RESEARCH NOTE
What 911 Data Says About Community Needs in New York City

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In communities across the country, 911 calls for service provide direct insights into the safety and emergency responses needed by community members every day. Although statistics on reported crime and arrests are conventional measures of community safety needs, 911 call data offers a more comprehensive vantage point, providing valuable information on the types of requests community members make and the types of service providers assigned to respond to them. In New York City, people are encouraged to call 911 to report an emergency situation or condition that might cause danger to life or personal property and to call 311 for other non-emergency requests for city services.[1]

Understanding calls for service is essential for designing effective first response strategies. In many places, police are the default responder for the broad range of 911 calls received, meaning officers are oftentimes asked to respond to situations outside of their areas of training and expertise. To address this issue, local governments in a growing number of jurisdictions have invested in alternative first response services, which serve as another branch of emergency response alongside police, fire, and emergency medical services. Alternative first response sends trained civilian professionals to respond to 911 calls involving behavioral health crises and other social concerns.[2] Doing so can allow police officers to focus their efforts and resources on the types of calls where they are most needed. It can also ensure people with acute mental health and social needs are responded to with support and solutions, rather than arrest.[3] Researchers from the Vera Institute of Justice (Vera) set out to understand the types of 911 calls officers from the New York City Police Department (NYPD) are assigned to respond to and how many of these calls may be appropriate for alternative responses rather than traditional police involvement.[4]

Vera researchers analyzed publicly available NYPD 911 call data from the most recent twelve months of data available—January to December 2025. The data suggests that, during 2025, more than one million calls assigned to NYPD involved a range of social and health-related issues, from reports of verbal conflict to mental health crises—comprising more than a quarter of all calls assigned to them. Vera's findings illustrate the opportunity to expand alternative first response in New York City in ways that build on existing infrastructure and align with evidence on effective crisis response.[5] This report closes with several recommendations based on Vera's analysis, including how the city can pursue two important goals: (1) to improve 911 public data reporting to make it easier to identify community needs, and (2) to use data to develop a more comprehensive approach to 911 calls.

Understanding NYC's 911 Call Data

In New York City, NYPD call-takers answer and process all incoming 911 calls. The call-takers collect information from callers and then dial in and share key information with dispatch staff, who send the relevant emergency response.[6] Calls that require an on-scene response may be assigned to NYPD or the New York City Fire Department (FDNY)—including its division of Emergency Medical Services (EMS)—or a combination of these responders. In 2025, NYPD responded to 52 percent of 911 calls that received an emergency response.[7]

New York City's publicly available 911 data does not fully reflect the complexity of the call intake and dispatch process. Tracking which agencies respond to a specific call and the outcomes of that call requires information from multiple emergency response agencies and divisions. And although the city has a robust Open Data portal, it does not include a dataset that provides a comprehensive accounting of all calls the 911 call center receives.[8]

However, the Open Data portal includes a dataset ("NYPD Calls for Service") that captures all 911 calls that a dispatcher assigns to NYPD for response.[9] Analyzing this subset of 911 calls excludes calls dispatchers assign solely to FDNY or EMS or that can be resolved without dispatching an emergency responder.[10] The subset of calls assigned to NYPD *does* include calls that receive a co-response from NYPD and one of these other agencies.

The "NYPD Calls for Service" dataset includes all records in the NYPD Intergraph Computer Aided Dispatch (ICAD) data system. It is important to note that the ICAD captures data from two distinct sources: (1) calls to 911 from the community that were assigned to NYPD, and (2) all internal NYPD communications between officers and dispatch staff. However, the city's publicly available 911 data does not clearly identify which records comes from which source. Therefore, Vera researchers developed a classification strategy to distinguish between the two within the data (see Appendix A for a detailed methodology). Using this strategy, Vera identified 54 percent of ICAD records as community-initiated 911 calls and 46 percent as NYPD-initiated.[11]

This analysis focuses on the subset of data Vera identified as community-initiated 911 calls for service that were assigned to receive an NYPD response (3,692,681 records).

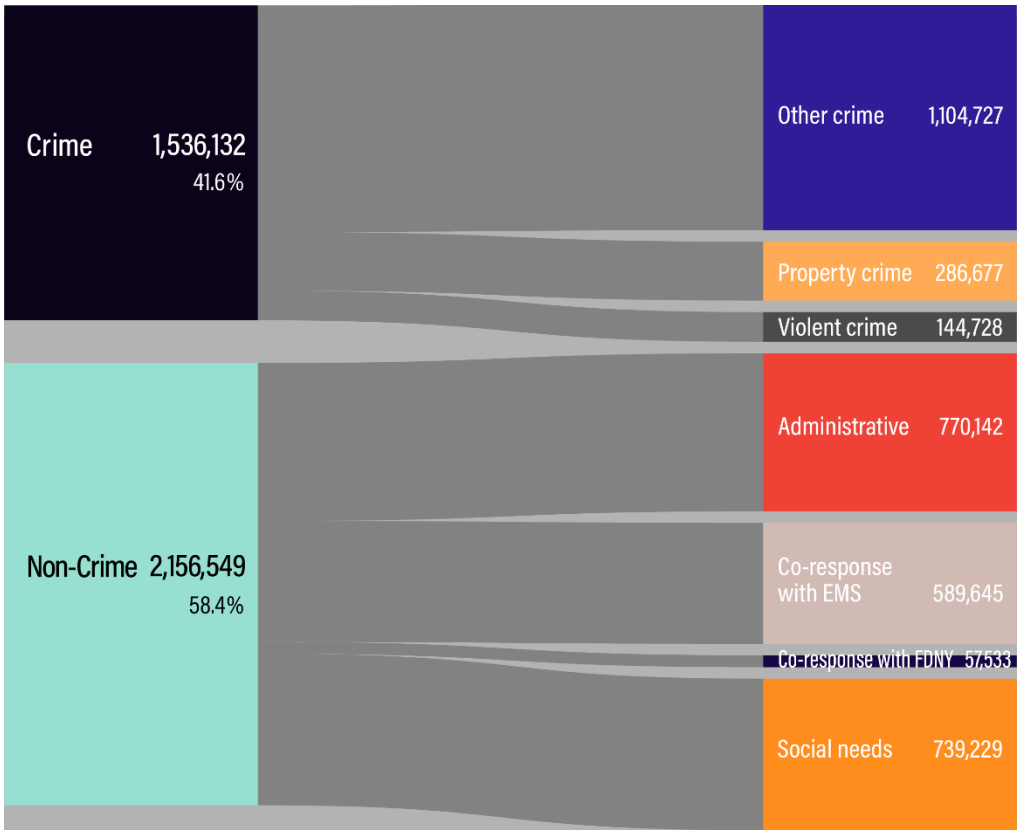
The ICAD data also includes information on the call "type" (for example, "assault" or "disorderly person"), selected by call dispatchers based on information they gather from the caller. There were 457 unique call types recorded in New York City's 911 data in 2025. To make this complex data more interpretable, Vera researchers developed a classification scheme to group call types into categories (see Appendix A). Presenting the data in these categories allows Vera to identify and describe the types of call that might have benefited from a different type of response than the police.

