



# Federal Changes Local Impacts: Impacts on Lower Income Families

## Tracking B-HEARD's Response to Mental Health Crises

April 2026

Briefing Materials



# Agenda

- **Federal Changes**
- **Context**
- **Healthcare and Health Insurance**
- **Food**
- **BHEARD**
- **Expansion**
- **Current Findings**

## The federal government is deploying multiple concurrent actions:

- Staffing reductions
- Claw back of appropriated funds
- Policy changes
- Executive orders
- Public and social media statements
- Legislative actions – One Big Beautiful Bill Act (H.R.1)

## Compounding effects:

- Changes to eligibility requirements or funding in one area will have compounding effects on access to other benefits due to how benefit programs were structured
- Federal crackdowns on immigration and rapid changes are also contributing to local experiences

## **About 1.5 million NYC households live at or below 250% of the federal poverty level (\$32,000 for a family of four), which is about \$80,000/year.**

- Households with incomes up to 200%-250% of the federal poverty level may be eligible for some social safety net programs.
- In 2023, 25% of the population of CB 3 was in poverty compared to 18% citywide
- Median household income in 2023 was \$56,550, about 29% less than citywide median household income of \$79,480

## **The pressure on lower-income households is growing:**

The federal government is imposing new eligibility and verification requirements and reduces benefits and services in the presence of continued inflation.

**In 2024, the 7.4 million households in the New York metropolitan area spent an average of \$5,508 per year on healthcare, a 13% increase over two years.**

- These costs are set to rise as there will be more uninsured individuals (driving up costs for the system)
- Individual household premiums will increase with the expiration of Affordable Care Act enhanced premium tax credits (EPTCs)\*

**The bottom line: health outcomes will likely worsen overall as people delay or forego receiving the healthcare they need.**

- There are seven federally qualified health care centers in CD 3 according to the Health Resources and Services Administration locator tool.
- The most recent census 5-year estimate from 2023 reveals that approximately 4.1 percent of CD 3 residents are uninsured.

## **SNAP (Supplemental Nutrition Assistance Program) be used to get monthly benefits to buy groceries.**

- SNAP is a federal program and is authorized through an annual Congressional appropriations process, which set eligibility standards, benefit calculations, and work requirements.
- States play a central operational role for administering the benefits, issuing EBT cards, and managing cases.

## **The majority of the 42 million SNAP recipients nationwide are children (36%) and adults over 60 (19%)**

- In 2024, the food insecurity rate varied in the different neighborhoods of CD3.
- It was 23.4% in the Lower East Side, 17.4% in the Chinatown/Two Bridges area, and 15.9% in the East Village.

## **Food pantries**

- Have also experienced cuts of \$1 billion in federal funds, experienced staffing challenges, and reduced supplies
- Have never had the capacity to replace SNAP at scale; in 2023, SNAP provided nine meals for every one meal provided by a food pantry

## SNAP changes

1. Shifts annual costs to the State (based on the “error rate”) and City (administrative costs from 50% up to 75%)
2. Limits future increases of benefits to the general inflation rate
3. Eliminates SNAP Education, which reached 2.2 million New York State residents in 2025
4. Increases work requirements for previously exempted able-bodied adults without dependents
5. Further changes eligibility requirements (including for certain categories of lawfully present immigrants)

