CHICAGO

CARE Expansion Update

October 1, 2026

Mayor's Office of Health & Human Services (MOHHS)

Dr. Arturo Carrillo, PhD, LCSW Deputy Mayor

What is CARE?

The Crisis Assistance Response and Engagement (CARE) Program is an alternative, crisis response program that ensures individuals experiencing a mental health crisis are assisted by teams of behavioral health professionals, with resources to address their unmet health and social needs.



What does CARE support with?

- Crisis de-escalation
- Medical triage
- Modified biopsychosocial assessment
- Assess and link to resources
- Voluntary transport to hospitals and alternate destinations such as living rooms, shelters and mental health clinics
- Case management



How to reach CARE?

Urgent Requests

(Support Needed Immediately)

Call **911** and ask for the CARE Team. Emergency services will determine if CARE is appropriate.

Non-Urgent Requests

(Response Can Take Up to 72 Hours)

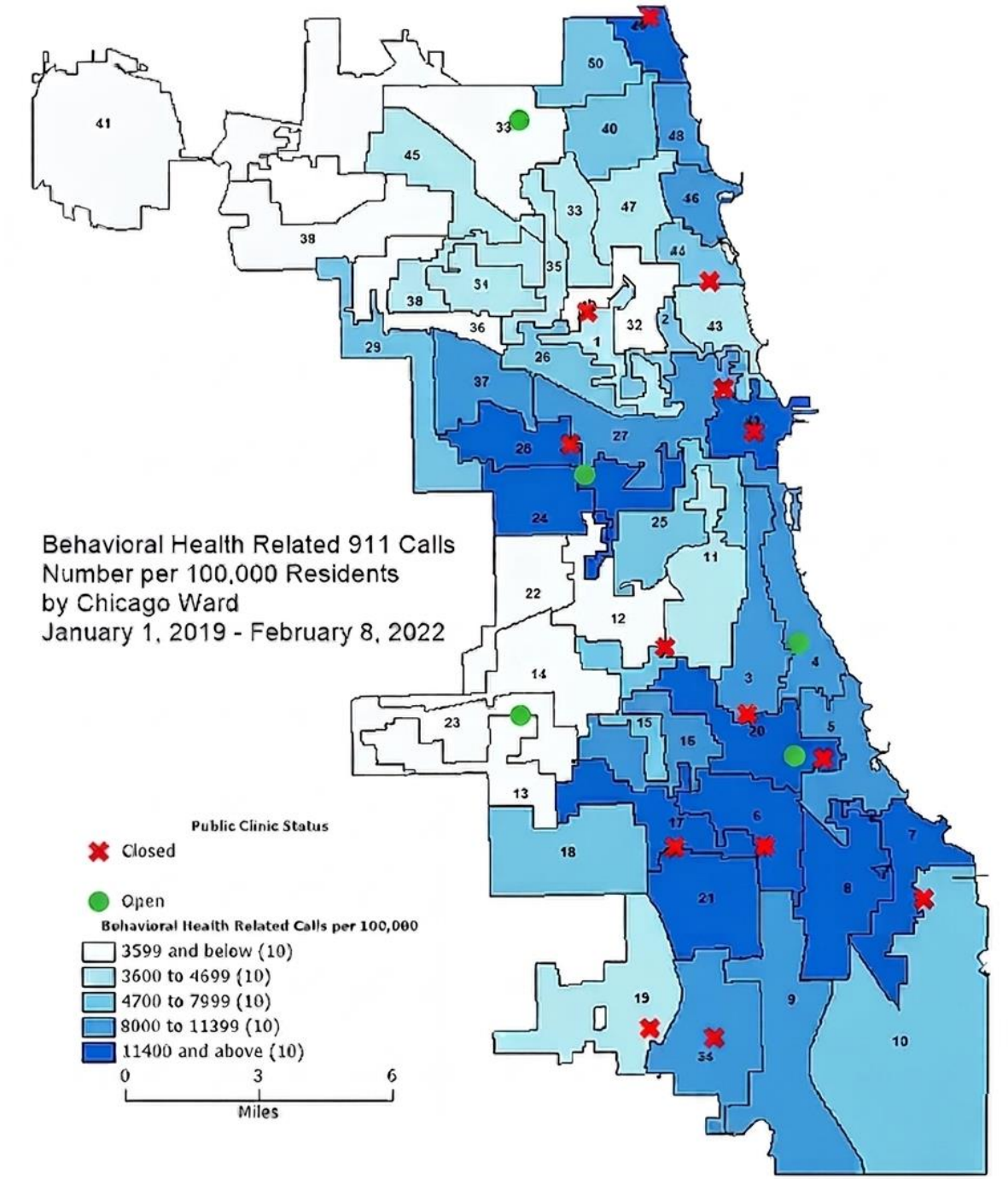
Request a non-crisis, clinician-only CARE Team via email at

