A REPORT BY

THE 2020-2021 CONTRA COSTA COUNTY CIVIL GRAND JURY

725 Court Street
Martinez, California 94553

Report 2106

911 Mental Health Crisis Response:

A New Way "To Protect and To Serve"

APPROVED BY THE GRAND JURY
Date 11/30/2021

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Contra Costa County Grand Jury Report 2106

911 Mental Health Crisis Response

A new way "to Protect and to Serve"

To: Contra Costa County Board of Supervisors
Antioch City Council
Contra Costa County Department of Health Services

SUMMARY

On June 2, 2019, Miles Hall, a 23-year-old man diagnosed with a mental illness, was shot and killed by Walnut Creek Police officers during a mental health crisis in which his family called 911 for help managing a serious episode. The family stated, "We had no option but to turn to the police to get Miles help when he was in crisis." (http://justiceformileshall.org)

The decision by 911 dispatchers to dispatch an armed law enforcement officer to the scene of a non-criminal, mental health related call is an important issue. There is a belief at one end of the spectrum that only sworn police officers have the training and experience to properly handle such calls, even though they may not be responding to an actual crime. At the other end of the spectrum is the belief the police should never respond to such calls because they may exacerbate the situation. While their training is extensive, it is not heavily weighted towards de-escalation or mental health crisis management, and uniformed officers may be a trigger to the person in crisis. Those in the middle believe that some hybrid system would be appropriate. There is little consensus as to what any system should look like.

Although there are several agencies in Contra Costa County (County) that are attempting to address this issue, their efforts have not been coordinated and sufficient resources have not been allocated. The County has not effectively communicated the availability of resources to the community – programs are difficult to identify and access. The County Department of Health Services (DHS) is working on a program to greatly expand its mental health crisis response teams; however, this expansion is still in the planning stage with implementation and funding unresolved.

The 2020-2021 Civil Grand Jury is recommending a pilot program that would have non-police mental health specialists respond in a timelier manner to the scene of mental

health crisis calls. The Grand Jury is recommending that DHS partner with a city to develop a pilot program within one year from the date of this report.

METHODOLOGY

The Grand Jury reviewed the following documents, records, and materials for this investigation:

- Internet research on mental health responders' programs in San Francisco, Oakland, New York City, Eugene, Oregon and Olympia, Washington
- 911 dispatcher data from the Contra Costa County Sheriff's Department and city police departments throughout Contra Costa County
- Data from DHS and the Mobile Crisis Response Team (MCRT) within DHS regarding both its existing program and planned expansion
- Newspaper articles, both from the Bay Area and nationwide, regarding existing and proposed programs to address the issue of 911 mental health responses
- Articles and published professional reports on community response models
- California Assembly Bill 988, establishing mental health crisis hotlines
- National Suicide Hotline Designation Act of 2020 (S-2661)
- California Police Officer Standards and Training (POST) on de-escalation, and crisis intervention.

The Grand Jury conducted the following interviews after its initial internet research:

- A director of the Portland, Oregon, Street Response program (PSR)
- A director of the Denver, Colorado, Support Team Assisted Response (STAR) program
- 911 dispatchers in Contra Costa County
- City officials within Contra Costa County
- Individuals in the Contra Costa County DHS and its MCRT

BACKGROUND

In the past few years, Contra Costa County has experienced many instances where police officers have responded to situations for which their training had not prepared them. Many of those instances resulted in escalations that led to injuries and sometimes death at the hands of a law enforcement officer, which is tragic not only for the victims, but their families, the officers involved, and the community. In addition to the Miles Hall

incident, there have been other recent Contra Costa County incidents with tragic outcomes:

• 2018: Laudemere Arboleda, a 33-year-old man with mental health issues, was contacted by Danville Police officers for loitering. According to news reports, when he attempted to drive away, he was shot and killed at the scene. That Danville city police officer has since been charged with voluntary manslaughter for his death. The family has stated to reporters that Mr. Arboleda suffered from mental health problems.