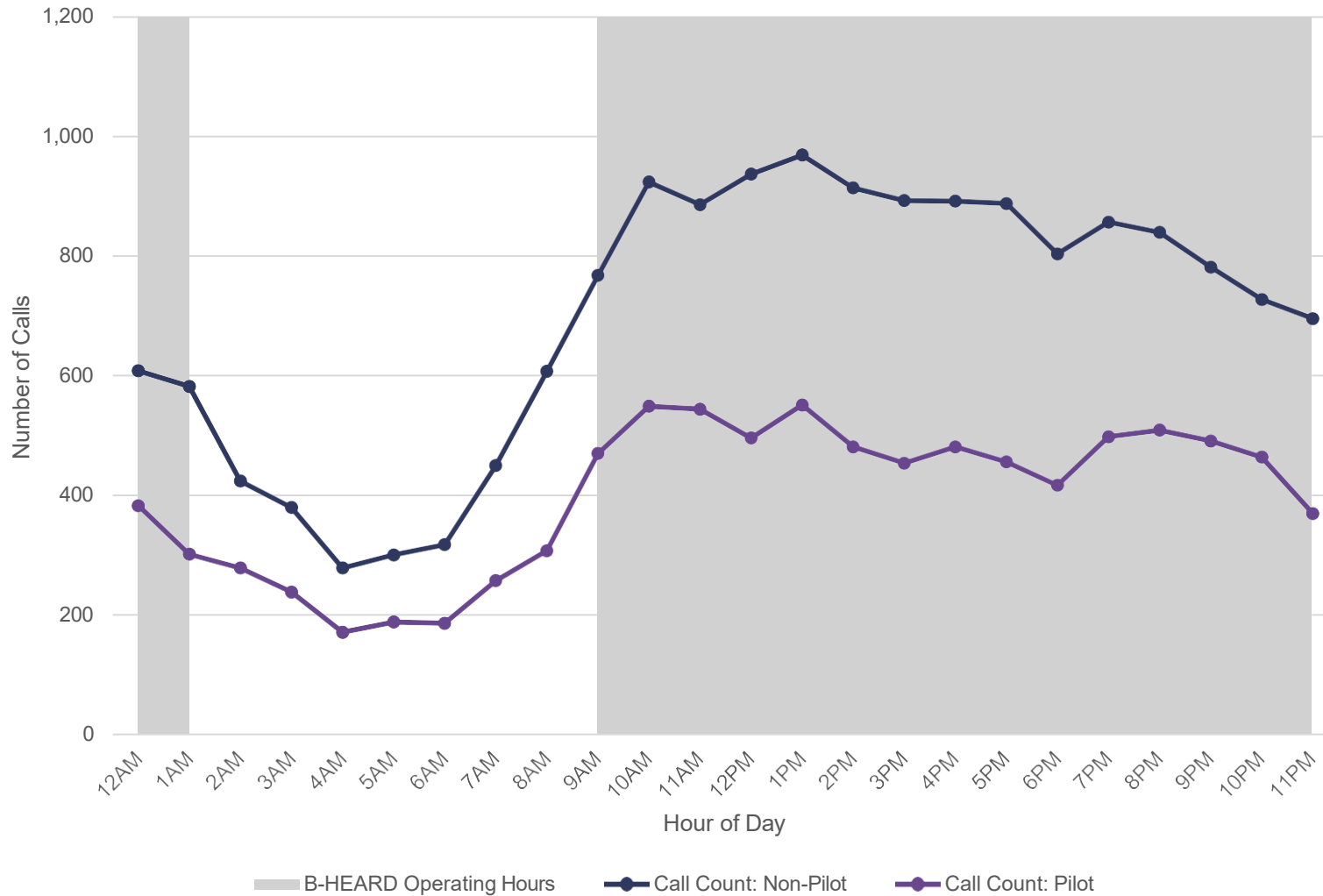
## Compounding effects for 150,000 NYC residents who receive benefits for the Low-Income Home Energy Assistance Program (LIHEAP)

- Federally funded assistance to support costs associated with home energy bills, energy crises, weatherization, and minor energy-related home repairs.
- SNAP calculates benefits by looking at income and subtracting certain expenses, and qualifying for LIHEAP automatically counted toward a deduction for utility costs that would increase SNAP benefits.
- SNAP still subtracts expenses, but LIHEAP no longer automatically qualifies most households for that utility deduction. Now, households must prove actual heating or cooling costs (or have someone age 60+ or disabled) to get the higher deduction.
- Impact on NYCHA & Section 8 households: These households often don’t directly pay or receive clear bills for heating/cooling, so they may struggle to prove costs.