CAREProgram@CityofChicago.org



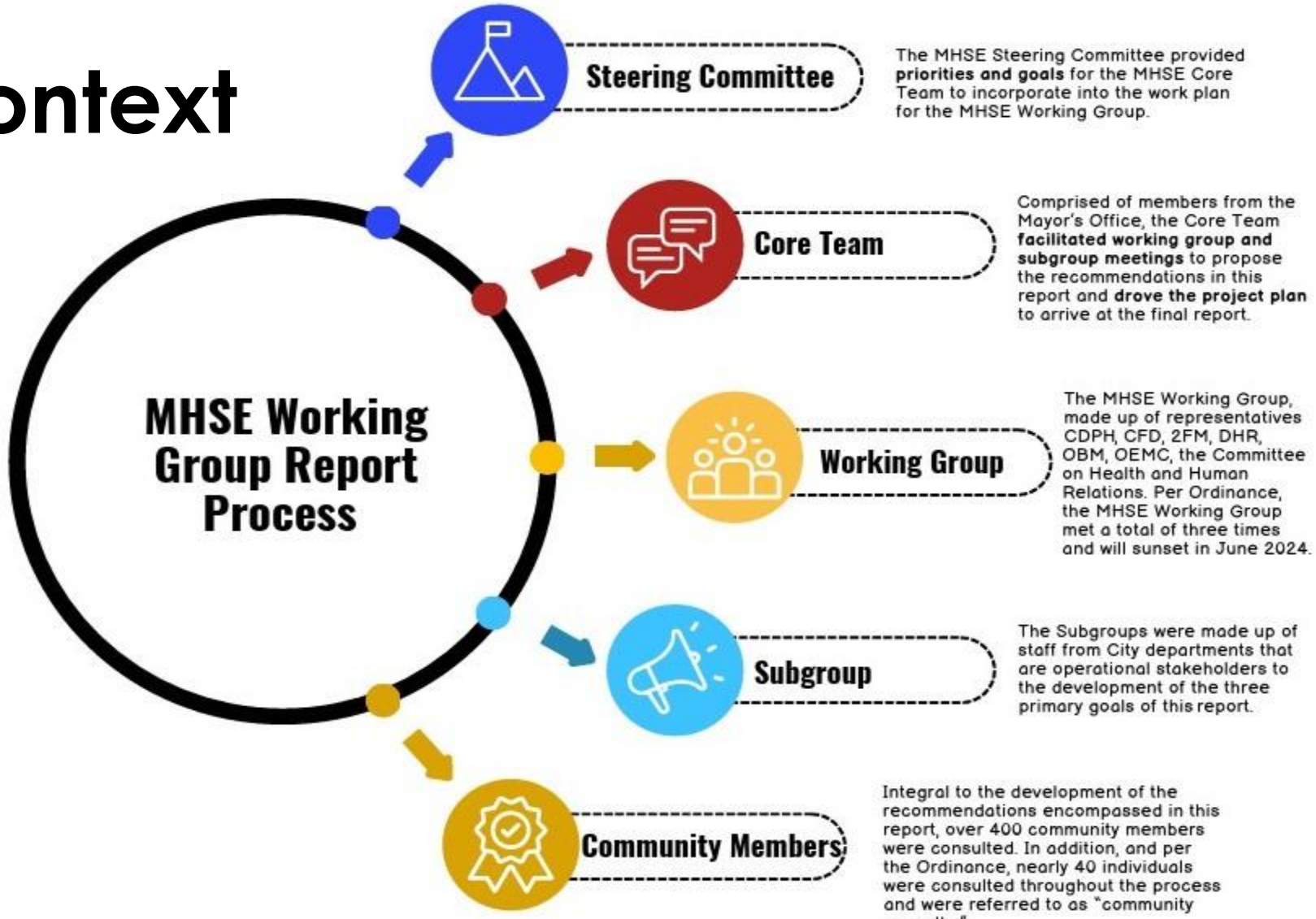
Systemic Failures

High rates of mental health 911 calls tend to be concentrated in areas where CDPH Mental Health Centers have closed.



Historical Context

- 2023: Mayor Brandon Johnson is elected and committed to reopening CDPH MH centers and expanding CARE within CDPH
- Passage of R2023-0002958 "**Call for subject-matter hearing** on initiatives for expansion of access to mental health services, including mental health centers and crisis response services"
- Passage of O2023-0004179 "**Establishment of working group** for development of recommendations regarding provision of mental health services"



THE PEOPLE'S VISION FOR MENTAL AND BEHAVIORAL HEALTH

2024

- On May 31, 2024, the People's Vision for Mental and Behavioral Health: **Mental Health System Expansion Working Group Report** was published



Lessons from the 6 CPD District Pilot

- CARE must be readily available (City Wide)
- Reduce as many limitations to response as possible (Expand definition of crisis)
- Call dispatch revisions are necessary to correctly route calls to CARE (Fire Dispatch)
- Communications is key (CARE Promos)
- Interdepartmental coordination only became possible once CARE is citywide
- CARE will intersect with many city departments and sister agencies (DFSS, CPL, CPS, CPkD, MOPD, among others)



Department Overview

- CDPH – CARE staff and operations
- CPD – Assist and support connection to CARE
- CFD – Coordination of Medical Services
- Region 11 – Medical Oversight of EMS
- OEMC – 911 Call Handling and Dispatch
- OPSA – Communication Equipment and CAD

CARE Deployment by Pathway – June 2026

MAY

- May 13, 2026 – Mayor Brandon Johnson Announces City-Wide and CARE Service Expansion

JUNE

- June 8, 2026 – OEMC and CDPH Roll Out Update Dispatch Procedure (CARE requests directly routed to fire dispatch), City-Wide CARE map (6 police districts to CFD city-wide map), updated hours of operation (10:30- 4:00p to 10-4:30p)

Primary Dispatch	CARE Initiated Requests	CPD Initiated Requests	CFD Initiated Requests	Email Requests	Avg Available CARE Vans (OEMC dispatch)	Avg Available CARE Vans (Non-OEMC dispatch)
12	<5*	0	0	17	2	2

CARE Deployment by Pathway – July 2026

JULY

- CDPH interviews and hiring of additional staff necessary for city-wide
- CFD - Discuss with Region 11 Scene Sharing Protocols and the Refusal Policy
- CPD – Department Notice drafted and published
- OEMC – Dispatch portion of CARE program revised and updated
- OPSA – Technical equipment supplied to the CARE team

Primary Dispatch	CARE Initiated Requests	CPD Initiated Requests	CFD Initiated Requests	Email Requests	Avg Available CARE Vans (OEMC dispatch)	Avg Available CARE Vans (Non-OEMC dispatch)
17	<5	6	0	17	2	2