NYPD is assigned to respond to a wide range of calls, many of which are not identified as being related to crime

In 2025, 911 call-takers assigned almost 3.7 million calls to receive an NYPD response (figure 1).[12] The call dispatchers identified nearly 42 percent of these calls as relating to crime. The vast majority of these crime-related calls (91 percent) did not involve violent crimes.

Figure 1

Categories of 911 calls assigned to NYPD (3,692,681 total calls)



Source data: NYC Open Data, NYPD Calls for Service

More than 70 percent of calls recorded as involving crime that were assigned to receive an NYPD response were nonviolent, non-property-related "other crimes" (for example, reporting a suspicious person or vehicle). Nearly 19 percent of crime calls involved property crimes such as robbery, burglary, or larceny. Calls related to violent crime made up 9 percent of crime-related calls (and 4 percent of all calls). The majority of these violent-crime calls (about two-thirds) were recorded as assaults without a weapon (figure 2).

Not all calls involving crime reported an active crime in progress. Vera's analysis found that slightly more than a quarter (28 percent) of crime-related calls reported a crime in progress. Most of these calls were regarding larceny, harassment, and assault without a weapon or firearm.

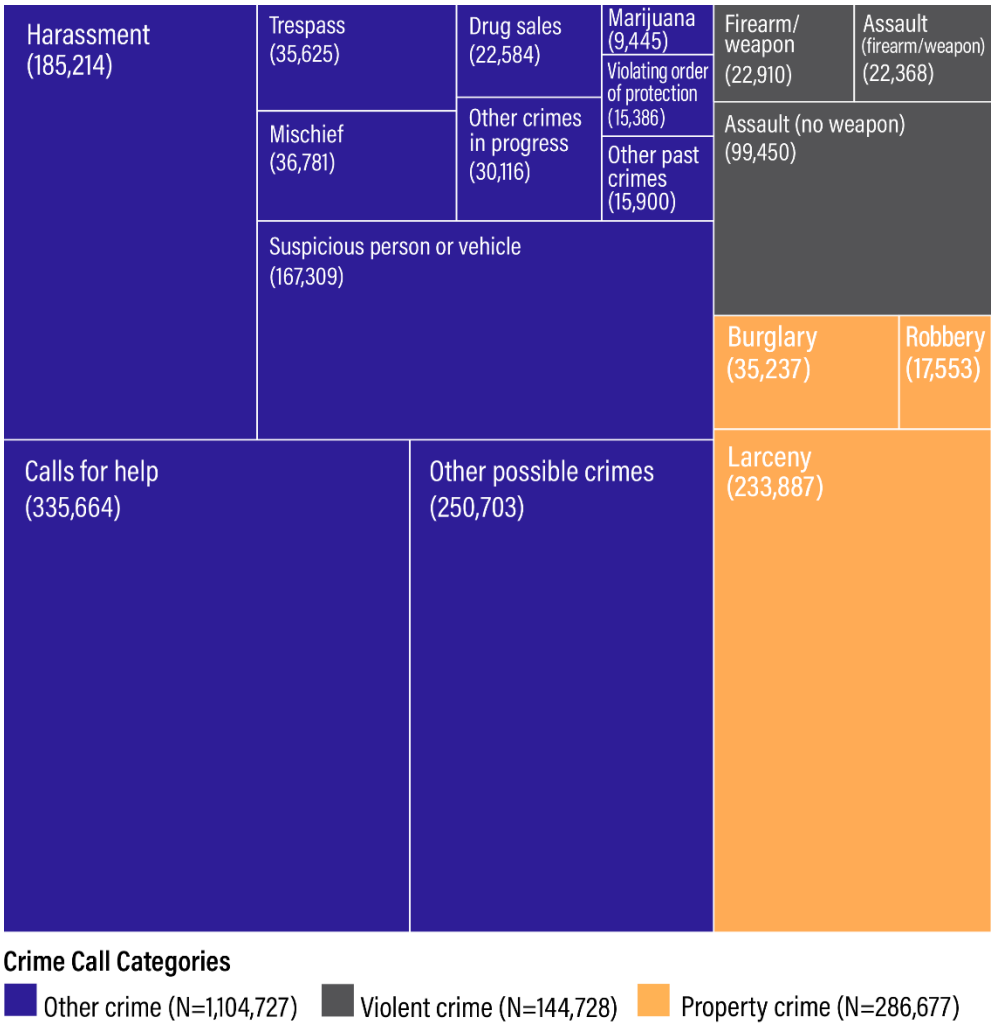
96 percent of 911 calls assigned to NYPD did not involve violent crime.

Call-takers recorded more than **53 percent of crime-related calls as involving "possible" crimes**, rather than as being an "active crime in progress." They generally record calls as "investigate/possible crime" when the caller does not provide sufficient information to assess if a crime may be in progress. These include, for example, calls to report a suspicious person, to report the observation of a weapon not associated with a crime in progress, possible drug activity, or an unspecified call for help.[13]

About **19 percent of crime-related calls were recorded by call takers as "past" crimes.** Call-takers recorded calls as relating to "past crimes" to indicate a caller was reporting an incident after the crime had occurred. Almost two-thirds of calls about past crimes reported property crime, mostly larceny incidents. Response needs for past crime calls typically involve documentation, investigation, or connection to services. Emergency response to prevent imminent harm or detain a suspect is not best suited for these needs.[14]

Figure 2

Crime-related call types (1,536,132 calls)



Data source: NYC Open Data, NYPD Calls for Service

As noted, 58 percent of the 911 calls assigned for an NYPD response did not involve a crime. Analysis of these calls reveals that NYPD is assigned to many calls requiring specific administrative or directed actions—including administrative handling of vehicle accidents as well as a broad range of calls relating to social, medical, and behavioral health needs that may not require law enforcement action (see figure 3).