# What is B-HEARD?

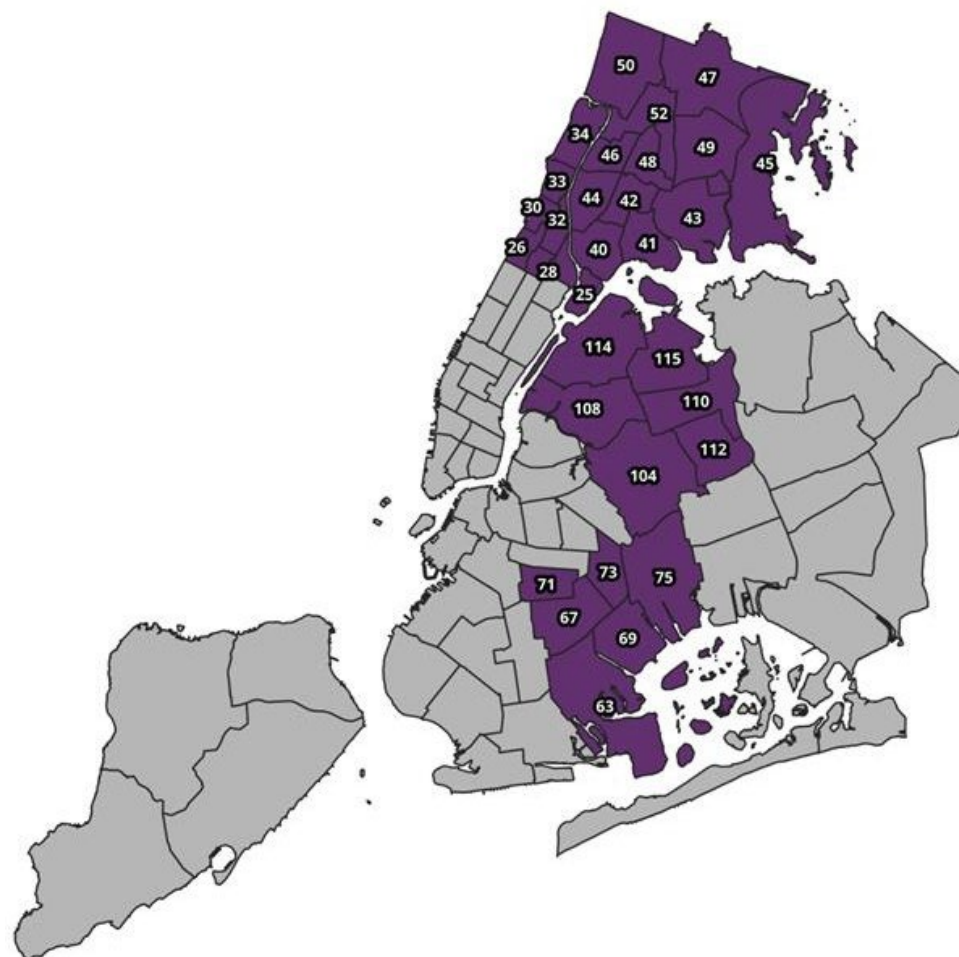
- B-HEARD (Behavioral Health Emergency Assistance Response Division) is a NYC pilot program launched in 2021 that sends mental health professionals and EMTs, rather than police, to respond to non-violent mental health 911 calls. The program aims to de-escalate crises and connect individuals to care.
- The program has expanded six times since then and appears to be based on **geographic proximity** rather than purely based on need.
- 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.