CARE Deployment by Pathway – August 2026

AUGUST

- CDPH – Staff hired and begin training of necessary staff for city-wide on August 3, 2026, interviews staff necessary for 2nd shift
- CFD – Review Operational workflows to align with existing EMS practices and continue coordination with Region 11 regarding clinical triage criteria for CFD CARE Assists.
- CPD – Revision of CARE order, CARE members trained in 8 hr. course at academy
- OPSA – CARE specific radio talk group created
- OEMC – 3rd party questions and socio-emotional questions added to CAD and implemented for triaging

Primary Dispatch	CARE Initiated Requests	CPD Initiated Requests & Dispatch	CFD Initiated Requests	Email Requests	Avg Available CARE Vans (OEMC dispatch)	Avg Available CARE Vans (Non-OEMC dispatch)
35	0	5	0	26	4	2

CARE Deployment by Pathway – September 2026

SEPTEMBER

- CDPH – Trained new staff and interview additional staff. Shift expansion occurred as of 9/28/2026. First shift expanded to 7 dispatch vans.
- OPSA – CAD training provided
- CFD – Provided Radio and Driver Training to all CARE Team Members
- CPD – CARE order undergoing review, palm cards drafted
- OEMC – Internal order revised and disseminated in advance of expected operational hours change.

Primary Dispatch	CARE Initiated Requests	CPD Initiated Requests	CFD Initiated Requests	Email Requests	Avg Available CARE Vans (OEMC dispatch)	Avg Available CARE Vans (Non-OEMC dispatch)
PENDING	PENDING	PENDING	PENDING	PENDING	>4	2

*Estimated CDPH data pending reconciliation with OEMC

October 2026 and Beyond

WHAT IS EXPECTED IN OCTOBER

- CDPH – Fully implements a second shift 8a-10p hours of operation, hiring to complete 8 van coverage
- CFD – Continue to work with Region 11 EMS to push out CARE / Behavioral Health Trainings
- CPD – Publish CARE order, distribute CARE Palm Cards, coordinate CARE roll call presentations with CDPH
- OEMC – Beginning October 5, Calls will begin to be triaged for CARE eligibility from 0800 – 2200 hours!
- OPSA – CAD Map updates to reflect new zones

Department Reports

Chicago Department of Public Health (CDPH)

Dr. Garth Walker, Commissioner

Dr. Miao Hua, Deputy Commissioner

Outline

- CARE Expansion Update
- Map
- Coverage Schedule
- Call triage changes
- Summer awareness campaign
- Dashboard

CARE has Expanded!

CDPH is executing a phased expansion of the CARE 911 alternate crisis response program across two shifts. We are meeting daily with OEMC to ensure all primary dispatches receive a response, review any police and fire assists, ensure safety protocols are followed, and troubleshoot issues in near real-time.

Current status:

Dispatch-ready vans in service today
9 vehicles certified

Dispatch volume
35 primary dispatches + 5 CPD assist response in 8/2026 (↑41%)