• 2020: Angelo Quinto died during a struggle with Antioch police officers as he was having a mental health crisis in a bedroom of his home. A wrongful death lawsuit is pending.

• 2021: The same Danville police officer who has been charged with manslaughter for the death of Mr. Arboleda was also involved in an incident in which Tyrell Wilson, who suffered mental health problems from a previous traumatic brain injury, was shot and killed. He was reportedly throwing rocks off an overpass.

These and other tragic events have resulted in public protests, lawsuits, and public discussion on how to reform police procedures throughout the County. None have yet resulted in a program that would change the system in a meaningful and lasting way.

The only responders currently available 24/7 in Contra Costa County are Police, Sheriff, and Fire Department staff – regardless of the nature of the emergency.

In 2015, the Washington Post began an ongoing nationwide tally of all police officer-involved shooting deaths. Resources included police reports, news accounts, and social media. The tally indicated that at least 25% of people who are shot and killed by police officers suffered from acute mental illness at the time of their death. People with untreated mental illness were16 times more likely to be fatally shot during an encounter with police than the general population. As of 2020, the continuing Washington Post study found that the deaths remained at approximately 25%. (https://www.washingtonpost.com/graphics/investigations/police-shootings-database/)

An online article in the Monitor On Psychology (Vol. 52, No. 5, print page 30, July/August 2021), states that in the U.S., “It’s estimated that at least 20% of police calls for service involve a mental health or substance use crisis, and … that demand is growing.”

Three Concerns

- **Police Response:** Many of the non-criminal mental health 911 calls are made by people who do not necessarily want a uniformed police officer to respond but feel that they have no alternative. Some of their concerns are fear of arrest because of outstanding warrants, immigration status, lack of trust in law enforcement, or past experiences with law enforcement. (See The Community Responder Model by the Center for American Progress, October 2020.)

- **Training / De-escalation:** Officers who have completed de-escalation courses should be involved in the training of other officers and dispatchers to identify mental health crises present in a 911 call. Training police officers in mental health de-escalation techniques, while important, does not replace the need for mental health professionals.

- **Staff resources:** Police Department officials interviewed said that their limited resources would be better spent responding to actual crime in progress 911 calls than non-criminal mental health related calls.

With these concerns in mind, the Grand Jury began an investigation to find alternatives to a police response to mental health crises in Contra Costa County. Programs that have demonstrated success in similar communities around the country were examined in depth to take the program features that were well received in other communities and apply them to a pilot program in this County. When that pilot program is successful, it can be expanded to the entire County.

DISCUSSION

In 2019, the city managers in the County asked the County Health Services Department for help to improve the current MCRT program. MCRT was created to provide same day intervention for adults who are experiencing mental health crises. The Team includes licensed mental health clinicians, community support workers, and a family nurse-practitioner. The MCRT goal is to prevent acute psychiatric crises resulting in involuntary hospitalizations. The Team tries to de-escalate crises and connect clients to mental health resources. MCRTs are accessed by calling 1-833-443-2672 for adults and 1-877-441-1089 for Seneca, a program for children 17 and younger which was created in 1985.

MCRT is *not* an emergency service. Service coverage is Monday through Friday 7 a.m. - 11:30 p.m. Five teams are based out of Martinez and cover the entire County. Difficulty in accessing services, long response times and limited services hours have limited the community use of this service. The County Health Department recognizes this problem and with city managers acting as a catalyst has embarked on an aggressive and thorough expansion of the current program.

The expansion plans include 32 teams, 24/7 coverage and three regional locations to decrease response times. The response target is 30 minutes rather than "same day". MCRT will become available as an emergency service.

