did not.

Figure A6 shows that, in addition to the median response times being higher for B-HEARD responses, the top 25% of calls are also responded to quicker by non-B-HEARD units (under 12 minutes) than B-HEARD units (under 16 minutes). This trend then flips for the 75th and 95th percentiles, though, where

non-B-HEARD times are both higher than the comparable percentiles for B-HEARD response times. There are twice as many calls that are responded to by a non-B-HEARD unit than a B-HEARD unit, and the range of response times is much greater for those calls (again, likely due to human error of not stopping the clock in some cases). In other words, these findings suggest that if a B-HEARD unit ultimately responded to a given call during this quarter, it would take longer a majority of the time. For the calls that units took the longest to respond to, the B-HEARD units responded faster.

**FIGURE A6**

**Percentiles of Response Times for All EDP Calls In The Pilot Area Receiving a B-HEARD Response vs. EDP Calls Receiving A Non-B-HEARD Response, Quarter Three 2025**

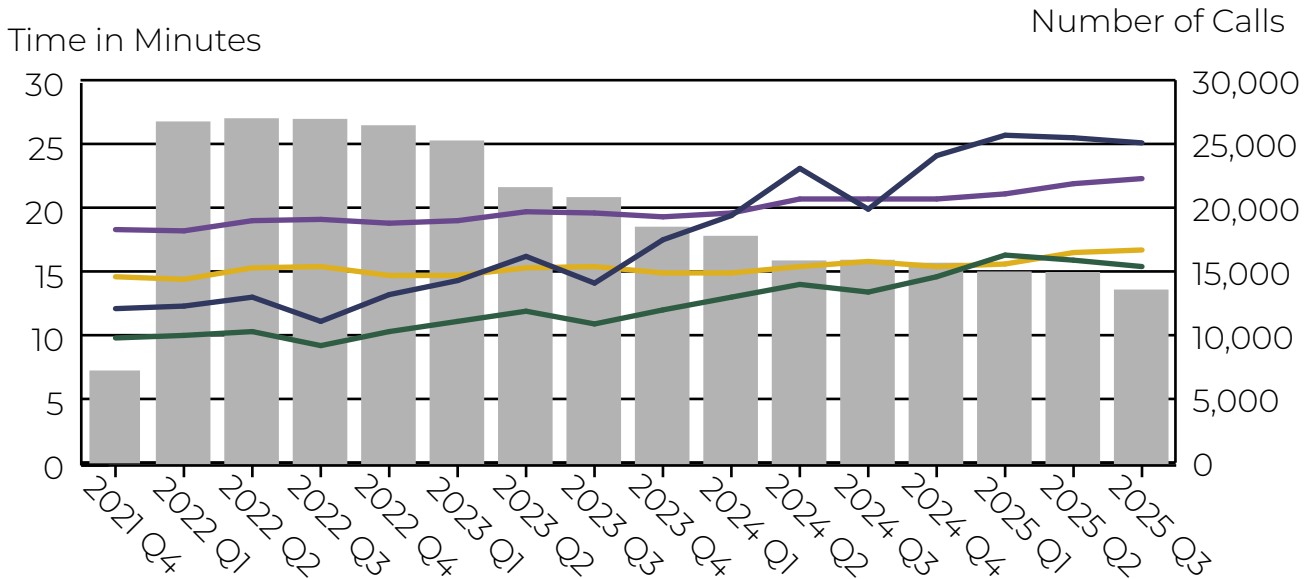
Percentile	Response Time in Minutes	
	B-HEARD	Non-B-HEARD
25%	15.9	11.6
50% (The Median)	21.1	18.7
75%	28.2	34.2
95%	70.0	105.1
Maximum Value	314.7	650.8

SOURCE: IBO analysis of FDNY EDP call data  
New York City Independent Budget Office

**FIGURE A7**

**Average and Median Response Time and Time Spent on Scene for All EDP Calls Outside the Pilot Area, Quarter Four 2021 through Quarter Three 2025**

— Average Response Time — Average Time On Scene  
 — Median Response Time — Median Time On Scene  
 ■ Call Volume



SOURCE: IBO analysis of FDNY EDP call data

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While total EDP call volume increased over time in the pilot area for the first half of the timeline, it decreased outside of the pilot area, as shown in figure A7. As more jurisdictions were added to the pilot area, the area outside of the pilot area shrank and the number of calls shrank along with it. The median response time in the most recent quarter of data was approximately 16 minutes while the average response time was much higher at approximately 25 minutes. In the pilot area, the median response time for this period was 20 minutes and the average response time was 34 minutes.

## Endnotes

- 1 H+H staff numbers were publicly shared by H+H CEO Dr. Mitchell Katz in a Fiscal Year 2026 Preliminary Budget [hearing](#). FDNY staffing details were shared by FDNY in communications to IBO.
- 2 IBO notes that the Audit on B-HEARD states that there are 18 teams, but this equates to nine units operating during each of two 8-hour shifts, 9:00 AM to 5:00 PM and 5:00 PM to 1:00 AM.
- 3 B-HEARD units additionally responded to calls with a call type designation of EDP during the sub-pilot whereas they were assigned only to EDPM call types afterwards. Calls with an EDP designation are unscreened while EDPM calls have been screened and deemed suitable for B-HEARD. There are other sub-categories of EDP calls, such as EDPC calls in which the C indicates that the call is critical and requires an NYPD response and is not suitable for B-HEARD. IBO's analysis did not identify calls that received a B-HEARD response using call types, but rather by using a variable within the data that indicated whether calls had been assigned a mental health response (MHR, or B-HEARD) unit.
- 4 While the duration on scene as presented in the dataset is an average of the time spent on scene by all responding units, the time spent on scene is higher for calls which receive a B-HEARD response. IBO therefore infers that it is the B-HEARD unit driving the average up, i.e., B-HEARD units are spending a longer time on scene.

**IBO's mission** is to enhance understanding of New York City's budget, public policy, and economy through independent analysis.

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