



Agenda

MEASURE X COMMUNITY ADVISORY BOARD

June 23, 2021

9:00 A.M.

1025 Escobar St., Martinez

Mariana Moore, Chair
BK Williams, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

Present: Mariana Moore, Chair; BK Williams, Vice Chair; Edith Pastrano; Kathryn Chiverton; Jim Cervantes; Odessa LeFrancois; David Cruise; Dr. Michelle Hernandez; Sharon Quezada Jenkins; Michelle Stewart; Ali Saidi; Jerry Short; Ruth Fernandez; Debbie Toth; Susun Kim; Cathy Hanville; Sandro Trujillo; Pello Walker; Gigi Crowder; Geneveva Calloway; Diana Honig; Lindy Lavender; Peter Benson; Steven Bliss

Absent: Kimberly Aceves-Iniquez; Sandra Wall; Melissa Stafford Jones

Staff Lisa Driscoll, County Finance Director; Enid Mendoza, Senior Deputy County

Present: Administrator; Sonia Bustamante, BOS District I; Jill Ray, BOS District II; Mark Goodwin, BOS District III; Chris Wikler, BOS District IV; Anna Roth, Health Director; Melissa Klawuhn, Assistant Sheriff

1. Roll Call

Staff provided instruction for access to English live transcription (automated closed captioning), and live simultaneous Spanish and ASL interpretation and then conducted roll call. There were approximately 134 participants.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

Public Comments were received on the topic of crisis response. Additionally, written public comments were received too late to be included in the agenda packet. These items are included as attachments to these minutes.

3. Staff recommends MXCAB receive the Record of Action for the June 16, 2021 meeting.

The Record of Action was accepted as presented.

4. RECEIVE presentations on the topics of mental health, behavioral health, and disabled residents.

Mariana Moore introduced the topic for discussion. Presentations were provided by Contra Costa Behavioral Health, Contra Costa Council on Developmental Disabilities, DeafHope, Fred Finch Youth and Family Services, Putnam Clubhouse, NAMI Contra Costa, and a number of residents with lived experience. The following individuals shared their insight and experiences: Kennish Johnson - Mental Health Program Chief, Contra Costa County Health Services; Debbie Thomas - Mental Health Clinician, Contra Costa County Health Services; Shelly Ji, Lead Volunteer Coordinator at NAMI Family Network; Aracelia Aguilar, Empowerment Director for DeafHope; Brian Berlinski, Lived experience; Jovanka Beckles, West County Child & Adolescent Services; Vi Ibarra, CC Council on Developmental Disabilities; Nickole Bousloug, CC Council on Developmental Disabilities; Sandy Young, Development Manager, Putnam Clubhouse; Selah Baker, Member of Putnam Clubhouse, Participant Support worker at Bonita House; Susanna Marshland, Northern California Regional Vice President, Fred Finch Youth and Family Services; Roger Daniels, Senior Director, Fred Finch Youth & Family Services; Greg Beckner, NAMI family member; Kiku Johnson, Rainbow Community Center; Anna Lubarov, peer advocate; and Grace Herrera.

At the conclusion of the presentations, members of the MXCAB made comments and asked questions. The MXCAB took at break at 6:30 and then continued the discussion. At the conclusion of MXCAB member comments, members of the public were offered an opportunity to speak and 16 public comments were heard.

5. Discuss/modify attached plan for presenters.

Mariana Moore introduced the topic for discussion and reviewed the changes made to the current schedule of speakers. MXCAB members provided feedback regarding future speakers. A revised schedule will be attached to the next agenda.

6. The next meeting is currently scheduled for June 30, 2021.

There was no change to the next standing date and time.

7. Adjourn

The meeting adjourned at approximately 9:17 PM.

The Measure X Community Advisory Board will provide reasonable accommodations for persons with disabilities planning to attend Measure X meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Measure X Community Advisory Board less than 96 hours prior to that

meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Lisa Driscoll, Committee Staff
Phone (925) 655-2047
lisa.driscoll@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 06/23/2021

Subject: Record of Action for June 16, 2021 Measure X Community Advisory Board Meeting

Submitted For: FINANCE COMMITTEE,

Department: County Administrator

Referral No.: N/A

Referral Name: Record of Action

Presenter: Lisa Driscoll, County Finance Director

Contact: Lisa Driscoll (925) 655-2047

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the discussions made in the meetings.

Referral Update:

Attached for the Board's information is the Record of Action for its June 16, 2021 meeting.

Recommendation(s)/Next Step(s):

Staff recommends MXCAB receive the Record of Action for the June 16, 2021 meeting.

Fiscal Impact (if any):

No fiscal impact.

Attachments

Record of Action MXCAB 6-16-21

Minutes Attachments

No file(s) attached.



Agenda

MEASURE X COMMUNITY ADVISORY BOARD

June 16, 2021

9:00 A.M.

1025 Escobar St., Martinez

Mariana Moore, Chair
BK Williams, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

- Present:** Mariana Moore, Chair; BK Williams, Vice Chair; Edith Pastrano; Kathryn Chiverton; Jim Cervantes; Odessa LeFrancois; David Cruise; Dr. Michelle Hernandez; Sharon Quezada Jenkins; Michelle Stewart; Ali Saidi; Jerry Short; Kimberly Aceves-Iniquez; Ruth Fernandez; Debbie Toth; Susun Kim; Cathy Hanville; Pello Walker; Gigi Crowder; Geneveva Calloway; Melissa Stafford Jones; Diana Honig; Lindy Lavender; Peter Benson; Steven Bliss
- Absent:** Sandra Wall; Sandro Trujillo
- Staff Present:** Lisa Driscoll, County Finance Director; Enid Mendoza, Senior Deputy County Administrator; Sonia Bustamante, BOS District I; Jill Ray, BOS District II; Chris Wikler, BOS District IV; Anna Roth, Health Director; Melissa Klawuhn, Assistant Sheriff; MJ Robb, Sheriff Commander
- Attendees:** Dr. Ori Tzvieli, Public Health Medical Director; Dr. Samir Shah, Chief Executive Officer CCRM; Gilbert Salinas, Chief Equity Officer, Health Svs; Alvaro Fuentes, Ex Dir-Community Clinic Consortium; Concepcion James, United Latino Voices; Jose Rizo, Resident Speaker

1. Roll Call

Staff provided instruction for access to English live transcription (automated closed captioning) and live simultaneous Spanish interpretation and then conducted roll call. There were approximately 82 participants.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

There were no public comments on items not on the agenda.

3. Staff recommends MXCAB receive the Record of Action for the June 9, 2021 meeting.

The Record of Action was accepted as presented.

4. RECEIVE presentations on the topic of Healthcare.

Mariana Moore introduced the topic for discussion. Dr. Ori Tzvieli, Public Health Medical Director and Deputy Health Officer, Contra Costa Health Services, Dr. Samir Shah, Chief Executive Officer and Chief Medical Officer, Contra Costa Regional Medical Center, Health Centers and Detention, Contra Costa Health Services, Gilbert Salinas, Chief Equity Officer, Contra Costa Health Services, Alvaro Fuentes, Executive Director, Community Clinic Consortium of Contra Costa and Solano, and Concepcion James, United Latino Voices presented on the healthcare needs in the County. Note that the presentation from United Latino Voices was not available until the meeting date due to a miscommunication, and is attached to these minutes for reference. The scheduled resident speaker was unavailable, Jose Rizo substituted to discuss his experiences. At the conclusion of the presentation, members of the MXCAB made comments and asked questions. The MXCAB took a break at 6:35 and then continued the discussion. At the conclusion of MXCAB member comments, members of the public were offered an opportunity to speak. Public comments were heard from Sylvia Castillo, Doreen Moreno, Rebecca Rozen, Paul (no last name given), Roxanne Carillo Garza, Vi Vo, Caitlyn Sly, Sarah Chodakewitz, Carolina Herrera, and Jaclyn LeSage.

5. Discuss/modify attached plan for presenters.

Mariana Moore introduced the topic for discussion and explained that it has been challenging to schedule speakers each week. MXCAB members provided feedback regarding their disappointment in the racial mix of speakers, in particular the under-representation of African American speakers. A question came up regarding MXCAB members being allowed to participate as presenters. Staff reminded the Committee that they had voted to disallow individual members from presenting (however, non-members are allowed to present from the member's organization). Following an in-depth discussion, Ms. Moore asked members to think about strategies and solutions on how to move forward in order to be prepared for the discussion next week. The updated list of suggested speakers is attached for reference. The group also supported a recommendation to ask presenters from the county and community-based organizations to focus their presentation remarks on describing their specific ideas and recommendations for the best use of Measure X funds for the issues on which they are presenting; more general background information on the department/organization and the issue/ecosystem can be presented in the written materials submitted by presenters for advance review by Advisory Board members.

6. The next meeting is currently scheduled for June 23, 2021.

There was no change to the next standing date and time.

7. Adjourn

The meeting adjourned at approximately 8:35 PM.

The Measure X Community Advisory Board will provide reasonable accommodations for persons with disabilities planning to attend Measure X meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Measure X Community Advisory Board less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

Lisa Driscoll, Committee Staff
Phone (925) 655-2047
lisa.driscoll@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 06/23/2021
Subject: Focussed Presentation and Discussion - Mental Health,
Behavioral Health, Disabled Residents
Submitted For: MEASURE X Com Advisory Board,
Department: County Administrator
Referral No.: 2/2/21 D.4
Referral Name: Community Advisory Committee for Measure X
Presenter: Mariana Moore **Contact:** Lisa Driscoll (925) 655-2047

Referral History:

Plan for series of focussed presentations and discussion was established by the Measure X Community Advisory Board. Committee received presentations on May 12 regarding seniors, disabled people, and veterans, on May 19 community safety: fire protection, on May 26 early childhood, on June 9 youth and young adults, and on June 16 healthcare.

Referral Update:

Attached are presentations regarding mental health, behavioral health, and disabled residents.

Recommendation(s)/Next Step(s):

RECEIVE presentations on the topics of mental health, behavioral health, and disabled residents:

- Kennisha Johnson - Mental Health Program Chief, Contra Costa County Health Services
- Debbie Thomas - Mental Health Clinician, Contra Costa County Health Services
- Shelly Ji, Lead Volunteer Coordinator at NAMI Family Network
- Aracelia Aguilar, Empowerment Director for DeafHope
- Jovanka Beckles, West County Child & Adolescent Services
- Vi Ibarra, CC Council on Developmental Disabilities
- Tamara Hunter, Putnam Clubhouse
- Selah Baker, Putnam Clubhouse Member
- Susannah Marshland, Fred Finch Youth Services
- Shelly Ji, NAMI Contra Costa
- Greg Beckner, NAMI family member

- Isabella Quinto, NAMI family member
- Anna Lubarov, peer advocate
- Grace and Raquel Herrera

Also attached are letters of support, received over the last few weeks, to endorse the work of the Community Crisis Initiative.

Also attached are these non-English materials:

- Deaf Survivor's Story: <https://youtu.be/WTRSf0piwyU>
- DeafHope Virtual Advocacy Strategies: <https://youtu.be/VDb0X6g2rbl>
- Deaf Communities and Justice Re-Investment: <https://fb.watch/6cMD54wXi1/>

Attachments

1 Community Crisis Response - CCC Health Services

2 DeafHope

3 Serving Deaf Survivors

City of Clayton letter of support

City of Concord letter of support

City of Danville letter of support

City of El Cerrito letter of support

City of Hercules letter of support

City of Lafayette letter of support

Lafayette Chamber of Commerce letter of support

City of Martinez letter of support

City of Orinda letter of support

City of Pittsburg letter of support

City of Pleasant Hill letter of support

CC Police Chiefs Association letter of support

City of San Pablo letter of support

City of San Ramon letter of support

City of Walnut Creek letter of support

Walnut Creek Downtown Business Association letter of support

Walnut Creek Chamber of Commerce letter of support

City of Richmond letter of support

Minutes Attachments

No file(s) attached.



