



CONTRA COSTA COUNTY

AGENDA

Public Protection Committee

Supervisor Candace Andersen, Chair
Supervisor Ken Carlson, Vice Chair

<https://cccounty-us.zoom.us/j/85255422055>

Call in: 888 278 0254 | Conference code: 985922

Monday, November 17, 2025 **1:30 PM** **309 Diablo Road, Danville, CA 94526**
2255 Contra Costa Blvd. Suite 202,
Pleasant Hill, CA 94523

**The public may attend this meeting in person at either above location.
The public may also attend this meeting remotely via Zoom or call-in.**

**<https://cccounty-us.zoom.us/j/85255422055>
Call in: 888 278 0254 | Conference code: 985922**

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

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two (2) minutes).
3. CONSIDER accepting the Record of Action for the October 20, 2025 meeting of the Public Protection Committee (PPC). (Enid Mendoza, PPC Staff) [25-4875](#)
Attachments: [MeetingMinutes20-Oct-2025](#)
4. CONSIDER accepting the report on additional data, analysis, and key findings on the Familiar Faces project as presented by Contra Costa Health Services. (Daniel Brown, and Juliette Kelley) [25-4876](#)
Attachments: [Familiar Faces Report to PPC](#)

5. CONSIDER receiving a report with additional information and data on the A3 [25-4877](#)
(Anyone, Anywhere, Anytime) program as presented by Contra Costa Health
Services. (Dr. Chad Pierce, Mental Health Program Chief)

Attachments: [A3 Report to PPC](#)

6. The next meeting is currently scheduled for December 15, 2025.
7. Adjourn

General Information

This meeting provides reasonable accommodations for persons with disabilities planning to attend a the 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 1025 Escobar St., 4th Floor, Martinez, during normal business hours. Staff reports related to items on the agenda are also accessible on line at www.co.contra-costa.ca.us.

HOW TO PROVIDE PUBLIC COMMENT:

Persons who wish to address the Committee during public comment on matters within the jurisdiction of the Committee that are not on the agenda, or who wish to comment with respect to an item on the agenda, may comment in person, via Zoom, or via call-in. Those participating in person should offer comments when invited by the Committee Chair. Those participating via Zoom should indicate they wish to speak by using the “raise your hand” feature in the Zoom app. Those calling in should indicate they wish to speak by pushing *9 on their phones.

Public comments generally will be limited to two (2) minutes per speaker. In the interest of facilitating the business of the Board Committee, the total amount of time that a member of the public may use in addressing the Board Committee on all agenda items is 10 minutes. Your patience is appreciated.

Public comments may also be submitted to Committee staff before the meeting by email or by voicemail. Comments submitted by email or voicemail will be included in the record of the meeting but will not be read or played aloud during the meeting.

For Additional Information Contact:

Enid Mendoza, Staff to the PPC
Enid.Mendoza@cao.cccounty.us



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-4875

Agenda Date: 11/17/2025

Agenda #: 3.

PUBLIC PROTECTION COMMITTEE

Meeting Date: November 17, 2025

Subject: Draft Record of Action - October 20, 2025 Meeting

Submitted For: Monica Nino, County Administrator

Department: County Administrator's Office

Presenter: Enid Mendoza, Senior Deputy County Administrator

Contact: Enid.Mendoza@cao.cccounty.us

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 decisions made in the meeting.

Referral Update:

Attached for the Committee's consideration is the draft Record of Action for the October 20, 2025 meeting.

Recommendation(s)/Next Step(s):

APPROVE the Record of Action of October 20, 2025, Public Protection Committee meeting.

Fiscal Impact (if any):

None.



CONTRA COSTA COUNTY

Committee Meeting Minutes - Draft

Public Protection Committee

Supervisor Candace Andersen, Chair
Supervisor Ken Carlson, Vice Chair

<https://cccouny-us.zoom.us/j/85255422055>

Call in: 888 278 0254 | Conference code: 985922

Monday, October 20, 2025

1:30 PM

**309 Diablo Road, Danville, CA 94526
2255 Contra Costa Blvd. Suite 202, Pleasant
Hill, CA 94523**

<https://cccouny-us.zoom.us/j/85255422055>
Call in: 888 278 0254 | Conference code: 985922

The public may attend this meeting in person at either above location. The public may also attend this meeting remotely via Zoom or call-in.

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

1. Introductions

Chair Andersen called the meeting to order at 1:31 p.m.

Present: District II Supervisor Candace Andersen and District IV Supervisor Ken Carlson

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

No one requested to speak during the public comment period.

3. CONSIDER accepting the Record of Action for the September 15, 2025 meeting of the Public Protection Committee (PPC). (Enid Mendoza, PPC Staff) [25-4450](#)

Attachments: [DRAFT PPC 9-15-25 ROA](#)

Approved as presented.

Aye: Chair Candace Andersen and Vice Chair Ken Carlson

Result: Passed

4. CONSIDER applicants for the one (1) At-Large seat vacancy on the Juvenile Justice Coordinating Council to determine recommendation(s) for the Board of Supervisors consideration, and provide further direction to staff as necessary. (Esa Ehmen-Krause, County Probation Officer) [25-4451](#)

General Information

This meeting provides reasonable accommodations for persons with disabilities planning to attend a the 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 1025 Escobar St., 4th Floor, Martinez, during normal business hours. Staff reports related to items on the agenda are also accessible on line at www.co.contra-costa.ca.us.

HOW TO PROVIDE PUBLIC COMMENT:

Persons who wish to address the Committee during public comment on matters within the jurisdiction of the Committee that are not on the agenda, or who wish to comment with respect to an item on the agenda, may comment in person, via Zoom, or via call-in. Those participating in person should offer comments when invited by the Committee Chair. Those participating via Zoom should indicate they wish to speak by using the “raise your hand” feature in the Zoom app. Those calling in should indicate they wish to speak by pushing *9 on their phones.

Public comments generally will be limited to two (2) minutes per speaker. In the interest of facilitating the business of the Board Committee, the total amount of time that a member of the public may use in addressing the Board Committee on all agenda items is 10 minutes. Your patience is appreciated.

Public comments may also be submitted to Committee staff before the meeting by email or by voicemail. Comments submitted by email or voicemail will be included in the record of the meeting but will not be read or played aloud during the meeting.

For Additional Information Contact:

Enid Mendoza, Staff to the Public Protection Committee
enid.mendoza@cao.cccounty.us



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-4876

Agenda Date: 11/17/2025

Agenda #: 4.

PUBLIC PROTECTION COMMITTEE

Meeting Date: November 17, 2025

Subject: ACCEPT Report on Familiar Faces Project

Submitted by: Lavonna Martin, Deputy Director of Health Services

Department: Contra Costa Health Services

Presenter: Daniel Brown and Juliette Kelley

Referral History:

The Familiar Faces Project aims to reduce incarceration and hospitalization rates for those with complex behavioral health needs. This initiative seeks to address the underlying issues that contribute to frequent interactions with the justice and health systems by integrating efforts across multiple agencies to develop more effective interventions and support strategies.

In April 2024, Contra Costa Health developed an analysis plan, in partnership with Probation and Employment and Human Services Department, to examine the relationships between justice, health, and housing factors. This partnership underscored the importance of a collaborative approach in addressing the multifaceted challenges faced by individuals with complex needs. The analysis included reviewing historical data, identifying patterns, and exploring how various factors interplay to influence outcomes.

On May 19, 2025, Contra Costa Health staff presented an update to the Committee that identified the key characteristics of familiar faces in Contra Costa. A clustering analysis recognized one group with higher rates of recidivism, homelessness, emergency department and psychiatric emergency visit rates.

The Committee directed Contra Costa Health staff to return to the Committee in the fall with an updated Familiar Faces report that further examines cost impacts and service system impacts for justice-involved familiar faces to be further considered before forwarding it to the full Board.

Referral Update:

Please see the attached presentation.

Recommendation(s)/Next Step(s):

ACCEPT the report on additional data, analysis, and key findings on the Familiar Faces project as presented by Contra Costa Health Services.

Fiscal Impact (if any):

There is no fiscal impact - this report is informational.

CONTRA COSTA
HEALTH



cchealth.org

FAMILIAR FACES

Project Update

November 17, 2025

Familiar Faces Project Goals

Longitudinal
Changes in Socio-
Demographic,
Health and Housing
characteristics for
Justice Involved
Individuals

Identifying patterns
in justice
involvement – how
are these related to
health and housing
characteristics?

Predictors of
probation
violations, rearrest,
recidivism

Exploration of
programs for
engagement with
Familiar Face
population



Cluster 2: Justice Involved

21% of Bookings
22% of Population
56% Recidivism Rate
2.6 Average Post-Bookings
77% Male – Avg Age 35
30% Hispanic / 31% Black
33% White / 4% Unknown Race
1.1 Previous ED Visits / 0.8 PES Visits
0.08 Average Chronic Diseases
0.01 Average Housing Services Used
Average Charge scores: 5.9



Cluster 3: High Utilization

5% of Bookings
1% of Population
87% Recidivism Rate
11.5 Average Post-Bookings
80% Male – Avg Age 40
16% Hispanic / 26% Black
45% White / 1% Unknown Race
13.8 Previous ED Visits / 20 PES Visits
0.08 Average Chronic Diseases
0.08 Average Housing Services Used
Average Charge scores: 4.1



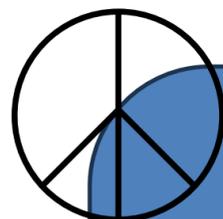
Cluster 4: Health Needs

9% of Bookings
13% of Population
61% Recidivism Rate
80% Male – Avg Age 40
19% Hispanic / 34% Black
33% White / 2% Unknown Race
2.7 Previous ED Visits / 1.4 PES Visits
0.85 Average Chronic Diseases
0.01 Average Housing Services Used
Average Charge scores: 4.1



Cluster 1: Housing Needs

0.7% of Bookings
0.5% of Population
61% Recidivism Rate
2.4 Average Post-Bookings
74% male – Avg Age 41
14% Hispanic / 35% Black
33% White / 6% Unknown Race
3.4 Previous ED Visits / 2.3 PES Visits
0.38 Average Chronic Diseases
136 Average Housing Services Used
Average Charge scores: 4.4



Cluster 5: Low Risk

21% of Bookings
35% of Population
24% Recidivism Rate
0.4 Post-Bookings
84% male – Avg Age 36
14% Hispanic / 35% Black
33% White / 69% Unknown Race
0.006 Previous ED Visits / 0.001 PES Visits
0.02 Average Chronic Diseases
0 Average Housing Services Used
Average Charge scores: 4.4



Cluster 6: AOD & Violence

38% of Bookings
34% of Population
63% Recidivism Rate
3 Average Post-Bookings
81% male – Avg Age 35
30% Hispanic / 28% Black
33% White / 69% Unknown Race
1.1 Previous ED Visits / 0.7 PES Visits
0.03 Average Chronic Diseases
0.007 Average Housing Services Used
Average Charge scores: 3.1

Full Population

53% Recidivism Rate
2.8 Average Post-Bookings
80% male – Avg Age 36
28% Hispanic / 24% Black
23% White / 17% Unknown Race
1.7 Previous ED Visits / 1.7 PES Visits
0.16 Average Chronic Disease
1 Average Housing Services Used
Average Charge Scores: 4.2

Questions From Last Meeting

Are Familiar Faces being referred to and enrolling in Enhanced Case Management?

