

The Mayor's Office of Community Mental Health

Unit of Appropriation [020]

Term & Condition

August 30, 2024

Semi-Annual Report

Introduction

On June 6, 2021, New York City launched Behavioral Health Emergency Assistance Response Division (B-HEARD), a pilot program in which both mental and physical health professionals respond to 911 mental health emergency calls. B-HEARD teams include Emergency Medical Technicians/Paramedics from the Fire Department's Emergency Medical Services (EMS) and mental health professionals from NYC Health + Hospitals (H+H). Teams operate seven days a week, 16 hours a day within the pilot area.

The goals of the pilot are to:

- Route 911 mental health calls to a health-centered B-HEARD response whenever it is appropriate to do so
- Increase connection to community-based care
- Reduce unnecessary voluntary transports to hospitals
- Reduce unnecessary use of police resources

In a traditional response to 911 mental health calls, the only options available to a person in crisis are to refuse medical attention or be transported to a hospital. B-HEARD provides more options and serves as a connection to ongoing mental health care. The teams are able to keep people safe in their homes and in their communities when it is appropriate to do so.

B-HEARD teams respond to a wide range of behavioral health needs, including suicidal ideation, substance misuse, mental illness, and physical health problems, which can be exacerbated by, or mask mental health concerns.

B-HEARD Data

For the first two quarters of Fiscal Year 2024 (**July 1, 2023 – December 31, 2023**), below please find a breakdown of 911 mental health calls involving persons experiencing mental health crises. These calculations follow a B-HEARD-specific methodology, which is distinct from FDNY's methodology utilizing only final call type.

How many of such calls were received: There were 24,929 total mental health (EDP) 911 call-types in B-HEARD pilot area during B-HEARD operating hours.

Context

- For the purpose of this program, the total number of mental health calls is calculated by counting each time a call entered the 911 system as an EDP, became an EDP when more information was collected, or the unit on scene determined it was a call with mental health as the chief complaint.
- This includes all calls that ended as an EDP as well as calls that began as an EDP, but ended as a Medical call once more information was obtained.

How many were responded to by NYPD, FDNY and/or B-HEARD team: B-HEARD teams responded to 7,763 calls in the pilot area during the pilot hours. The remaining calls received a response from NYPD and/or FDNY.

Context

- The total number of calls B-HEARD responded to is calculated by counting each time a B-HEARD team is assigned to an incoming 911 mental health call that is made within the B-HEARD pilot area during the pilot's hours of operation.
- The total number of 911 mental health calls that was assigned a B-HEARD response through the 911 emergency system does not include the instances when a B-HEARD team was approached by a member of the public seeking assistance while in the field.
- Not all mental health calls are eligible for a B-HEARD response. Typically, B-HEARD teams do not respond to calls involving individuals who:
 - Require immediate transport to a hospital;
 - Present risk of imminent harm to themselves or others, or in situations where EMS call-takers do not have enough information to assess risk of imminent harm;
 - Present as being immediately suicidal;
 - Present as being violent;
 - Have a weapon; or
 - Require tactical expertise or resources such as being on a bridge or standing in traffic.

Such calls are handled by NYPD and EMS. Once on the scene, NYPD or EMS can request support from B-HEARD Teams.

How many people assisted by B-HEARD were: Served onsite or transported to a community based healthcare: Of the **1,852 calls** that resulted in the behavioral health assessment, **43% (798)** were served on-site or provided connections to community-based behavioral health services.

Context

- The total number of behavioral health assessments is calculated by counting every time a B-HEARD Mental Health Clinician conducts a behavioral health assessment. Based on the behavioral health assessment, individuals are transported to the hospital for further evaluation or offered connections to community-based behavioral health services.
- Generally, once on scene, B-HEARD teams conduct physical and behavioral health assessments and provide on-site assistance, including but not limited to connecting the person to their existing medical and/or mental health provider, crisis counseling, or, with their consent, connecting them to follow-up services. If a B-HEARD patient does not receive a behavioral health assessment, it is still beneficial to have a Mental Health Clinician present on scene, providing assistance and engaging the individual from a person-centered, recovery oriented, trauma-informed perspective. The Mental Health Clinician participates in the emergency response, as part of the B-HEARD Team for all calls and offers engagement, de-escalation and support. If the person requires emergency medical services, teams provide emergency medical care and call EMS for an ambulance transport.
 - If the emergency medical services are required or it's determined that it's best for the patient to be transported to a hospital for a more comprehensive assessment, the B-HEARD team providing emergency medical care arranges for an ambulance transport. In such cases, we are seeing a better experience for the person in crisis because there is a Mental Health Clinician on-site to provide a warm hand-off once they arrive to the hospital.
- For almost a year, B-HEARD teams were dispatched to a broader range of mental health calls, including calls that may not have been fully screened and triaged by Emergency Medical Dispatch. While this resulted in higher overall call volume for B-HEARD teams, there was also a higher number of instances where the call was not appropriate for B-HEARD response primarily due to a medical issue requiring a higher level of care, safety concern, or the person was no longer on scene or in need of assistance.

Generally, it is not uncommon for a person to no longer be on scene or in need of assistance when a traditional response unit or B-HEARD team responds to a 911 mental health for an array of reasons.