Community Crisis Response



Behavioral Health – the 4th arm



Law
Enforcement

Medical

Fire

Behavioral
Health

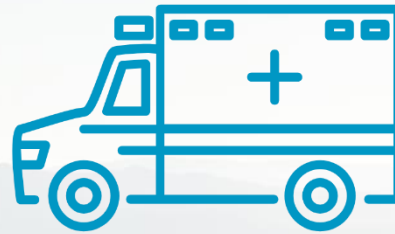
Image by unsplash.com

The Need

Behavioral health issues increasingly recognized as a major area of need



**1 in 5 adults
experiencing behavioral
health issues**

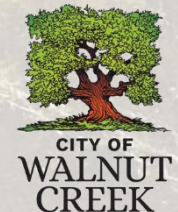
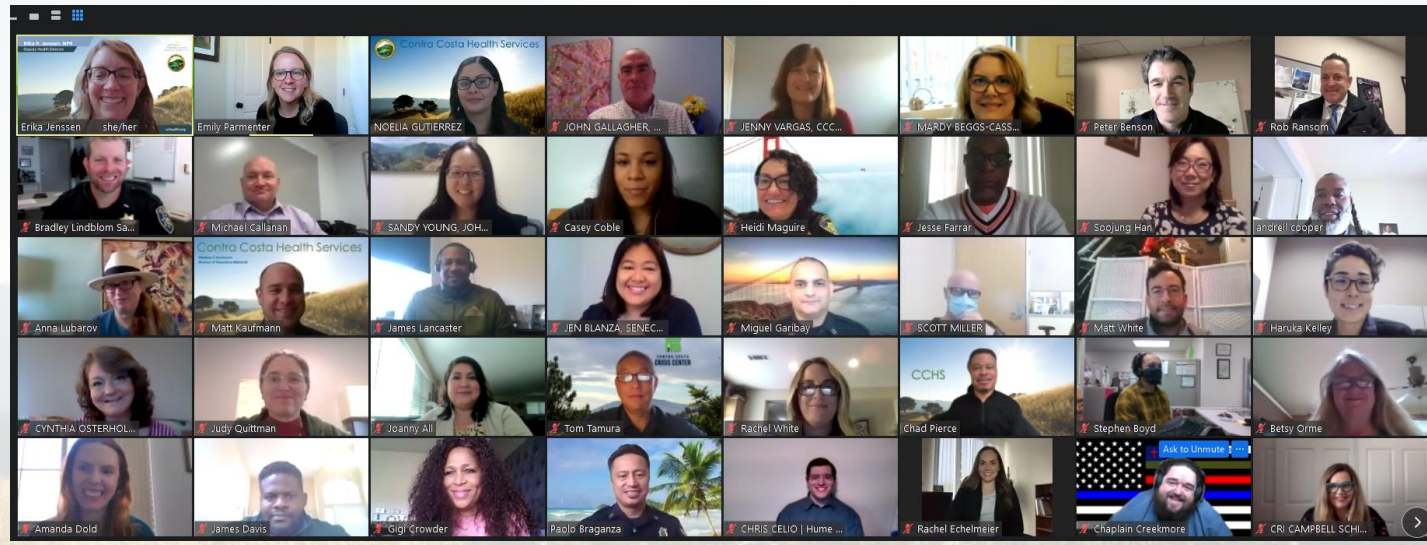
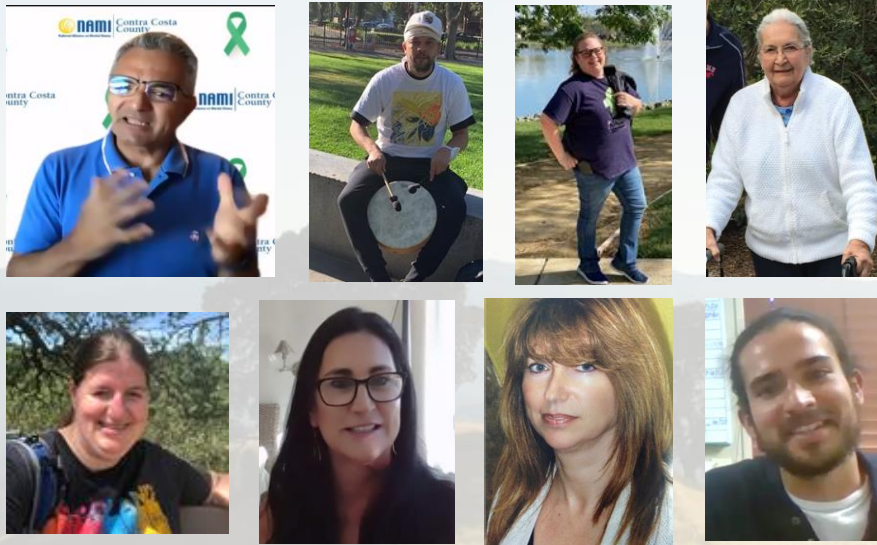
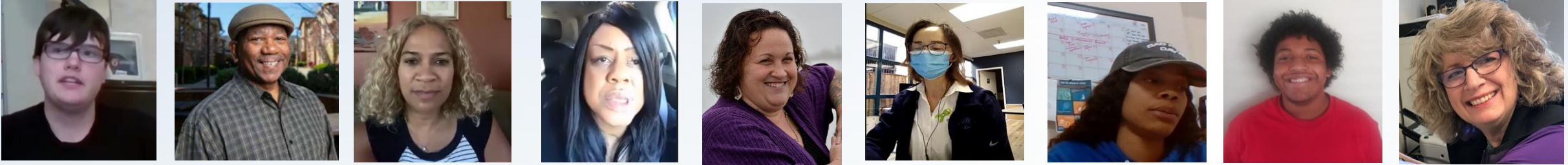


**Third most
common EMS call**



**10,000+ involuntary
psychiatric holds**

Finding a Better Way, Together



Anyone
in Contra Costa County
can access timely and appropriate
behavioral health crisis service

*Anywhere,
Anytime.*

CONTRA COSTA
A³ *anyone
anywhere
anytime*

CONTRA COSTA

A³ Model

anyone, anywhere, anytime

**A Need
for Help**



**Someone
to Talk To**



**Someone
to Respond**

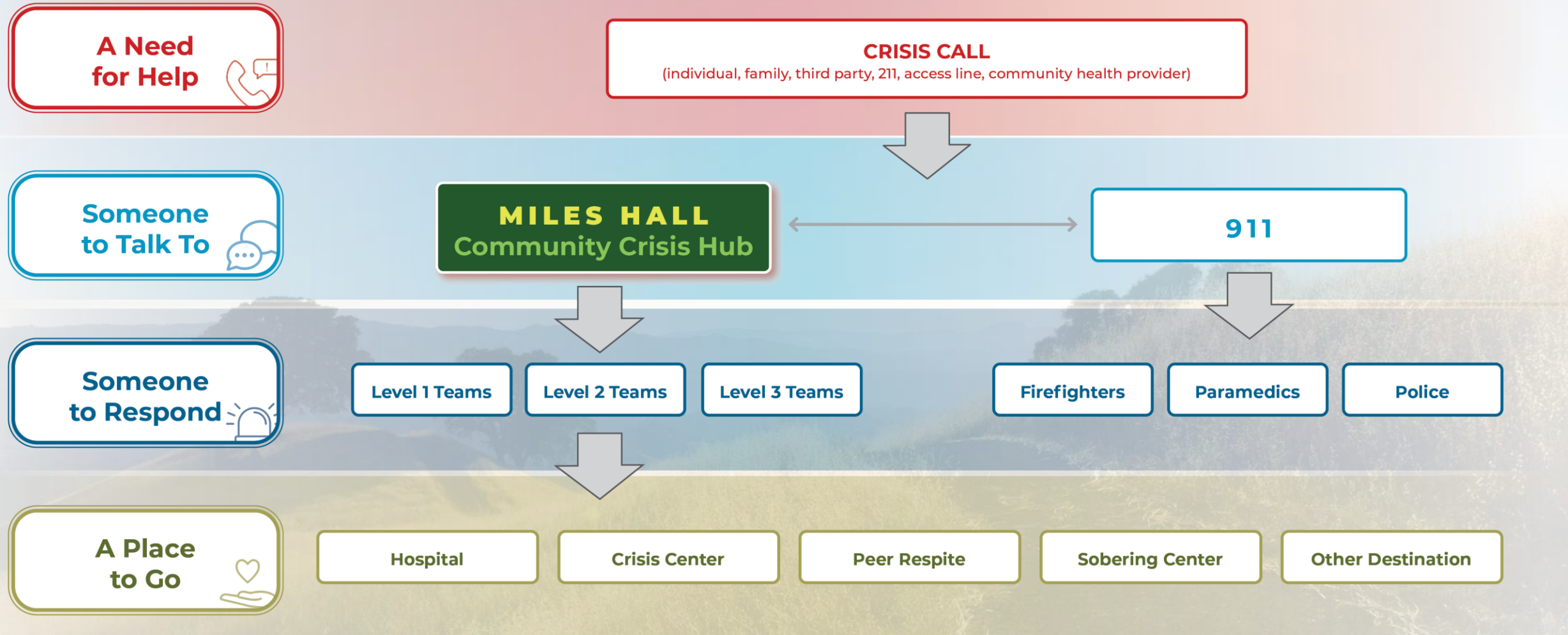


**A Place
to Go**



A³ Model

anyone, anywhere, anytime



MILES HALL

Community Crisis Hub

- Staffed 24/7 by clinicians
- Triage behavioral health calls
 - Dispatch response teams



Behavioral Health – the 4th arm

Law
Enforcement

Medical

Fire

Behavioral
Health

Launching Miles Hall Community Crisis Pilot in July

Suffering is Unacceptable

- People are suffering
- Racism and Stigma
- Loss of life, criminalization and incarceration
- No comprehensive system in place



C O N T R A C O S T A

A³ *anyone
anywhere
anytime*

- Innovative approach based on community's needs, vision
- Delivering a timely, flexible, culturally & clinically appropriate response
- Offering hope to a community suffering

CONTRA COSTA

A³ *anyone
anywhere
anytime*





DeafHope

- Collective Leadership
- Culturally Responsive advocacy to Deaf survivors of domestic and sexual violence
- Our work must be rooted in Anti-Racism, ending white supremacy
- Whole Family approach
- Transformative and Restorative Justice solutions
- **Beyond** traditional services that fail (restraining order, support group, shelter services, 911)



“The Family Dog” Dupor



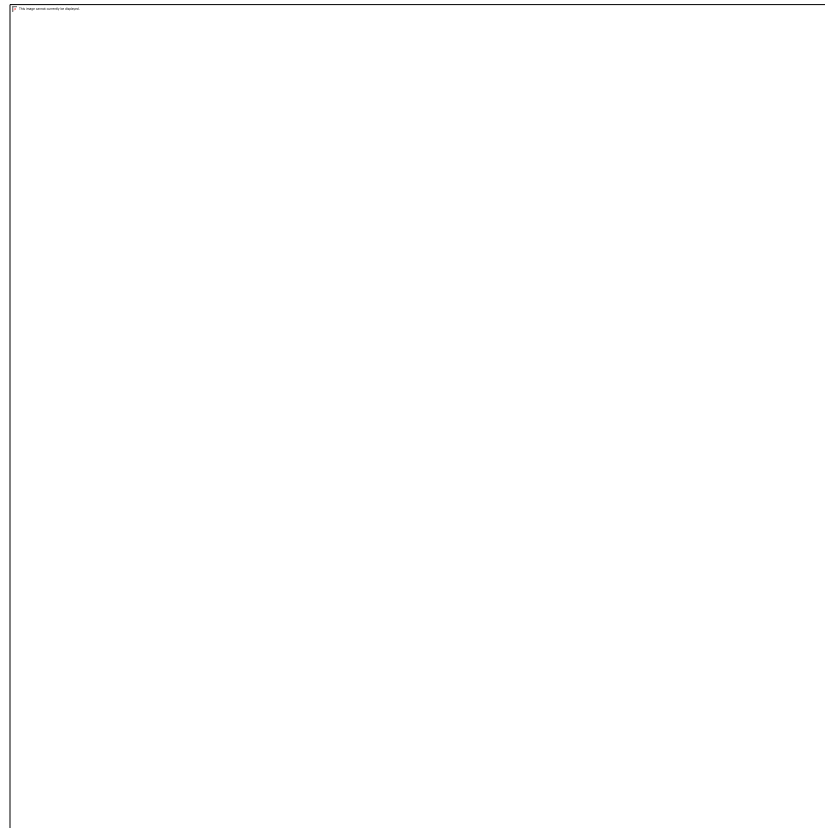
“Queen of Confidence” Mia Sanchez



"I love you" Serge Doamba



"Bright Destiny" Nancy Rourke



“My Rights” Yusuf Yahya



RJ + TJ

Why are we still using
this **BROKEN SYSTEM**
that has **LITTLE SUCCESS**?

Community
accountability



Responsibility:

Look after
each others

OUTREACH

INCLUDING
People who
did/did harms

path to
success

SUCCESS

Restorative Justice RJ

Current
Legal System

VS

RJ

- What law was broken?
- Who broke it?
- What punishment is deserved?

- Who was harmed?
- What do they need?
- Whose obligation is it to meet those needs?

RESTORE,
back to
root
of the
problem

Owning it, Apologizing, and
Stopping the violence.

We have
COMMUNITY
based responses
for:



etc.

WHERE'S
ONE FOR:
D.V.?

RJ

more of
individual
based

TJ

more of for
Community/
System wide



VIOLENCE

is about:

Generations

ALL SYSTEM

We must hold

ourselves

ACCOUNTABLE!

LANGUAGE JUSTICE PRINCIPLES

LANGUAGE JUSTICE IMPROVES RESULTS



Language is a tool for transforming thinking. Tens of millions of people in the US are more comfortable in languages other than English - what ideas and resources are we missing out on when they are not included?



LANGUAGE JUSTICE IS FOR EVERYONE

Equitable communication benefits all people.

LANGUAGE JUSTICE IS SOCIAL JUSTICE

Multilingual spaces are a powerful opportunity to learn new perspectives, to create access for those traditionally kept out of the process.



LANGUAGE JUSTICE IS A HUMAN RIGHT

Everyone deserves to communicate in the language they are most comfortable.



LANGUAGE JUSTICE PRINCIPLES



LANGUAGE JUSTICE IS PERSONAL

Ask yourself: What non-English community events can I participate in? How can I practice using an interpreter? Who can I invite that is not an English user? What else can I have translated?



LANGUAGE JUSTICE REQUIRES A COMMITMENT

Review agency policies with a language justice lens. Provide interpretation for events without advance request. Practice principles so they are second nature when challenges arise.

LANGUAGE JUSTICE HAPPENS IN PARTNERSHIP

Develop relationships with advocates and interpreters who work in languages other than English.



LANGUAGE JUSTICE REQUIRES A PLAN

Everyone has a role in supporting good communication. Allocate money in your budget for language justice. Be proactive in your outreach. Share materials in other languages.





Community Based Participatory Research - Survivor Centered Advocacy



“The Beginning” Michael Peterson

Center on Victimization and Safety

Culture, Language, and Access: Key Considerations for Serving Deaf Survivors of Domestic and Sexual Violence

January 2015



Nancy Smith and Charity Hope

From the Director

The Vera Institute of Justice is committed to enhancing victim services and justice responses to better meet the needs of all crime victims, especially those from marginalized communities. Vera was introduced to the Deaf community in 2005 after launching a new project to improve access to services for crime victims with disabilities. Despite the fact that Deaf women and girls experience higher rates of violence than their hearing counterparts and face unique barriers to support, we found few efforts within the field of victimization and disability that specifically focused on this community. We interviewed leaders from the Deaf community to find out why, and quickly learned that many Deaf people do not view themselves as having a disability, but as members of a cultural and linguistic community, defined by a language other than English and a unique set of cultural norms, values, and expectations. As such, in the aftermath of domestic and sexual violence, the experiences and needs of members of the Deaf community are different from people with disabilities in important ways that have unique policy and practice implications. We went on to review the literature, conduct more interviews, and host three national roundtables involving Deaf and hearing experts on domestic and sexual violence in the Deaf community. Our goal was to better understand the unmet needs and experiences of Deaf survivors, and what is happening—or needs to happen—to address them.

