



**CONTRA COSTA COUNTY CIVIL GRAND JURY REPORT NO. 2106  
"911 Mental Health Crisis Response: A New Way 'To Protect and to Serve'"**

**BOARD OF SUPERVISORS' RESPONSE**

**FINDINGS** – California Penal Code Section 933.05(a) requires a response to the designated findings of the Grand Jury.

**RESPONSES TO FINDINGS:**

**F1. Professional crisis team response to mental health calls can de-escalate a crisis and reduce deaths.**

*Response: Respondent agrees with the finding.*

**F2. Law enforcement response to mental health calls reduce resources needed for serious crimes.**

*Response: Respondent agrees with the finding.*

**F3. Successful pilot programs in other states have earned voter funding support for program expansion.**

*Response: Respondent agrees with the finding.*

**F4. Community trust in mental health crisis response teams can only be developed over time.**

*Response: Respondent agrees with the finding.*

**F5. Educating the community about mental health crisis response teams is essential for their acceptance and use.**

Response: Respondent agrees with the finding.

**F6. DHS efforts to educate the community about MCRT services have been ineffective and need improvement.**

Response: Respondent disagrees partially with this finding.

The County Health Services Department has carried out significant efforts to effectively educate the community about the mobile crisis response initiative, a component of the larger A3 Mobile Crisis Initiative. These efforts have included producing outreach materials, participating at local public meetings, promoting access to information online, and creating online communications and engagement opportunities for the public. Community education can always be improved upon. The following are examples of these efforts to date:

- In November 2020, the Health Services Department began its community planning process by educating the public on MCRT models, goals and objectives and providing direct contact numbers on its website.
- MCRT program Resource Cards were produced to inform the public and provide easy access to program services.
- In 2020, the Behavioral Health Services Director attended city council meetings throughout the County, including Richmond, Antioch, Concord, and Brentwood, to discuss the existing MCRT teams and service numbers
- In January 2022, the Health Services Department hosted a “celebration” of A3 initiative, which included a presentation of the project and the mobile crisis phone numbers to access MCRT services.
- In 2021, the Health Services Department hosted three large scale rapid improvement information sessions, which served as formal webcast reports to the community. The sessions provided detailed information about the process and progress of the A3 initiative. These presentations are available on the County website: <https://cchealth.org/bhs/crisis-response/>
- Behavioral Services staff of the Health Services Department have been meeting at least monthly with a sub-group of city managers, as designated by the local Public Managers Association to ensure local leaders are well informed of the County’s crisis response efforts.

**F7. Funding is required for all the phases of program development: start-up, pilot, and continuing operations.**

Response: Respondent agrees with the finding.

**F8. California funding grants, including AB-118, are available for pilot program creation and continuing operations**

Response: Respondent disagrees partially with this finding.

*To date, there have not been any funding opportunities under AB-118. However, the County has applied for available pilot program creation and continuing operations funding from a variety of sources, including American Rescue Plan Act (ARPA) and Coronavirus Response and Relief Supplemental Appropriation ACT (CASSRA), Federal Block Grants, and the California Department of Health Care Services (DHCS) Crisis Care Mobile Units (CCMU) Program.*

**F9. The current MCRT program does not provide standardized responses within the County due to limited hours of service and a single dispatch location**

*Response: Respondent agrees with the finding.*

**F10. The City of Antioch is a suitable community to serve as a pilot city for the MCRT expansion program.**

*Response: Respondent agrees with the finding.*

**RECOMMENDATIONS** - California Penal Code Section 933.05(b) requires a response to the designated recommendations of the Grand Jury.