Staffing
EMT: 14
Clinicians: 16

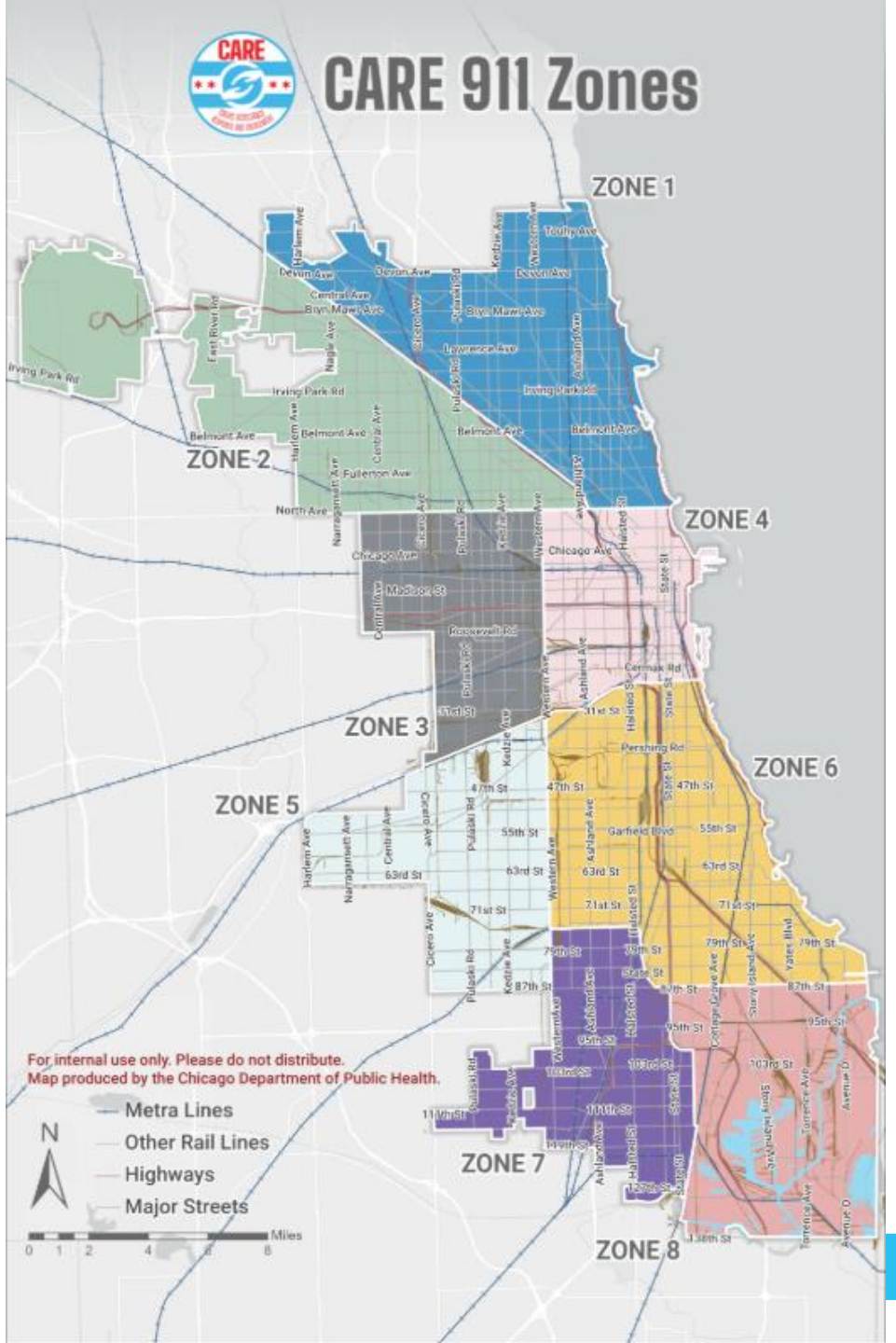
Map

Current: 7 vans + 3 backup (for shift change coverage)

North zones = 1-4

South zones = 5-8

October: Same zones, 8 vans + 4 backup vans for shift change coverage.



New Schedule

Shift 1-N

North Zone

FIELD HOURS

0800 – 1430

SHIFT HOURS

0700 – 1500

Shift 1-S

South Zone

FIELD HOURS

0800 – 1430

SHIFT HOURS

0700 – 1500

Citywide

FIELD HOURS

0900 – 1530

SHIFT HOURS

0800 – 1600

Shift 2-N

North Zone

FIELD HOURS

1530 – 2200

SHIFT HOURS

1430 – 2230

Shift 2-S

South Zone

FIELD HOURS

1530 – 2200

SHIFT HOURS

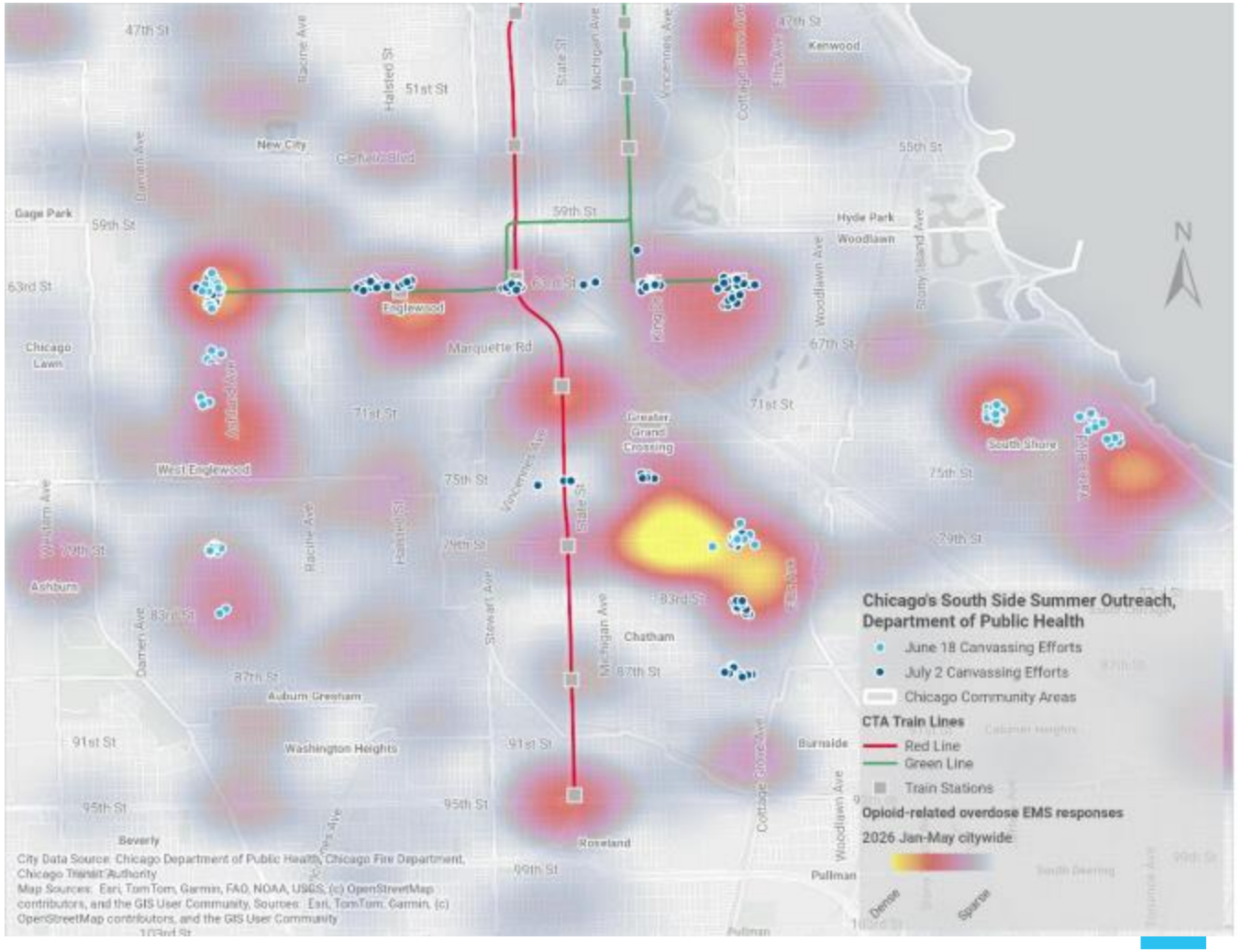
1430 – 2230

CARE Citywide Expansion

- CARE expanded geographic coverage
- Scope (expanded to include socioemotional distress, language added to allow 3rd party callers)
- Age Limitations Expanded: 6-11 (requires parent/guardian)and older, 65 and older with mental illness or socioemotional distress
- **CARE eligible calls** are calls with a mental health **and socioemotional distress** component but:
  - Have no weapons
  - Show no violent tendencies
  - Have no active substance use and no overdose
  - No active plan to take their life by suicide
  - No completed attempt to take their life
  - No medical issue
  - No active threat to themselves or others