This policy and practice brief summarizes the findings from our work with the Deaf community and offers practical suggestions for increasing Deaf survivors' access to victim services and other supports, including those offered by the criminal justice and medical systems. This information will provide a framework for meeting the needs of Deaf survivors that is grounded in the cultural and linguistic needs of this community. It will also ground policymakers, practitioners, and first responders in the victim services field in the realities of this often-overlooked community. It is our hope that they and others will join us in becoming hearing allies to the Deaf community and Deaf survivors of domestic and sexual violence across the country.

A handwritten signature in black ink, appearing to read 'N. Smith', followed by a long horizontal line.

Nancy Smith, Director
Center on Victimization and Safety
Vera Institute of Justice

Contents

4	Foreword by Erin Esposito
5	Introduction
6	The Deaf community in the United States
10	Research on victimization is limited
11	Higher rates of domestic and sexual violence
13	Unique experiences of violence
14	Barriers to services and justice
21	Services for Deaf, by Deaf: a promising strategy
25	Enhancing the capacity of hearing service providers and systems
27	Collaboration between Deaf and hearing programs
29	Recommendations
31	Conclusion

> Foreword: The Story of Ruth

Ruth is a Deaf woman who is fluent in American Sign Language (ASL) and married to a hearing man who knows sign language.¹ He is physically, emotionally, and verbally abusive, and has total control over Ruth's finances. Ruth's friends have been encouraging her to leave her husband for years. Finally, after her husband comes home one night and threatens to kill her, Ruth flees in fear for her life with only her purse and iPhone. Terrified and sobbing, Ruth video chats with her Deaf friend and explains what happened. Her friend tells her about a domestic violence shelter she can go to. Ruth is reluctant and hesitates, telling her friend, "But the people there don't know ASL!" The friend reassures her, "Probably not, but I am sure the staff will get an interpreter. And at least you will be safe and that is what is most important right now!"

Ruth places a Video Relay Service (VRS) call through her iPhone to reach the shelter. Following protocol, the VRS operator proceeds to announce that a Deaf person is calling using the relay service, only to have shelter staff hang up the phone. Confused, Ruth advises the VRS operator to call again, and they get the same results. Frustrated and tired, Ruth instructs the VRS operator to simply say "Hi. My name is Ruth and I need shelter from my abusive husband." The operator calls back and follows Ruth's direction, and she is finally able to obtain directions to the shelter.

Upon arriving at the shelter, Ruth struggles to get in. There is a speaker outside of the locked door but she cannot hear whether someone is trying to speak to her after she rings the doorbell. She rings again and knocks on the door, which has no window or open space to be able to communicate with the shelter staff. After 10 minutes, the door opens and Ruth is escorted to a small, poorly-lit office space where a staff member asks her questions as part of intake. Ruth does not understand anything being said to her and motions for paper and pen. The staff member continues to try to talk to Ruth, mouthing dramatically "Can you read my lips?" Ruth fiercely shakes her head and again asks for paper and pen. The woman ignores Ruth and picks up the phone and starts talking. Ruth grabs a pen and finds a piece of paper and scribbles, "I am Deaf and need interpreter," to which the staff person writes back, "We don't have money for interpreters. We can write back and forth instead." Ruth writes a note asking if the shelter serves Deaf women. The staff person writes back, "Once before, but she didn't stay long. Don't worry though, you can stay for as long as you need." An hour into the tedious process of writing back and forth, frustrated and exhausted, Ruth writes one final note, gets up, and walks out the door. "I'd rather go home than be stuck here with no one I can talk to."

Erin Esposito, Executive Director, Advocacy Services for Abused Deaf Victims

Introduction

Deaf women in the United States experience rates of domestic and/or sexual violence equal to or higher than their hearing counterparts, with emerging research pointing to rates **twice** that of hearing women.² Yet, as “Ruth’s” story illustrates, Deaf survivors routinely face barriers when reaching out for help. From 911 systems that only take phone-based calls to domestic violence programs and rape crisis centers that do not provide bilingual and bicultural services in ASL, to prosecutors who question the credibility of Deaf witnesses, the services and systems designed to respond to domestic and sexual violence are not equipped to meet the unique language and cultural needs of the Deaf community. As a result, Deaf survivors are often shut off from services and supports that could help them safely flee from abuse, heal from trauma, and seek justice after they have been harmed.

In 2005, the Vera Institute of Justice’s (Vera) Center on Victimization and Safety partnered with the U.S. Department of Justice, Office on Violence Against Women to better understand the experiences of Deaf survivors and the barriers they face. Vera staff conducted a literature review and quickly learned that research on domestic and sexual violence in the Deaf community was severely lacking. We turned to Deaf advocates who were working to address the issue to learn more. During the next three years, we convened three national roundtable discussions with more than 40 experts in this area, including Deaf advocates and hearing allies. At the first roundtable in March 2006, we sought to better understand Deaf survivors’ experiences—both with domestic and sexual violence and reaching out for help—and to identify promising approaches for meeting their needs. For the second roundtable in August 2007, we explored culturally and linguistically competent community-based services for Deaf survivors in more detail, including their characteristics, promising models for delivering such services, and barriers to doing so. Our final roundtable in August 2008 focused on enhancing criminal justice responses for Deaf survivors.

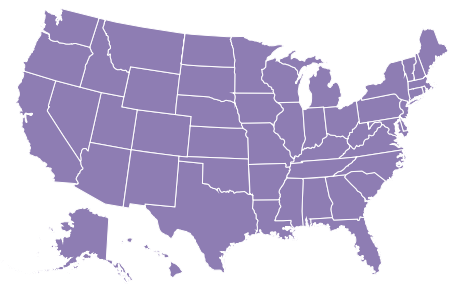
Additionally, since 2006, we have been supporting communities across the country to improve services for survivors with disabilities and Deaf survivors. To date, we have fostered more than 60 collaborations between organizations that serve survivors of domestic and sexual violence and those that serve people with disabilities and/or Deaf people. After an intensive planning phase to strengthen and formalize their collaboration, organizations identify strengths and gaps in their capacities to serve these survivors, determine how best to address the gaps they have identified, and then implement those solutions.

This policy and practice brief summarizes the findings from the Deaf-specific roundtables we conducted and reflect the lessons learned from our work with and observations of collaborations aimed at addressing domestic and sexual violence in the Deaf community from 2006 to 2014. The brief offers a framework for understanding and addressing the unmet needs of Deaf survivors that is rooted in a cultural and linguistic perspective. As such, it includes information on the Deaf community and culture in the United States, provides foundational information on what is known about the incidence and prevalence of domestic and sexual violence against Deaf people, and explores the cultural and linguistic barriers that prevent Deaf survivors from accessing services and other supports that generally exist. It discusses several promising approaches to delivering culturally and linguistically competent services to Deaf survivors and the challenges faced by those delivering these services. Finally, it concludes with a set of recommendations for policymakers and practitioners in the victim services field aimed at creating equal access to services and the criminal justice system for Deaf survivors in every community.

The Deaf community in the United States

Instead of viewing themselves as lacking hearing (or as having a disability), many Deaf and hard of hearing

people identify as members of a distinct cultural group in the United States. Like any culture, Deaf culture in the U.S. is defined by its unique language, values, behavioral norms, and traditions.



Deaf culture in the U.S. is defined by its unique language, values, behavioral norms, and traditions.

>**Language:** ASL—the primary and preferred language of the American Deaf community—is a visual-gestural language with its own syntax and grammatical structure. It employs signs made by moving the hands combined with facial expressions and postures of the body. It does not have a vocal or written component. Many Deaf people in the United States learn written English as a second language. ASL even has geographic variations akin to accents in spoken languages, as well as slang. ASL is not universal; there are distinct signed languages in other countries, including but not limited to Spanish Sign Language and Chinese Sign Language.

>**Values:** Individualism is a widely-held American value, however, Deaf culture values collectivism. Deaf people are often deeply connected to one another and regularly function as one close-knit group despite being spread across the country. Deaf people work hard to stay informed about what is happening in other Deaf communities and in the individual lives of Deaf people they may only know tangentially. Deaf culture commonly places a premium on transparency and honesty, as keeping secrets or being too private may conflict with the culture's collective spirit. Deaf culture also strongly values the visual, especially because this is how communication takes place.

>**Behavioral norms:** Personal interaction among Deaf people can differ from that of their hearing counterparts. While making eye contact is valued in many cultures, it is imperative in the Deaf community for communication and allows Deaf individuals to read facial expressions and body language for additional information. Conversations tend to be incredibly direct; it is not uncommon, for example, for a Deaf person to inquire about how much money someone spent on an item or to com-

ment about a change in a person's appearance. There are also established behaviors to get the attention of a Deaf individual who is not in one's line of sight: flicking a light switch, gently tapping a person on the shoulder, tapping a table, or stomping on the floor.

>**Traditions:** Because most Deaf people are born to hearing parents, the Deaf community relies upon Deaf-specific institutions like Schools for the Deaf and Deaf clubs to pass down its culture from one generation to the next.³ Deaf schools and clubs are strongly supported by many Deaf people for this reason. Deaf events like social outings, fundraisers, or conferences create opportunities for Deaf people to come together to socialize and network—opportunities that are rare for Deaf people in a society dominated in number by hearing people, leading many Deaf people to go out of their way to attend them. The Deaf community is also known for its widespread adoption and innovative use of communication technologies ranging from the teletypewriter in the 1960s to videophones and videoconferencing in the early 2000s to social media today.

Members of the Deaf community coalesce around and celebrate their shared language and culture. An uppercase “D” in “Deaf” is used to reflect identification with Deaf culture, whereas a lowercase “d” in “deaf” reflects an audiological perspective defined by a loss of hearing.



The Deaf community in the United States is considerably diverse and comprised of people who self-identify in a multitude of ways depending on a number of factors including the cause and degree of hearing loss, age of onset, educational background, communication methods, and their personal experiences and journey. While identity is very personal and varied from individual to individual, it is helpful to understand some of the common ways people within the Deaf community identify. Many people identify as “Deaf,” reflecting their identification with Deaf culture. Others who consider themselves members of the Deaf community include individuals who may identify as “hard of hearing,” indicating that they have hearing loss, but

some degree of residual hearing. Other Deaf community members include those who lost their hearing later in life and may call themselves “late-deafened,” and still others with some degree of hearing and sight loss who may identify as “DeafBlind.” Some members of the Deaf community are hearing, most commonly family members of a Deaf person, including children of Deaf adults (CODAs), and ASL interpreters. Hearing members of the community embrace and identify with Deaf culture as well.

Legacy of fear and mistrust

Audism—the belief that one is superior based on one’s ability to hear—is engrained in our society, shaping our world around the idea that hearing people are the norm and contributing to the discrimination and disparities d/Deaf people face in our country. Examples of audism in society at large include medical efforts to “fix” or “repair” d/Deaf people; the devaluation of signed languages in favor of spoken English in education and other settings; systematic failures to accommodate d/Deaf people, including refusal to provide ASL interpreters; and enduring stereotypes, such as d/Deaf people being less intelligent or unfit parents simply because they are d/Deaf. The collective experiences of discrimination and exclusion d/Deaf people have experienced as a result of audism has created a legacy of fear and mistrust of hearing people, organizations, and systems that must be taken into account and overcome by hearing professionals in the crime victims field.

According to data from the 2010 Survey of Income and Program Participation (SIPP), approximately 7.6 million people ages 15 and older in the United States have difficulty hearing, while approximately 1.1 million of these individuals define their hearing difficulty as severe.⁴ In the SIPP questionnaire, difficulty hearing was defined as experiencing deafness or having difficulty hearing a normal conversation, even when wearing a hearing aid. Those who

were deaf or unable to hear a normal conversation were described as having a severe difficulty.⁵ These numbers, however, do not distinguish between those who identify with Deaf culture and those who do not, making an accurate estimate of the Deaf population impossible. The unavailability of current, accurate information on ASL users highlights how Deaf and hard of hearing individuals have often been overlooked in existing research, including studies on victimization of Deaf individuals. A review of existing estimates for the number of ASL users found estimates as low as 100,000 and as high as 15,000,000 users.⁶ Even the commonly-cited estimate of 500,000 users was found to be largely derived from reports published in the 1970s.⁷

Research on victimization is limited

There is little ongoing data collection that provides national, state, or local information on crime victimization of Deaf people.

Emerging research indicates rates of sexual and domestic violence are higher in the Deaf community, but a dearth of Deaf-specific research on victimization make it difficult to determine how much higher. For example, there is little ongoing data collection that provides national, state, or local information on crime victimization of Deaf people. The Federal Bureau of Justice Statistics' National Crime Victimization Survey does report rates of nonfatal violent victimizations for Deaf and hard of hearing individuals, and includes data on the following crimes: rape/sexual assault, robbery, aggravated assault, and simple assault. However, these numbers only reflect broad victimization rates at the national level, which fail to provide any insight as to when and where victimization is likely to occur. The Uniform Crime Report, on the other hand, only reviews hate crimes against victims with disabilities, and does not distinguish Deaf and hard of hearing individuals from those with disabilities. While there is a growing body of research on victimization and disability, for the most part, the research that makes up this knowledge base has not made this distinction either.

There are efforts underway to address this gap, with researchers at Deaf institutions such as the National Technical Institute for the Deaf and Gallaudet University designing research projects that are culturally and linguistically competent. They are using a number of strategies to achieve this competency, including broadening the descriptions of domestic and sexual violence that guide the studies to include Deaf-specific examples of abuse and common experiences of Deaf survivors, and conducting the research using ASL. One of the largest challenges to research within the Deaf community is the difficulty in building a representative sample of the population. The Deaf community is small and spread across the country, so study participants are often gathered from Deaf schools or members of a Deaf community organization out of convenience due to time and budgetary restrictions. While the findings of these studies offer important insight into the victimization of Deaf individuals, these samples are not representative of the entire community and the findings should be interpreted with caution and not generalized to the larger Deaf population.

Higher rates of domestic and sexual violence

While limited in number and methodology, research on victimization within the Deaf community suggests that Deaf and hard of hearing individuals living in the United States have higher rates of domestic and sexual victimization—intimate partner violence, psychological aggression and abuse, forced sexual experiences, and sexual assault—than their hearing counterparts.⁸

>Using survey data comparing almost 1,900 students at the Rochester Institute of Technology and the National Technical Institute for the Deaf, researchers found that Deaf and hard of hearing individuals were **1.5 times** more likely to be victims of sexual harassment, sexual assault, psychological abuse, and physical abuse than their hearing counterparts.⁹

While limited in number and methodology, research on victimizing within the Deaf community suggests that Deaf and hard of hearing individuals living in the U.S. have higher rates of domestic and sexual victimization... than their hearing counterparts.