The plan stipulates routing of calls from multiple sources including 911 through a hub (Miles Hall Community Crisis Hub). Trained dispatchers at the hub will triage (prioritize) and direct specialized teams to the perceived level of risk. Level I, low intensity calls, will be routed to a team consisting of a peer support worker and an Emergency Medical Technician (EMT). Level II calls will be routed to a team with a professional clinician, a peer support worker and possibly an EMT. For a Level III, the highest intensity call, a law enforcement officer will be included in the team.

The MCRT service will be greatly expanded to include alternate destinations such as peer-operated temporary housing/care locations, crisis intervention services and sobering centers. Current 24/7 destination options for mental health crisis victims are the County Hospital Psychiatric Emergency Service, County Jail or remaining in place.

DHS has included mental health crisis victims and their families, community representatives (caregivers), law enforcement and city managers in the expansion planning process. It has reviewed existing program models in other cities including one from the United Kingdom. Plans include extensive use of communication and GPS technology. Funding and city-county cost sharing issues and a pilot rollout are still being explored.

During interviews, DHS indicated that it is receptive to the idea of a pilot program prior to a countywide implementation of their proposed expansion but has planned their expansion to be an “opt-in” for each city as some are planning their own crisis response measures. DHS has also expressed that it has found the city of Antioch, among others, to be an acceptable city should a pilot program be established.

The Grand Jury focused on identifying factors that would give a pilot project the tools needed for success and longevity that could then be expanded to a countywide program. The model programs examined share certain qualities that allowed a transition from successful pilot projects to permanent programs.

Model Programs

The Grand Jury investigated the four existing programs outlined below that have had a significant degree of success.

Eugene, Oregon – Crisis Assistance Helping Out On The Streets (CAHOOTS): The CAHOOTS program was started in 1989. It is one of the oldest and most successful programs of its kind in the country. The program’s response teams consist of a medic (nurse, paramedic or EMT) and a crisis worker who has substantial training and experience in the mental health field, as well as peer responders with similar life

experiences to those in crisis. The team responds to non-criminal calls such as mental health crises, expressed suicide ideation, and disturbances of the peace in which it is believed that de-escalation techniques would be possible. They also handle non-emergency medical situations.

The program website cites a 2016 study in the American Journal of Preventative Medicine that found between 20% and 50% of fatal encounters with police agencies involved an individual with a mental illness. CAHOOTS records in 2019 show that out of a total of approximately 24,000 calls, police backup was requested only 150 times. In 2017, CAHOOTS teams answered 17% of the Eugene Police Department's entire call volume.

The calls come through the city's 911 call center and the dispatchers are trained to triage calls and refer the appropriate ones to CAHOOTS response teams. Upon arrival, the team assesses the situation to confirm whether an actual police response is needed. If it is, the CAHOOTS team immediately calls the police and stays on the scene to advise the responding police officer of their assessment.

Portland, Oregon – Portland Street Response (PSR):
The program began as a pilot program in 2019 and was modeled after the CAHOOTS program. It was intentionally begun as a program in a limited geographical section of the city that, because of its success, has expanded and will continue to expand significantly in the next few years. PSR started with a community outreach program to both educate the citizens about the program and identify their concerns. The community quickly embraced the program.

PSR teams respond to calls through the 911 dispatch center and a separate non-emergency phone line. PSR responds instead of a police officer to various types of mental health related calls: substance abuse / drunk in public, disturbing the peace and/or loitering, welfare checks and suicidal risk. PSR does not respond to crimes, instances where people are identified as being armed with a weapon, or situations that threaten the lives of others.

PSR's response time is approximately 20 minutes, and they typically stay at the scene for at least an hour. PSR currently handles upwards of 80,000 calls per year and plans an expansion next year to ten mobile units. The expansion would include additional teams of medics and peer support specialists with specialized training in de-escalation and behavioral health. These teams will be dispatched on calls 24/7. In its two years of existence, PSR has significantly increased the ability of the police department to focus on criminally related 911 calls.