- **Administrative or directed action:** About **21 percent of all 911 calls (770,142 out of 3,692,681 total calls)** assigned to the NYPD were for administrative or directed action that was not clearly related to crime. These included calls to handle administration of vehicle accidents (5 percent of all

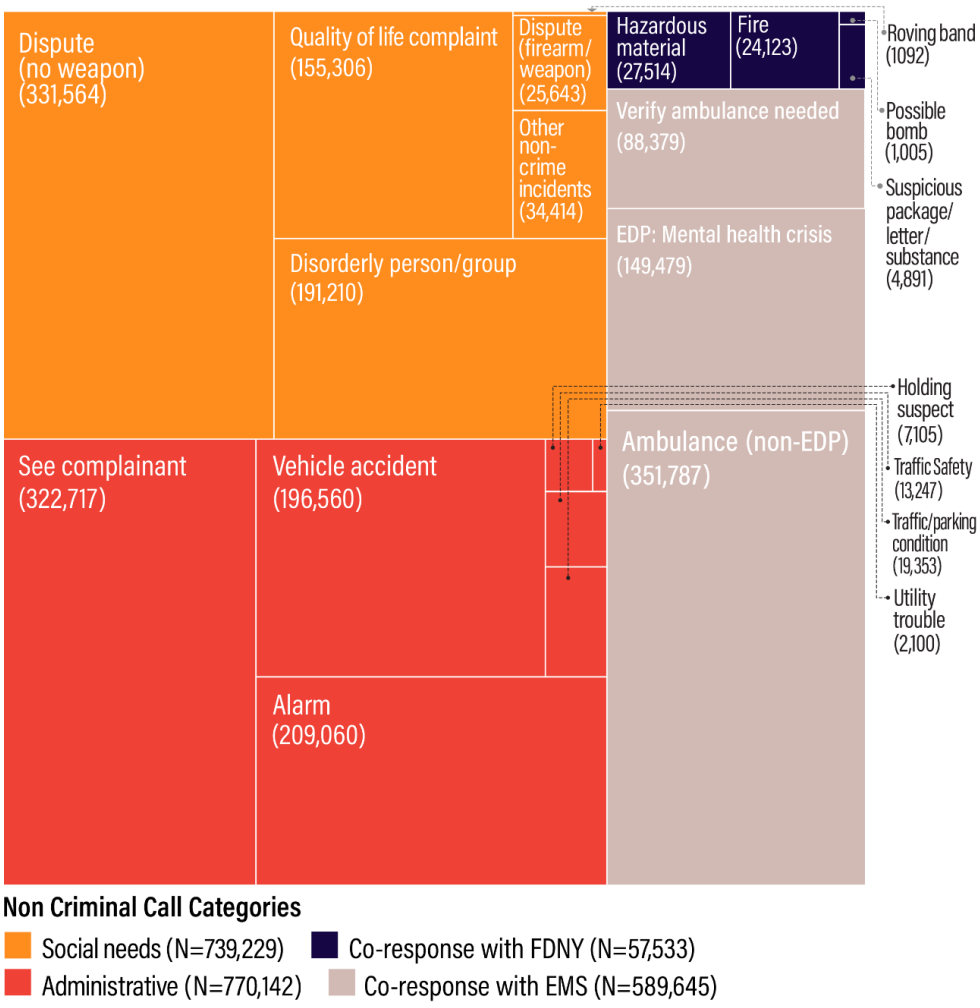
calls) or to respond to automated alarm calls (6 percent of all calls). This category also includes calls recorded as "see complainant," which indicates the dispatcher assigned an officer to collect more information from a caller.

- **NYPD co-response with EMS or FDNY:** In about **18 percent of all calls (647,178 out of 3,692,681 total calls)** assigned to NYPD, officers co-responded to medical assistance calls alongside EMS (16 percent of all calls) or FDNY (2 percent of all calls). This included almost 150,000 calls where NYPD was assigned to co-respond with EMS to a person who was in mental health crisis.

- **Social needs:** About **20 percent of all calls (739,229 out of 3,692,681 total calls)** assigned to NYPD were reporting incidents that reflected social issues and were likely not related to violations of the law. Most of those calls reported disputes between people or a disorderly person or group. Beginning July 1, 2025, the New York City 911 data included a new call-type label to identify "quality of life" calls. There were a total of 155,306 quality of life–related calls reported in the first six months of its use. While the call description is not elaborated upon in the 911 data, NYPD often characterizes calls related to noise, illegal vending, e-bikes, and abandoned vehicles as quality of life–related issues.[15]

Figure 3

Non-crime call types (2,156,549 calls)



Data source: NYC Open Data, NYPD Calls for Service

More than one million 911 calls annually may be appropriate for alternative response

In light of the breadth of call types assigned to the NYPD, Vera researchers created categories to identify call types that may benefit from a different kind of emergency response. Across the country, local governments have been investing in alternative first response services, which dispatch trained civilian professionals to respond to 911 calls involving behavioral health crises and other health and social concerns. More than 100 alternative first response teams are now operating nationwide.[16] Research shows that trained civilian teams can effectively and safely serve as first responders to many 911 calls, freeing up police to focus on the public safety concerns that require law enforcement.[17]

In 2025, NYPD was assigned to about 150,000 calls that involved a person experiencing a mental health crisis.