Awareness campaign

- MO-lead billboard campaign
- Canvassing Juneteenth & July 4th
- Area familiarization
  - CARE staff canvas service area to raise awareness as part of training



CARE Summer Canvassing











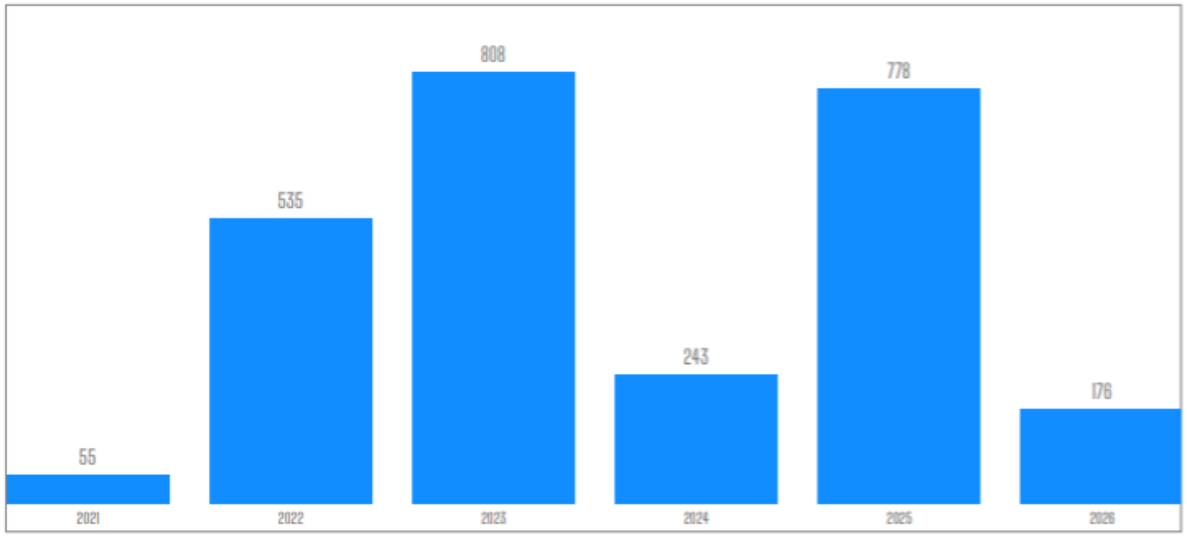


Public Dashboard Draft

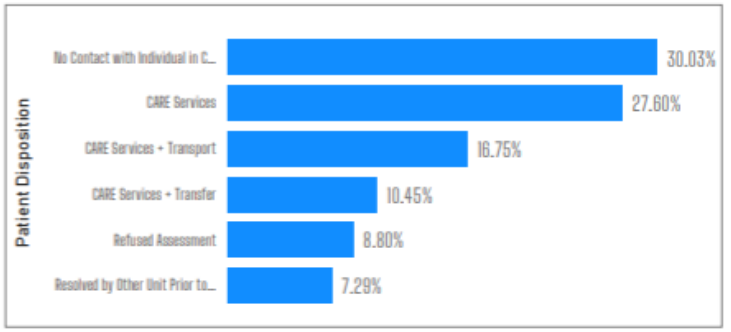
CARE Team Activity Summary

CARE 911 Responses	CARE Non-Emergent Responses	Follow-Up Encounters
2678	2678	3392

CARE Responses



All CARE 911 Responses by Outcome



Average of Travel Time to Scene in Minutes
20.77

Chicago Police Department (CPD)

Lt. Rhonda Anderson, Coordinator, Crisis Intervention Unit

Current Status & Next Steps

- **Department Guidance on How to Request CARE**: Department Notice issued, CPD order & internal palm cards pending approval and publication
    - Timeline: effective upon final approval
    - CPD continues to request CARE via OEMC / CIT DOCS referrals
- **Scene Sharing**: CPD order drafted
    - Timeline: 15 Days for Public Comment, final approval and publication
- **Training for CARE Team**: 8-hour completed 31 August, 2026

- **Roll Call Visits**: (CARE and CIT DOCS) to commence after final approval of order

Chicago Fire Department (CFD)

Jonathan Zaentz, Deputy Fire Commissioner
LaTrice Moore, Assistant Commissioner
Dr. Eddie Markul, Medical Director, Region 11

Role of Region 11 EMS

- Delegated authority and responsibility under IDPH for the planning, development, and operation of the Chicago EMS Systems
  - Region 11 encompasses all of geographic City of Chicago including O'Hare
- Licensed EMS Clinicians function under medical oversight of Region 11 EMS Medical Directors
  - CARE EMTs
  - CFD EMTs and paramedics
  - OEMC Fire Operations call takers and dispatchers
- Develop and implement all EMS Protocols, Policies and Procedures in Region 11
  - OEMC Fire Operations call scripts (dispatch protocols)
  - Scope of practice
  - Interactions and hand-offs between CARE and CFD
- Provide Online Medical Control (OLMC) to CARE Team EMTs for situations outside protocols
- Ensure EMS vehicles and equipment comply with state regulations

CFD + CARE: Building Operational Readiness

Preparing CFD members to understand CARE, request assistance, and coordinate when both teams are involved.

COMPLETED

Training Support

- Radio training provided by CFD to CARE team on September 3, 2026.
- CFD Driver section provided training September 8–11, 2026 for CARE team members.