How often are Familiar Faces using the PES? What sort of follow-up is happening afterwards?

What is the total cost of providing services to the Familiar Face population?

What Behavioral Health Services do the Familiar Faces population use? What diagnoses do they have?

What Homeless Services do the Familiar Faces population use? How much do they use relative to other groups?

What happens when individuals in our system stop taking psychoactive medications?

Enhanced Case Management Use

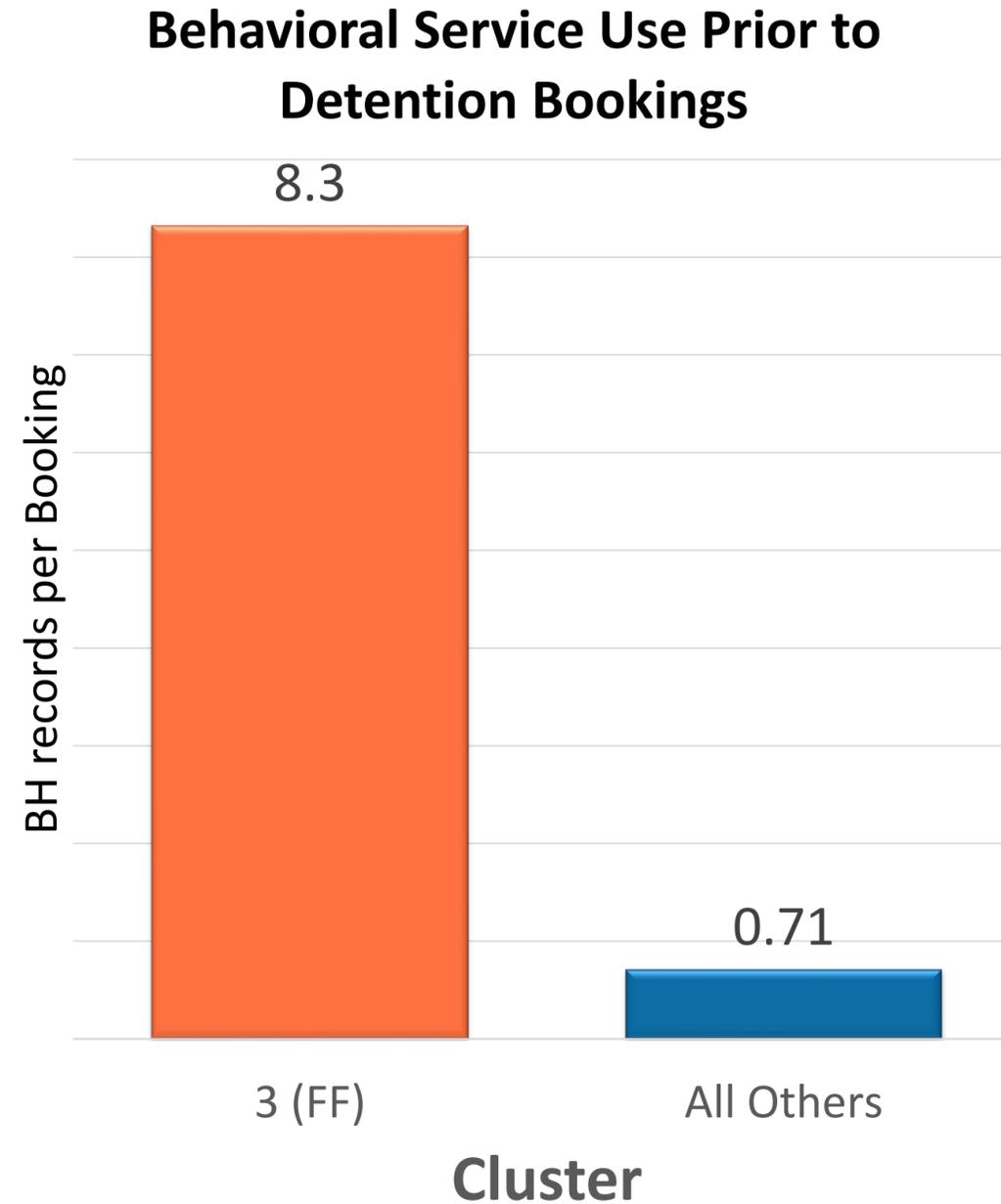
Cluster 3: Familiar Faces

5% of Bookings
 1% of Population
 87% Recidivism Rate
 11.5 Average Post Bookings
 80% Male – Avg Age 40
 16% Hispanic / 26% Black
 45% White / 1% Unknown Race
 13.8 Previous ED Visits / 20 PES Visits
 0.08 Average Chronic Diseases
 0.08 Average Housing Services Used
 Average Charge scores: 4.1

	Cluster 3 (Familiar Faces)	All Others
Currently In Enhanced Case Management (ECM)	5%	2%
Successful Completion of ECM	2%	1%
Unsuccessful Referral to Enhanced Case Management	54%	19%
Not Referred for ECM	40%	78%

Behavioral Health Utilization & Diagnostic Codes

- Familiar Faces received **12 times** as many *Behavioral Health Services* (in prior 6 months) compared to all other clusters (8.3 per booking)
- Diagnoses for Familiar Faces were highest in the ‘**Psychotic Disorders**’ and ‘**Substance Use**’ categories (44% and 42%).
- Familiar Faces have lower rates of **Medication Service Use** – indicative of lower opiate use



Behavioral Health Use Rate by Category and Cluster						
Cluster	1	2	3 (FF)	4	5	6
Bookings	665	21674	5403	12538	21116	37799
Unique PatID	483	12419	925	5909	16650	20518
Total BH Services	2223	19356	44975	27687	120	17334
Services per Booking - 6mo Prior (BH/Bookings)	3.3	0.9	8.3	2.2	0.01	0.5
Behavioral Health Service Category						
<i>Residential Treatment</i>	33%	20%	27%	26%	25%	13%
<i>Crisis Services</i>	4%	6%	15%	5%	7%	9%
<i>Inpatient Services</i>	5%	<1%	13%	2%	0%	3%
<i>Uncategorized / Needs Review</i>	7%	<1%	11%	7%	2%	10%
<i>Case Management</i>	6%	5%	8%	4%	0%	5%
<i>Medication Services</i>	22%	38%	7%	40%	53%	41%
<i>Rehabilitation & Support Services</i>	3%	2%	6%	2%	0%	2%
<i>Substance Use Counseling</i>	11%	<1%	3%	7%	8%	7%
<i>Withdrawal & Detox Services</i>	<1%	<1%	3%	2%	2%	2%
<i>Intake & Plan Development</i>	<1%	2%	2%	<1%	3%	<1%
Diagnostic Code Categories						
<i>Psychotic Disorders</i>	10%	13%	44%	10%	2%	16%
<i>Substance Use Disorders</i>	63%	68%	42%	78%	93%	67%
<i>Mood Disorders</i>	17%	8%	10%	6%	5%	8%
<i>Social & Environmental Factors</i>	.	3%	1%	1%	.	0%
<i>None</i>	7%	2%	1%	2%	1%	1%
<i>Anxiety & Trauma Disorders</i>	2%	3%	1%	3%	.	5%
<i>Administrative / Observation</i>	3%	3%	1%	0.5%	.	3%
<i>Neurodevelopmental Disorders</i>	.	1%	0.1%	0.2%	.	0.2%
<i>Personality Disorders</i>	.	0.1%	0.1%	0.0%	.	0.1%
<i>Neurocognitive Disorders</i>	.	.	0.1%	0.1%	.	0.01%