Informed by national research and practice, Vera sorted New York City 911 calls into four alternative response–type categories:[18]

- **Mental health crisis: 150,000 calls.** More than fifty jurisdictions across the country have alternative responder teams that are dispatched through 911 to respond to people experiencing a mental health crisis.[19] These trained responders are skilled at intervening in substance use and mental health crises alike, and can make connections to services, de-escalate a crisis, and reduce the likelihood of arrest or involuntary hospitalization.[20] In many jurisdictions, these teams respond to call types involving suicide attempts or self-harm. New York City 911 data does not include sufficient information to identify all calls that involve a mental health crisis. Vera therefore can solely report on the subset of calls identified in the data as relating to an "emotionally disturbed person," which are nonviolent calls involving people experiencing emotional crisis. As already noted, NYPD officers were assigned to respond to about 150,000 such calls in 2025 (figure 4).[21]

- **Conflict resolution: 510,000 calls**. A small but growing number of jurisdictions have implemented alternative response teams for conflict resolution.[22] These trained responders can mediate or de-escalate conflicts between people. In New York City, more than 510,000 calls assigned to the NYPD during 2025 involved harassment, verbal conflicts, or disputes between two or more parties—many of which may be better addressed through civilian mediation or de-escalation-focused responses.

- **Disturbance or unwanted person: 431,000 calls.** During the 2025, approximately 431,000 calls assigned to the NYPD involved "suspicious or disorderly" individual people or groups. Alternative response programs in other jurisdictions have found that many of these calls involve a person with underlying needs for behavioral or medical health care, food assistance, or other social supports.[23] Trained civilian responders can use de-escalation strategies and help connect people to services.

- **Neighborhood conditions: 164,000 calls.** Across the country, many alternative response teams target a range of issues and needs that impact the physical conditions of neighborhoods and the quality of life of the people living there.[24] As noted, approximately 155,000 calls assigned to the NYPD were recorded as "quality-of-life complaint" in the last six months of 2025.[25] The NYPD Quality of Life teams focus on issues such as noise, illegal parking, and abandoned vehicles.[26] Vera included the roughly 9,400 calls involving cannabis in this neighborhood conditions category. Given cannabis

use is legal for adults in New York State, many of these calls likely involve concerns about how cannabis use is impacting public space.

Vera's analysis suggests a clear opportunity to expand the response options available as part of the city's emergency response system.[27] More than one million calls described in this section are currently assigned for NYPD response, but many could be more effectively addressed by dispatching unarmed trained professionals, rather than NYPD. In particular, clinicians, peer support specialists, outreach workers, and other civilian professionals may be better positioned to identify underlying issues, understand community members' needs, and connect people to relevant resources.[28]

Conclusions and Recommendations

This analysis offers insight into the range of 911 calls assigned to receive an NYPD response in 2025. Ninety-six percent of these calls did not involve violent crime, and many involved administrative or directed action (21 percent) or a social need (20 percent) that may not have required emergency police response. Vera categorized call types in the data that are associated with alternative response services in other jurisdictions. This analysis suggests there were more than a million calls (34 percent of community-initiated 911 calls assigned to the NYPD) that reflect various social and behavioral health needs that may be appropriate for alternative responses.

This report draws on data and evidence from the field to identify opportunities to expand emergency response options in New York City—allowing the police to focus their resources on critical and urgent incidents that require a law enforcement response. Data-informed strategy can enhance efficacy and serve as the foundation for community and stakeholder engagement in policy design and implementation. Based on this research, Vera presents the following recommendations:

1. City leadership should create data-informed plans to expand alternative response through collaboration with impacted community members and other system stakeholders.

- **Explore opportunities to expand 911 alternative response in New York City.** In 2025, NYPD responded to more than a million calls related to mental health crisis, conflict resolution, disturbances, unwanted persons, or neighborhood conditions. Research shows that the vast majority of these calls would be better served by alternative responders trained in mental and behavioral health, de-escalation, and mediation.[29] Expanding alternative response options will require reevaluating 911 protocols (for example, B-HEARD eligibility criteria) to determine all call scenarios suitable for alternative response. The city will also need to identify and invest in the agencies and community-based organizations best suited to serve as alternative responders and create a plan to integrate these providers into the 911 system.[30]
- **Engage call-takers, dispatchers, alternative responders, and New Yorkers with lived experience of the 911 system in the development and oversight of the city's crisis response strategy**. It is essential that efforts to expand alternative response reflect the needs and expertise of frontline staff and community members with experience interfacing with law enforcement or behavioral health service providers. This work should build on the knowledge sharing and advocacy that these stakeholders are already engaged in.[31]

2. City leadership should work with relevant agencies to improve the completeness and utility of publicly available 911 data.

- **Improve transparency by creating a comprehensive public database of all 911 calls in New York City.** The NYPD provides a dataset of calls that receive a police response, but this excludes calls that receive a non-police response (for example, FDNY, EMS, and B-HEARD) and lacks information about

the final disposition of calls.[32] Additionally, the Mayor's Office of Operations publishes average 911 response times aggregated by incident type (for example, "past crime," "structural fire"), but this source does not provide information at the individual-call level. Policymakers and the public alike need a single, searchable, public database of all 911 calls in New York City. To be useful, this database must also include call-level data including, but not limited to, date, time, incident location at the midblock level, call type, call source, priority level, responding agencies, response time, on-site services provided, and call outcome (for example, arrest, hospital transport, or service referral).[33] The database should continue to incorporate officer-initiated calls to the dispatch center, as this data opens up important research possibilities relating to NYPD dispatch and outcomes, but these communications must be clearly flagged in the data as originating from officers, not the public.

- **Regularly publish 911 call analyses that evaluate call-taking and response using a range of metrics beyond response times.** The city should use data to proactively and regularly evaluate the 911 system. This analysis should include average response times—a critical measure for ensuring New Yorkers experiencing life-threatening emergencies receive a rapid response. It should also include additional measures that are equally important for evaluating 911 performance: responding agencies and call outcomes.[34] Call outcomes should provide insight into whether and how the responding agencies met community members' needs, including if calls were resolved on site, if they included referrals to resources and services, if they involved transportation to a hospital, or if they resulted in some type of enforcement action, such as citation or arrest.[35]
- **Update 911 call codes to better reflect callers' needs and identify calls suitable for alternative response.** The call codes listed in NYPD's publicly available data do not adequately reflect the range of social and health-related issues to which officers are routinely dispatched. For example, the NYPD 911 data includes only one mental health–related code—"emotionally disturbed person" (EDP). Other jurisdictions use more granular descriptions of call types, including indication of mental illness, psychosis, urgent need for substance use treatment, or thoughts or threats of suicide. Similarly, the NYPD call type "quality of life complaint" is not further defined, and likely groups together a wide range of unrelated calls, from double-parked cars to public drug use. Having more detailed records of call types can enhance stakeholders' ability to see the full scope of callers' needs and identify all call scenarios suitable for alternative response.