IN DEVELOPMENT

CFD Member Resources

- MOHHS/CDPH and CFD will develop a CARE informational palm card for field personnel.
- The palm card will provide quick-reference information.
- MOHHS/CDPH will create a one-page CARE overview for CFD members.
- Region 11 training for CFD incorporating CARE familiarization

NEXT MILESTONE

Department Awareness

- Complete the CFD palm card and one-page CARE overview.
- Distribute the CARE one-pager to CFD members upon completion.
- Continue operational coordination and member education.
- Mid-October: Region 11 training for CFD incorporating CARE familiarization

Goal: Give CFD members clear, practical information about CARE and how CFD and CARE work together.

CARE and CFD Shared Scene Responsibilities

CFD and CARE coordinate on patient assessment, medical needs, transfer of care, and documentation during shared responses.

CARE First on Scene

- CARE assesses and treats the patient according to Region 11 Policies.
- If CFD arrives after CARE's assessment, CFD confirms whether additional assistance is required.
- If no assistance is required, CFD dispositions the incident as "Handled by CARE with evaluation." or : Handled by CARE with no evaluation"
- If ALS care is required, a CFD ambulance is requested through OEMC Fire Dispatch, or CARE transfers to CFD if a CFD ALS unit is already on scene.

CARE & CFD Arrive Together

- CFD assesses to determine whether there is an acute medical emergency; CARE may provide assistance.
- If an acute medical emergency is identified, CFD follows Region 11 Policies and transports to the appropriate destination.
- If there is no acute medical emergency, CFD obtains a refusal under Region 11 Policies and CARE will provide appropriate attention.

CFD First on Scene

- CFD assesses and treats the patient according to Region 11 Policies.
- When CARE arrives, CFD and CARE consult to determine whether CARE can provide assistance.
- If there is no acute medical emergency, CFD obtains a refusal under Region 11 Policies and CARE will provide appropriate attention.
- Both CFD and CARE appropriately document patient interactions.

CFD Operational Coordination

Medical Control & Documentation

- For simultaneous arrivals and CFD-first scenes, CFD contacts Medical Control
- CFD and CARE appropriately document patient interactions.

Primary Dispatch

- Current IDPH expectation for CARE primary dispatches is a response within 15 minutes.
- IDPH will be asked to extend the response time for primary dispatches to 25 minutes.

Writ Transport

- A patient under a writ must be transported by police to the court-ordered facility.
- CARE may assist CPD with de-escalation during execution of a writ.
- Unless there is an acute medical emergency CFD should never be dispatched for a patient with a writ.

Office of Emergency Management and Communication (OEMC)

Mariann McKeever, Assistant Director - 911 Operations

CARE DISPATCH OEMC

OEMC
Office of Emergency Management & Communications

- OEMC is triaging for CARE eligibility citywide Monday – Friday, 1000 – 1630 (began June 8, 2026)
- Callers requesting the CARE team will be transferred to fire dispatch for eligibility triage and respond to consent decree related police dispatch questions secondarily, (began June 8, 2026).
- Region 11 approved 3rd party questions allow triage for socio-emotional behavioral thresholds to determine eligibility without definitive knowledge of medical history, (began August 17, 2026.) Including ages 6 and up (conditionally based upon caller information).
- Beginning October 5, 2026, calls for CARE will be triaged for eligibility from 0800 hours – 2200 hours.

OEMC Call Volume for CARE Dispatch

Time Period	# Potentially eligible calls	% Screened Ineligible	% Screened Eligible (breakdown below)	% Incompletely Screened (QA)
June	2,568	**93% (2,446 calls)**	**2% (50 calls)**	**3% (72 calls)**
July	3,208	**96% (3,067 calls)**	**2% (65 calls)**	**2% (76 calls)**
August	3,175	**96% (3,055 calls)**	**2% (64 calls)**	**2% (56 calls)**
September	PENDING	PENDING	PENDING	PENDING

Potentially eligible calls *= approved call types (mental disturbance (DISTME), threatening suicide (THREAS), well-being check (CHECWB), suspicious persons (SUSPER), and criminal trespass (CRIMTI) with a CIT component) that come in during CARE operating days/hours*

OEMC Quality Assurance

OEMC
Office of Emergency Management & Communications

- 2 QA Supervisors who review calls for CARE and CIT.
- 200 – 250 Calls reviewed per month (about 20/day) with detailed analysis of each call.
- Discrepancies in processing calls for CARE are noted and discussed individually with employee.
- Systematic Concerns and changes are addressed through roll call and small group trainings.
- CARE requested metric tracked through sample size by QA SPCO.

OEMC Dispatch QA review

Breakdown: Of the calls that screen eligible for CARE primary dispatch (n=x):			
	Successfully dispatched to CARE as primary	Unable to dispatch (CARE unavailable)**	OEMC Discrepancy Percentage in CARE dispatch (eligible events not dispatched when CARE was available)
JUNE (210)	4%	3%	0
JULY (220)	11%	2%	0
AUGUST (210)	19%	1%	0
SEPTEMBER	PENDING	PENDING	PENDING

**CARE unavailable can mean out of service for the tour, out of range (more than 15 min out), not responding on radio, on another job, etc.