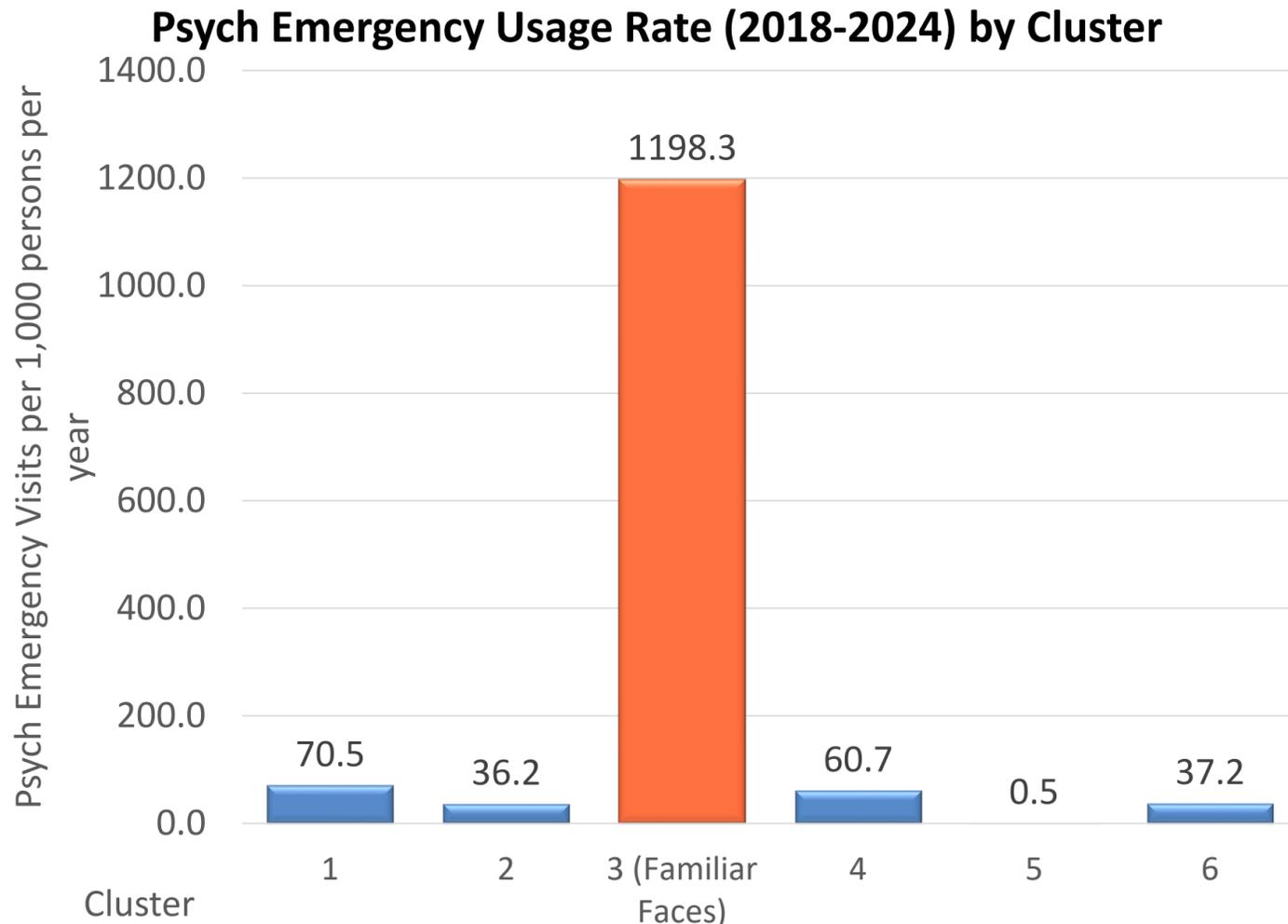
- Is the Familiar Faces population is more likely to have a booking shortly after they stop refilling their psychoactive medications?
- Familiar Faces had a **modest** increase in risk - **7% higher** risk of detention during the 6 months after stopping filling psychoactive prescriptions.
- Remaining detention population had **minimal** increase in risk – a **1.3% higher** risk of detention during the 6 months after stopping filling prescriptions.

New Detention Booking Percentage in 6 Months After Filling A Psychoactive Prescription

Cluster		Psychoactive Prescription Renewed?		Increase in Booking Risk
		No	Yes	
Cluster	3 (Familiar Faces)	44%	41%	7.3%
	All Others	20%	20%	1.3%

PES Utilization And Follow Up

- Patients from different clusters showed **similar rates of post-PES follow-up appointment creation** and attendance with behavioral health
- Familiar Faces have a **PES usage rate 46x** higher than the rest of the detention population (1198 visits per 1000 people per year)
- Familiar Faces PES visits are most often **due to Psychosis (56%)**, significantly more than any other cluster

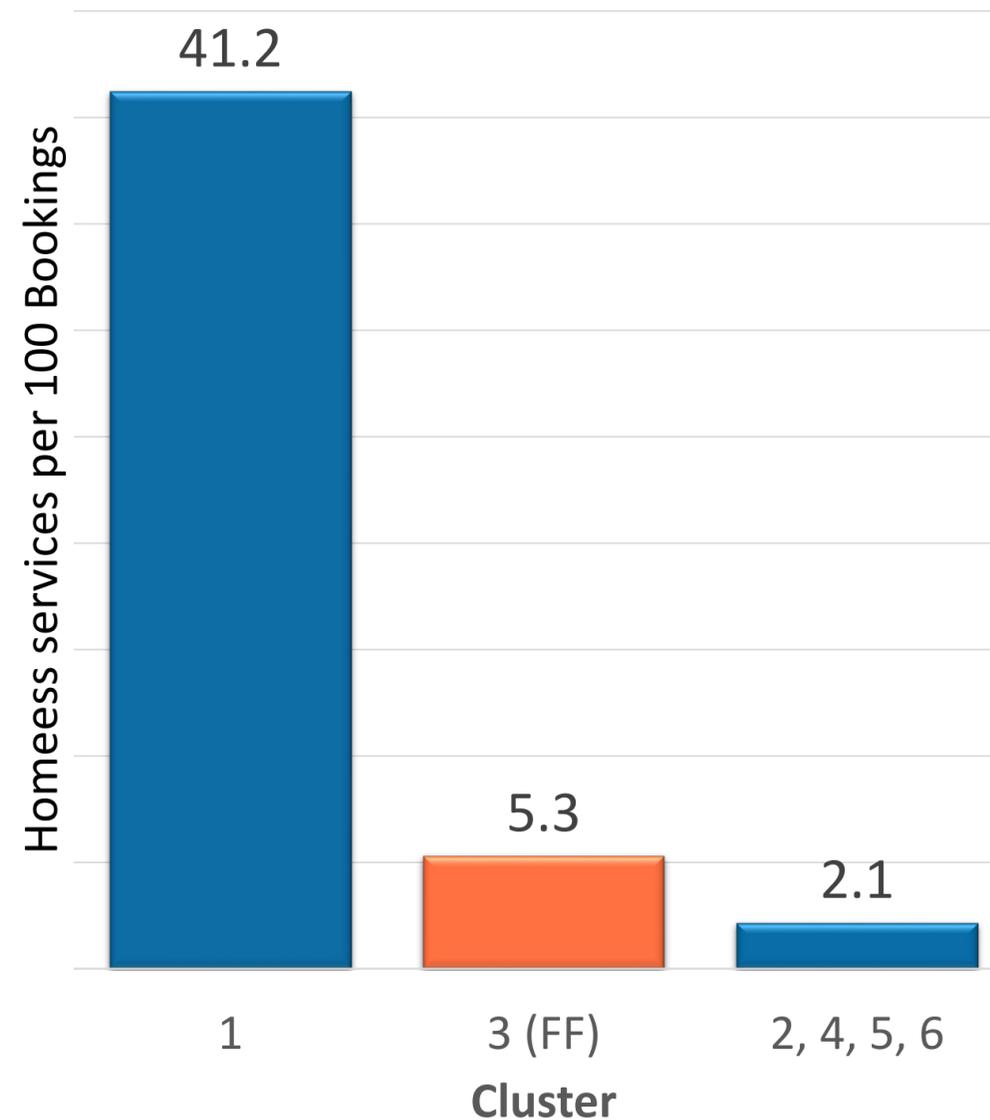


Cluster	1	2	3 (Familiar Faces)	4	5	6	Never Been to Detention
Total Population Size	241	9,610	647	4,003	16,439	15,685	-
Number of PES Visits	119	2,434	5,427	1,701	57	4,085	19,084
PES Diagnosis Category							
Psychosis	34%	40%	56%	40%	33%	41%	21%
Substance – Other	8%	19%	16%	15%	12%	14%	5%
Mood/Anxiety	18%	10%	9%	13%	7%	11%	22%
Missing	11%	8%	8%	9%	12%	9%	15%
Substance – Alcohol	8%	7%	4%	9%	19%	12%	7%
Other	5%	5%	4%	4%	2%	3%	6%
Trauma/PTSD	13%	9%	2%	7%	12%	8%	18%
Admin/Encounter	2%	1%	1%	2%	0%	1%	1%
Medical Other	0%	0%	0%	1%	2%	1%	1%
Cognitive/Neuro	0%	0%	0%	1%	0%	1%	4%
Pain/Somatic	0%	0%	0%	0%	0%	0%	0%

Homeless Services Utilization

- Familiar Faces used **2.5 times** as many *Homeless services* compared to non-'housing needs' population per booking (5.3 Services per 100 bookings)
- Familiar Faces utilization of Homeless services were **highest in the 'Basic Needs'** category (32%) and were comparably higher in:
 - Shelter Services (16%)
 - Outreach Services (14%)