Appendix A. Methodology

Data

Vera combined two NYPD Calls for Service datasets ("Year to Date" and "Historic")—from NYC Open Data—to analyze the most recent 12 months of records available in the NYPD 911 system. The final analytic data set covers 911 calls for service from January 1, 2025, to December 31, 2025.[36]

Identifying community-initiated 911 calls

The Calls for Service Data documents entries into the NYPD 911 system, the Intergraph Computer Aided Dispatch (ICAD). The dataset includes records of 911 calls made by members of the community as well as communications between NYPD officers and dispatchers. In this analysis, Vera assumed that each ICAD event ID number represented a single call and removed duplicate ICAD IDs (358,802 cases). As Vera's analysis focused on calls initiated by the community, the researchers identified records they believed to be officer-initiated and removed them from the study. Vera labeled a call as officer-initiated and removed it from the study sample if the call type description included any of the following law enforcement administrative actions or directed activities: "house of worship" visit, "assisting police," "station/transit inspection," "transit patrol," "train order maintenance sweep," "youth home visit," and "visibility patrol."[37] Vera also coded records as officer-initiated when the arrival, dispatch, and call closed timestamps were identical. In these ways, Vera identified 3,165,621 calls (46 percent) in the data as officer-initiated and excluded them.

Categorizing call types

The final analytic dataset included 457 unique call types. Vera aggregated these into seven broad categories based on call characteristics. Vera further grouped these seven categories as either crime or non-crime calls.

1. Crime versus non-crime

In the original dataset, NYPD call dispatchers can label calls as being "crimes in progress," "investigate/possible crime," or "past crime." Vera classified any call associated with one of these labels as "crime" calls. Forty-two calls involving cannabis did not include these descriptors, but Vera coded these as "crime," consistent with the classification of all other cannabis-related calls (9,403), which were labeled as "investigate/possible crime" by NYPD dispatchers in the original dataset. Vera classified all remaining calls as "non-crime" calls.

2. Broad categories

In a stepwise process, Vera categorized the 457 call types into 39 detailed subcategories and further grouped these into seven broad groups.

Crime calls

- **Violent crime:** Violent crime calls include assaults with or without weapons and possible crimes with firearms or other weapons.
- **Property crime:** Vera coded any crime calls that included the text "burglary," "larceny," or "robbery" as "property crime."

- **Other crime:** Vera coded all other crime calls that did not fall into either the violent or property crime groups as "other crime."

    - "Other crime" included the following subcategories: calls for help, drug sales, harassment, marijuana, mischief, suspicious person or vehicle, trespass, violating order of protection, other crimes in progress, other past crimes, and other possible crimes.

Non-crime calls

- **Administrative or directed action:** Vera categorized all non-crime calls indicating alarms (including panic alarm), vehicle accidents, traffic incidents including a "parking condition," or utility-related issues as requiring administrative or directed action. Vera also included in this category any calls labeled "see complainant" by the NYPD call-taker that did not have a specific incident description. In addition, Vera included calls requesting verification of whether an ambulance was needed as administrative or directed actions.

    - Vera included the following subcategories: alarm, holding suspect, see complainant, traffic safety, traffic/parking condition, utility trouble, and vehicle accidents.

- **Co-response with EMS**: Vera assumed that non-crime calls indicating assistance to an ambulance, including those containing the text "ambulance" or "EMS," required an NYPD co-response with EMS. This category also includes calls containing the text "EDP," which indicates a person is suffering from a mental health crisis.

    - This group included the following subcategories: ambulance; assist ambulance; EDP—mental health crisis; and verify ambulance needed.

- **Co-response with FDNY**: Vera assumed that non-crime calls that included a description involving fires; possible bombs; hazardous materials; or suspicious packages, letters, or substances required a co-response with FDNY.

- **Social needs**: Vera categorized calls as reflecting social needs when they were non-crime calls indicating disputes, disorderly person or groups, quality-of-life complaints, or roving bands, as they do not involve violations of criminal law. The NYPD 911 Calls for Service dataset began reporting a call type labeled "quality of life complaint" on July 1, 2025. About 155,000 quality of life–related calls were reported in the last six months of data. Although the dataset does not provide detailed descriptions of these calls, NYPD often characterizes calls related to noise, illegal vending, e-bikes, and abandoned vehicles as quality of life–related issues in their press release and reports.[38] This category also includes unspecified calls labeled "other non-crime."

    - Vera included the following subcategories in "social needs": disorderly person/group, dispute with firearm or weapons, dispute without weapon, roving band, quality of life complaint, and other non-crime incidents.

Aggregating call types into alternative response categories

Vera also identified a subset of call types recorded that could be better served by receiving an alternative, non-police response. Vera grouped these into four categories of calls.

- **Mental health crisis:** Due to limitations in the available call type descriptions, Vera only included calls recorded as involving an emotionally disturbed person (that is, all call types originally labeled "Ambulance case: EDP") in this category.

- **Conflict resolution**: This category includes disputes between two or more people that were not identified by dispatchers as involving firearms or weapons. This includes all call types labeled in the original dataset as

    - dispute, or
    - other crimes (in progress or past): harassment.