***Counts of less than 5 must be represented as "<5" to protect individual health information. Percentages that will divulge counts are represented as " < approx. number"**

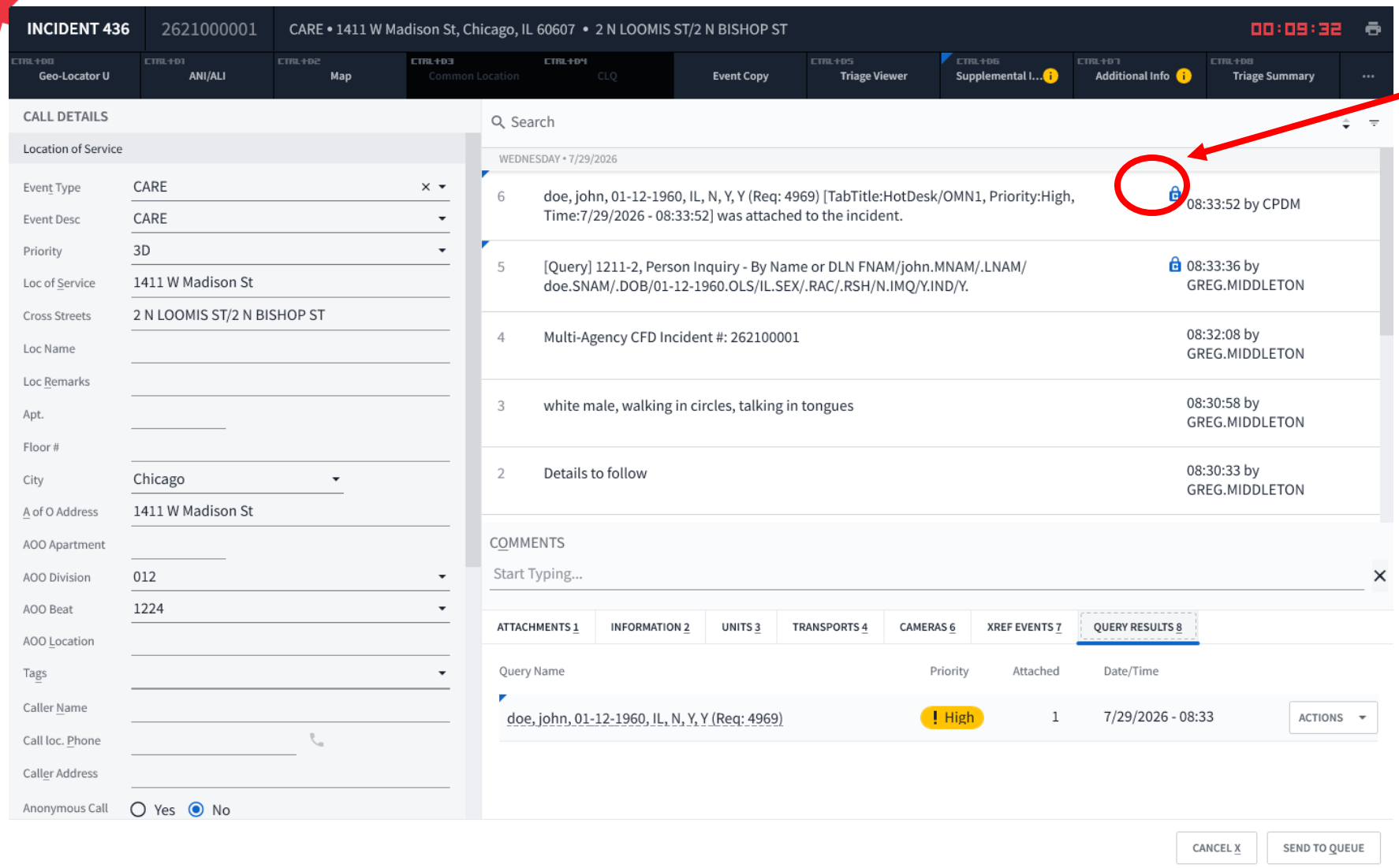
Office of Public Safety Administration (OPSA)

Daniel Casey, Managing Deputy Director

CARE Technology

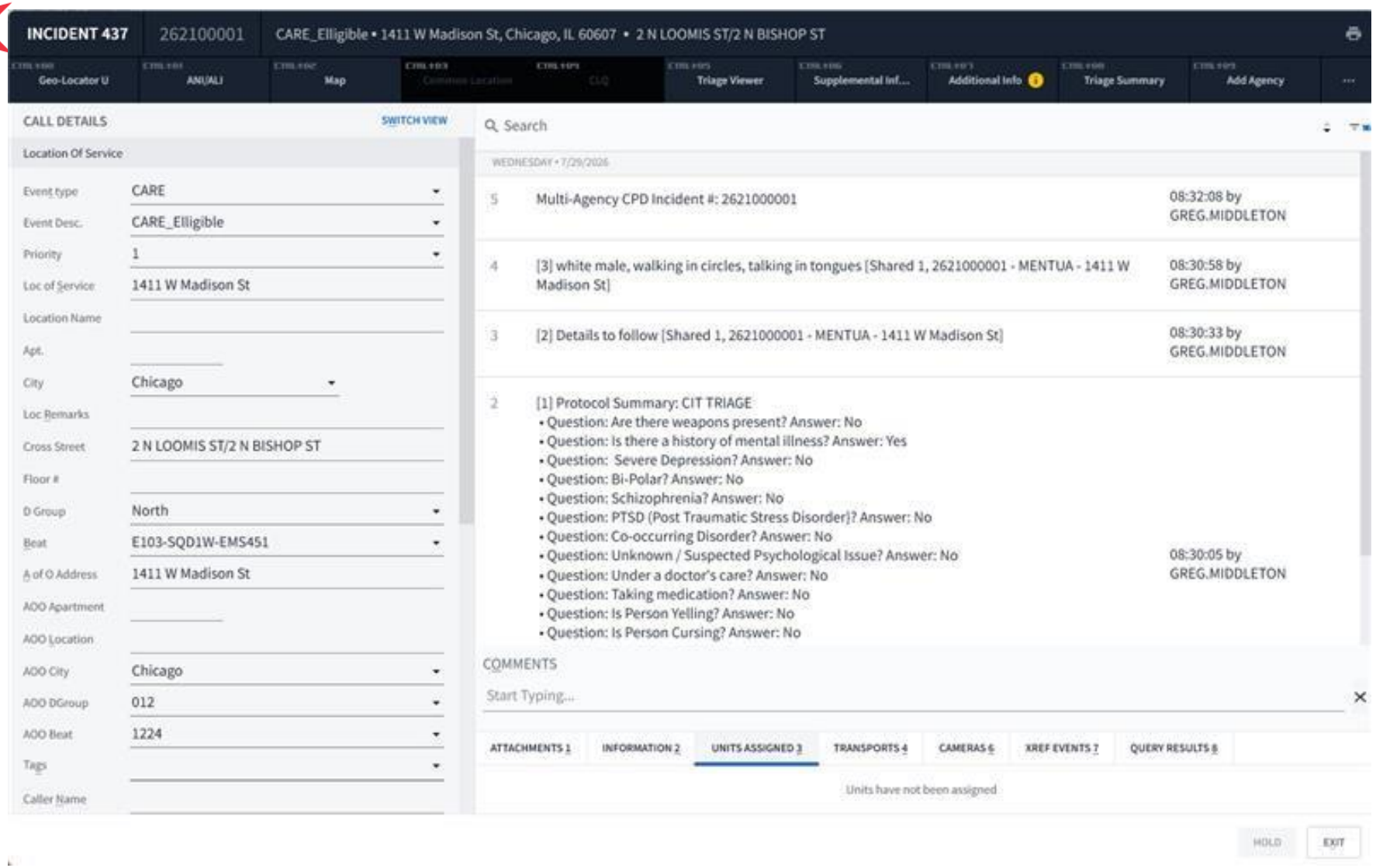
- Radios
  - CARE radio access
  - Police Zones
  - Fire Dispatch Channels
- Mobile Devices
  - Fire Devices
  - Central Square (CST) CAD will have greater visibility with CPD non-confidential event information (Next Slide)
- Vehicles
  - GPS Equipped

