CCIT-NYC & B-HEARD Presentation

April 14, 2026

For Queens CB2

What is CCIT-NYC?

Correct Crisis Intervention Today - NYC (CCIT-NYC) is a coalition of peers (individuals with lived mental health experience), nonprofits, and community members working to transform how New York City responds to mental health crisis calls.

Since forming in 2012, we have advocated for person-centered and health-focused responses to mental health crises.

Our #PeersNotPolice campaign seeks to create a true non-police, mental health crisis response system that utilizes peers – similar to the CAHOOTS (Oregon), STAR (Colorado), and Gerstein Centre (Toronto, Canada) systems.

The CCIT-NYC Proposal

Teams would consist of one peer trained as a crisis counselor and one emergency medical technician (EMT) and would operate citywide, 24/7.

- Having a peer on the team is essential, as a person with lived experience, a person who has "been there," can best relate to the fear of an individual experiencing a mental health crisis.

Our vision utilizes 988 – rather than the police-run 911 – as the primary contact method for dispatching responders.

- There would be interoperability between all three digit numbers; 911, 988, and 311 and the crisis response teams dispatched via 988 would be able to request police assistance when needed.

The coordinated crisis response system would include prevention, alternatives to hospitals, and robust follow-up from local service providers to avoid future crises.

The Current Landscape

The Behavioral Health Emergency Assistance Response Division or B-HEARD is New York City's attempt at a non-police mental health crisis response system. Teams consists of EMTs/paramedics and a licensed social worker.

- They operate 7 days a week, 16 hours a day (9AM-1AM) in select geographic areas, with 9 teams working 9AM - 5PM and another 9 teams working 5PM - 1AM.

The original overall goals of B-HEARD are;

- 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 transports to hospitals
- Reduce unnecessary use of police resources.

It is a collaborative program run by the New York City Mayor's Office of Community Mental Health, the FDNY, the NYPD, and the Department of Health (including Health & Hospitals).

- On Former Mayor Adams way out he made it, so Health + Hospitals has primary control over B-HEARD functions. FDNY EMTs previously assigned to B-HEARD are now being reassigned to other emergency response units as part of city's efforts to improve ambulance response times

B-HEARD FAQ

What do B-HEARD responses entail?

B-HEARD Teams conduct physical and mental 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 the person requires emergency medical services, the Teams provide emergency medical care and call EMS for an ambulance transport.

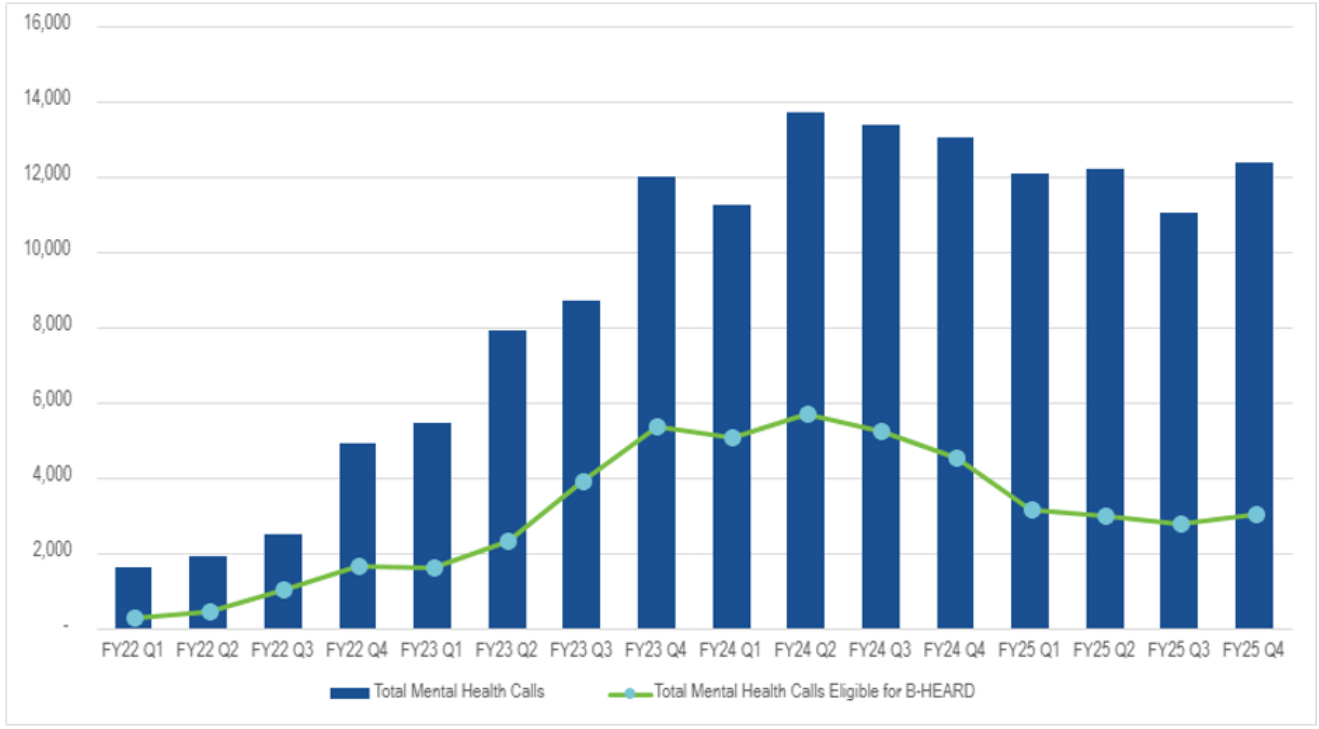
How are B-HEARD teams dispatched?