# Call Volume by Time of Day



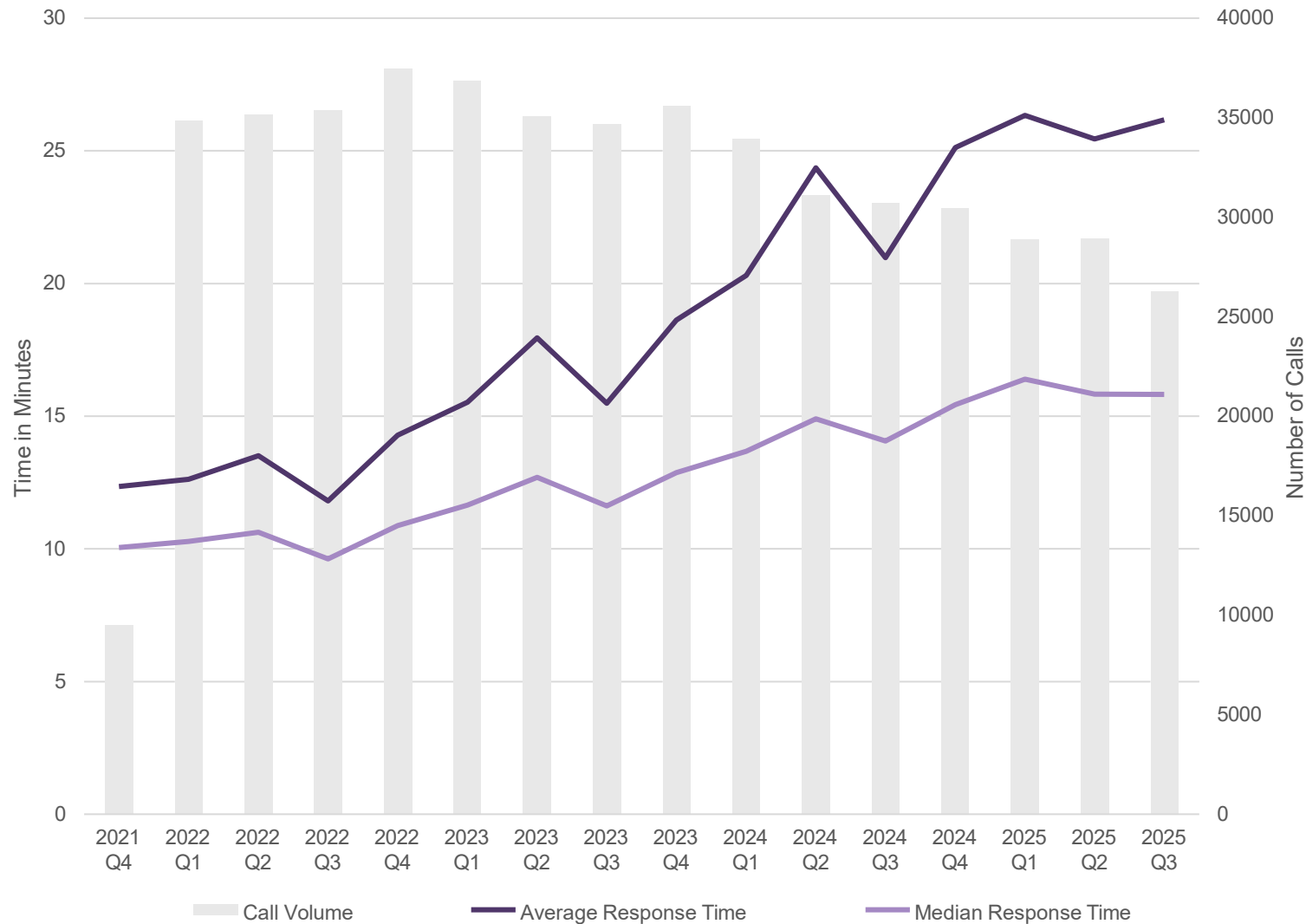
- The majority of mental health calls fall within the program's hours of operation.
- Both within and outside the pilot area, 17% of mental health calls fall outside the program's hours of operation.