CST CAD – Police View



Lock Symbol for Police Sensitive Comments

CST CAD – CARE View



Police Sensitive Comments are not accessible from the CARE login, however other comments are

Dignity Best Practices (DBP)

Benjamin Brubaker, Sr. Consultant, Project Manager

Who We Are: Dignity Best Practices

Our work spans three areas:

Caring for people in behavioral health crisis

Re-imagining public safety

Conflict and violence reduction

Cross-agency collaboration is key to our work!

MISSION

Dignity Best Practices supports the wellbeing of people in crisis or conflict by helping communities improve the quality of services at the intersections of public safety and behavioral health.

VISION

All people, regardless of background or status, are treated with dignity and given practical help by their local systems of public safety and public health.

Estimated Annual Reach

Combining mobile crisis, community mediation, and field mediation response models — an illustrative, order-of-magnitude estimate, not an official national count.

NEARLY

1,000,000

people served each year across the U.S. by mobile crisis, community mediation, and field mediation programs combined

MOBILE CRISIS RESPONSE

~770,000

People served nationally in one year, per a 2023 national survey covering mobile crisis programs in 49 states and D.C.

NASMHPD Research Institute, 2023 survey

COMMUNITY MEDIATION

~200,000

Illustrative estimate: 400+ NAFCM-affiliated centers nationally, at roughly 500 cases per center per year based on typical center caseloads.

Order-of-magnitude estimate from NAFCM center count

FIELD MEDIATION

~2,770

Calls handled in 2024 by the nation's first field mediation team — still a single-city model, and the fastest-growing category as new sites launch.

Dayton, OH Mediation Response Unit, 2024

CHICAGO

Albuquerque Community Safety (ACS)

Jodie Esquibel, Director of Community Safety

ALBUQUERQUE COMMUNITY SAFETY

Albuquerque Community Safety (ACS) is the City of Albuquerque's third branch of public safety, responding to nonviolent 911 calls and 311 calls involving mental health, homelessness, substance use, and other community welfare concerns.

ACS'S IMPACT SO FAR

The Albuquerque Community Safety Department (ACS) responded to its first calls in September 2021. Just over five years later, **we have responded to over 172,000 calls** for service, more than 145,000 of which were directly diverted from Albuquerque Police Department.

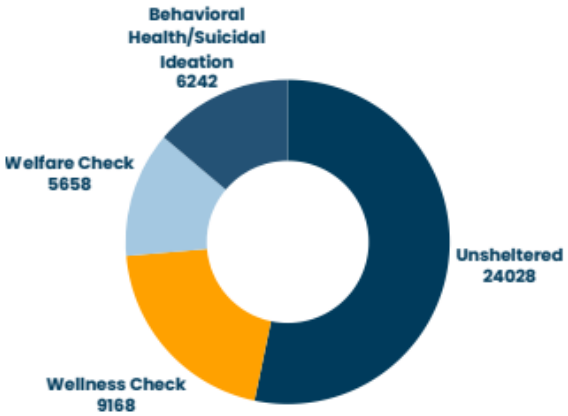
172,000
TOTAL CALLS FOR SERVICE SINCE INCEPTION

45,235
CY2025 TOTAL CALLS FOR SERVICE

ACS CALLS FOR SERVICE YEAR-OVER-YEAR



ACS TOP CALL TYPES



SEPT. 2021 Department takes first calls

NOV. 2021 ACS introduces swing shift

AUG. 2023 24/7 operations go into effect

JAN. 2024 ACS moves from Fire to Police dispatch

From FY24 to FY25
JULY 2025 ACS launches bilateral operational response

From CY24 to CY25
2027 *Future Quadrant Response*

ONE ALBUQUERQUE | ACS | cabq.gov/acs

The Community Safety Department provides Albuquerque with a holistic, empathetic, and informed response to behavioral and mental health-related 9-1-1 calls.

@cabqacs

CHICAGO

Thank you!

CHICAGO

Q&A