



CITY OF CHICAGO • OFFICE OF THE MAYOR



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CONTACT

Mayor's Press Office

312.744.3334

press@cityofchicago.org

CITY OF CHICAGO TRANSITIONS MENTAL HEALTH CRISIS RESPONSE PROGRAM TO PUBLIC HEALTH

Crisis Assistance Response and Engagement (CARE) program to move forward with all public health staff

CHICAGO – Mayor Brandon Johnson and the City of Chicago today announced that the Crisis Assistance Response and Engagement (CARE) program, which provides emergency response to people experiencing a mental health crisis, is transitioning to a staffing model comprised of all public health employees.

First piloted with behavioral health clinicians from the Chicago Department of Public Health (CDPH) alongside paramedics from the Chicago Fire Department (CFD) and Crisis Intervention Team (CIT) trained officers from the Chicago Police Department (CPD), the CARE program will shift to a staffing model in which CDPH behavioral health clinicians and CDPH emergency medical technicians solely respond to 911 calls identified by dispatchers as having a mental health component.

Over the last three years, CARE team dispatches have resulted in zero arrests and use of force in less than .1% of incidents.

“By directing 9-1-1 mental health calls to public health teams, we are ending the criminalization of these issues and helping to ensure people who are unhoused or experiencing a mental health challenge get the treatment and support they need,” said **Mayor Brandon Johnson**. “I want to thank our officers from the Chicago Police Department and medical personnel from the Chicago Fire Department for their role in

piloting this program, and I am pleased that they can transition back to their primary roles of protecting community safety and responding to medical emergencies.”

Since September 2021, CARE teams piloted with a co-response model (CFD community paramedic, CDPH mental health clinician, and CPD Crisis Intervention Team officer) or an alternative response model (CFD community paramedic and CDPH mental health clinician) have responded to more than 1,500 calls referred by 9-1-1 dispatchers with zero arrests and less than one-tenth of one percent use of force. Complete data are available on the [CARE data dashboard](#).

“This program is a critical component of our work to ensure all Chicagoans can access the behavioral health care they need,” said **CDPH Commissioner Olusimbo ‘Simbo’ Ige, MD, MPH**. “Along with expanding mental health services, crisis response from trained clinicians will ensure that residents experiencing a mental health challenge can receive compassionate and professional care, and connection to resources to address their unmet health and social needs.”

When the CARE team responds to an individual in crisis they offer de-escalation, mental health assessment, referrals to community services, and transport to community-based destinations as appropriate. The CARE team conducts follow up at one, seven, and 30 days with all individuals that they encounter.

“Protecting public safety will always be a collaborative effort, and having mental health clinicians available to respond to select 9-1-1 calls for which they are well equipped will enable all of us to continue building safer communities together,” said **Chicago Police Superintendent Larry Snelling**.

“The Fire Department was proud to pilot this program with our community paramedics and demonstrate the value of having specialized teams respond to crisis mental health calls,” said **Chicago Fire Department Commissioner Annette Nance-Holt**. “Transitioning the program to public health leadership will benefit Chicagoans by continuing to increase access and linkages to mental health treatment and social supports.”

The CARE team’s transition to a more holistic and behavioral health driven model has been made possible through collaborative work across City Departments along with Chicago City Council Committee on Health and Human Services Chairwoman Rossana Rodriguez-Sanchez and the longtime advocacy of community organizations, advocates, and organized labor.

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