# What areas are covered?



Pilot Area as of October 2023 Expansion

# Citywide Response Times

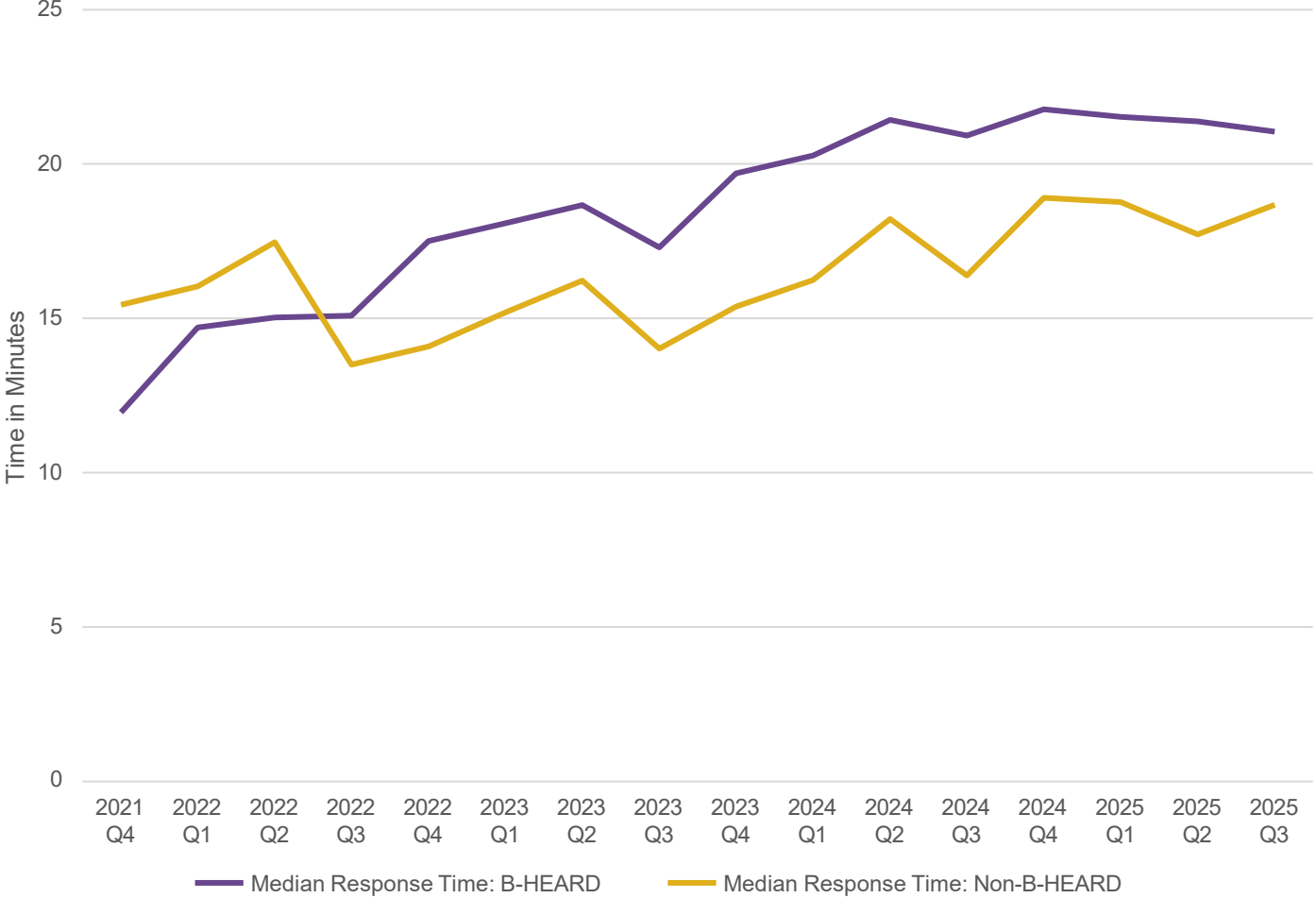


- When looking at both the average and the median response times, response times have slowed from the beginning of the pilot to present (March 2025)
  - Average at start: 12.4 minutes
  - Average at end: 26.2 minutes
  - Median at start: 10.2 minutes
  - Median at end: 15.8 minutes

