



# CONTRA COSTA COUNTY

## Committee Meeting Minutes

### Community Advisory Committee (CAC)

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**Thursday, December 11, 2025**

**4:00 PM**

**595 Center Ave, Martinez Ca 94553 |**  
**<https://ccehealth.zoom.us/j/96667062931>**

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

**1. Roll Call and Introductions**

**Present** Helen M., Dulce B., Chipo W., Tamara M., Viridiana R., Alicia N., Isabel M., and Norma P.

**Absent** Eonia B., Botanesh N., Liam S., Cynthia C., Emmanuel C., Tachina G., Sharon C., Teresa M. , and Elisa B.

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

**3. Agenda Review**

Allison welcome (with Susana translating) Explanation of interpreter function. Rules for interpreters and note recording meeting. Belkys welcome participants and introduce Cynthia Laird. Belkys reminded of the recording guidelines for meetings. For the benefit of interpreter please speak slowly and use short sentences. Also reminded participants that the meeting is being recorded and any personal information that may be shared is not private. Also, comments made during the meeting should be respectful and relevant to the topic at hand. Participants should avoid personal attacks or inflammatory language. Additionally, persons wishing to comment should use the "raise your hand" feature in Zoom app or post comment or question in "chat" section. All public comments will be limited to 2 minutes per speaker per topic.

Belkys went over the agenda for the participants

- ,,h Community Resources and information
- ,,h Population Health Management, Population Needs Assessment
- ,,h Quality Improvement and Health Equity
- ,,h Plan Marketing Materials and Campaigns

Craved Out Services

**4. Community Resources and Information: A3, Transportation and Food Resources**

Belkys introduces Cynthia Laird, Member Services Supervisor. Cynthia reminds the participant to select a language and how to select language you wish to hear the meeting discussion. She begins to update participants on previous issues

- ,,h Transportation Department Update
  - o CCHP has partnered with Roundtrip - 24/7 including holidays. Roundtrip will be taking all calls. Callers can now call after hours and not just M-F 8-5. It is best to call on off hour as hold times are less

- The phone number is SAME 855-222-1218
- Streamline Ride Booking (coming next year). This option will allow members to self-book and manage rides.
  - ,,X Members can use self-booking through an app on their phones or via the web
  - ,,X They can view their ride status and their ride history
  - ,,X The registration process is easy
  - ,,X They can change/cancel rides any time of day
  - ,,X Members are allowed to book rides for appointments 24/7 if the location is approved network location: meaning is that the appointment location must be within the County or contracted with the Health Plan
  - ,,X If appointment is NOT contracted w/ CCHP or NOT in CCC then Member will need to phone
  - ,,X More Updates will be provided as the start date for new service nears
- ,,h Cynthia reminds participants of the Food Bank that are available in Contra Costa County
  - Contact information was provided by phone numbers and websites for CCC and Solano counties
  - Additionally, Alameda County - Food Bank contact info was provided
  - Resource information can be obtained by phone or via the web

For immediate need of food assistance, or other community services - advised to call 2-1-1 to speak with someone about services available - Lines are open 24 hours a day

Amanda Dole, Program Chief for A3 Crisis Services. This service is a 24/7 mobile crisis program that serves all of Contra Costa County. She provided a brief high-level presentation and if time allows answer questions. This presentation will cover the following agenda:

- The Need
- History of A3 and Miles Hall Crisis Call Center
- Multidisciplinary Teams
- Levels of Response
- Where We Stand Today
- Metrics

#### The Need:

- ,,h 1.2 million residents and 200K will need some kind of mental health service
- ,,h 1 in 5 people experience MH challenges
- ,,h Ambulance calls for BH issue is the 3rd most common reason for a call for transport
- ,,h Currently, over 6,500 visits to psychiatric emergency services every year
- ,,h These stats demonstrate the need for 24/7 service to go out to meet people where they are, so that clients don't have to come into a clinic to receive care for BH crisis

#### History of A3 and Miles Hall Crisis Call Center:

- ,,h Miles Hall was a young man in crisis and was killed by law enforcement
- ,,h After his death, Miles' mother Taun, advocated for a system to prevent such tragedies. This prompted the stakeholders to come together to close gaps in our system. Over the course of 2020 - 2021 engaged in a 2-year rapid improvement process (Mobile Crisis Response Team (MCRT)). This program was revamped and rebranded into A3
- ,,h The call center honors is legacy by answering phone "This is the Miles Hall Crisis Call Center"