Homeless Service Use Rate Prior to Booking

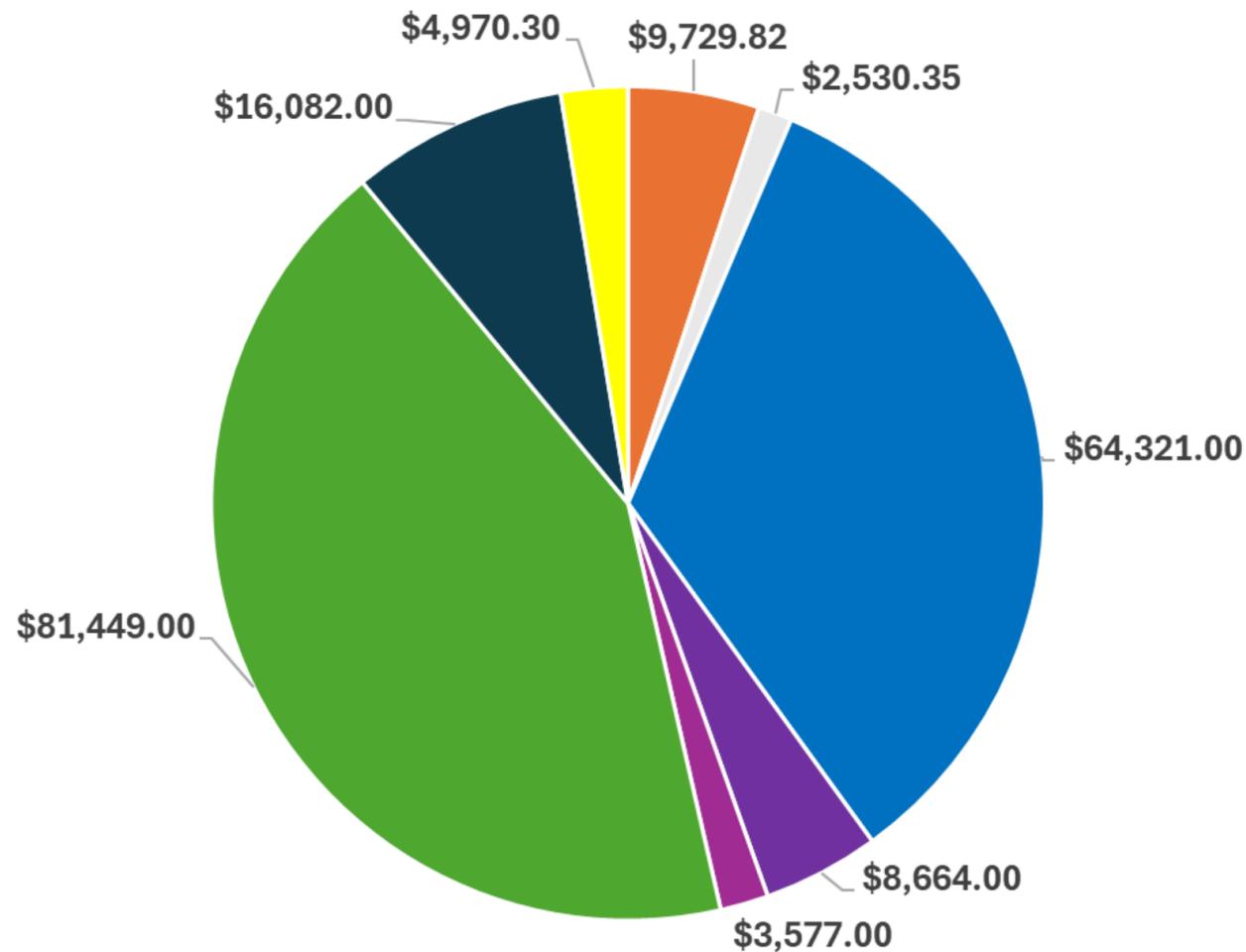


Homeless Service Usage Rates by Category and Cluster

Cluster	1	3 (FF)	2, 4, 5, 6
Bookings	665	5403	93792
Unique Patient ID	483	925	55496
Recent H3 Services (30d prior)	274	285	2013
Services per 100 Bookings	41.2	5.3	2.1
Homeless Service Categories			
<i>Basic Needs</i>	21%	32%	33%
<i>Referrals & Linkages</i>	5%	19%	18%
<i>Shelter Services</i>	6%	16%	12%
<i>Outreach Services</i>	4%	14%	12%
<i>Housing Services</i>	20%	5%	6%
<i>Case Management</i>	20%	3%	4%
<i>Day Services / Drop-in Centers</i>	<1%	3%	3%
<i>Medical Services</i>	<1%	2%	1%
<i>Document & ID Services</i>	<1%	2%	3%
<i>Substance Use Services</i>	<1%	1%	<1%

Annual Spend on Familiar Faces

Annual Claimed Cost of Services for Familiar Faces Population 2023 - Total \$191K per Year



Cluster	Average Paid Per Person	Average Claimed Cost Per Person
1 (Housing)	\$ 38,189	\$ 57,194
2 (Justice)	\$ 13,106	\$ 19,639
3 (Familiar Faces)	\$126,740	\$ 191,323
4 (Health Needs)	\$ 34,583	\$ 59,332
5 (Low Risk)	\$ 5,181	\$ 5,333
6 (AOD / Violence)	\$ 13,334	\$ 18,415

DEPT. OF SOCIAL SERVICES

MILLION-DOLLAR MURRAY

Why problems like homelessness may be easier to solve than to manage.



By Malcolm Gladwell

February 6, 2006

Top 5 Familiar Faces by Total Cost of Claims

Rank	Total Claimed Cost	Person - Year
1	\$ 2,934,536.00	Person A - 2022
2	\$ 2,926,768.00	Person B - 2023
3	\$ 2,818,268.00	Person C - 2018
4	\$ 2,669,397.72	Person D - 2022
5	\$ 2,496,149.25	Person E - 2023

Takeaways

60% of Familiar Faces have been referred to ECM, but only 5% are currently engaged in the program

Familiar Faces have a 46x higher usage rate of PES services than other clusters

Average annual claimed cost to Contra Costa of a Familiar Face member: **\$191K**

Familiar Faces receive 12x as many behavioral health services compared to other groups

Familiar Faces use 2.5x as many homeless services as non-'housing-needs' groups

Familiar Faces show a 7% increase in risk of a new detention booking following stopping filling psychoactive drug prescription

1. Finalize Data Design and Model Target

- Confirm longitudinal structure, feature set, and target definition for modeling
- Create a data spec and a finalized modeling objective

2. Build Predictive Model Prototype

- Develop and train an initial model to identify individuals at risk for becoming Familiar Faces
- Create a prototype model that includes performance metrics and example outputs

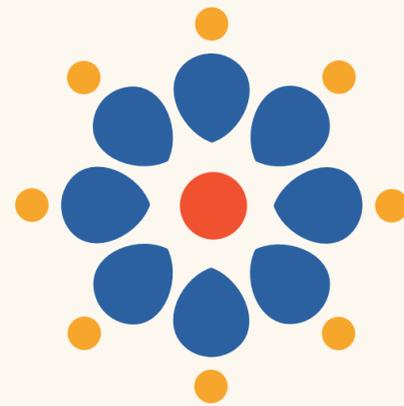
3. Validate Model Output with Stakeholders

- Review high-risk flags with program and operational partners
- Generate feedback and recommendations for refinement

4. Explore Programmatic Response Options

- Engage stakeholders to identify potential interventions and service pathways

CONTRA COSTA
HEALTH



cchealth.org

Thank You



CONTRA COSTA COUNTY

1025 ESCOBAR STREET
MARTINEZ, CA 94553

Staff Report

File #: 25-4877

Agenda Date: 11/17/2025

Agenda #: 5.

PUBLIC PROTECTION COMMITTEE

Meeting Date: November 17, 2025

Subject: A3 (Anyone, Anywhere, Anytime) Program Updates

Submitted For: Dr. Suzanne Tavano, Director of Behavioral Health Services

Department: Health Services

Presenter: Chad Pierce, PsyD, Mental Health Chief of Crisis Services

Referral History:

In November 2020, Contra Costa Health (CCH) brought together a multi-disciplinary team to start the design phase of A3 (Anyone, Anywhere, Anytime). The goal was to figure out the nuts and bolts of the A3 model. The Design Team consisted of people with lived experience, family members, law enforcement, fire and emergency medical responders, behavioral health professionals, improvement advisors, and mobile crisis team members. They worked to develop a caring approach that is culturally and clinically responsible and came up with the A3 vision.

The Design Team also prioritized four areas for the future of the A3 model: (1) A need for help - People can reach the A3 Miles Hall Crisis Call Center multiple ways (e.g., direct line to call center, 911, 988, 211, community health providers, etc.); (2) Someone to talk to - Care begins as soon as a call to the call center is answered. Clinical staff provide support, triage presenting concerns and determine when an in-person response is necessary; (3) Someone to respond - A3 staff will determine the type of response that is appropriate for each situation. Mobile teams are dispatched to address the crisis and provide care and (4) A place to go - People may need a place to go for additional support (e.g. PES, YSU, ED, alternative destination, etc.). Once a team is on site, they may determine a person in crisis needs more support.

A3 includes the Miles Hall Crisis Call Center, mobile crisis teams, a rapid access outpatient clinic and a peer respite center. The need for A3 is based on research showing that behavioral health challenges are widespread and increasingly recognized as a major area of need: (1) about 1 in 5 people in Contra Costa County experience behavioral health challenges, (2) behavioral health challenges are the third most common call ambulances respond to in the county and (3) every year, there are more than 8,000 visits to psychiatric emergency services in the county. When someone experiences a crisis - a fire, crime, or medical emergency - they call 911 with the expectation of getting immediate emergency services. However, when that emergency is a behavioral health crisis, there was no timely, culturally and clinically appropriate response. A3 addresses this enormous need by making behavioral health part of the emergency response system.

A3 currently operates 24 hours a day, 7 days a week. A3 dispatches on average 23 field teams per day. A3 continues implementation by hiring and training team members, improving technology, refining the call triage process and collaborating with partners on training and responding to crises. A3 continues to refine processes and cultivate our partnerships with other providers.

On May 19, 2025, Contra Costa Health Services provided a report to the Committee on its mobile crisis teams and the status of the clinic and peer respite center that were at that time under construction. The Committee asked Health staff to return to the Committee later in the year with additional program data, including housing and other supportive service client needs if available.

Referral Update:

Please see the attached presentation.

Recommendation(s)/Next Step(s):

RECEIVE the report from Contra Costa Health Services with additional information and data on the A3 (Anyone, Anywhere, Anytime) program.

Fiscal Impact (if any):

There is no fiscal impact - this report is informational.



A3 Crisis Response-

Public Protection Committee
November 17, 2025



The Need

Out of Contra Costa County's 1.2 million residents, nearly 200,000 will need mental health services.