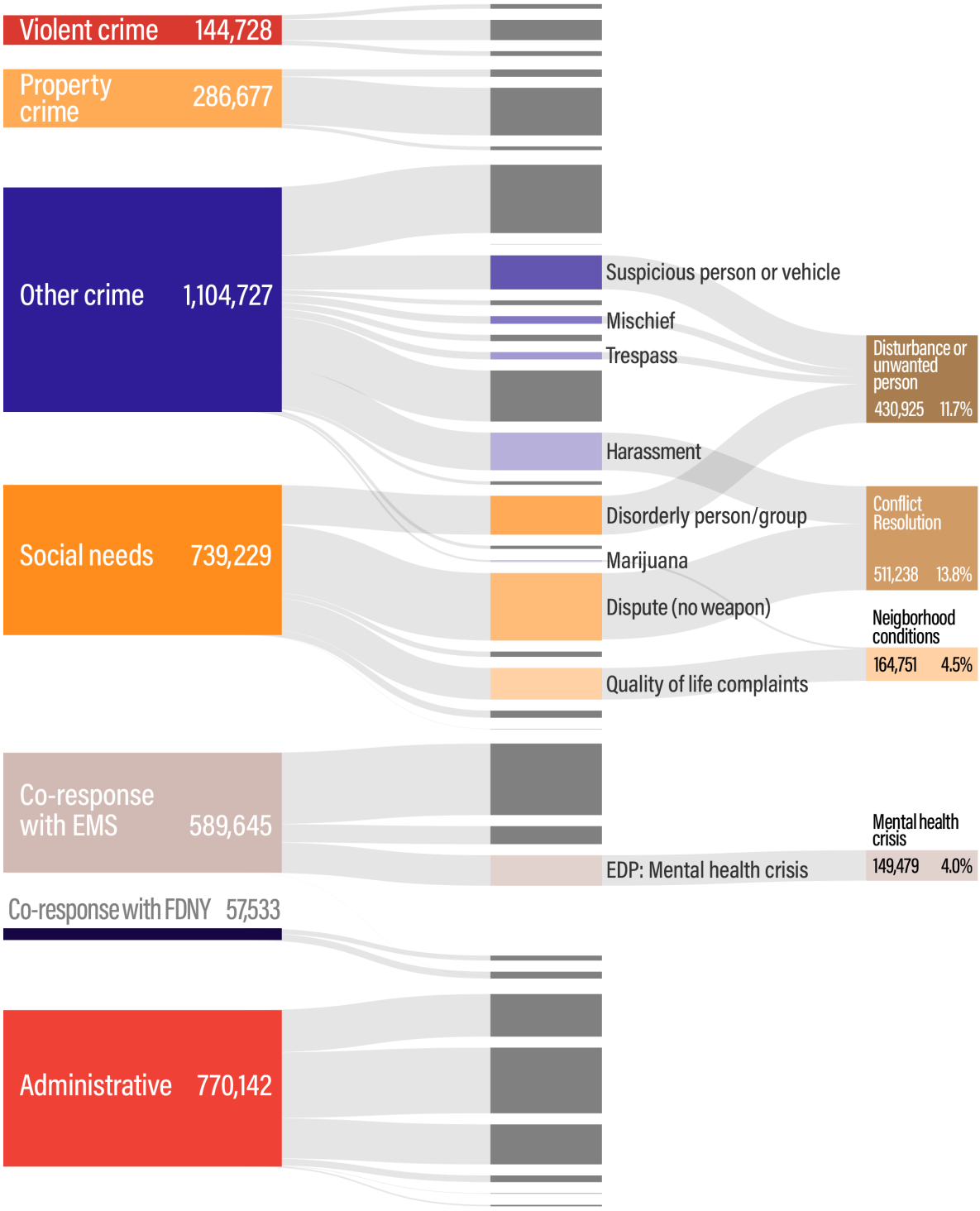
- **Disturbance or unwanted person**: Vera categorized calls involving a suspicious person or vehicle, trespass, disorderly person or group, or mischief in this group. This included all call types labeled in the original dataset as

    - disorderly: group,
    - disorderly: noise,
    - disorderly: person,
    - investigate/possible crime: susp person,
    - investigate/possible crime: susp vehicle,
    - other crimes (in progress or past): criminal mischief, and
    - other crimes (in progress or past): trespass.

- **Neighborhood conditions:** Vera included all call types labeled “marijuana” or “quality of life” in this category.

Figure 4

Potential alternative response call categories



Data source: NYC Open Data, NYPD Calls for Service

The Vera Institute of Justice is powered by hundreds of advocates, researchers, and policy experts working to transform the criminal justice and immigration systems until they're fair for all. Founded in 1961 to advocate for alternatives to money bail in New York City, Vera is now a national organization that partners with impacted communities and government leaders for change. We develop just, antiracist solutions so that money doesn't determine freedom; fewer people are in jails, prisons, and immigration detention; and everyone is treated with dignity. Vera's headquarters is in Brooklyn, New York, with offices in Washington, DC, New Orleans, and Los Angeles. For more information, visit vera.org. For more information about this report, contact Jaeok Kim, Greater Justice New York initiative, at jkim@vera.org.

Endnotes

[1] City of New York, "911 Information," https://portal.311.nyc.gov/article/?kanumber=KA-03309; and City of New York, "About NYC311," https://portal.311.nyc.gov/about-nyc-311. New York City also has a 988 call line for mental health support and a 211 call line for information on available city services.

[2] Christie Thompson, "Sending Unarmed Responders Instead of Police: What We've Learned," The Marshall Project, July 25, 2024, https://perma.cc/A5NH-UG97; see also Barry Friedman, Max Markham, and Scarlet Neath, "A Revolution in Public Safety Is Underway," *The New York Times*, May 30, 2025, https://www.nytimes.com/2025/05/30/opinion/911-public-safety-george-floyd.html; and Law Enforcement Action Partnership, "Nationwide Map of Community Responder Programs," https://lawenforcementactionpartnership.org/community-responder-dashboard.

[3] Matthew Bakko, Leonard Swanson, Catherine Zettner, et al., "A Comparison of Behavioral Health Crisis Response Models in Meeting Behavioral Health Goals and Improving Criminal Legal Diversion," *Community Mental Health Journal* 61 (2025), 1072–1082, https://doi.org/10.1007/s10597-024-01447-4; and Thomas S. Dee and Jaymes Pyne, "A Community Response Approach to Mental Health and Substance Abuse Crises Reduced Crime," *Science Advances* 8, no. 23 (2022), https://www.science.org/doi/full/10.1126/sciadv.abm2106.

[4] See Vera Institute of Justice, "911 Analysis: Our Overreliance on Police by the Numbers," April 2022, https://www.vera.org/publications/911-analysis.