- >According to a 2011 study examining intimate partner violence among 100 Deaf female undergraduates, approximately **twice** as many deaf respondents reported experiencing intimate partner violence in the past year than their hearing counterparts.¹⁰
- >A 2014 study found that Deaf adults were more likely to experience forced sexual experiences than hearing adults. Deaf survey respondents experienced forced sexual incidents at rates that were at least **twice** those reported by hearing respondents in other surveys.¹¹

Prevalence rates of lifetime forced sexual experiences



One in every ten hearing women will experience a forced sexual experience in her lifetime.



One in every four Deaf women will experience a forced sexual experience in her lifetime.

Children who are Deaf or hard of hearing also experienced higher rates of physical and sexual abuse than their hearing counterparts.¹²

- >A 1998 study using a sample of 312 Deaf and hard of hearing children found that these children were **1.4 times** more likely to be neglected and **twice** as likely to be physically abused.¹³

- >A 2000 study using records of school children enrolled in Omaha, Nebraska schools during the 1994–1995 school year found that children who were Deaf or hard of hearing were **twice** as likely to experience neglect and emotional abuse, and almost **four times** as likely to be physically abused than their hearing counterparts.¹⁴

Unique experiences of violence

Deaf survivors of domestic violence experience many of the same tactics of abuse as their hearing counterparts from abusers attempting to gain power and control (e.g., isolation; intimidation; blame; and financial, emotional, physical, and sexual abuse), but they also face unique tactics that must be understood and accounted for to effectively support Deaf survivors.

For example, abusers might:

- >injure a victims' hands to prevent effective communication in ASL or by using assistive equipment;
- >destroy devices used for communication, including smartphones used for texting, videophones, and tele-typewriters (TTYs);
- >monitor electronic communication by accessing saved text messages, emails, instant messenger communication logs, and TTY records;
- >erase or falsely reply to emails, text messages, or TTY calls;
- >threaten or abuse hearing dogs (specially trained dogs that alert Deaf individuals to important sounds such as fire alarms and lead the person to the source of the sound);
- >threaten to or actually move away from the victim's established Deaf community or to an area with very few Deaf people to further isolate the victim;

- >spread lies and rumors about the victim within the deeply-connected Deaf community to damage the victim's credibility, good standing in the community, and ability to obtain financial independence; and
- >deny abuse tactics by saying the tactics are culturally appropriate behaviors within the Deaf community. For example, an abuser might throw objects at a person and then claim it's a culturally accepted way to get a Deaf individual's attention. Similarly, an abuser might intimidate by using body language and being in close physical proximity while signing and later claim both are features of ASL.

In addition, hearing abusers commonly use their hearing privilege to maintain control over Deaf individuals. "Hearing privilege" is a term coined by the Deaf community to describe the advantages and entitlements one receives by being able to hear in our society. For example, an abuser might play off commonly held societal values that view d/Deaf people as incompetent by saying the victim is not good enough, in general, or an unfit parent, specifically, because the victim is d/Deaf. An abuser might refuse to use sign language with the victim to further isolate or punish her or him. An abuser might take advantage of institutions that are inaccessible, like child protective services or job and family services, by interpreting falsely or inaccurately for the victim.

When Deaf survivors reach out for services and support and their needs are not met, their experience of trauma is compounded by the very systems and services that are intended to help.

Barriers to services and justice

Despite higher rates of domestic and sexual violence within the Deaf community, Deaf survivors face barriers that prevent them from getting help. When Deaf survivors reach out for services and support and their needs are not met, their experience of trauma is compounded by the very systems and services that are intended to help.¹⁵ The challenges that underlay these barriers include:

Invisibility

Despite high rates of domestic and sexual violence within the Deaf community, it is largely invisible to victim service providers. Most providers have limited to no exposure to the Deaf community and haven't received specialized training on Deaf culture or domestic and sexual violence within the community. Without an awareness of Deaf people's unique needs and experiences, victim service providers do not commonly recognize this community as underserved or marginalized. Such recognition is what typically spurs communities and programs into action to remove barriers and enhance services for survivors from recognized communities.

Lack of specialized outreach by victim service providers

Few victim service providers tailor their outreach and education efforts to meet the needs of the Deaf community. Deaf people's unique experiences with domestic and sexual violence are rarely reflected in educational curriculum and outreach brochures. For example, it is common for domestic violence awareness trainings to include a list of abusive behaviors so potential victims can determine if they are in an abusive relationship. The behaviors listed, however, rarely include those such as destroying video-phones and channeling physical abuse towards the victim's hands. Similarly, victim services outreach brochures rarely include Deaf-specific language or information, including the unique dynamics of abuse specific to the community and important information regarding accessibility, such as information on the availability of interpreters. Additionally, programs rarely conduct educational activities or leave outreach brochures where Deaf people are likely to congregate, such as Deaf schools, clubs, and Deaf community events.

Phone-based emergency hotlines

Those Deaf survivors who do reach out for assistance are often met with barriers that prevent a connection from being made. In most communities, for example, help—whether from an advocate or law enforcement officer—is

only accessible by phone. For Deaf individuals, this means using a TTY to communicate by typing messages back and forth, but these methods are cumbersome, slow, and ineffective in an emergency. Moreover, many Deaf individuals no longer use or own TTYs because of advances in technologies such as email, instant message, and videophones. Having a call relayed is also an option for Deaf individuals, but most law enforcement and victim services agencies are not prepared to receive relay calls (or TTY calls) and Deaf survivors commonly report being hung up on or never having their call answered at all.¹⁶

Lack of language access

Language access presents a significant barrier to Deaf survivors. Qualified ASL interpreters are rarely used to facilitate communication between Deaf survivors and law enforcement officers, advocates, and medical professionals. More commonly, Deaf survivors are forced to use ad hoc and often ineffective communication measures that present their own challenges: writing notes back and forth requires a level of fluency in and comfort with written English that many Deaf survivors do not possess; speech or lip reading is difficult for most Deaf survivors, imprecise, and can lead to confusion; and family members acting as interpreters can present problems, especially since they often lack the skills and fluency to interpret the information being conveyed accurately. These ad hoc measures lead to miscommunication, missed information, and frustration in any circumstance, but they are particularly problematic in the context of domestic and sexual violence. It is difficult to exchange information in a person's non-native language in the best circumstances, and it becomes even more difficult if that person has experienced trauma, is in crisis, or if the information being conveyed is complex—all of which apply to Deaf survivors.

In the rare instances when certified interpreters are used, they often do not have the proper qualifications or preparation to work in the context of domestic and sexual violence, which presents unique linguistic needs, practice considerations, and safety concerns for interpreters. Resi-

It is difficult to exchange information in a person's non-native language in the best circumstances, and it becomes even more difficult if that person has experienced trauma, is in crisis, or if the information being conveyed is complex—all of which apply to Deaf survivors.

dential programs, such as domestic violence shelters, can't afford interpreters around the clock. Instead, they reserve them for high-priority events such as program orientations and case management meetings, making it difficult for advocates and Deaf survivors to have impromptu conversations as issues come up or for Deaf survivors to interact with other residents who often provide invaluable support.

The practices of law enforcement and service providers contribute to the challenges Deaf survivors face around access to interpreters:

- >**Unfamiliarity with legal obligations:** The Americans with Disabilities Act of 1990 requires service providers and law enforcement agencies to provide auxiliary aids to ensure effective communication so Deaf people have an equal opportunity to participate in and benefit from their services.¹⁷ For many Deaf people, this means ASL interpreters. Many providers and law enforcement officers are unfamiliar with their obligations under the law and often don't meet their legal obligations.
- >**Lack of qualified interpreters:** A qualified interpreter is one who can interpret accurately, effectively, and impartially, and use specialized vocabulary, as needed. ASL interpreters require specialized training to effectively interpret in courtrooms and domestic and sexual violence contexts. This training covers vocabulary specific to domestic and sexual violence, trauma and communication, ethics, safety planning, and self-care. Few interpreters have this specialized training.
- >**Lack of funds allocated for interpreters:** Most domestic violence programs and rape crisis centers do not have money set aside in their budget to cover costs associated with ASL interpreters. While rates vary from community to community, the average cost for an ASL interpreter is between \$55 and \$65 per hour. ASL interpreters are required to work in two-person teams and many agencies have a two-hour minimum for each interpreting assignment. However, most funding sources—especially local, state, and federal governments—allow

their funds to cover the costs associated with accommodations for access.

>**Lack of ability to secure ASL interpreters:** Program staff and law enforcement officers often have little knowledge of the world of sign language interpreting, including how to locate interpreters, how to contract with them for these services, and how to determine if interpreters are qualified for a given assignment. It is critical that interpreters be vetted for language fluency, interpreting skills, specialized training (as described below), and to determine whether they have pre-existing relationships with the parties involved—especially the person responsible for the abuse—given the small, tight-knit nature of the community. Interpreters must also be prepared for the potentially difficult nature of the subject matter being discussed and to plan for their own safety, as there have been instances of abusers harassing or physically assaulting interpreters for their role in legal proceedings.



>**Challenges in securing interpreters in a crisis:** Securing interpreters for a scheduled appointment can take up to three weeks, but emergency engagements, such as Deaf survivors' initial calls for help, or impromptu meetings, such as conversations with staff at residential programs as new issues arise, present challenges. Aside from court proceedings, few interactions surrounding domestic and sexual violence can be scheduled. Victim service professionals struggle to quickly secure qualified interpreters during times of crisis, such as fleeing domestic violence to an emergency shelter, calling the police for help, and going to the hospital for a sexual assault forensic exam—interactions when communication access is arguably most critical for survivors.

Lack of cultural competency in victim services and advocacy

Without a deep understanding of Deaf culture and the unique cultural context of domestic and sexual violence, it is difficult for advocates and counselors to effectively

Consequences of miscommunication

The consequences of miscommunication can be dire when survivors are navigating life or death situations, complex systems, and their healing or the healing of their children. Inaccurate or ineffective communication can have far-reaching and negative ramifications in criminal proceedings, which require a high degree of accuracy throughout, from the initial police report to testifying in court. For example, survivors are often denied protection orders and their abusers' criminal cases are often dismissed due to insufficient evidence or conflicting testimony. Without communication access, it's difficult for advocates working in domestic violence programs or rape crisis centers and Deaf survivors to connect with one another, develop understanding, and build trust, which is the foundation for any relationship and essential when supporting survivors in the aftermath of trauma. It also limits an advocate's ability to tailor potential services and supports to meet the unique needs of Deaf survivors and to build on their strengths, especially those related to Deaf survivors' often rich cultural heritage.

safety plan with Deaf survivors, support Deaf survivors through the criminal or civil legal system, facilitate support groups involving Deaf survivors, and provide many of the other critical services Deaf survivors need in crisis and healing. These advocates also play an important role in advancing justice for survivors by advocating to close gaps and address troubling trends in the responses of key systems—civil, criminal, medical—to domestic and sexual violence. Domestic violence programs and rape crisis centers cannot eliminate communication and cultural barriers without gaining expertise on the Deaf community, leaving Deaf survivors alone to navigate the systems involved in victims' lives on top of the trauma they have experienced.

Audism in mainstream services and systems

Services and supports designed for survivors of domestic and sexual violence are not immune to audism, which can influence how these services are designed and implemented, as well as the culture and attitudes that define them. Many professionals in the crime victims field construct their work through an anti-oppression framework, but most are unfamiliar with audism. Awareness is a necessary first step toward understanding how it contributes to disparities Deaf survivors experience and identifying strategies to eradicate it in our responses to survivors.