1 in 5 people
experience
mental health
challenges



Third most
common ambulance
call



6,500
visits to Psychiatric
Emergency
Services

The A3 Miles Hall Crisis Call Center

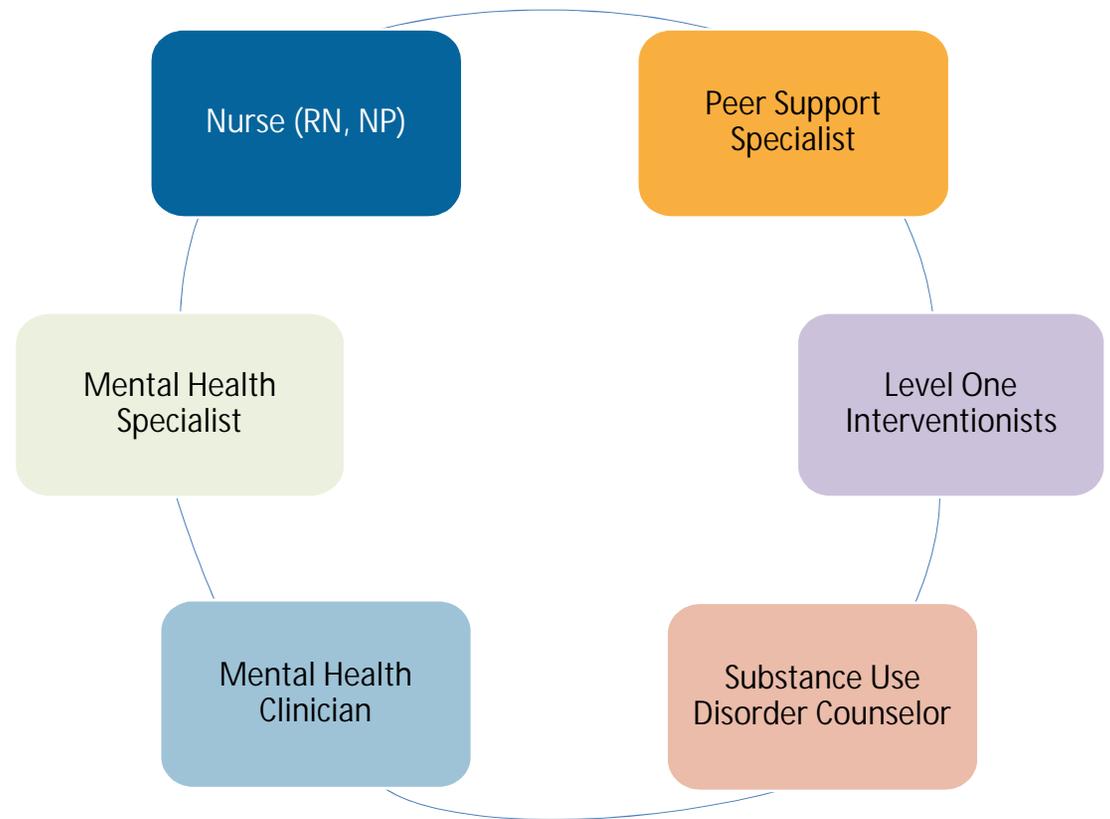
- Named for Miles Hall and others in Contra Costa who face mental health crises without the right support.
- Miles, a 23-year-old Black man, was killed by law enforcement during a mental health incident.
- After his death, Miles' mother, Taun, advocated for a system to prevent such tragedies.

**A3 Miles Hall
Crisis Call Center**
844-844-5544



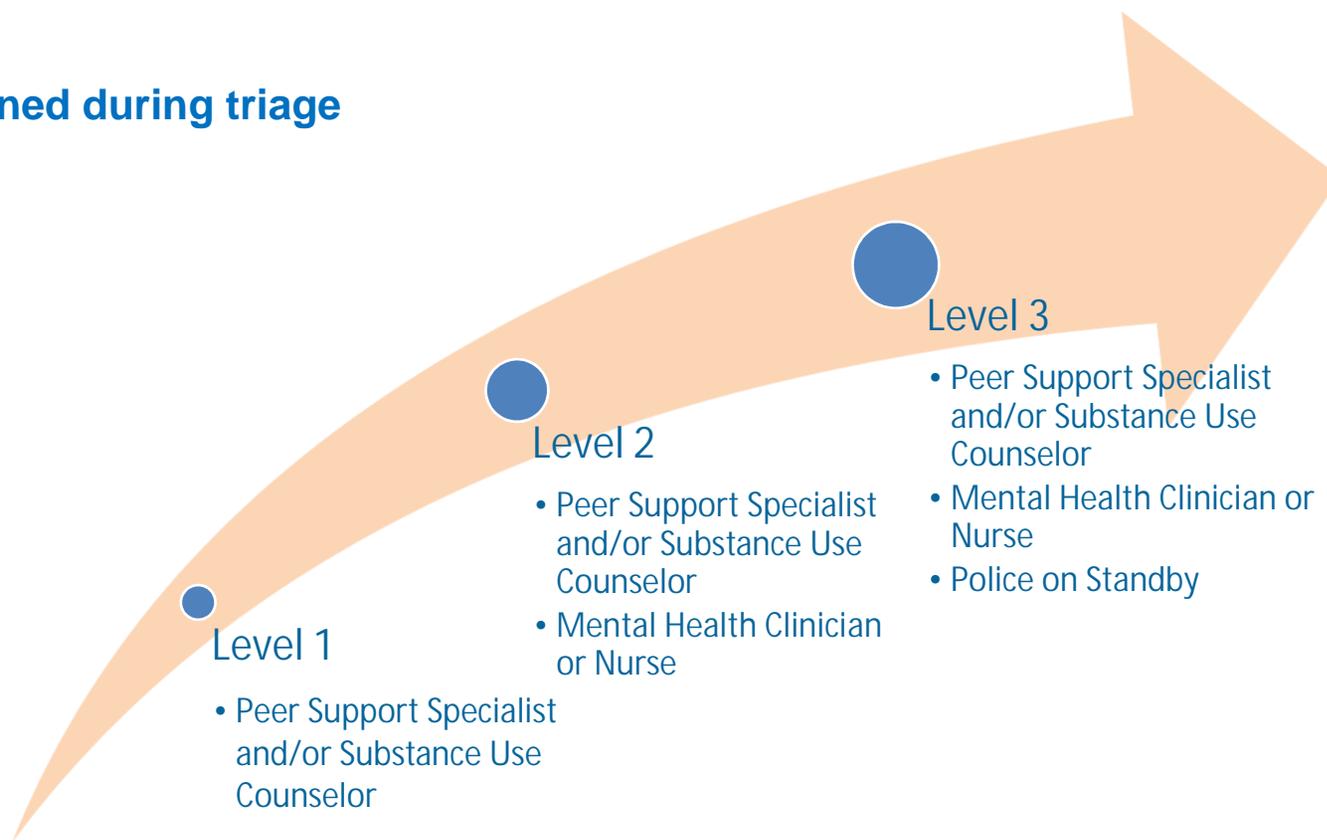
Who Are We?

Multidisciplinary Team



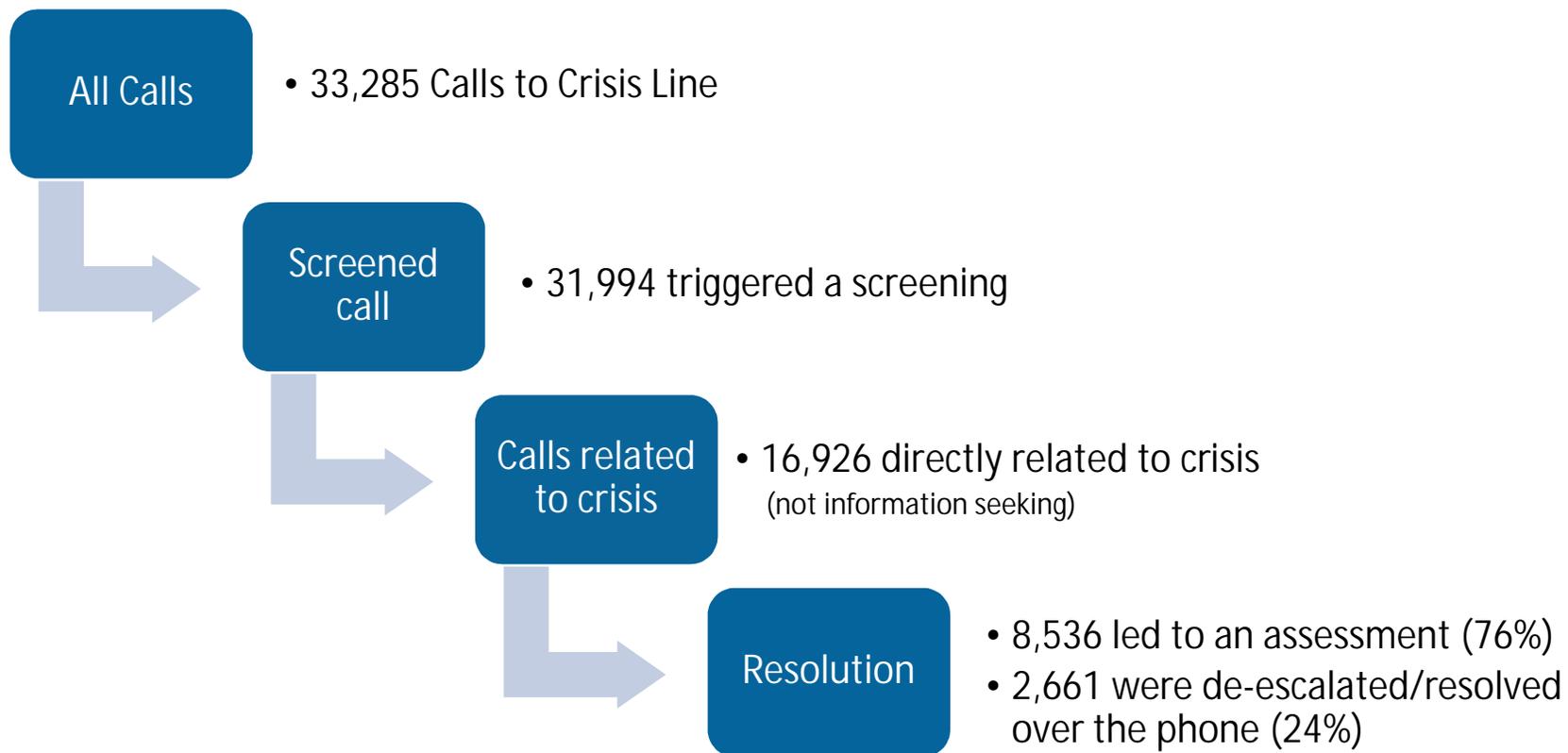
In-Person Response

Determined during triage



Call Volume and Type of Call

Data shared throughout this presentation is for January 2024 through September 2025