[5] In 2021, New York City launched the Behavioral Health Emergency Assistance Response Division (B-HEARD) pilot program, which dispatches teams of social workers and Emergency Medical Technicians (EMTs) to respond to mental health crisis 911 calls. As of May 2025, B-HEARD operated in 31 of the city's 78 police precincts. See Mayor's Office of Community Mental Health, "Re-imagining New York City's Mental Health Emergency Response," https://perma.cc/NNL3-YHM9. See also Maura Hayes-Chaffe, *Audit of the Behavioral Health Emergency Assistance Response Division's Effectiveness in Responding to Individuals with Mental Health Crises and Meeting Its Goals* (New York: Office of the New York City Comptroller Brad Lander, 2025), https://perma.cc/FB6P-8ZXS. For an evaluation of similar alternative response programs and their impacts, including on positive call outcomes (for example, service connections, de-escalation, and reduced hospitalizations and arrests), see Bakko et al., "A Comparison of Behavioral Health Crisis Response Models," 2025.

[6] For an overview of emergency response intake and dispatch systems, see S. Rebecca Neusteter, Maris Mapolski, Mawia Khogali, and Megan O'Toole, *The 911 Call Processing System: A Review of the Literature as It Relates to Policing* (New York: Vera Institute of Justice, 2019), https://www.vera.org/publications/911-call-processing-system-review-of-policing-literature.

[7] The percentage was calculated by Vera based on the call volume reported from the week of December 20, 2024, to the week of December 29, 2025. NYC 911 Reporting, "End-to-End Detail," database (City of New York, updated February 9, 2026), https://www.nyc.gov/site/911reporting/reports/end-to-end-detail.page.

[8] For the City's Open Data portal, see City of New York, "NYC Open Data," database (New York: City of New York, 2026), https://opendata.cityofnewyork.us. The "911 End-to-End Data" published by the Mayor's Office of Operations and the "End-to-End Detail" report published by NYC 911 Reporting both include information on calls responded to by emergency response agencies (that is, EMS, FDNY, or NYPD). However, this data is aggregated to the final incident type and therefore does not allow for call-level analysis, nor does it capture calls that are resolved without dispatching EMS, FDNY, or NYPD. See Mayor's Office of Operations, "911 End-to-End Data" database (City of New York, updated February 11, 2026), https://data.cityofnewyork.us/Public-Safety/911-End-to-End-Data/t7p9-n9dy/about_data; and NYC 911 Reporting, "End-to-End Detail," 2026.

[9] Based on the analysis conducted as part of this report, Vera found that about 36 percent of calls in 2025 did not have a response time recorded. It is unclear whether the response time is missing due to data entry errors, or if they were resolved without police dispatch. New York Police Department (NYPD), "NYPD Calls for Service" database (City of New York, updated February 9, 2026), https://data.cityofnewyork.us/Public-Safety/NYPD-Calls-for-Service-Year-to-Date-/n2zq-pubd/about_data.

[10] This data therefore excludes records that were assigned to FDNY and dispatched to B-HEARD. The comptroller's audit found that B-HEARD responded to 24,071 calls during the three-year study period of fiscal years 2022–24. See Hayes-Chaffe, *Audit of the Behavioral Health Emergency Assistance Response Division's Effectiveness*, 2025. A report from the New York City Independent Budget Office provides a summary of B-HEARD's catchment areas and indicates that a total of 3,888 calls were assigned for B-HEARD dispatch during the first three quarters of 2025; Cassandra Stuart and Ed Dolan, *From Dispatch to Doorstep: Tracking B-HEARD's Response to Mental Health Crises* (New York: New York City Independent Budget Office, 2026), 12, figure 10, https://perma.cc/CF3W-LKVB.

[11] While not the focus in this analysis, computer-aided dispatch (CAD) records are valuable data for understanding police activity. For one example of how CAD data can be used to understand police activity and time, see Jeff Asher and Ben Horwitz, "How Do the

Police Actually Spend Their Time?," *The New York Times*, updated November 8, 2021, https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html.

[12] The NYPD calls for service data includes officer-initiated records because CAD entries can also be generated by NYPD officers communicating with dispatch. Of the 7 million records in the data, Vera determined that 46 percent of them were officer-initiated calls. Vera made this determination based on the call type and dispatch and response times. See Appendix A for detailed methodology.

[13] Unspecified calls for help may include calls where the caller declines to give specific information or calls that were disconnected before the call taker could collect information.

[14] A small number of jurisdictions use civilian or alternative responders when a 911 call is not an emergency but requires an investigative response such as routine traffic accidents. For a summary of similar reporting and investigation-related calls, see Anna Cook, Jon Lloyd, Fablina Sharara, and Jennifer Key, *Nonpolice Alternative Response Programs Across the United States: A National Portrait* (Los Angeles: Center for Policing Equity, 2025), 14, https://perma.cc/C23L-DBJ5.

[15] For more detail on NYPD classifications of calls it categorizes as quality of life–related, see NYPD Quality of Life Division, *Citywide Quality of Life Stat* (City of New York, updated February 8, 2026), https://perma.cc/HJ2Y-6GR4.

[16] Law Enforcement Action Partnership, "Nationwide Map of Community Responder Programs," https://lawenforcementactionpartnership.org/community-responder-dashboard.

[17] See Rachel Bromberg, "Busting Myths About Safety and Community Responder Teams," Council of State Governments Justice Center, October 7, 2021, https://perma.cc/6K36-FXHJ.

[18] See Cook et al., *Nonpolice Alternative Response Programs*, 2025; Law Enforcement Action Partnership, "Nationwide Map of Community Responder Programs"; and Marianna Yamamoto, Ana Obiora, and Gabriela Solis Torres, *Examining Alternative Response: A Landscape Analysis of Nine Community Responder Teams* (Cambridge, MA: Harvard Kennedy School Government Performance Lab, 2025), https://perma.cc/JL4S-AN3W.

[19] Law Enforcement Action Partnership, "Nationwide Map of Community Responder Programs," (filtered to "911 center led" as dispatch method).

[20] Bakko et al., "A Comparison of Behavioral Health Crisis Response Models," 2025.

[21] New York State legislation signed by Governor Kathy Hochul on September 26, 2025, requires retirement of the term "EDP" by state and city agencies and adoption of the person-first language "person experiencing an emotional crisis" (PEC/PEEC); see Gabriele Holtermann, "New York State Retires 'EDP' Term, Adopts Compassionate Language for People Experiencing a Mental Health Crisis," *Brooklyn Paper*, October 20, 2025, https://perma.cc/ABL6-CTBA.