Lack of capacity among Deaf service providers to address violence

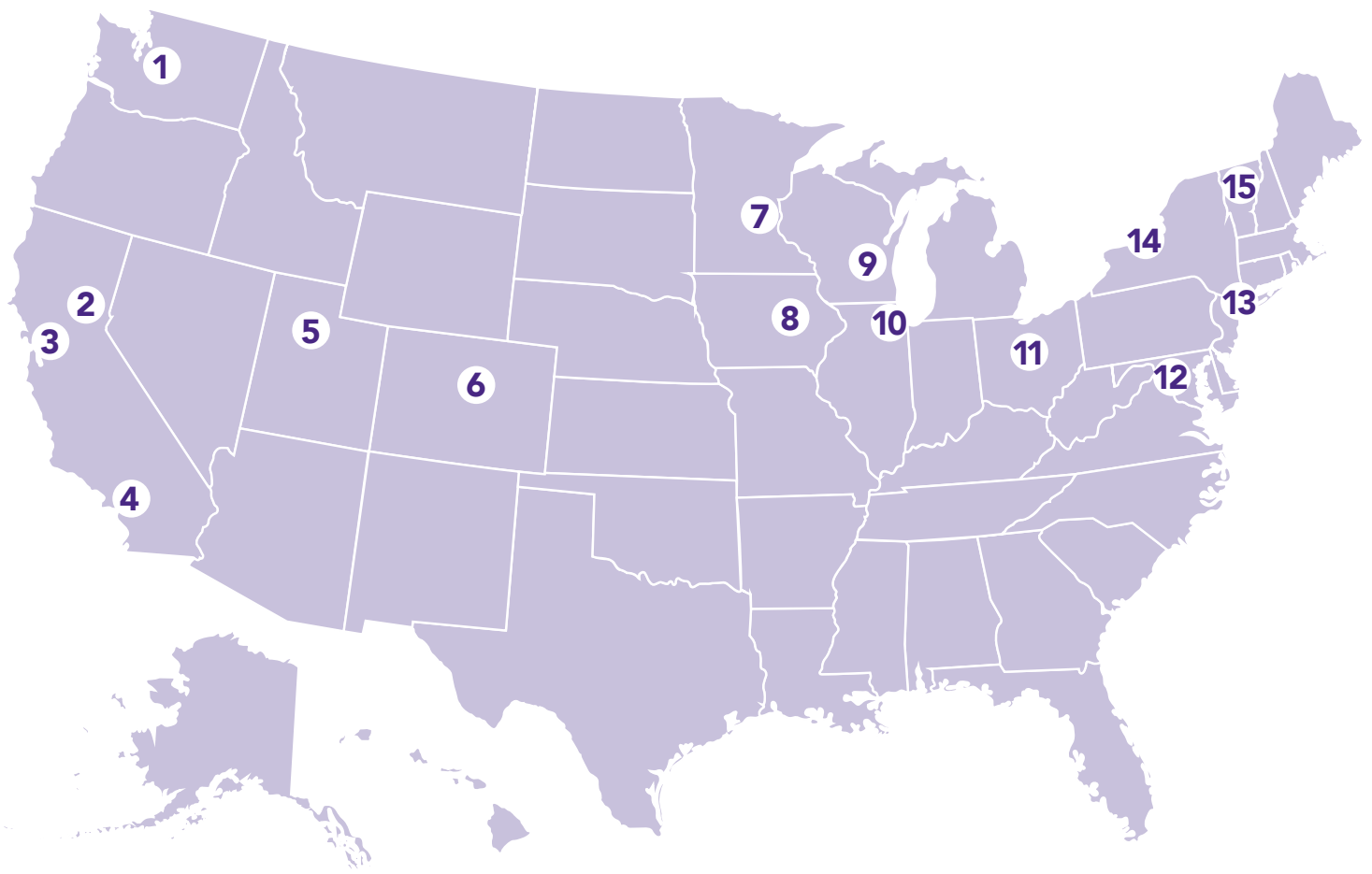
Deaf organizations and groups within the Deaf community weren't designed to address domestic and sexual violence and, thus, usually are not sources of support for Deaf survivors. Their staff or volunteers lack specialized knowledge about domestic and sexual violence, best practices, and protocols to guide services to survivors, and other resources necessary to safely and effectively support survivors at all stages in their journey. Without specialized capacity, these programs cannot address complex and critical issues that have dire consequences for survivors, including confidentiality and how information is quickly shared from person to person in the Deaf community (often referred to as the Deaf grapevine). Additionally, these programs often struggle to navigate relationships and interactions with perpetrators who are members of the community and may be clients of their programs. As a result, these programs run the risk of contributing to safety concerns for survivors rather than mitigating them. Additionally, the lack of attention and misinformation about domestic and sexual violence within the Deaf community coupled with the invisibility of the Deaf community within domestic violence programs and rape crisis centers creates a double code of silence for many Deaf survivors.

Services for Deaf, by Deaf: a promising strategy

In 1986, in response to the lack of accessible services for Deaf survivors in Seattle, a small group of Deaf women and their allies founded Abused Deaf Women's Advocacy Services (ADWAS). They sought to fill these gaps by providing Deaf survivors with services that were rooted in the culture and language of the Deaf community. To achieve their goal, they created ADWAS to be run by and for Deaf people, making it the first victim services organization of its kind in the world. Since then, ADWAS has provided thousands of people in the Deaf community in the Seattle area and beyond with an array of Deaf-centered services, including education and outreach, crisis intervention, advocacy, and housing. Its success was recognized in the mid-1990s when it received federal funding to replicate its victim services model in 15 cities across the country.

Today, thanks to this and other replication efforts, there are a small number of agencies that provide Deaf-centered services to Deaf survivors in the United States. The majority of these agencies are stand-alone Deaf-specific victim services organizations like ADWAS. To a lesser extent, some programs are run out of general Deaf social service organizations and, in a few rare instances, administratively housed in a hearing victim services organization (such as a domestic violence shelter or a rape crisis center). Regardless of the configuration, these Deaf-specific programs provide the Deaf community with emergency hotlines, crisis intervention, medical and legal advocacy, counseling and other supportive services, peer support opportunities, and community outreach and education. The design and delivery of these standard victim services is tailored to meet the needs of the Deaf community. For example, many offer email, text, and video-based emergency hotlines and routinely use social media to educate the community about domestic and sexual violence, which better meets the technology and communication norms of the community.





Agencies providing Deaf-specific services to Deaf survivors in the United States

Information provided by: ADWAS, Seattle, WA

- 1.** Abused Deaf Women's Advocacy Services, Seattle, WA
- 2.** Deaf Survivor Advocacy for Empowerment, North Highlands, CA
- 3.** DeafHope, Oakland, CA
- 4.** Peace Over Violence, Los Angeles, CA
- 5.** Salt Lake City Sego Lily Center for the Abused Deaf, Salt Lake City, UT
- 6.** Deaf Overcoming Violence Through Empowerment, Denver, CO
- 7.** Communication Service for the Deaf, Saint Paul, MN
- 8.** Deaf Iowans Against Abuse, Cedar Rapids, IA
- 9.** Deaf Unity, Madison, WI
- 10.** Chicago Hearing Society, Chicago, IL
- 11.** Deaf Women Against Violence Everywhere, Worthington, OH
- 12.** Deaf Abused Women's Network, Washington, DC
- 13.** Barrier Free Living, New York, NY
- 14.** Advocacy Services for Abused Deaf Victims, Rochester, NY
- 15.** Deaf Victims Advocacy Services, South Barre, VT

These programs also provide services unique to the Deaf community. For example, Deaf Hope in the Bay Area and a few other Deaf-specific programs are developing non-criminal justice based approaches to holding abusers accountable and curbing their abusive behavior, such as limiting their access to Deaf cultural events or boycotting their businesses. Developing these approaches is more possible in a small, close-knit community that often values collectivism, such as the Deaf community, but the lessons learned can be instrumental for the crime victims field as a whole. Additionally, these programs have expanded services that include advocacy and training efforts aimed at hearing programs to help them better understand the needs of the Deaf community and increase their ability to provide accommodations and other cultural needs of Deaf survivors seeking their services.

The provision of services to survivors by specially trained advocates who themselves are Deaf is perhaps the most promising model for serving Deaf survivors. Because services are delivered by Deaf staff members and volunteers, survivors are able to communicate to advocates and other professionals directly—without an interpreter—in their native language. Using one’s native language makes communication easier, especially when individuals may be experiencing trauma or discussing particularly sensitive and difficult topics. It is also easier for Deaf survivors to connect with one another and provide valuable peer support in Deaf-specific programs because they are not the only Deaf survivors being served. The result is victim services that not only account for Deaf culture, but also are defined by it.

The provision of services to survivors by specially trained advocates who themselves are Deaf is perhaps the most promising model for serving Deaf survivors.

Challenges facing Deaf programs

Despite the progress made, there continues to be a severe lack of Deaf-specific services in the United States. According to Abused Deaf Women’s Advocacy Services, there are only 15 programs nationwide designed to serve Deaf survivors, with a few others in the early stages of development.¹⁸ By contrast, there are more than 1,905 programs that address domestic violence, according to the National Network to End Domestic Violence, and 1,100 that address

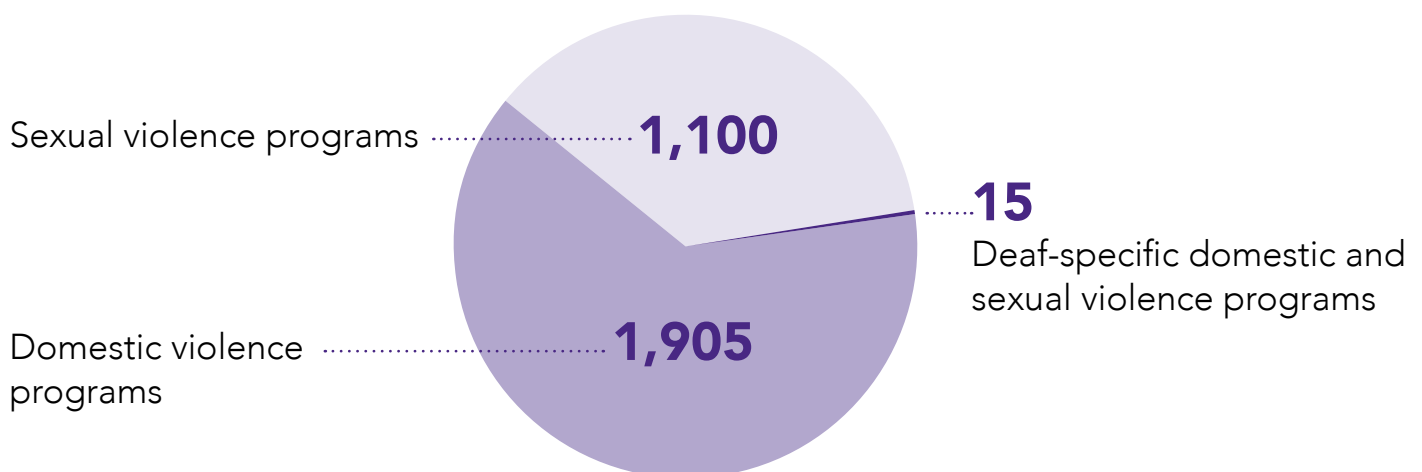
sexual assault in general listed on the U.S. Department of Justice’s Directory of Crime Victim Services.¹⁹

To expand and sustain their work into the future, Deaf-specific victim service providers will have to overcome unique funding and staffing challenges that limit their ability to deliver more resource-intensive essential services, such as emergency shelter or transitional housing for survivors fleeing abuse.

>**Funding:** Like most victim services organizations, many Deaf-specific programs struggle to secure funding to support their operations—especially from public sources, which are arguably the largest source of funding in the victim services field. But Deaf programs face unique barriers, as well.

- Many of these programs are small startups that have yet to build the internal capacity necessary to apply for or manage public funding, including grant writing experience.
- Funders often place a premium on programs being able to serve large numbers of survivors and Deaf programs can’t compete with the numbers promised by hearing programs.

Number of programs addressing domestic and sexual violence in the United States



- Specialized grant programs focusing on underserved victim groups are emerging that don't emphasize quantity in service provision, but not all of them specifically identify the Deaf community as an underserved or priority population.
- Having a relationship with a potential funder often plays a key role in whether or not funds are secured, but many Deaf victim services providers do not have ready access to funders to build those relationships due to communication barriers. Without readily available interpreters, for example, it is difficult for Deaf professionals to network with or have in-person informational meetings with funders.

>**Staffing:** With minimal to no financial support, most Deaf programs operate with a small number of paid staff, if lucky, or a cadre of specially trained volunteers. They are often tasked with serving Deaf survivors from across an entire state or even multiple states because their program is likely to be the only one of its kind in the area, spreading these programs' limited resources even thinner. Staff are also less likely than their hearing counterparts to access training opportunities, either because hosts do not have the resources for on-site interpreters or to caption virtual trainings.

Enhancing the capacity of hearing service providers and systems

Given the lack of Deaf-specific services and the resources needed to develop them, enhancing the capacity of existing mainstream service providers and systems to better meet the needs of Deaf survivors has emerged as an interim step. Several national efforts, like Vera's, have emerged in recent years to build capacity within existing domestic violence programs, rape crisis centers, and allied systems

(criminal justice, medical, etc.).²⁰ This not only ensures that Deaf survivors have greater access to services and support in their community, but also increases the number of options Deaf survivors have when deciding where to go for support. A small but growing number of organizations have answered the challenge, enhancing their capacity by:



- > Building relationships with Deaf organizations and the Deaf community in their service area.
- > Working with members of the Deaf community to educate staff on the local Deaf community and culture, and domestic and sexual violence against Deaf people.
- > Developing an understanding of audism, exploring its role in the barriers Deaf survivors face, and engaging in a process of becoming hearing allies to the Deaf community.
- > Reviewing the accessibility of their physical, communication, information, policy, and attitudinal environments to identify barriers for Deaf people and creating plans to remove them.
- > Establishing agreements with interpreter agencies to ensure qualified, trauma-informed interpreters are available, especially during nights and weekends.
- > Finding money (often by including costs related to accommodations in grant proposal budgets) to cover the costs of auxiliary aids or other accommodations, such as sign language interpreters, that create equal access for Deaf survivors, staff and volunteers, and community partners.
- > Recruiting staff and volunteers who are fluent in ASL or teaching existing staff basic sign language.
- > Creating captioned videos to communicate critical information about their services that has previously only been available in writing.

- >Adopting policies on effective communication that outline a law enforcement agency's responsibilities for creating communication access, procedures for securing auxiliary aids (such as interpreters), and tips for communicating effectively with Deaf and hard of hearing people.

None of these initiatives can occur, however, without the buy-in from hearing programs, financial resources, and participation from the Deaf community.

Collaboration between Deaf and hearing programs

Collaboration between the Deaf community, hearing victim service providers, and allied systems (such as criminal justice and medical) is essential in every community so Deaf survivors can access services and supports that aren't provided by Deaf-specific programs, such as transitional housing, forensic exams, and protection orders. The degree and nature of the collaboration depends on whether Deaf-specific victim services are already in place and, if so, what they offer. In communities without Deaf-specific services, for example, a more intensive and structured process is necessary to bring representatives from the Deaf and victim services communities together on equal footing to determine how to best meet the needs of the community. Communities with a more defined strategy for serving Deaf survivors might center their collaborative efforts on cross-training to build the baseline capacity of both Deaf and hearing programs, developing protocols for how the organizations can work together to support a Deaf survivor, and strategizing for removing barriers Deaf survivors routinely face in the community.

Despite their benefits, collaborations of this nature are rare. As discussed earlier, the invisibility of Deaf survivors in most communities, the communication and cultural barriers they face, the Deaf community's frequent mistrust of mainstream services and systems, and the lack of accessi-

bility to most mainstream interventions can impede relationship building and meaningful participation. Without a foundation to build from, it is difficult for hearing professionals to make in-roads into the Deaf community and for Deaf providers to advocate for changes within hearing victim service organizations and allied systems without leading to strained relationships and challenging dynamics at the collaboration table.

“Collaboration between hearing service providers and the Deaf community is crucial in ensuring culturally and linguistically competent services are being provided to Deaf survivors of domestic and sexual violence. Vera House in Syracuse is a fabulous model for others to consider emulating.”