**RESPONSES TO RECOMENDATIONS: The Grand Jury recommends that**

**R1. By June 30, 2022, the Board of Supervisors approve funding for the expansion of the existing OHS/MCRT program to include a pilot project.**

*Response: The recommendation has been implemented.*

*In November 2021, the Board approved funding for expansion of the existing Community Crisis Initiative through Measure X allocations. The Board approved the Health Services Department Behavioral Health Services proposal for total of \$5M one-time funding to support the redesign of County property to serve as the Crisis Hub and \$20M in ongoing funds for staffing and ongoing operational expenses. The funding supports expansion of the existing MCRT program to include a pilot project.*

**R2. By June 30, 2022, the Board of Supervisors direct DHS to cooperate with the City of Antioch to develop a pilot project.**

*Response: The recommendation has been implemented.*

*The County's Health Services Department Behavioral Health Services staff have been cooperating with the City of Antioch in support of the city's proposed pilot project. Collaborative*

efforts with the City of Antioch will continue and were recently carried out when County staff met twice with representatives from Urban Strategies as part of the City of Antioch's proposed pilot development.

**R5. By June 30, 2022, the Board of Supervisors direct DHS to establish a joint team including representation from community partners for administration of the pilot project.**

Response: *The recommendation will not be implemented because it is not warranted or is not reasonable.*

*Community Partners have been integral to the A3 initiative from its conception and will continue to be throughout its implementation. The administration of the current County pilot, however, is primarily managed by Health Services, in particular Behavioral Health. Community partners play advisory and subject matter expert roles, but there is no plan to have community partners administer the program. Community partners include:*

- *Those with lived experience*
- *Clients and family members*
- *Law enforcement*
- *Fire and emergency medical responders*
- *Behavioral health professionals*
- *Improvement advisors*
- *Mobile crisis team members*
- *Consolidated Planning and Advisory Workgroup*
- *Mental Health Commission*
- *Local City Managers*

**R6. By September 30, 2022, DHS and the City of Antioch begin a comprehensive program to inform and educate the community members about the project and the specific resources that will be available at the outset of the pilot project.**

Response: *The recommendation will not be implemented because it is not warranted or is not reasonable.*

*The County's current A3 Initiative is a County-wide initiative that will expand based on internal capacity and partnership with individual cities. There has been a substantial level of community education as outlined in F6, including the Antioch community. The County's A3 team welcomes community education partnership with the City of Antioch if conditions allow. This recommendation will be discussed in ongoing meetings between the City of Antioch and the County.*

**R7. By December 31, 2022, the Antioch Police Department and its 911 dispatchers**

**augment their training to include the new MCRT alternative response options available.**

Response: *The recommendation will not be implemented because it is not warranted or is not reasonable.*

*The County Board of Supervisors is not the governing body over the Antioch Police Department, nor its 911 dispatchers, and respectfully defers this recommendation to the City of Antioch for response.*

**R8. By September 30, 2022, DHS apply for all available state, county, and private grants (e.g., AB-118), as well as money available through Measure X, as a source of funding.**

Response: *The recommendation has been implemented.*

*The County has applied for and secured funding from a variety of sources, including American Rescue Plan Act (ARPA) and Coronavirus Response and Relief Supplemental Appropriation ACT CASSRA, Federal Block Grants, and the California Department of Health Care Services (DHCS) Crisis Care Mobile Units (CCMU) Program.*

*Additionally, the Community Crisis project has received substantial sustained Measure X funding, which will support both infrastructure development as well as ongoing staffing needs. BHS is also still pursuing other grant funds.*

**R9. By December 31, 2021, DHS implement ongoing monitoring of the proposed CAHOOTS Act (S.4441) as an additional source of funding**

Response: *The recommendation has been implemented.*

*DHS has been monitoring this source of funding since enactment in federal legislation.*

**R10. By September 30, 2022, if Antioch is not willing to be a pilot program city, DHS identify and approach an alternate city and work with it on the recommendations related to Antioch.**

Response: *The recommendation will not be implemented because it is not warranted or is not reasonable.*

*To date, the City of Antioch is moving forward with a pilot and has been meeting with County Behavioral Health Services staff to coordinate efforts. The plan is to continue collaborating on a pilot program between the County's A3 initiative and the city's pilot. However, the County's A3 initiative is County-wide and not restricted to a one-city pilot prior to wider scale implementation. As such, the A3 initiative will likely involve cities other than Antioch as part of a County-wide*

*rollout. County staff will continue to meet with the local city managers group to identify collaborative partners.*