Denver, CO – Support Team Assisted Response (STAR):
This program began its operational phase in June 2016 as a pilot program in downtown Denver. It started as a program in which police officers and mental health professionals responded jointly to a request for assistance. The program has since evolved so that only the STAR team responds without police participation. As with the Portland PSR program, a significant community outreach effort describing services provided occurred

before the outset of the program. The outreach was directed not only at the citizens but also to non-governmental organizations, mental health professionals and civic leaders.

Calls originate through the 911 dispatch center, which in turn calls STAR responders. During the past year 30% of calls to police resulted in law enforcement calling the STAR responders to handle the situations, freeing the police to respond to criminally related calls. The program is run by a private non-profit organization through contracts with the city and county.

STAR personnel respond to calls regarding suicide/crisis intervention, welfare checks, and minor public disturbances not involving weapons or danger of bodily harm to others. During the first year of operation, STAR responded to 1,400 calls and the responders developed a good working relationship with law enforcement. The responders can call for a police officer if a situation escalates or they arrive to a scene different than that which was described to STAR in the initial call.

The program is transitioning from the city's Safety (Police) Department to its Public Health Department. STAR personnel determined that not being associated with the Police Department allowed more trust to be built with the communities served. Staff in this program work 3, 13-hour shifts per week, with a 4-hour period to be used for paperwork associated with documenting encounters and medical billing.

Olympia, Washington - Crisis Response Unit (CRU):
CRU started in April 2019 with a staff of six responders operating seven days a week, 7 a.m. to 8:40 p.m. Monday through Thursday, and 10 a.m. to 8:40 p.m. Friday through Sunday. After two years, the CRU has developed into a valuable option for crisis assistance. Responding unit members can provide a variety of services, including grief counseling, housing crisis assistance, substance abuse support, transportation to services, and referrals and connections to resources. CRU never restrains individuals against their will or takes them into custody.

Time, training, and trust have overcome initial police resistance to civilian access of their 911 communication system. Much of the day-to-day activity by CRU members is spent in the community including visiting homeless encampments, building relationships, and increasing the likelihood that they will be called when needed. Callers have increasingly requested CRU because it has become established and trusted in the community. In the second quarter of 2020 Olympia Police Department reported more than 500 contacts between CRU and community members - 175 of which were initiated by CRU members during their community outreach efforts. Police were only on scene for 86 of the total number of contacts.

Successful Program Aspects

The Grand Jury's review of CAHOOTS, PSR, STAR, and CRU found these common aspects:

1. All involved parties, including community leaders, actively work together from the outset to implement a working program.
2. Each program started as a pilot program and then expanded to include more people and a larger geographical area.
3. All participating agencies have an equal place at the table with a designated liaison person. These people meet regularly to discuss concerns regarding the day-to-day operation of the pilot program and adjustments that need to be made to ensure the ongoing acceptance by the community.
4. In all programs, the participants spoke unanimously about the importance of communication and trust. The trust needs to be a link between agencies and, critically, between law enforcement and mental health responders who are on the front lines of the effort. The people interviewed emphasized that communication and trust did not come overnight. It had to be developed and nurtured over time and after many joint responses by police and mental health responders to 911 calls.
5. Flexibility and adaptability have contributed to their longevity.
6. They all developed an effective public awareness campaign to educate the community about the services and benefits of a non-police mental health response program.

Pilot Program Development and Implementation

As with the programs studied, Contra Costa County is remarkably diverse, containing 19 cities and towns as well as unincorporated areas that vary greatly in their demographic composition and civic challenges. The need for a mental health professional response to non-criminal 911 calls is a countywide issue.

There are several components shared by the existing programs that are vital to include in a County pilot program. The CAHOOTS program has been in operation and constantly adapting to changing circumstances for over 30 years. The other programs were originally modeled after it and changed to fit the different demographics and needs of the various communities. Some of the most important distinguishing features are:

- A large and very visible effort should be made to educate the public about the program and exactly what will happen when citizens call either 911 or a special mental health response number regarding a non-crime related crisis.