Erin Esposito, Advocacy Services for Abused Deaf Victims

Developing Deaf-allied services

Vera House, a comprehensive domestic and sexual violence service agency, and the local Deaf community in Syracuse, New York built a strong collaboration to develop Deaf-allied services for Deaf survivors of domestic and sexual violence using the following ingredients for success.²¹ After uncovering the unmet needs of Deaf survivors in its community through a series of focus groups with service providers and Deaf community members, Vera House committed itself to addressing the gaps and working to ensure Deaf survivors have equal access to services and supports. The staff embarked on a journey that began with building their own capacity and stressed ongoing relationship and trust building with the Deaf community. They created opportunities to build their knowledge of Deaf culture; developed policies and protocols that support communication access for Deaf survivors; brought on Deaf and signing advocates; supported training of American Sign Language interpreters; and began having their events interpreted. Alongside these efforts, they met with leaders in the Deaf community; convened open forums with Deaf community members; held an open house for the Deaf community; invited Deaf survivors to serve on advisory groups; and attend Deaf events and meetings in the community. This multi-pronged approach has led to strong connections, mutual understanding, and trust between Vera House and the Deaf community in Syracuse that serves as a strong foundation as they develop and implement Deaf-allied services.

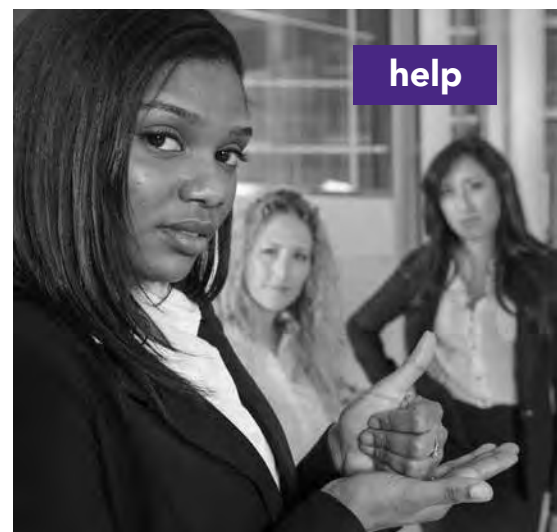
Successful collaborations require commitment, financial resources, time, and mutual understanding, among other things. All participants must embark on the hard work of developing a joint vision for serving Deaf survivors in a community. This requires intentional conversation, deliberate planning, and execution. It also requires skilled leadership to help create a work process that is culturally and linguistically appropriate, to facilitate that process, and to help the group find common ground and have an impact. Financial resources are also needed for ASL interpreters and other accommodations members need to participate.

Recommendations

What follows is a list of initial recommendations for improving Deaf survivors' access to and experiences with victim services and criminal justice system interventions.

>**Recognize Deaf as a distinct cultural and linguistic group.** Specifically naming the Deaf community is a powerful way for policymakers and practitioners to communicate an understanding of the community's uniqueness; build trust; and, subsequently, more effectively appeal to and reach Deaf individuals, whether they are survivors in need of services and support or practitioners in the victim services field. This recognition can take many forms, such as mentioning the Deaf community in outreach brochures, referencing the experiences of Deaf survivors in annual reports and other publications, and including the Deaf community as an underserved or priority community in strategic plans and funding solicitations.

>**Dedicate resources to address domestic and sexual violence in the Deaf community.** Effectively addressing violence in the Deaf community requires services and supports that are built on a high degree of cultural and linguistic competence. Funders, state-level administrators and advocacy groups, and practitioners should consider how best to dedicate resources to ensure that Deaf survivors have access to such services. This



includes financial resources to support the development and ongoing operations of Deaf-specific programs, as well as the enhancement of hearing programs and systems so they can effectively work in tandem with Deaf-specific programs. It also includes staff time, meeting space, and the cost of accommodations, like ASL interpreters, to support a community-based planning effort to determine how to achieve culturally competent services in communities where they currently don't exist.

- >**Prioritize Deaf expertise.** Deaf people with expertise in domestic and sexual violence should not only be included in any Deaf-specific efforts in the victim services field, but should be engaged as leaders or co-leaders. In addition to understanding the unique needs of Deaf survivors, Deaf experts bring an understanding of the culture, dynamics, and needs of the Deaf community in the jurisdiction in question. If engaged in meaningful ways, Deaf leaders can increase the credibility of the effort, which is likely to increase support for the effort in the broader Deaf community.
- >**Fill research gaps.** Fundamental questions about domestic and sexual violence in the Deaf community remain unanswered, making it difficult for policymakers and practitioners to craft effective prevention and intervention approaches. More research in the following three priority areas is required: (1) incidence and prevalence of domestic and sexual violence against Deaf individuals; (2) utilization of victim services and criminal justice system interventions; and (3) evaluations of Deaf-specific programs and other promising approaches to serving Deaf survivors.
- >**Collect data on Deaf cultural status.** Domestic violence programs and rape crisis centers routinely collect basic information about the people who contact them for help and the people they ultimately serve, and similar information is collected on the victims and offenders involved at various points in the criminal justice system. Few entities across the country, though, collect informa-

tion on Deaf cultural affiliation. Gathering data about Deaf cultural status, like other diversity data, is essential to understanding these survivors' needs and planning services to meet them. In addition, this information can be used to identify disparities in service use and justice system experiences and to develop benchmarks for reducing those disparities.

Conclusion

No one should have to choose between their culture and language and their safety and healing. Yet, in the absence of cultural and linguistic services, Deaf survivors of domestic and sexual violence are forced to make that choice every day. They are faced with impossible dilemmas such as, "Should I flee to safety in a shelter where I can't communicate with anyone and no one understands my culture? Or should I stay in my home where my safety and well-being is at risk, but I can freely communicate and be part of a culture that brings me pride and strength?" By recognizing the Deaf community as a cultural and linguistic minority and supporting services tailored to this community, the victim services field can take the critical first steps toward a time when Deaf survivors don't have to make that choice, and can easily obtain the services and support they need to live safe and fulfilling lives.

"To be accountable, each member of the community has to engage in healthy dialogue and ask themselves how we perpetuate violence or create safety. When a survivor speaks out, what is our reaction? How do we provide support?"

Amber Hodson, DeafHope

Endnotes

- 1 Ruth is a fictitious character whose story is a composite of several Deaf survivors of domestic violence.
- 2 Melissa L. Anderson and Irene W. Leigh, "Intimate partner violence against deaf female college students," *Violence Against Women* 17 (2013): 822–834.
- 3 Ross Mitchell and Michael Karchmer, "Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States," *Sign Language Studies*, 4 (2004): 138–163.
- 4 The Survey of Income and Program Participation (SIPP) is a statistical survey conducted by the United States Census Bureau. Matthew W. Brault, *Americans With Disabilities: 2010*, Current Population Reports, (Washington, DC: U.S. Census Bureau, 2012); <http://www.census.gov/prod/2012pubs/p70-131.pdf> (accessed November 21, 2014).
- 5 Ibid, p. 8.
- 6 Ross E. Mitchell, Travas A. Young, Bellamie Bachleda, and Michael A. Karchmer, "How many people use ASL in the United States? Why estimates need updating." *Sign Language Studies* 6, no. 3 (2006): 306–335.
- 7 Ibid.
- 8 According to Vaughn I. Rickert et al., "Rates and risk factors for sexual violence among an ethnically diverse sample of adolescents," *Archives of Pediatrics & Adolescent Medicine* 158, no. 12 (2004): 1132–1139, forced sexual experiences can include "verbal sexual coercion (being talked or pressured into having unwanted intercourse)," while sexual assault includes "unwanted sexual contact (touching or kissing without permission)" and "rape/attempted rape (use of physical force, alcohol, or other drugs or position of power)."

- 9 Laverne McQuiller Williams and Judy L. Porter, "An Examination of the Incidence of Sexual, Physical, and Psychological Abuse and Sexual Harassment on a College Campus Among Under-represented Populations" (paper presented at the Western Society of Criminology Conference, Honolulu, Hawaii, February 2010).
- 10 Melissa L. Anderson and Irene W. Leigh, "Intimate partner violence against deaf female college students," *Violence Against Women* 17 (2011): 822–834.
- 11 Robert Q. Pollard, Erika Sutter, and Catherine Cerulli, "Intimate Partner Violence Reported by Two Samples of Deaf Adults via a Computerized American Sign Language Survey," *Journal of Interpersonal Violence*, (2014): 948–965.
- 12 Patricia M. Sullivan and John F. Knutson, "Maltreatment and behavioral characteristics of youth who are deaf and hard of hearing," *Sexuality and Disability* 16, no. 4, (1998): 295–319.
- 13 Ibid.
- 14 Patricia M. Sullivan and John F. Knutson "Maltreatment and disabilities: A population-based epidemiological study." *Child Abuse & Neglect* 24, no. 10, (2000): 1257–1273.
- 15 Candice Tate, *Trauma in the Deaf Population: Definition, experience, and services* (Alexandria, VA: National Association of State Mental Health Program Directors, 2012).
- 16 When making a relay call, a Deaf individual contacts the national Telecommunications Relay Service using a TTY or computer. The caller is connected to a communications assistant who relays communication between the caller and the recipient. A Deaf caller, for example, types the message to the assis-

tant, who speaks and relays it to the hearing recipient. The recipient responds with a spoken message, which the assistant types to the Deaf caller who reads it on their TTY or computer screen.

- 17 ADA: Americans With Disabilities Act of 1990. Public Law 101–336. § 35.160 and 36.303. 108th Congress, 2nd session (July 26, 1990).
- 18 Abused Deaf Women’s Advocacy Services, <http://www.adwas.org/>, (accessed November 21, 2014).
- 19 National Network to End Domestic Violence, *Domestic Violence Counts: Census 2013 Report*, <http://nnedv.org/projects/census/4225-domestic-violence-counts-census-2013-report.html> (accessed June 2, 2014); U.S. Department of Justice, Office for Victims of Crime, “Directory of Crime Victim Services.” <http://ovc.ncjrs.org/findvictimservices/search.asp> (accessed June 2, 2014).
- 20 The name of Vera’s project is Increasing Culturally and Linguistically Competent Services Initiative. To learn more about this initiative, visit Vera’s website.
- 21 Vera House is not affiliated with the Vera Institute of Justice.

Acknowledgments

A special thanks to those who have contributed their expertise, time, and perspective to this policy and practice brief through participation in a focus group, reviewing the publication, or helping us to better understand the needs of Deaf survivors: Keri Darling, director, Deaf Vermonters Advocacy Services; Ashley Demyan, research associate, Vera Institute of Justice; Erin Esposito, executive director, Advocacy Services for Abused Deaf Victims; Amy Loder, senior program specialist, U.S. Department of Justice, Office on Violence Against Women; Libby Stanley, program director, Abused Deaf Women’s Advocacy Services; and Deaf advocates and hearing allies Wendie Abramson, Vonnie Basham, Martina “MJ” Bienvenu, Sheri Farinha, Jessalyn Frank, Amber Hodson, Tara Holcomb, Cathy Hoog, Amy Judy, Soon Sun Kim, Damara Paris, Kim Parra, Jennifer Pfau, Sasha Ponappa, Cheryl Prusinski, Julie Rems-Smario, Peggie Reyna, Lindsay Ryan Anthony, Amy Rousseau, Tess Sakolsky, Marilyn Smith, Alice Sykora, Gretchen Waech, and Aimee Whyte.

© Vera Institute of Justice 2015. All rights reserved.

The Vera Institute of Justice is an independent nonprofit organization that combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety. For more information, visit www.vera.org.

The Center on Victimization and Safety works with communities around the country to fashion services that reach, appeal to, and benefit all victims. Our work focuses on communities of people who are at elevated risk of harm but often marginalized from victim services and the criminal justice system. We combine research, technical assistance, and training to equip policymakers and practitioners with the information, skills, and resources needed to effectively serve all victims.

For more information on the Center on Victimization and Safety, please contact cvs@vera.org or 212.376.3096.

This project was supported by Grant No. 2011-TA-AX-K124 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Cover image used with permission of ASL4DeafKids. Photographer: Clare Cassidy.

Layout and infographic design by Stephanie Grey Design.

Suggested citation

Nancy Smith and Charity Hope. *Culture, Language, and Access: Key Considerations for Serving Deaf Survivors of Domestic and Sexual Violence*. New York: Vera Institute of Justice, 2015.