Callers cannot specifically request a B-HEARD Team. Based on a description of the circumstances and need, 911 operators and EMS are trained to triage and use an algorithm to assign calls to B-HEARD Teams based on the call location, dispatch criteria and availability of B-HEARD Teams.

- At the 9/23/24 oversight hearing the administration representative explained they assess whether there is violence, weapons, or suicidal behavior involved, and if none of these conditions are present, the call is typically routed to B-HEARD.

B-HEARD Data & Reports

Total 911 Mental Health Calls in the Pilot Area During Pilot Hours



B-HEARD Has a Data Problem

The City of New York shares infrequent and incomplete updates about the status of B-HEARD data and updates. This lack of transparency makes it difficult to meaningfully understand program operations. The City must produce data briefs on the status and outcomes of B-HEARD with set variables and intervals that cannot be changed between mayoral administrations.

Examples of key variables include:

- Average response times
- Total number of mental health calls in pilot area
- Number of mental health calls eligible for B-HEARD response number of calls that receive a B-HEARD response
- Number of calls where B-HEARD made patient contact
- Number of calls that received a mental health assessment
- Outcome of interaction (transport to hospital, connected to community care, transport to crisis stabilization centers, etc.)

B-HEARD Audit via the NYC Comptroller

According to OCMH, the program received a total of 96,291 mental health calls within the pilot areas and the program's hours of operation between Fiscal Years 2022 and 2024.

- Of these, over 60% were considered "ineligible" for a B-HEARD response by OCMH. However, this number includes not only calls that were assessed and determined ineligible, but all calls that could not be triaged for some reason, which included cases when an FDNY EMS operator was not available to take the call.

Over 14,000 calls determined to be eligible for a B-HEARD team did not receive one because the calls were received during the overnight hours, when the pilot does not operate.

13,042 (35%) calls determined to be eligible for B-HEARD did not receive program services. (OCMH does not track service connection)

B-HEARD Report via the Independent Budget Office (IBO) Key Takeaways

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 (9 during each shift) of B-HEARD response teams.

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.

The results of IBO's analyses indicate that response times are slowing as the number of PIC calls decreases, not just for calls eligible for and receiving a B-HEARD response, but for all PIC calls (and even non-PIC calls) citywide overall.

B-HEARD Report via the Independent Budget Office (IBO)

Figure 10 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.

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

Creating a Better B-HEARD

What Needs to Change?

Despite New York City's investment in B-HEARD, too many New Yorkers are still receiving a police response when they are experiencing a mental health crisis.

There are simple changes that would make B-HEARD a more effective and compassionate intervention:

- **Mandate that peers be added to B-HEARD** teams and be made a part of all aspects of planning, training, implementation, and oversight.

- **Expand the number of B-HEARD teams to match the call volume**. There are currently 18 B-HEARD teams, and New York City Health + Hospitals (H+H) employs 38 social workers to staff them. This ratio of teams to call volume is mismatched as the City's own data show that the need for teams to respond to calls always surpasses the number of teams available. This means that not all eligible calls will be responded to with B-HEARD. The number of teams therefore must be increased.

- **Expand the number of B-HEARD teams to ensure citywide and 24/7 coverage.**

- **Establish 988 as the number to be dialed for mental health and substance use crises**, in lieu of 911, while ensuring interoperability among 988, 911, and 311.