REPORT AT A GLANCE

B-HEARD's Efficacy in Responding to Mental Health Calls

What questions did the audit look at?

- To what degree is the Behavioral Health Emergency Assistance Response Division (B-HEARD) effectively providing health-centered care to individuals experiencing non-violent mental health crises, in accordance with the program's goals?

Why does it matter for New Yorkers?

In New York City, incidents involving people experiencing mental health emergencies are traditionally handled by uniformed police officers. This setup can escalate situations and pose risks to both individuals and first responders. The B-HEARD pilot program was developed by FDNY, New York City Health + Hospitals (H+H), NYPD, and the Mayor's Office of Community Mental Health (OCMH) to pair licensed social workers from H+H with EMTs from FDNY to de-escalate crises safely and support follow-up care.

The audit found significant limitations in the current model. First, the pilot suffers from limited availability and insufficient coverage; B-HEARD responders only operate from 9am to 1am and cover just 31 of 78 total police precincts. This means that at the time of the audit, mental health calls received outside of this timeframe/geographic area are instead routed to a traditional police response.

Additionally, the auditors found that 911 operators often failed to dispatch B-HEARD teams to eligible calls. Of 37,113 eligible calls during the audit scope, 13,042 (35%) did not receive a B-HEARD response for reasons unknown. Even in cases when B-HEARD is dispatched, the percentage of on-scene assessments has fallen since the pilot began in 2022. OCMH does not track why calls might go unserved or why on-scene assessments are not conducted.

Without robust dispatch, triage, and follow-up tracking, B-HEARD cannot ensure that it is reducing police involvement, enhancing access to care, or improving outcomes—the core promises of the pilot initiative.

What changes did the agency commit to make following the audit?

- OCMH agreed to improve its tracking of B-HEARD, and work with FDNY to explore additional recruitment opportunities and identify cases when teams did not respond to eligible calls.

AUDIT FINDINGS

- B-HEARD's operating hours are limited, with 14,200 eligible overnight calls going unserved.
- B-HEARD only covers 31 of 78 precincts, or 40% of the City.
- 35% of eligible calls did not receive a response for reasons unknown.
- B-HEARD does not adequately track calls, or whether individuals in crisis are assessed on-site or connected to follow-up care.
- The percentage of on-site mental health assessments have steadily declined since 2022.

	Audit Recommendations	Status
1	Formally assess the Citywide need for B-HEARD mental health response teams.	AGREED
2	Work with partner agencies to expand the reach of the program and the number of B-HEARD teams in line with established need, and to cover the overnight hours.	PARTIALLY AGREED[1]
3	Work with FDNY to explore additional methods (e.g., tuition assistance, livable wages or loan forgiveness) for recruiting additional qualified EMS responders needed to ensure that all eligible calls are triaged and responded to.	AGREED
4	Work with partner agencies to develop appropriate performance metrics and ensure data necessary to fully evaluate program performance against its goals is collected. This includes: a. The number of ineligible calls received by reason of ineligibility; b. The reasons B-HEARD eligible calls do not receive a B-HEARD response or are not triaged; c. The number of times NYPD responds to a non-violent EDP call due to the unavailability of B-HEARD teams; and d. Quantifying the number of times and the specific reasons contact is not made and/or mental health assessments are not performed when a B-HEARD team responds.	PARTIALLY AGREED[2]
5	Work with FDNY to establish the requirement that EMS responders consistently update the final call type on every call, to more accurately and reliably quantify the number of eligible calls received, irrespective of the methods of communication used to update the call types.	DISAGREED
6	Continue to develop and implement innovative ways to increase contact with and conduct assessments of patients when B-HEARD teams respond.	PARTIALLY AGREED[3]
7	Continue to work with the New York State Office of Mental Health and Health Department to expand the network of community-based care centers across all five boroughs. This would provide equitable access to post-crisis mental health services, regardless of geographic location.	AGREED

[1] OCMH stated that "as part of our ongoing efforts to assess the need for citywide expansion, we will continue to prioritize resources based on the identified needs, and the potential for overnight coverage will be carefully evaluated as part of this assessment to ensure responsible and sustainable growth."

[2] OCMH stated that "FDNY continues to provide data on the number of ineligible calls received for the B-HEARD program. In addition, OCMH will work with FDNY to identify instances where a traditional response (NYPD and EMS) is dispatched due to the unavailability of B-HEARD units. We also agree to work with FDNY and New York Health + Hospitals to track the number of instances and the reasons mental health assessments are not conducted during B-HEARD team responses." However, OCMH does not agree with the recommendation to collaborate with partner agencies to develop performance metrics and collect data on the reasons for call ineligibility or untriaged 911 calls. These areas fall outside the scope of the B-HEARD program and are more appropriately addressed within the broader 911 operations framework by FDNY, not OCMH."

[3] OCMH stated that, "We agree with the objective of increasing patient contact and mental health assessments during B-HEARD responses and have consistently worked with B-HEARD agency partners to address this objective. … While we continue to explore and test innovative deployment strategies, it is important to acknowledge that improving patient contact during emergency responses remains a broader system-wide challenge. … Despite these limitations, our focus remains on deploying teams to calls where there is the greatest likelihood of connecting with individuals in crisis and providing timely, on-site support."