Vera Institute of Justice
233 Broadway, 12th Floor
New York, NY 10279
Tel: (212) 334-1300
Fax: (212) 941-9407

New Orleans Office
546 Carondelet St.
New Orleans, LA 70130
Tel: (504) 593-0937
Fax: (212) 941-9407

Washington DC Office
1100 First St. NE, Suite 950
Washington, DC 20002
Tel: (202) 465-8900
Fax: (202) 408-1972

Los Angeles Office
707 Wilshire Blvd., Suite 3850
Los Angeles, CA 90017
Tel: (213) 223-2442
Fax: (213) 955-9250



COMMUNITY
DEVELOPMENT (925) 673-7340
ENGINEERING (925) 969-8181

6000 HERITAGE TRAIL • CLAYTON, CALIFORNIA 94517-1250
TELEPHONE (925) 673-7300 FAX (925) 672-4917

City Council
CARL "CW" WOLFE, MAYOR
PETER CLOVEN, VICE MAYOR
JIM DIAZ, COUNCILMEMBER
HOLLY TILLMAN, COUNCILMEMBER
JEFF WAN, COUNCILMEMBER

June 17, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

Ms. Moore,

On behalf of the City of Clayton, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere.**

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

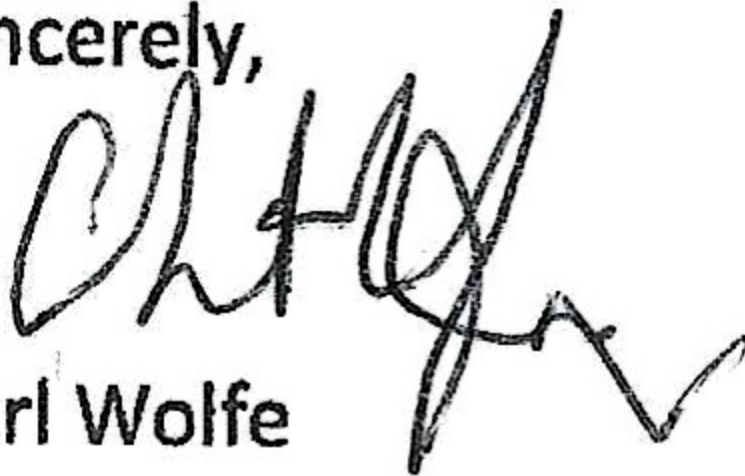
It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Clayton to help support and ensure the full development of the new system which will depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources of – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner

Do The Right Thing
Integrity - Responsibility - Inclusion - Courage - Kindness - Self-Discipline - Respect
Because It's The Right Thing To Do!

to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,



Carl Wolfe
Mayor, City of Clayton

Cc: City Council
City Manager

CITY OF CONCORD
1950 Parkside Drive, MS/01
Concord, California 94519-2578
FAX: (925) 671-3065

OFFICE OF THE MAYOR
Telephone: (925) 671-3158



CITY COUNCIL
Timothy A. McGallian, Mayor
Dominic D. Aliano, Vice Mayor
Edi E. Birsan
Laura M. Hoffmeister
Carlyn S. Obringer
Patti Barsotti, City Treasurer
Valerie J. Barone, City Manager

June 8th, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

As Mayor of the City of Concord, and on behalf of the Concord City Council, I am writing to endorse the work of the Community Crisis Initiative, which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system **with services provided by mental health professionals** and a system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) has been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Concord to help support the new system. We think establishing a regional effort that builds on expansion of a comprehensive mobile crisis system with mental health professionals is the most likely way to create a sustainable system.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure

that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,



Tim McGallian
Mayor
City of Concord

CC: City Council
Valerie Barone, City Manager
Susanne Brown, City Attorney
Joelle Fockler, City Clerk
Guy Bjerke, Director – Economic Development Director
Andrea Ouse, Community Development Director
Mindy Gentry, Planning Manager
Monica Nino, cao.cccounty.us
Lisa Driscoll, Lisa.Driscoll@cao.cccounty.us
Niccolo DeLuca, Townsend Public Affairs



*"Small Town Atmosphere
Outstanding Quality of Life"*

June 15, 2021

Measure X Community Advisory Board
c/o Lisa Driscoll, Committee Staff
Contra Costa County

Chair Moore, Members of the Measure X Community Advisory Board:

On behalf of the Town of Danville and our Town Council, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our communities. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of Contra Costa City Managers have been collaborating with Contra Costa Health Services. Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.

Individuals and families involved in these emergency and crisis mental health situations are in need of behavioral health interventions which can be provided as an alternative to law enforcement response. We support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county.

Given the magnitude of this effort, program costs will be considerable. Full development of this new system will only be realized through stable funding made available through federal resources and the State of California Department of Health Care Services in addition to other sources of funding needed to support the expansion of a comprehensive mobile crisis system with mental health professionals. As cities cannot be relied upon to be significant financial contributors to this effort, potential commitment of Measure X funding to cover some portion of the program costs will go a long way toward making

510 LA GONDA WAY, DANVILLE, CALIFORNIA 94526

Administration
(925) 314-3388

Building
(925) 314-3330

Engineering & Planning
(925) 314-3310

Transportation
(925) 314-3320

Maintenance
(925) 314-3450

Police
(925) 314-3700

Parks and Recreation
(925) 314-3400

June 15, 2021
Page 2

sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be.

This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit. We urge the Measure X Community Advisory Board to consider the value of this initiative and to support this effort.

Sincerely,

The Town of Danville

A handwritten signature in blue ink, appearing to read "Renee Morgan". The signature is fluid and cursive, with the first name "Renee" and last name "Morgan" clearly distinguishable.

Renee Morgan
Mayor

cc: Town Council
Supervisor Candace Andersen



June 16, 2021

Dear Measure X Community Advisory Board:

On behalf of the City of El Cerrito City Council, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The Initiative is a partnership between cities from across the County and Contra Costa Health Services (CCHS) to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere.**

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with CCHS. Under the sponsorship of this group, a multi-disciplinary team including law enforcement, community advocates, behavioral health staff, people with lived experience, and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere, at any time. This team looked at best practices nationally, regionally, and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions, and this Initiative will provide an alternative to law enforcement response. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the County. We are committed in the City of El Cerrito to help support and ensure full development of this new system which will only be realized through stable funding made available through federal resources and the State of California Department of Health Care Services in addition to other sources of funding – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely yours,

Paul Fadelli
Mayor, City of El Cerrito

cc: El Cerrito City Council
Supervisor John Gioia



Chris Kelley, Mayor

MAYOR

June 8, 2021

Measure X Community Advisory Board
c/o Lisa Driscoll
Lisa.Driscoll@cao.cccounty.us

Dear Measure X Community Advisory Board:

On behalf of the City of Hercules, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with live experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at anytime. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Hercules to help support and even fund the new system which will also depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources of – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,

Chris Kelley
Mayor



City Council

Susan Candell, Mayor
Teresa Gerringer, Vice Mayor
Carl Anduri, Council Member
Cameron Burks, Council Member
Gina Dawson, Council Member

Chair Mariana Moore
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

June 15, 2021

Dear Chair Moore and members of the Measure X Community Advisory Board,

The Lafayette City Council endorses the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The goal of this initiative, which is a partnership between cities from across the county and Contra Costa Health Services, is to develop a community crisis response system **with services provided by mental health professionals** that can be accessed by **anyone, anytime, anywhere**.

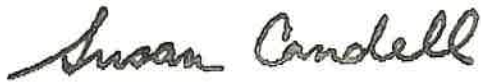
At the direction of the Contra Costa Mayors Conference, a representative group of city managers from the Contra Costa Public Managers Association (PMA) has been collaborating with Contra Costa Health Services (CCHS) on this effort since July 2020. Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing services and capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team studied best practices nationally, regionally and locally, and held three intensive week-long workshops to test various aspects of the model. **The tested model included three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations need compassionate and timely behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all the regions and cities in the county. We are committed in Lafayette to help support the new system. We believe that establishing a regional effort that builds on expansion of a comprehensive mobile crisis system with mental health professionals is the most likely way to create a sustainable system.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to ensure that mobile crisis services are offered in an age appropriate, geographically accessible, and culturally competent manner

to all residents of Contra Costa County. This work is just what Measure X was intended to support and all members of our county and all communities will benefit from this transformational and innovative program.

Sincerely,

A handwritten signature in cursive script that reads "Susan Candell". The ink is dark and the signature is fluid.

Susan Candell
Mayor

CC: Supervisor Candace Andersen
Monica Nino, County Administrator
City Council



June 14, 2021

Mayor Susan Candell, City Council

City of Lafayette

Re: Agenda item 9A Measure X Community Advisory Board endorsement of the Community Crisis Initiative

Dear Council Members,

Measure X, the county half cent sales tax that was passed in November, 2020 provides a 20-year revenue source to fund critical services to our county residents. This additional tax will represent about \$81 million annually. The tax was to collect money for additional emergency services including mental-health services, early childhood programs, and increased fire support to the CCC Fire Protection District.

The Lafayette Chamber Board of Directors supports the adoption of the Community Crisis Initiative. Programs like this have been quite successful in other cities around the country that have adopted similar programs. Eugene, Oregon has been operating their Crisis Assistance helping Out on the Streets for over 30 years, dispatching a medic and social workers/ crisis workers to non-violent 911 calls, which make up more than 20% of the 911 calls. Rather than defunding police departments, some agencies have added social workers to their payroll. Often the outcome is much more positive. With many examples, teams like this can also reduce the number of repeat emergency calls. In City Manager Srivatsa's letter, she states that one in five people in Contra Costa County suffer from some sort of mental illness. In the aftermath of the COVID-19 pandemic, we can already see that the need for these services will grow.

Social issues including homelessness are on the rise. Social workers don't replace peace officers, they augment. We urge you to tell our county officials, this is an idea whose time has come. Emergencies are not just wildfires, earthquakes and power outages. Help is needed every day for people in trouble.

Respectfully,

A handwritten signature in black ink, appearing to read 'Jay Lifson', is placed below the 'Respectfully,' text.

Jay Lifson, Executive Director



City of Martinez

525 Henrietta Street, Martinez, CA 94553-2394

(925) 372-3500 / Fax (925) 229-5012

June 9, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar St. 4th Floor
Martinez, CA 94553

RE: Community Crisis Initiative

Dear Madam Chair,

On behalf of the City of Martinez and our City Council, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions, and this will provide an alternative to law enforcement response. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Martinez to help support and ensure



Page 2

Letter to Measure X Citizen's Oversight Committee

June 7, 2021

full development of this new system which will only be realized through stable funding made available through federal resources and the State of California Department of Health Care Services in addition to other sources of funding – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Citizen's Oversight Committee to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit. In addition, we hope that the County Board of Supervisors also recognizes the need to provide full funding to this initiative once the matter comes before them.

Sincerely,

Rob Schroder

Mayor

City of Martinez

CC: Monica Nino, monica.nino@cao.cccounty.us
Lisa Driscoll, lisa.driscoll@cao.cccounty.us
Supervisor Federal Glover, District 5
Debbie McKillop, Vice Mayor
Mark Ross, Councilmember
Lara Delaney, Councilmember
Brianne Zorn, Councilmember
Eric Figueroa, City Manager



City of Orinda
22 Orinda Way • Orinda • California • 94563

June 15, 2021

Dear Measure X Community Advisory Board:

On behalf of the City of Orinda and our City Council, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions, and this will provide an alternative to law enforcement response. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Orinda to help support and ensure full development of this new system which will only be realized through stable funding made available through federal resources and the State of California Department of Health Care Services in addition to other sources of funding – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit. In addition, we hope that the County Board of Supervisors also recognizes the need to provide full funding to this initiative once the matter comes before them.

Sincerely yours,

Amy Worth
City of Orinda Mayor



City of Pittsburg
65 Civic Avenue
Pittsburg, California 94565-3814
Office of the Mayor

June 10, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

As Mayor of the City of Pittsburg, and on behalf of the City of the Pittsburg City Council, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the County and Contra Costa Health Services to develop a comprehensive community crisis response system with services provided by mental health professionals that can be accessed by **Anyone, Anywhere, Anytime.**

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions, and this will provide an alternative to law enforcement response. About one in five adults are currently experiencing behavioral health issues. In Contra Costa County, about 13% of all EMS calls address mental health issues. Finally, there are between 10,000 and 11,000 involuntary psychiatric holds in the County every year.

We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the County. We are committed in Pittsburg to help support and ensure full development of this new system which will only be realized through stable funding made available through federal resources and the State of California Department of Health Care Services in addition to other sources of funding – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.



We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit. In addition, we hope that the County Board of Supervisors also recognizes the need to provide full funding to this initiative once the matter comes before them.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Merl Craft', with a stylized flourish at the end.

Merl Craft
Mayor
City of Pittsburg

cc: City Council
Supervisor Federal Glover
Garrett Evans, City Manager
Donna Mooney, City Attorney
Alice Evenson, City Clerk
Monica Nino, County Administrator



June 15, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

Subject: Measure X Funding for Behavioral Health Crises

Dear Measure X Community Advisory Board,

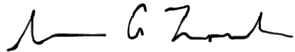
I am writing as the Mayor of Pleasant Hill to endorse the work of the Community Crisis Initiative, which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear in Pleasant Hill that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. I am committed to help support the new system. Establishing a regional effort building on the expansion of a comprehensive mobile crisis system with mental health professionals is important in creating a sustainable system.

I urge the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan A. Noack". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

Susan A. Noack
Mayor
City of Pleasant Hill



CONTRA COSTA COUNTY
CALIFORNIA
POLICE CHIEFS' ASSOCIATION

June 14, 2021

Measure X Community Advisory Board
Contra Costa County

Dear Measure X Community Advisory Board,

On behalf of the Contra Costa County Police Chiefs Association, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. As law enforcement leaders in Contra Costa County, we are committed to help support the new system. We understand that many cities in our county are supportive and even looking at funding a new system which will also depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way toward

65 Civic Avenue, Pittsburg, California 94565



CONTRA COSTA COUNTY
CALIFORNIA
POLICE CHIEFS' ASSOCIATION

making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,

A handwritten signature in blue ink, appearing to read "Manjit Sappal", is written over the word "Sincerely,".

Manjit Sappal

Contra Costa Police Chiefs Association Chair
Chief of Martinez Police Department

65 Civic Avenue, Pittsburg, California 94565

June 9, 2021



[E-TRANSITTAL /U.S.REGULAR MAIL](#)

Ms. Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office (CAO)
1025 Escobar Street, 4th Floor
Martinez, CA 94553

Dear Chair Moore and Members of the Measure X Community Advisory Board:

On behalf of San Pablo City Council, I am writing to endorse the work of the Community Crisis Initiative, which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The current initiative is a partnership between local cities from across the County and Contra Costa Health Services to develop a comprehensive community crisis response system **with services provided by mental health professionals** and a system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) has been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in dire need for behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in the City of San Pablo to help support the new system. We believe establishing a regional effort that builds on expansion of a comprehensive mobile crisis system with mental health professionals is the most likely way to create a sustainable system.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development of this regional model County-wide will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be.

In closing, we sincerely hope that this request for funding support will resonate with all members of the Measure X Committee who will see that this request is exactly the type of joint, collaborative, regional partnership between Contra Costa County Health Services and local cities that can be greatly supported by the Committee to ensure that critically-needed mental health services can be supported and sustained for the mutual benefit of all members our communities.

Thank you for your time and consideration.

Sincerely,



Elizabeth Pabon-Alvarado, Mayor
City of San Pablo

cc: County Supervisor John Gioia, First District (John.Gioia@bos.cccounty.us)
Monica Nino, County CAO (Monica.Nino@cao.cccounty.us)
Lisa Driscoll, County Finance Director (Lisa.Driscoll@cao.cccounty.us)
Niccolo De Luca, Townsend Public Affairs (ndeluca@TownsendPA.com)

San Pablo City Council
Matt Rodriguez, City Manager
Lynn Tracy Nerland, City Attorney
Charles Ching, Assistant City Manager
Ron Raman, Police Chief

Ms. Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office (CAO)
June 9, 2021
Page 3



CITY OF SAN RAMON

7000 BOLLINGER CANYON ROAD
SAN RAMON, CALIFORNIA 94583
PHONE: (925) 973-2500
WWW.SANRAMON.CA.GOV

June 8, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

RE: Support for Community Crisis Initiative Measure X Funding

Dear Measure X Community Advisory Board,

On behalf of the City of San Ramon, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by anyone, anytime, anywhere.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.