# Pilot Area Summary

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	1,404	311 (22%)	369 (119%)	348 (94%)	21 (6%)
2022	Q2	1,676	434 (26%)	357 (82%)	334 (94%)	23 (6%)
2022	Q3	2,210	1,007 (46%)	559 (56%)	484 (87%)	75 (13%)
2022	Q4	4,321	1,558 (36%)	792 (51%)	697 (88%)	95 (12%)
2023	Q1	4,740	1,507 (32%)	722 (48%)	649 (90%)	73 (10%)
2023	Q2	6,910	2,128 (31%)	1,148 (54%)	1,019 (89%)	129 (11%)
2023	Q3	7,719	3,720 (48%)	2,181 (59%)	1,965 (90%)	216 (10%)
2023	Q4	10,505	5,036 (48%)	2,844 (56%)	2,491 (88%)	353 (12%)
2024	Q1	9,504	4,778 (50%)	2,658 (56%)	2,363 (89%)	295 (11%)
2024	Q2	9,109	4,234 (46%)	2,933 (69%)	2,616 (89%)	317 (11%)
2024	Q3	8,945	4,014 (45%)	2,492 (62%)	2,158 (87%)	334 (13%)
2024	Q4	8,710	3,794 (44%)	2,405 (63%)	2,114 (88%)	291 (12%)
2025	Q1	8,163	3,427 (42%)	1,445 (42%)	1,364 (94%)	81 (6%)
2025	Q2	8,295	3,513 (42%)	1,291 (37%)	1,186 (92%)	105 (8%)
2025	Q3	7,614	3,154 (41%)	1,152 (37%)	1,047 (91%)	105 (9%)