#### Multidisciplinary Team

- ,,h The team has different specializations and classifications
- ,,h Team members include MH clinicians, Substance Use Disorder Counselors, MH specialists, Level One Specialist focus on social determinants of health needs, Peer Supports specialist (individuals with lived experiences), Nurses who act more like clinicians assessing the need for involuntary hold

#### Levels of Response

- ,,h All Response include a team of two (No Exceptions)
- ,,h Level 1 - lowest acuity - Callers may need access to resources, unhoused, etc. People are less likely to be placed on involuntary psychiatric hold and so would not necessarily have need for clinician. Team members would be Peer Support Specialist/ or Substance Use Counselor

- ,,h Level 2 Response - Most Common Response - Response Team will always include a clinician or nurse as they assess possible need for involuntary psychiatric hold. The team will also include a Peer Support Specialist, or a Substance Use Counselor.
- ,,h Level 3 Response - Response Team includes MH clinician or Nurse due to the need to assess involuntary psychiatric hold. Also, some parts of the crisis include the possibility of violence or perhaps there is a weapon. Additionally, law enforcement is on standby to ensure the safety of scene for all involved (Team, individual, loved ones)

### A3 Operations (where are we today)

- ,,h A3 Operations has been 24/7 since Dec 2023 and has 48 full time employees - needs another 48-50 staff to eliminate reliance of overtime. Currently, other staff from other parts of the system work after hours to support A3 in the evenings and weekends
- ,,h Initially, A3 expanded from M-S 8 am to 6:30 pm; then expanded to being open to 12:30 am and to 24/7 hours of operation in December 2023. This was mandated by the State.
- ,,h Currently all of the teams are dispatched from Martinez and future A3 would have more regional hubs (1 in East County, 1 in West County and 1 in Central County) to decrease dispatch times
- ,,h Expanding Reach - A3 first began serving adults 18 and over. However, A3 began serving youth as well in July 2024

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### A3 Call and response metrics

- ,,h There were 20,173 total calls - 2024 vs 41,476 totals to date as of August 15, 2025
- ,,h Demonstrating this growth (using the month of July)
  - o July 2023 - 830 calls
  - o July 2024 - 1,725 calls
  - o July 2025 - 2,414 calls
- ,,h Overall, there is a 191% increase since 2023
- ,,h There are total Field Visits 3,761 visits in 2024 vs 8,452 total 8452 visits to date of August 15, 2025
- ,,h Demonstrating this growth (using the month of July)
  - o July 2023 - 70 visits
  - o July 2024 - 367 visits
  - o July 2025 - 593 visits
- ,,h Overall, there has been a 747% increase since 2023. This incredible rate of increase speaks to awareness of the existence of this program and enhanced cooperation/coordination with law enforcement

,,h

### Referring Party to A3 (who is the person calling for A3 service)

- ,,h Incoming calls: 30% of calls are from family members, 26% of calls are from people in crisis, 24% of calls are from Law Enforcement (this category has significantly increased over the last few years) and 16% calls are from other individuals (such as concerned bystanders who observe a person who may be in crisis, and they know about A3 services. Also, 2% of calls come from the Access Line (when they receive callers in crisis, they redirect calls to A3)

Amanda shared the Mission Statement for A3. Amanda also shared the A3 phone number, 844-844-5544 and also share that she has posters, magnets and other materials available

### Questions:

- ,,h When calling for services do you recommend the first call to be to your organization or law enforcement? How would a layperson decide what call needs to be made?
- ,,h Answer: The organization's model is one of "no wrong door" so that callers shouldn't have to worry about who to call. If you feel that somebody is experiencing a BH crisis it feels more appropriate for A3 rather than law enforcement. However, calls to 911 for BH crisis are mostly sending calls directly to A3. Whoever you call, one should be directed to correct organization anyway

## 5. Population Health Management, Quality Improvement and Health Equity, Population Needs Assessment

Jersey Neilson, Quality Management Program Coordinator, was introduced for this topic. Every year CCHP takes a look at our member population to make sure that we are meeting the needs of our members and then adjusting the programs as needed

,,h CCHP serves over 262,000 MCAL members, nearly 25% of the county residents. This population is diverse in urban, rural and suburban areas.

,,h Why do this?