- The number of responders and mobile units must be sufficient to provide reasonable response times given the size of the geographical area that they will be covering and the number of citizens they are serving. Long response times (over the 30 minutes proposed by DHS) will not inspire trust by the callers or community at large, and people may lose confidence that someone will quickly respond to their emergency.

- Initially, the mental health responders are dispatched to work on-scene in conjunction with law enforcement. As stated above, people emphasized that a relationship between civilian and law enforcement responders takes time to develop and comes to fruition only when trust develops. Law enforcement must trust that the mental health responders will accurately assess and deal with an emergency call without their assistance. Once that happens, the program can evolve into one in which only civilian mental health professionals are dispatched to an appropriate scene and these responders can rely on law enforcement when deemed necessary.

- There should be training of law enforcement and professional mental health responders in the rules and protocols of the program and other resources available. The training must ensure that all participants know their individual roles and how those roles fit into the program. The current DHS expansion plan addresses this important feature.

- A communication system must be put into place so that 911 calls can be dispatched seamlessly to either law enforcement or an alternative crisis response team, which is also addressed by the DHS expansion plan.

The current MCRT program's days and hours of operation are limited, and calls go to voicemail during published hours of operation because of understaffing and underfunding. Teams are in Martinez, resulting in long response times of 60-80 minutes due to traffic and congestion. County 911 dispatchers are often unable to determine if a responder is available for any given call, even if they believe that the call may be appropriate for an MCRT response. The planned expansion of the program addresses these concerns but lacks necessary resources to implement them, especially countywide. DHS is attempting to implement an expanded version of its current MCRT program throughout the County with far fewer resources than the other successful programs required. A major advantage of using a pilot program is that it would be easier to demonstrate success on a small scale and thereby justify additional funding for expansion.

DHS stated that, given funding and staffing goals, implementation of a countywide expansion may take at least a year. The programs that the Grand Jury researched were consistent in stating the importance of initiating a pilot program in a community that is manageable for viable mobile response, in both land area and population density. Success in those areas enabled the programs to then be expanded to include more neighborhoods or districts and more effectively address the needs of the communities they serve.

DHS also stated that its efforts to educate the community about the programs currently available have not been effective and need improvement. As shown in the programs mentioned, a pilot project in a single city would give the County the opportunity to determine best practices to communicate program features and benefits through various public awareness campaigns.

Funding

The four programs researched successfully navigated funding challenges which are two-fold: startup and continuing operations. The goal in each case was to demonstrate program effectiveness to justify further funding for continued operations and expansion. The County already has a budget for its MCRT program which could be augmented by additional sources of funding such as those outlined below that are used by other programs.

The CAHOOTS Program was initially funded through the Eugene Police Department budget in 1989 as a single shift operation. It has grown considerably over the years and now offers 24/7 service with overlapping two-van coverage and is funded through a contract with the city and operated by a non-profit organization. Their current annual budget is about $2.1 million. In a May 2021 press release, a cost analysis reported savings to the city of $2.2 million in officer wages alone, with additional savings resulting from reduced ambulance and emergency room utilization. Police and CAHOOTS leaders have estimated overall savings to the city to be $8.5 million annually.

Another source of long-term funding currently being addressed is the Eugene community safety payroll tax which became effective in January 2021.

As a direct result of this program's effectiveness, in March 2021, Oregon's U.S. Senator Ron Wyden introduced the "CAHOOTS Act" S.4441 to offer federal assistance to communities wanting to start their own behavioral health alternative programs. The Act would offer Medicaid reimbursement for up to 95% of operating costs in addition to grants for setup and planning costs. This is not yet signed into law but its progress through the U.S. Congress should be continually reviewed as a potential source of funding for a program in Contra Costa County.