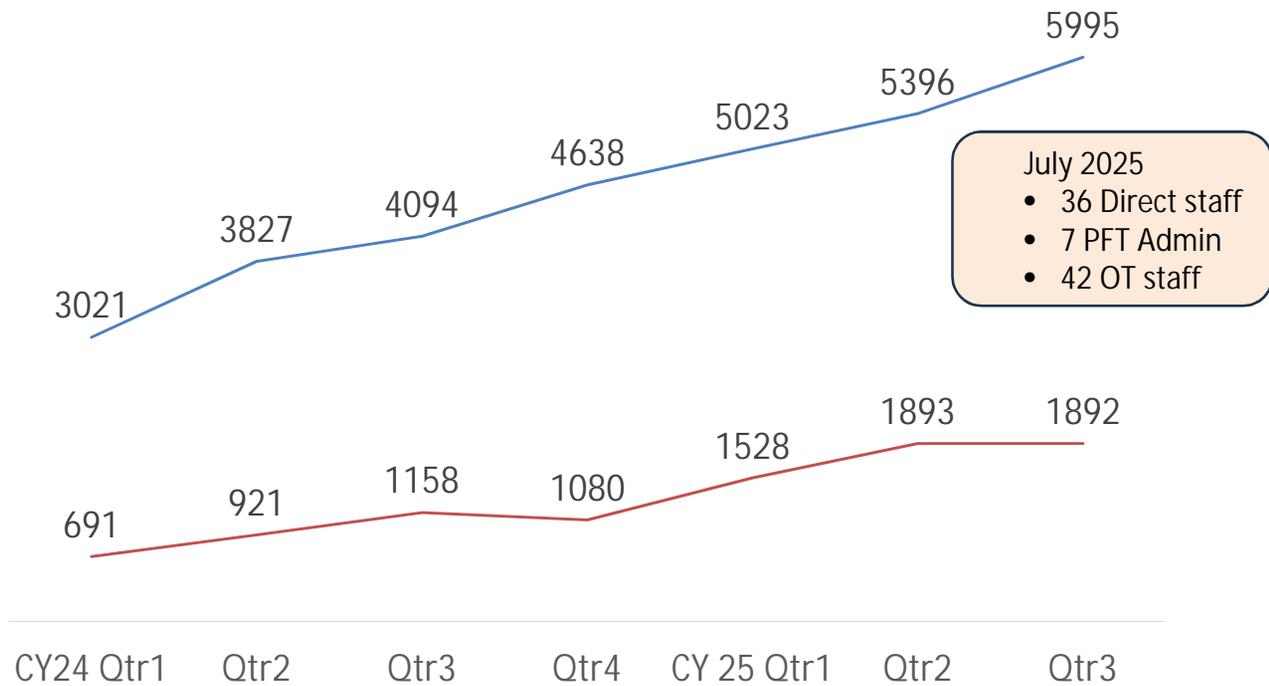


Call Volume Trends

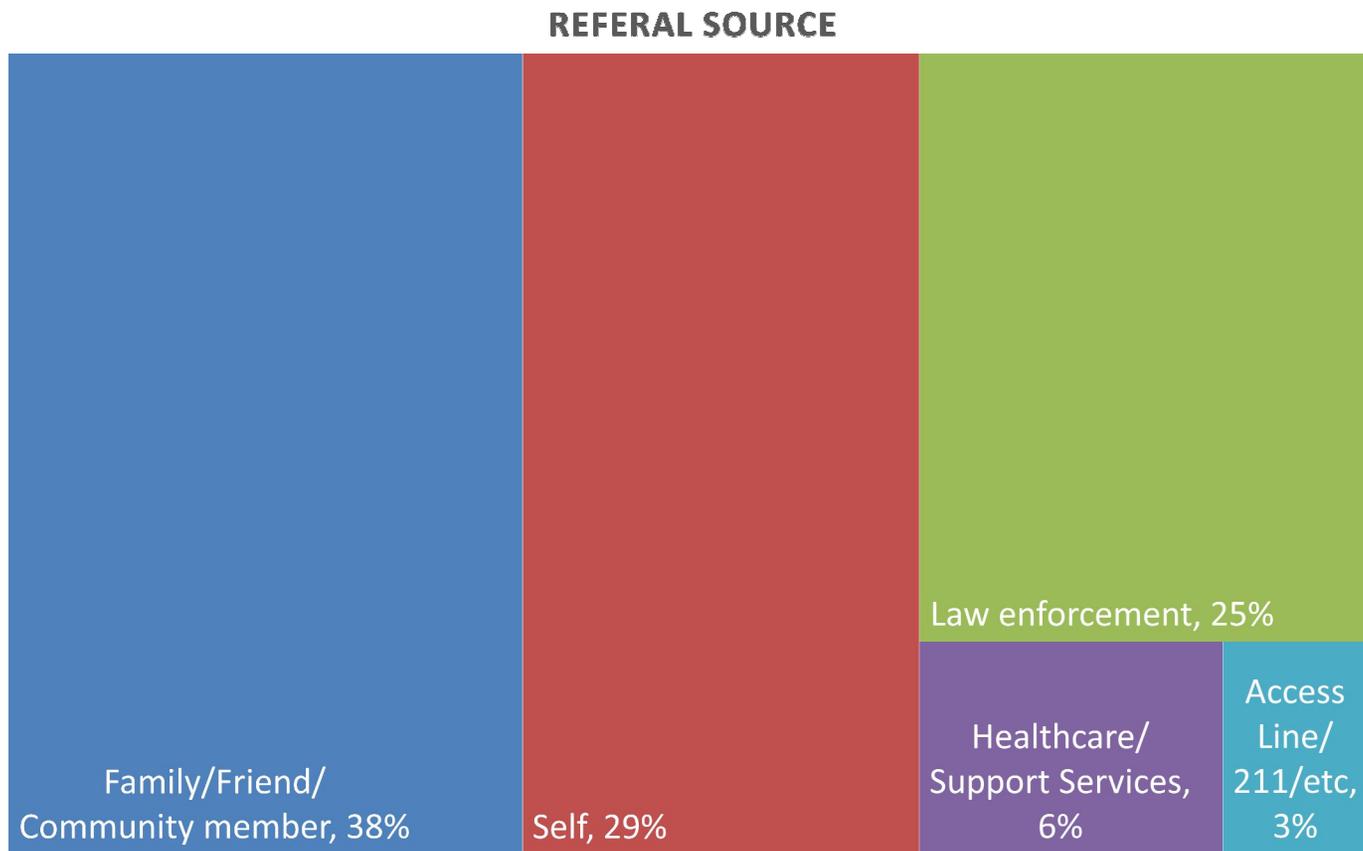
Number of Calls and Dispatches by Quarter

98% increase in screened calls

173% increase in dispatches



Referral Source for Crisis Calls

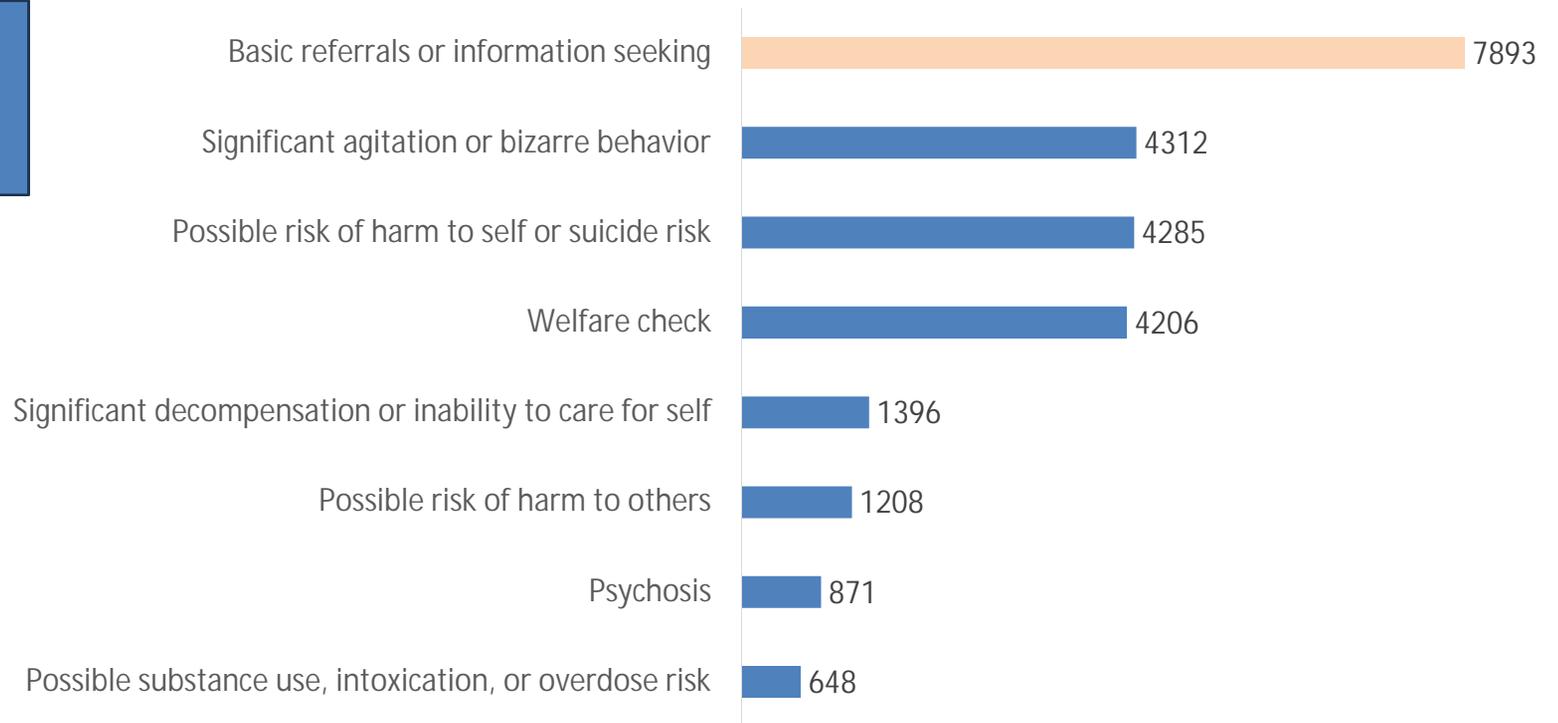


2 out of 3 calls were from the person in crisis or concerned loved one/community member (and not from a service provider)