# Pilot Area Response Times

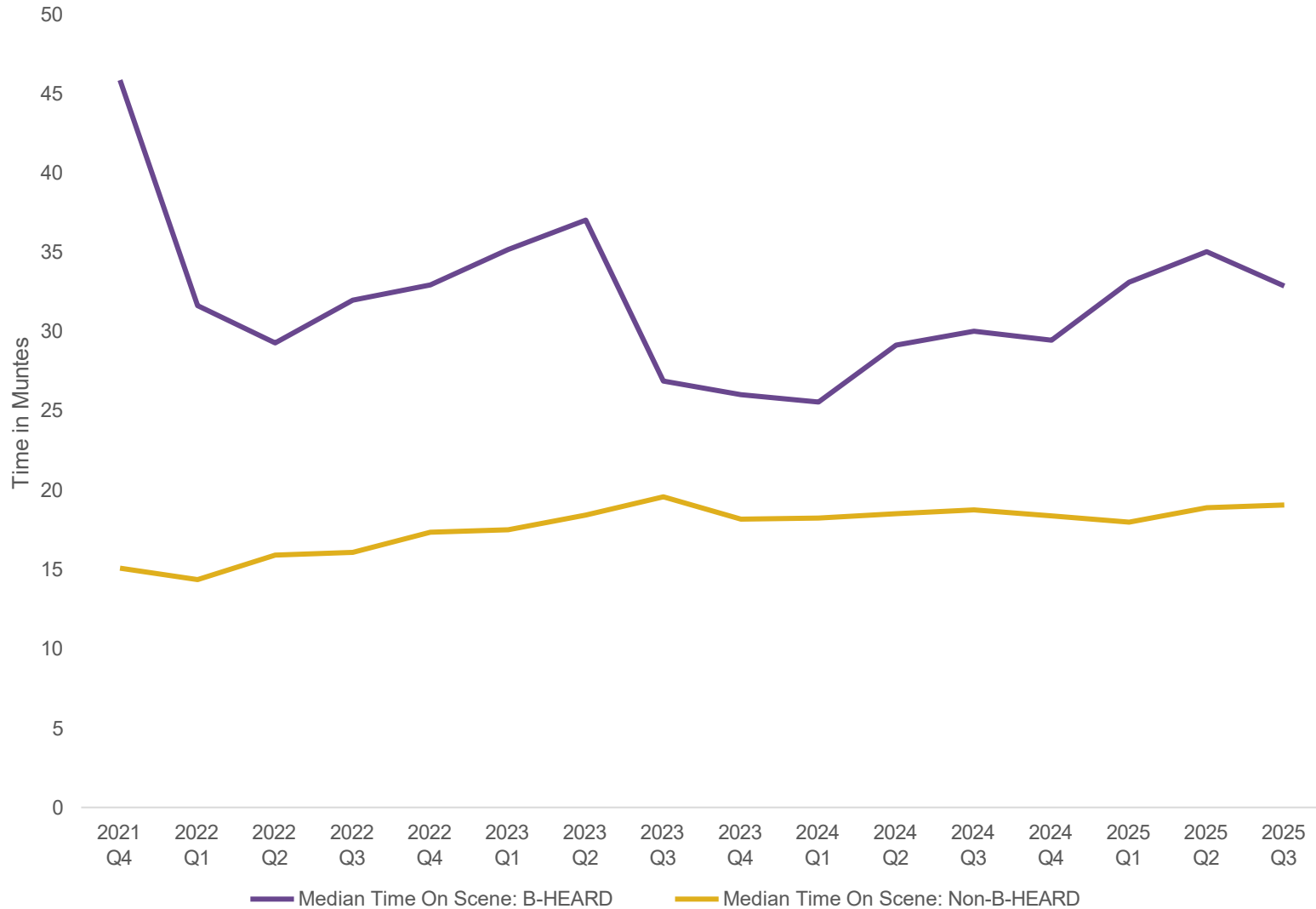


## Response times are consistently slower for the calls receiving a B-HEARD response.

- 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

### Most recent data (Q3 FY25):

- B-HEARD response time: 21.7 minutes
- Non-B-HEARD response time: 18.7 minutes



## TIME SPENT ON SCENE:

**Time on scene is the average time spent on scene by all units responding to the call. Longer time spent on scene and interfacing with the patient could be indicative of those calls receiving more tailored and appropriate care**

### Most recent data (Q3 FY25):

- For calls receiving a non-B-HEARD response: 19 minutes
- For calls receiving a B-HEARD response: 32.9 minutes

# Call Rates by Precinct

- Call rates used as a means of more equal comparison across precincts (varying population sizes in different areas)
- The top 10 precincts (ranked by highest call rates) consistently include some B-HEARD precincts
- However, some non-B-HEARD precincts are consistently in the top 10 (midtown south, Chinatown, the Bowery, etc.)

\*Rows highlighted purple are precincts where B-HEARD was operational at the time (Q1 FY25)

Precinct	Area(s) Encompassed	Call Count	Population	Call Rate Per 10,000
14	Midtown South	711	28,050	253
5	Chinatown, Little Italy, the Bowery	467	50,598	92
25	East Harlem (northern portion)	432	50,996	85
84	Brooklyn Heights, Boerum Hill, Vinegar Hill	552	65,597	84
42	Morrisania, Claremont, Crotona Park East, Crotona Park	741	93,755	79
28	Central Harlem	361	49,200	73
73	Brownsville, Ocean Hill	703	98,506	71
18	Midtown North	418	67,528	62
13	The Peter Cooper Village/Stuyvesant Town residential complex, Gramercy Park, Rosehill (lower portion), Madison Square Park, Union Square Park	608	100,050	61
40	Port Morris, Mott Haven, Melrose	602	100,929	60