It has become clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7, serving all of the regions and cities in the county. San Ramon is committed to help support the new system and will consider to include potential funding. We think establishing a regional effort that builds on expansion of a comprehensive

CITY COUNCIL: 973-2530
CITY MANAGER: 973-2530
CITY ATTORNEY: 973-2549

CITY CLERK: 973-2539
HUMAN RESOURCES: 973-2523
FINANCE DEPARTMENT: 973-2609

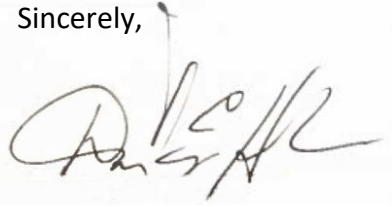
PARKS & COMMUNITY SERVICES: 973-3200
POLICE SERVICES: 973-2700
ECONOMIC DEVELOPMENT: 973-2554

COMMUNITY DEVELOPMENT: 973-2560
PUBLIC SERVICES: 973-2800
ENGINEERING SERVICES: 973-2670

mobile crisis system with mental health professionals is the most likely way to create a sustainable system.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Hudson", written over a light blue grid background.

David E. Hudson
Mayor, City of San Ramon

Cc: San Ramon City Council



CITY OF
WALNUT
CREEK

1666 North Main Street
Walnut Creek, CA 94596
walnut-creek.org

June 14, 2021

Dear Measure X Community Advisory Board,

On behalf of the City of Walnut Creek, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

The City of Walnut Creek is co-leading a multi-disciplinary team (comprised of Contra Costa County City Managers, law enforcement, community advocates, behavioral health staff, people with lived experience and others) to design a system where anyone in the County can access timely and appropriate behavioral health crisis care anywhere at anytime. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It is clear that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the County. The City of Walnut Creek has budgeted \$100,000 to support this effort and urge the Measure X Community Advisory Board to support this effort as well.

Using Measure X funding to support the launch, development and implementation will be vital to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be.

This work is just what Measure X was intended to support. It is a major reason why the City and our community supported Measure X, especially since members of our county and all communities will benefit.

Sincerely,

Kevin Wilk
Mayor
City of Walnut Creek



1666 North Main Street
Walnut Creek, CA 94596
walnut-creek.org

CC:

Walnut Creek City Council

Supervisor Candace Anderson

Supervisor Karen Mitchoff

Senator Steve Glazer

Assembly Member Tim Grayson

Assembly Member Rebecca Bauer-Kahan



June 16, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

Dear Ms. Moore,

On behalf of Walnut Creek's Downtown Business Association, we are writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**. Measure X will provide the necessary funding to help make this a reality.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It is clear to us that individuals involved in these emergency and crisis mental health situations are in need of behavioral health interventions. As a member on the Walnut Creek Homeless Task Force for the past six years, we have observed firsthand the high demand for mental health resources in Walnut Creek. Covid-19 accelerated the need for crisis intervention. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Walnut Creek, to helping support and even fund the new system which will also depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources—all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit.

Kind Regards,

Kathy Hemmenway
Executive Director
Walnut Creek Downtown

Kerry Inserra
Associate Director
Walnut Creek Downtown

Lead and collaborate with our members, partners and community to promote and enhance downtown Walnut Creek.

925.933.6778 voice 925.935.7291 fax 1630 N. Main St. #288 Walnut Creek, CA 94596
walnutcreekdowntown.com



1280 Civic Dr., Ste. 100
Walnut Creek, CA 94596
(925) 934-2007

www.walnut-creek.com

June 16, 2021

Mariana Moore, Chair
Measure X Community Advisory Board
County Administrator's Office
1025 Escobar Street, 4th Floor
Martinez, CA 94553

Sent by email to lisa.driscoll@cao.cccounty.us

Dear Measure X Community Advisory Board,

On behalf of the Walnut Creek Chamber of Commerce and Visitor Bureau, I am writing to endorse the work of the Community Crisis Initiative which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by anyone, anytime, anywhere.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health crisis care anywhere at any time. This team looked at best practices nationally, regionally, and locally, and held three week-long workshops to test various aspects of the model. The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.

It has become clear to us that individuals involved in these emergency and crisis mental health situations need behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all of the regions and cities in the county. We are committed in Walnut Creek to help support the new system which will also depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources of – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be.

This work is just what Measure X was intended to support, especially since all members of our county and all communities will benefit. Should you need any additional information, please reach out to me directly.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Linscheid". The signature is fluid and cursive, with the first name "Bob" being more prominent than the last name "Linscheid".

Bob Linscheid
President & CEO

cc: Supervisor Candace Andersen
Supervisor Karen Mitchoff
Mayor Kevin Wilk
Dan Buckshi

June 15, 2021

Mariana Moore, Chair
 Measure X Community Advisory Board
 County Administrator's Office
 1025 Escobar Street, 4th Floor
 Martinez, CA 94553

Dear Measure X Community Advisory Board,

On behalf of the City of Richmond, we are writing to endorse the work of the Community Crisis Initiative, which is requesting Measure X funding for the development of a comprehensive system to respond to behavioral health crises in our community. The initiative is a partnership between cities from across the county and Contra Costa Health Services to develop a comprehensive community crisis response system that can be accessed by **anyone, anytime, anywhere**.

Since July 2020, a representative group of City Managers from the Contra Costa Public Managers Association (PMA) have been collaborating with Contra Costa Health Services (CCHS). Under the sponsorship of this group, a multi-disciplinary team, including law enforcement, community advocates, behavioral health staff, people with lived experience and others looked at existing capacities and created an initial framework where anyone in Contra Costa County can access timely and appropriate behavioral health care anywhere at any time. This team looked at best practices nationally, regionally, and locally, and held three week-long workshops to test various aspects of the model. **The model includes three components of a comprehensive crisis response system, including a virtual hub (regional call center), crisis response teams and alternate destinations.**

It has become clear to us that individuals involved in these emergency and crisis mental health situations need behavioral health interventions. We fully support the recommendations to develop a comprehensive crisis response system available 24/7 and serving all the regions and cities in the county. We are committed in Richmond to help support and even fund the new system which will also depend on stable funding available through the federal American Rescue Act and the State of California Department of Health Care Services in addition to other sources – all intended to support the expansion of a comprehensive mobile crisis system with mental health professionals.

We urge you as the Measure X Community Advisory Board to support this effort as well. Using Measure X funding to support the launch and development will go a long way to making sure that mobile crisis services are conducted in an age appropriate, geographically accessible, and culturally competent manner to all residents of Contra Costa County whatever their insurance status may be. This work is just what Measure

450 Civic Center Plaza, Richmond, CA 94804-1630
 Telephone: (510) 620-6512 Fax: (510) 620-6542 www.ci.richmond.ca.us



X was intended to support, especially since all members of our county and all communities will benefit.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom Butt".

Tom Butt
Mayor

Laura Snideman
City Manager

A handwritten signature in blue ink, appearing to read "Laura Snideman".

CC: Richmond City Council
Lisa Driscoll, lisa.driscoll@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

MEASURE X COMMUNITY ADVISORY BOARD

Meeting Date: 06/23/2021
Subject: Plan for Series of Focused Presentations and Discussion
Submitted For: MEASURE X Com Advisory Board,
Department: County Administrator
Referral No.: 2/2/21 D.4
Referral Name: Community Advisory Committee for Measure X
Presenter: Mariana Moore **Contact:** Lisa Driscoll, County Finance
Director (925) 655-2047

Referral History:

Item was introduced at the April 21, 2021, MXCAB meeting (item #6). The draft plan was discussed on the April 28, 2021 meeting. At the June 9, 2021 meeting it was requested that this item be added to each agenda as a standing discussion item.

Referral Update:

Updated plan is attached for discussion and recommendations of presenters.

Recommendation(s)/Next Step(s):

Discuss/modify attached plan for presenters.

Attachments

MXCAB Suggested Speakers - Revised 6-18-21

Minutes Attachments

No file(s) attached.

Measure X Community Advisory Board - Suggested Speakers - updated June 18, 2021

Shaded areas indicate meetings have already occurred. **Bold** names indicate speakers to be invited. ***Bold/italic*** names indicate speaker is confirmed for panel.

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
12-May	Seniors, disabled people, veterans	EHSD Aging & Adult Services, Tracy Murray Veterans Services - Nathan Johnson, Veterans Service Officer, Contra Costa Veterans Services	Caitlin Sly, Executive Director of Meals on Wheels Diablo Region Nicole Howell, Executive Director, Ombudsman Services of Contra Costa, Solano, and Alameda Counties (Debbie Toth)	Myrtle Braxton, Chair, Richmond Commission on Aging (Debbie Toth)
19-May	Community safety: fire protection	Paige Meyer, Fire Chief, San Ramon Valley Fire Protection District, Lewis Broschard, Fire Chief, Contra Costa County Fire Protection District, and Brian Helmick, Fire Chief, East Contra Costa County Fire Protection District		
26-May	Early childhood	Camilla Rand, Deputy Director, First 5 Contra Costa Christina Reich, Division Manager, Contra Costa Community Services Bureau Francine Jolton, MD FAAP, Chair, Department of Pediatrics, CCHS (All recommended by Ruth Fernandez)	John Jones, Executive Director, CocoKids	Micaela Mota, Parent and Resident, Parent Voices
9-Jun	Youth, young adults	Kathy Marsh, Employment and Human Services Department/Children and Family Services Bureau Director Health Services (Public Health, Behavioral Health), Erika Jenssen, Contra Costa Health Services	Carol Carrillo, Executive Director of Child Abuse Prevention Council, Lynn Mackey, County Office of Education, County Superintendent of Schools, Kanwarpal Dhaliwal, RYSE Center (M. Moore)	Eric Wagoner, a former foster youth and former youth partner Youth presenters Isaiah Grant and Ann Guiam, RYSE Center
16-Jun	Healthcare	Health Services- Dr. Samir Shah and Dr. Ori Tzvieli Gilbert Salinas (D. Honig)	Alvaro Fuentes , executive director, Community Clinic Consortium of Contra Costa and Solano (A. Saidi) Concepcion James , United Latino Voices (G. Calloway) CHD Black Healthcare Navigators (M. Stewart)	Maria Bernal (R. Carillo Garza) Jose Rizo (R. Carillo Garza)
23-Jun	Mental and behavioral health & disabled residents	Kennisha Johnson - BH staff Debbie Thomas - BH staff Vi Ibarra , CC Council on Developmental Disabilities (D. Jovanka Beckles , West County Child and Adolescent Services (BK Williams)	Tamara Hunter/Selah Baker , Putnam Clubhouse (S. Quezada Jenkins) Susannah Marshland , Fred Finch Youth Services (D. Geiger) Aracelia Aguilar , Deaf Hope (A. Saidi) Shelly Ji , NAMI Contra Costa	Greg Beckner and Isabella Quinto , NAMI family members Anna Lubarov , peer advocate Grace and Raquel Herrera (E. Jenssen)

MEETING DATE	TOPIC(S)	COUNTY PRESENTERS	RECOMMENDED COMMUNITY ORGANIZATION PRESENTERS (and source)	RECOMMENDED RESIDENT PRESENTERS (and source)
		Employment & Human Services Department	Familias Unidas Counseling- Niroop Srivata, Lafayette city- United Latino Voices, Connie- Christina Mills, Calif.- We Care Services for Children (Dan Geiger/Human Services Alliance)- Back up to Fred- Finch...	Bill Pelter (D. Toth) Disability Rights CA member
30-Jun	Housing & homelessness	<i>Lavonna Martin</i> , Health, <i>Cunningham</i> , Dept. of Conservation & Development <i>Joseph Villareal</i> , Housing Authority of CC	<i>Tony Bravo</i> , Monument Impact Richmond LAND (BK Williams) Tanya Ford-Goins or Deanna- Trinity Center (S. Quezada- Hope Solutions/D. Pearn (D. Honig, D. Leich) Shelter Inc/J. Eckstrom (D. Eden Housing (J. Cervantes) St. Vincent de Paul (D. Honig)	William Goodwin (D. Leich, D. Betty Gabaldon (K. Laughlin/RTR) Jo/COH member (Lindy Lavender)
7-Jul	Community safety: justice systems	Sheriff, District Attorney, Probation, Public Defender, Courts, Office of Reentry & Justice	CC Racial Justice Coalition (A. Saidi) Rubicon (A. Saidi) Safe Return Project (A. Saidi, D. Family Justice Center (S. Kim) Latina Center/Restorative Justice (A. Saidi)	
14-Jul	Safety net (e.g., employment, cash aid, food security, interpersonal violence, etc.)	Employment & Human Services Dept. (CalFresh, CalWorks,, Alliance to End Abuse), Child Support Services, Workforce Development Board	Equitable Economic Recovery Task Force (Lindy Lavender) Opportunity Junction (L. Rubicon (A. Saidi) Food Bank (M. Stewart, D. Honig White Pony Express/E. Birge (D. Honig)	
21-Jul	Immigration Racial equity across systems	Stand Together Contra Costa Office of Racial Equity & Social Justice	CC Interfaith Council (S. Quezada- Jenkins) CC Immigrant Rights Alliance (A. Saidi) Contra Costa Cares (A. Saidi) Clinic Consortium (A.Saidi) CC Racial Justice Coalition (A. Saidi)	
28-Jul	Library, arts & culture,	CC Library, Agriculture Dept., Dept. of Conservation & Development, CDC Jenny Balisle -County Arts and Cultural Manager (BK Williams)	Urban Tilth (Marti Roach) Richmond LAND (M. Roach) Climate Health Now (M. Roach) Mobility Matters (S. Quezada- Jenkins) Winefred Day - Richmond Arts Jovanka Beckles, Transit Board. Michael Gliksohn or other rep	
4-Aug 11-Aug	Develop draft priorities & Finalize priorities &			