[22] These include Dayton, Ohio's Mediation Response Unit (MRU), which responds to 911 calls involving neighbor conflicts, noise, and loitering; Harris County, Texas's Holistic Assistance Response Team (HART), which handles calls related to mental health, suspicious persons, and disputes; and Los Angeles's Unarmed Model of Crisis Response (UMCR) teams that respond to mental health crises, welfare checks, and nonviolent conflicts. See City of Dayton, "City of Dayton Mediation Response Unit," 2025, https://dayton-mediation-response-unit-daytonohio.hub.arcgis.com; Harris County Public Health, "Holistic Assistance Response Teams," https://perma.cc/2M94-6FKA; and Penny Lane Centers, "Unarmed Model of Crisis Response (UMCR)," https://perma.cc/P5C7-EXQ7. Across the country, these teams use a combination of trained civilians, social workers, and medical professionals like EMTs or paramedics, and many are exploring ways to incorporate peer specialists. See Law Enforcement Action Partnership, "Nationwide Map of Community Responder Programs."

[23] For a description of five jurisdictions that include this call type in their alternative response programs, see Yamamoto et al., *Examining Alternative Response*, 2025. These programs often involve responding to calls labeled as a suspicious person, trespassing, panhandling or nuisance, solicitors, or prowler; scenarios like checking on a person who is asleep in a public space; or calls about a person with mental health needs in a commercial space.

[24] Hannah Stern and Rachel Lee, *Developing a Common Definition for Community Responder Programs* (New York: Council of State Governments Justice Center, 2025), https://perma.cc/YQE9-CZBA.

[25] The "quality-of-life complaint" call type was added to the NYPD calls for service data starting July 1, 2025. It is unclear whether this reflects a change in call type categorization or the addition of new call types that were not previously captured in the data.

[26] NYPD Quality of Life Division, *Citywide Quality of Life Stat*, 2026; and Office of the Mayor, "Mayor Adams and NYPD Commissioner Tisch Expand Quality of Life Teams Across All of Queens Following Successful Pilot Launch," press release (New York City: Office of the Mayor, August 11, 2025), https://perma.cc/3RZL-N5MN.

[27] Recent research suggests that 911 police dispatch data likely underestimates the number of calls related to unmet behavioral health needs. This analysis therefore likely provides an informative but incomplete assessment of the scale of calls related to underlying social and behavioral needs. See Leah Bevis, Jennifer J. Carroll, and Taleed El-Sabawi, "How Much Time Do U.S. Police Spend on Behavioral Health Crises?," SSRN (November 14, 2025), https://dx.doi.org/10.2139/ssrn.5748225.

[28] Amos Irwin and Betsy Pearl, *The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call* (Law Enforcement Action Partnership, 2020), https://lawenforcementactionpartnership.org/alternatives911.

[29] Bakko et al., "A Comparison of Behavioral Health Crisis Response Models," 2025; Jonathan Davis, Samuel Norris, Jadon Schmitt, et al., "Mobile Crisis Response Teams Support Better Policing: Evidence from CAHOOTS" (Cambridge, MA: National Bureau of Economic Research, 2025), https://www.nber.org/papers/w33761; and Dee and Pyne, "A Community Response Approach," 2022.

[30] For information on existing credible messenger services with staff trained in de-escalation and conflict mediation, see Chip Brownlee, "In a Brooklyn Neighborhood, Residents—Not Police—Take the Lead on Preventing Violence," The Trace, May 13, 2025, https://perma.cc/YH4N-XMM3; see also New York City Office to Prevent Gun Violence, "What Is OPGV?," https://perma.cc/8F38-P3U2.

[31] For guidance on community and stakeholder collaboration in alternative response program planning, see Vera Institute of Justice, "Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police," April 2022, https://www.vera.org/civilian-crisis-response-toolkit. For a case study of community-engaged and data-informed alternative response design in Long Beach, California, see Aloka Narayanan, *Selecting 911 Calls for Alternative Emergency Response* (Cambridge, MA: Harvard Kennedy School Government Performance Lab, 2022), https://perma.cc/L6ZR-8JGJ.

[32] The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response to 911 mental health calls in New York City. It was established as a pilot program in 2021 and expanded over time to cover the entire borough of the Bronx and parts of Queens and Brooklyn. See Mayor's Office of Community Mental Health, "Re-imagining New York City's Mental Health Emergency Response."

[33] For more information on recommended variables to include in public 911 calls for service data, see Vera Institute of Justice, "Police Data Transparency Index, Calls for Service/911 Calls," https://policetransparency.vera.org/#/callsforservice.

[34] See for example Durham Community Safety Department, "HEART Dashboard," search: Outcomes, https://app.powerbigov.us/view?r=eyJrIjoiMWQ1YzViMGYtYmI1MC00NWM3LTg1NWUtMjdjNzk3NWNlYzU0IiwidCI6IjI5N2RlZjgyLTk0MzktNDM4OC1hODA4LTM1NDhhNGVjZjQ3ZCJ9&pageName=ReportSection7606ef27f6ee056e6f9f.

[35] For a resource on how to measure program success using outcome variables, see Gabriela Solis Torres and Aloka Narayanan, *Essential Metrics for Alternative Emergency Response Programs* (Cambridge, MA: Harvard Kennedy School Government Performance Lab, 2025), https://perma.cc/4W9N-Y6XP.

[36] "NYPD Calls for Service" (City of New York, updated February 9, 2026), https://data.cityofnewyork.us/Public-Safety/NYPD-Calls-for-Service-Year-to-Date-/n2zq-pubd/about_data.

[37] Vera made these determinations based on the NYPD radio ten signals in the NYPD Police Student's Guide along with consultation with former NYPD personnel. See New York City Police Department, "Chapter 6: Police Field Communications," in *Police Student's Guide: Police Science* (New York: New York City Police Department, 2020), https://github.com/chohlasa/asa-911-blog-post/blob/main/docs/NYPD%20Police%20Student%20Guide%20(December%202020-February%202021).pdf.

[38] For more detail on NYPD classifications of calls it categorizes as quality of life–related, see NYPD Quality of Life Division, *Citywide Quality of Life Stat*, 2026; and Office of the Mayor, "Mayor Adams and NYPD Commissioner Tisch Expand Quality of Life Teams," 2025.