Primary Reason for Call

Primary Reason for Call
Jan 2025 through September 2025

2/3 of calls were related to real-time crisis

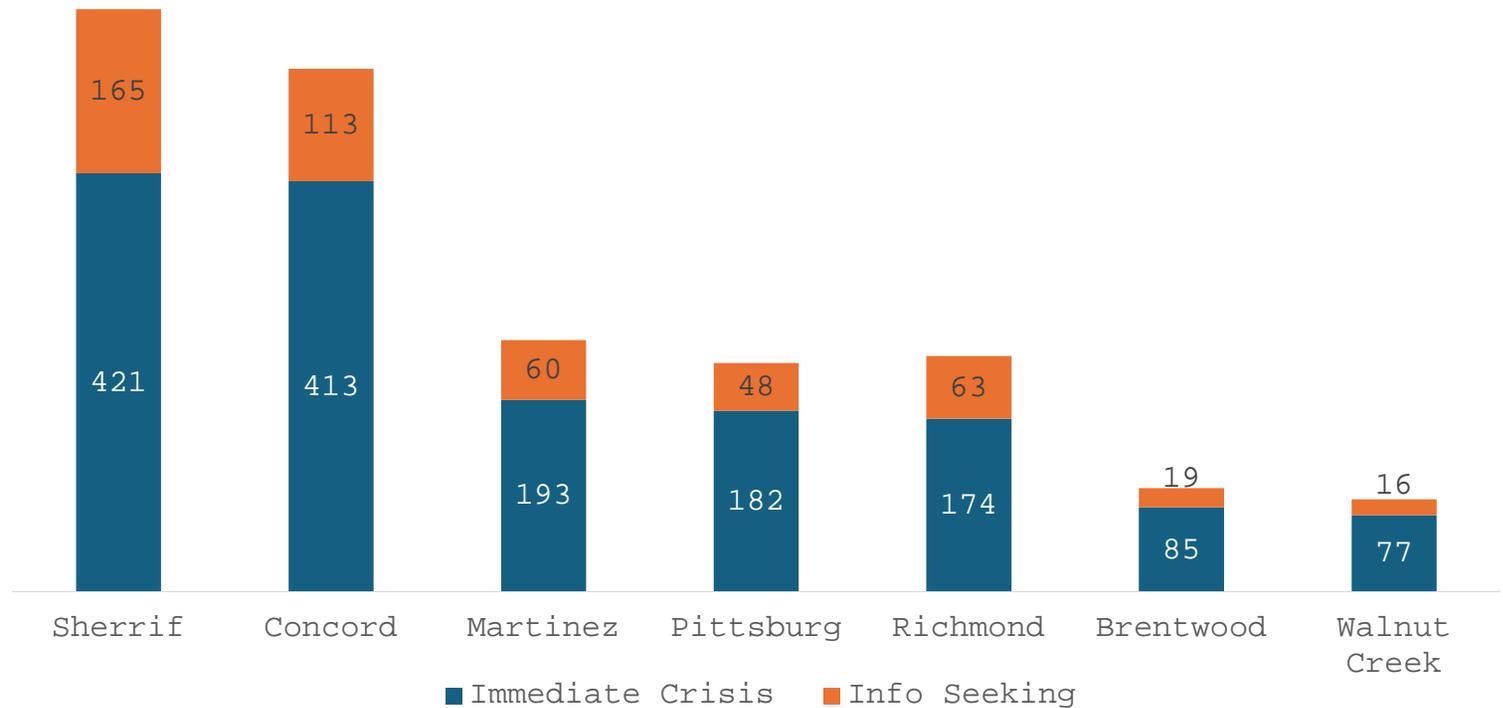


Law Enforcement Partnership

Number of Calls from Law Enforcement Agency and by Call Type

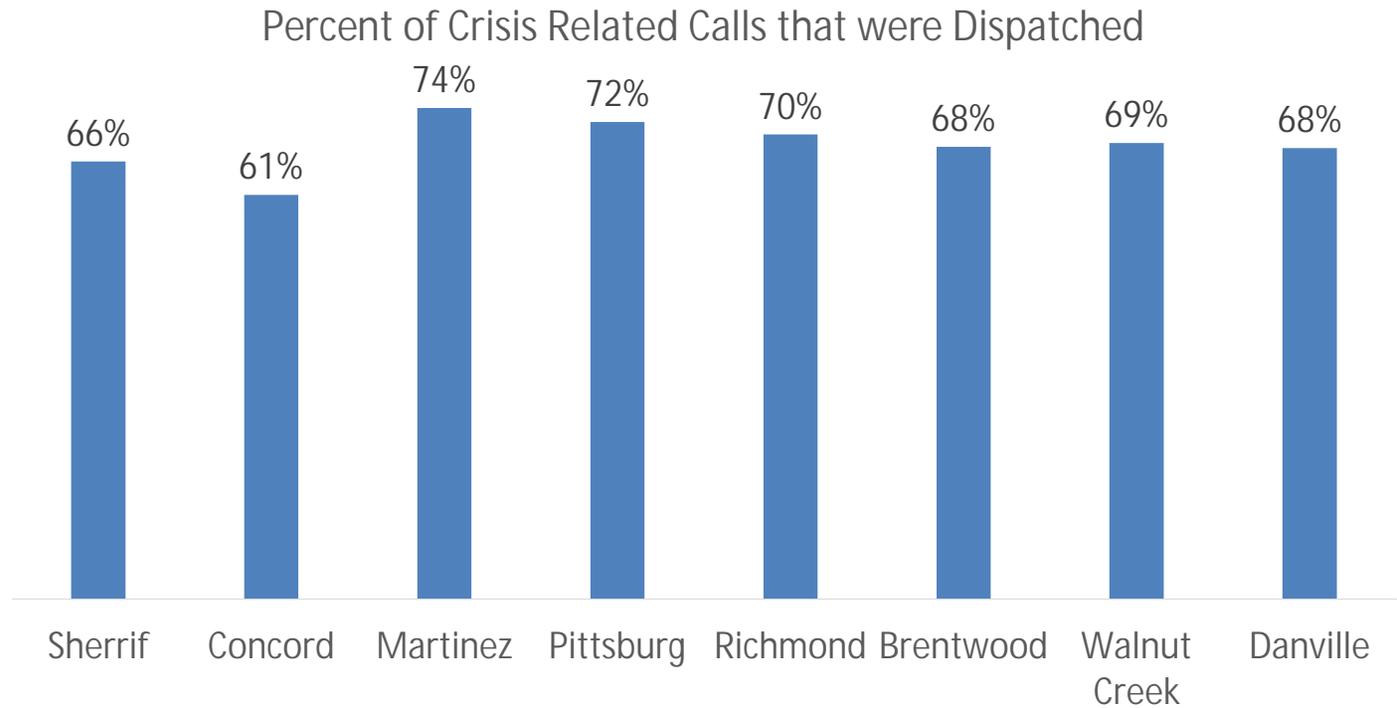
2,320 calls from law enforcement.

3 out of 4 were related to a crisis (not information seeking).



Law Enforcement Partnership

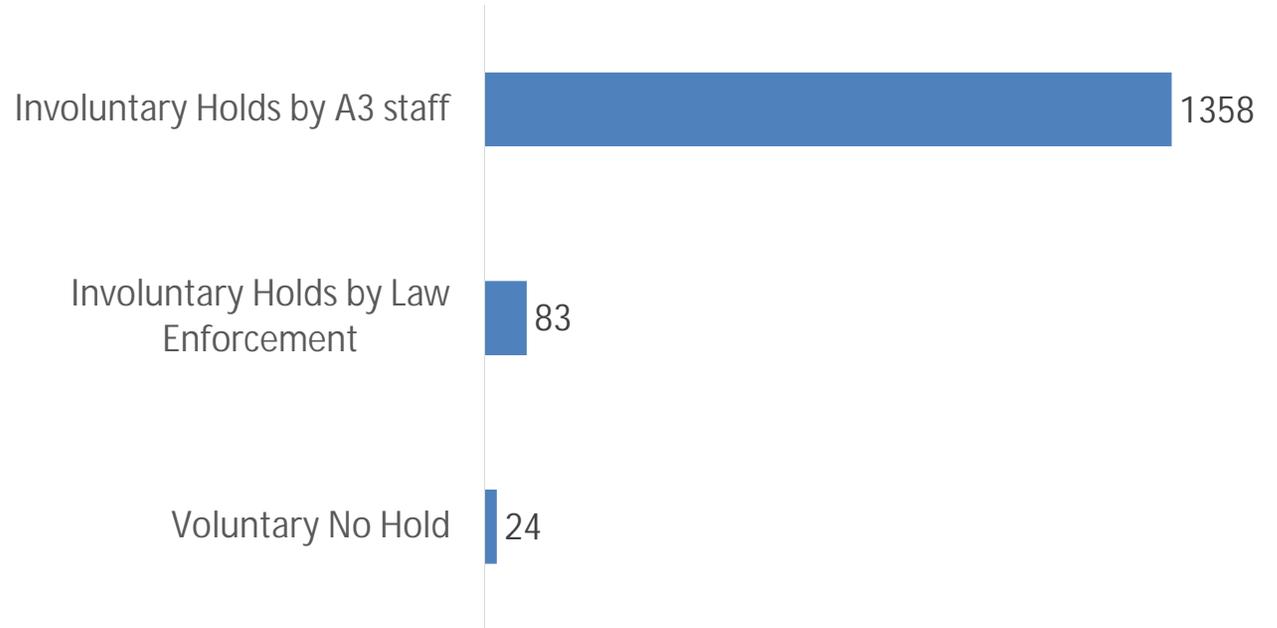
2/3 of all Crisis Related calls by law enforcement resulted in dispatch