- o To identify health challenges and service gaps
- o Improve access to care, promote health equity
- o Support community well-being through data-driven planning

,,h Key Finding

- o High rates of chronic conditions (obesity, hypertension and diabetes)
- o Significant barriers to care language, transportation, housing instability
- o Disparities in health outcomes (race, age, gender and disability) Cities of Pittsburg, Antioch and Richmond have the highest population of residents on MCAL

,,h Community Needs:

- o 36% of members speak a language other than English (Spanish, Cantonese, Mandarin, Dari, Farsi and Portuguese)
- o 8.3% are experiencing homelessness
- o 7.2% live with a disability
- o 30% are children and teens needing pediatric care

,,h Our Goals

- o Expand access to preventive care and screenings
- o Address social drivers of health: food, housing, transportation
- o Provide culturally responsive services for diverse communities

,,h How Participants Can Help

- o Share your experiences and needs
- o Participate in community health programs
- o Advocate for equitable healthcare resources

,,h Community Health Assessment & Population Health (this assessment is for the County as a whole

- o Beginning this year, CCHP is partnering with CCC Public Health on Community Health Assessment
- o We are fortunate that other entities are also participating in the Assessment (as well as Kaiser and other health delivery services in the area)

,,h CAC Role

- o CCHP requests that CAC members participate in focus groups, interviews and surveys. Right now, we are doing planning sessions to determine what we would like to get input on
- o Give input on findings and next steps for the action plan

,,h Identify what community health topics are important to include

- o CCHP has been discussing topics like food access, gun violence, clean air, access to health care, education, employment

More Come at future meetings - this process has just started

## 6. Plan marketing materials and campaigns

Belkys introduced Allison Lui, Quality Management Program Coordinator, to address this topic to discuss planned marketing material and campaigns. Typically, CCHP has not engaged in marketing since our membership has to meet criteria to join; however, CCHP is offering a new plan. The new plan is called Contra Costa Health Care Plus

,,h New Plan CCHP is Offering: Care Plus is a new Dual Special Needs Plan (D-SNP) that combines both Medicare and MCAL into one single plan

,,h CCHP is required to offer this new plan by DHCS

,,h The Plan starts January 1, 2026

,,h Allison asked the CAC members who can join Care Plus? How do you think we should market this new plan to members?

Member stated - only available for persons that qualify for Medicare (Part A and Part B) and MCAL (full scope)

To qualify for plans:

- ,,h Must be eligible/enrolled in Medicare Part A and/or B
- ,,h Receive full MCAL benefits and/or assistance with Medicare premiums or cost sharing through a Medicare Saving Program
- ,,h Have MCAL in CCH Care Plus's service area (Contra Costa County)
- ,,h Age 21 or older at the time of enrollment

,,h Target campaign on members already uses CCRMC Network.

,,h Sent out letters and emails to members explaining the new plan offered and informing them that they may benefit from this plan, followed by phone calls made by county staff. If members are interested, they can enroll via phone or online form

,,h Posting material in partners providers that is in network for Care Plus - CCHP is partnering with RMC again and our health centers across the county. All of them have received some of the materials CCHP has developed, so that if members are interested, they can reach out to CCHP to get more information

What other strategies do you think we can do? Allison reminded participants that this population would generally be older than other MCAL populations

Suggestions: Member: give health center clerks copies of the brochures to hand out to their patients in the clinics. Reach out at community events - this is being concerned by our health educators' team, and they will be taking material to distribute at their next community event. Sometimes they partner with a CBO that is mainly servicing the older population so that they will bring this information

The Health Educator Team is always developing new materials and then looking for more feedback

Recently the Health Educator team developed a new flyer on the chronic condition of heart failure

Sample presented What you need to Know about Health Failure-Allison would like feedback on this brochure - comments can be made now or via email to Allison

## 7. Carved Out Services

Belkys Teutle introduces topic. Carved Out Services refer to specific services that are excluded from the health plan

Dental care services, specialty mental health service, substance abuse disorders and Medications are carved out services with the health plan. These services are covered by fee for services MCAL, so when you use these services you need to provide your MCAL card

Belkys provided phone numbers and websites for the above services

Question:

Member requesting: External resources for patients who lost dental service as of July 1st. Is there any other resource available. For people with unsatisfactory immigration status.

Belkys will have to research this and get back to the CAC. Jersey followed up with more information (i.e., this is due to CA budget shortfall) so far as where patients might be able to obtain dental services - dental services will not be paid by fee for MCAL. CCHP will research it further and get back to the group.

One member want to confirm that CCHP phone number for transportation is now 24/7 - this is correct

The next meeting is currently scheduled for March 19, 2026.

**Adjourn**

The Committee will provide reasonable accommodations for persons with disabilities planning to attend the Committee 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 Committee less than 96 hours prior to that meeting are available for public inspection at 595 Center Ave., Marine CA 94553, during normal business hours. Staff reports related to items on the agenda are also accessible online at [www.contracosta.ca.gov](http://www.contracosta.ca.gov). If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. 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: 1-800-211-8040 or [cchp-cac@cchealth.org](mailto:cchp-cac@cchealth.org)