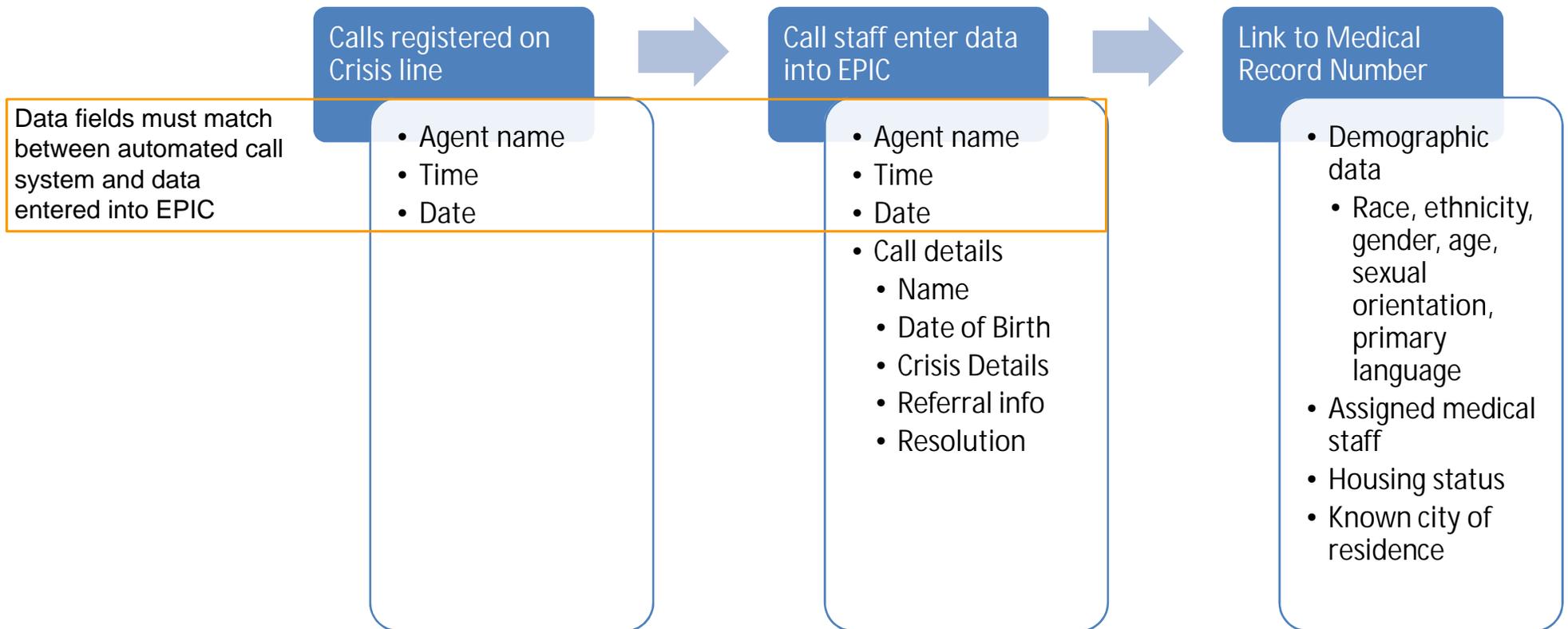
Results of In-Person Assessments

A3 processed
93% of all holds

Holds Jan 2024 through September 2025



A3 Data Dashboard



A3 Data Dashboard

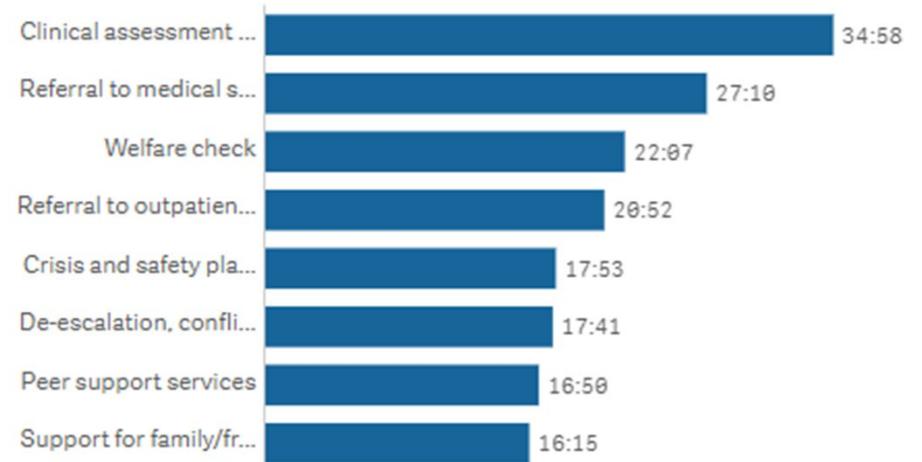
The dashboard allows for a variety of analyses to understand quality:

- Call quality and wait time
- Staffing needs based on call volume across dates and times
- Equity across demographics and county region
- City heat map

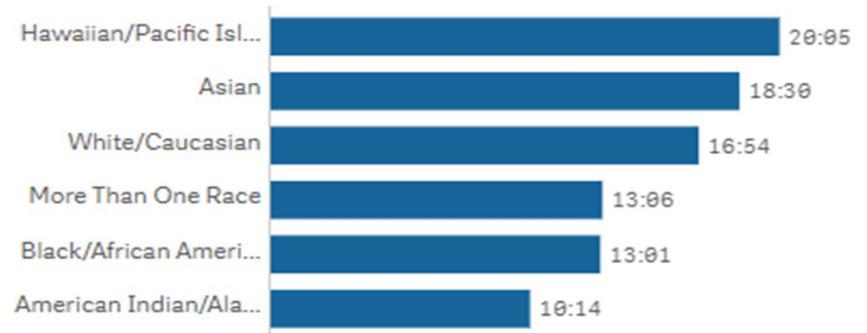
Telephone Intervention Exploration: Crisis_Services_Provided

Use the Dimension Selector on the right to view the crisis services volume by the selected dimension. Null values have been removed from bar chart.

Call time by Primary Reason for Call



Call time by Race



A3 Data Dashboard

The dashboard allows for a variety of analyses to understand outcomes:

- Law enforcement involvement
- Who processed involuntary holds (A3 or law enforcement)
- Number of calls that resulted in involuntary holds, ER visits, or other destinations

Law
Enforcement
Involvement

In-Person Crisis Assessments

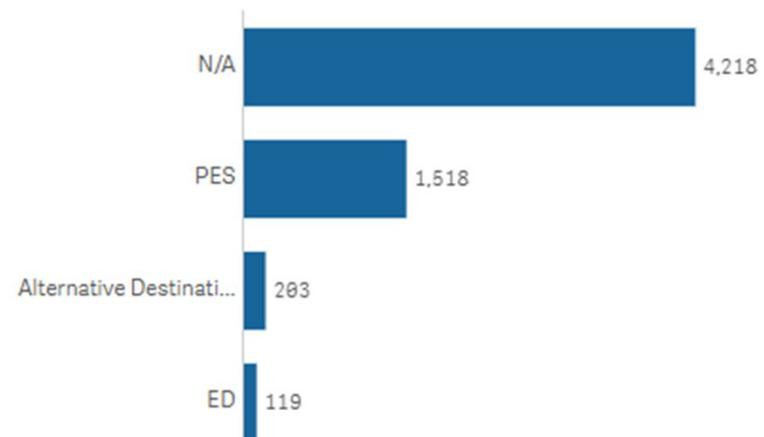
Total volume of in-person crisis assessments from 1/1/2024 to 9/30/2025.

8,743^{2,459}
Law Enforcement Involved

Involuntary Holds and ED Visits

Crisis Assessment Exploration: Result

Use the Dimension Selector on the right to view the crisis services volume by the selected dimension. Null values have been removed from bar chart.



A3 Public Dashboard

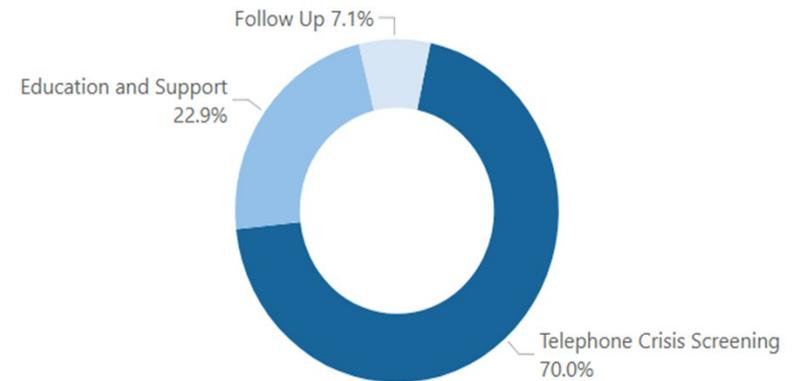
Public dashboard with customizable data pulls for:

- Call volume and type of call
- Referral source
- Law enforcement involvement
- Demographics
- Number of in-person assessments
- Crisis city

Call Types on Public Dashboard

Call Service Types

Types of call services provided by A3 staff



Link to Public Dashboard



SCAN HERE



cchealth.org

844-844-5544