Denver's STAR Program was started from a 0.25% sales tax increase with an outstanding 70% voter approval. The mental health portion of the tax increase contributed the $200,000 cost of the pilot program. For fiscal year 2021-2022, Denver has allocated $1.4 million in the city's budget to continue the STAR program. The funding would be used to purchase four additional vans and fund six new two-person teams, as well as to hire a full-time supervisor. The program is funded in part through the city sales tax and Medicaid reimbursements.

Portland's PSR program is operated through the Portland Fire and Rescue Department, staffed with city employees, and funded through the city budget. The $500,000 startup cost for the program was funded by the City for a Spring 2020 launch but was delayed until February 2021 due to Covid concerns. On June 17, 2021, the Portland City Council approved a budget including $4.8 million (estimated annual operating cost) for PSR.

Olympia's CRU has relied on a combination of local tax revenue and grant funding to support its crisis response initiatives. In November 2017, voters passed a public safety levy that included funds for an enhanced crisis response, with a focus on improving conditions in the downtown area. The levy allocated $110,100 for startup and $497,000

in annual costs, for the Olympia Police Department to contract with a behavioral health partner. This partnership would staff CRU as an alternative to police response led by civilian behavioral health specialists.

Nationally, S.2661 - National Suicide Hotline Designation Act of 2020, a bipartisan bill to make "988" the national number to call for people in crisis, was signed into law in October 2020, providing an alternative to 911. The federal law gives each state the ability to raise money to fund the call centers, as well as related mental health crisis services, by attaching new fees to phone lines.

California's AB-118 enacted the Community Response Initiative to Strengthen Emergency Systems Act, or the C.R.I.S.E.S. Act. This bill was signed into legislation on October 8, 2021, and includes a minimum C.R.I.S.E.S. grant award of $250,000 per year to create and strengthen community-based alternatives to law enforcement. The intent is to lessen the reliance on law enforcement agencies as first responders to crisis situations unrelated to a fire department or emergency medical service response.

California AB-988, authored by Assemblywoman Rebecca Bauer-Kahan (D-Orinda), would implement the National Suicide Hotline Designation Act of 2020 by July 16, 2022. This bill, if enacted, would implement the Federal Communication Commission's rules designating "988" as the three-digit number for the National Suicide Prevention Hotline. Consequently, all persons in California would have access to the "988" suicide prevention and behavioral health crisis hotline and care 24 hours a day, seven days a week.

The bill would amend California Government Code Section 3123.7(e)(2)(B), to make monies received from the new State Mental Health And Crisis Services Special Fund available for, among other things, "the operation of mobile crisis support teams."

Measure X funds may also be available to enable DHS expansion. County voters approved Measure X in November 2020, increasing the sales tax in Contra Costa County by 0.5% for twenty years, generating an estimated $81 million per year for essential services including emergency response. Allocation of these funds is overseen by an Advisory Board, which creates a detailed priority list of the top ten service gaps and submits a recommended list to the Board of Supervisors.

A related countywide financial issue is the cost of lawsuit settlements and/or insurance premium increases due to losses related to the following police responses to mental health crises:

- Miles Hall, 2020: $4,000,000 (ABC7News.com)
- Rakeem Rucks, 2020: $475,000 (LegalReader.com)
- Umberto Martinez, 2020: $7,300,000 (KTVU.com)

A successful MCRT expansion will help minimize these costs to county taxpayers.

Why Antioch?

One advantage of a pilot program is that the infrastructure of the project is already present within the MCRT division of the County DHS and has been factored into its budget.

In its search for a particular pilot community representative of the County, the Grand Jury found many reasons to select Antioch as a suitable city.

Demographics: The City of Antioch's population estimate is currently 111,000, which is just over 10% of the entire County's population (1,050,000), with substantial socio-economic diversity.

Population Density: Response times are crucial for an individual suffering a mental health crisis. Contra Costa County has a land area of 804 square miles and the City of Antioch has a land area of 28 square miles. With over 10% of the County's population residing in less than 3.5% of the land area, the City of Antioch is well suited for a pilot program.

Homeless Population: Multiple studies have established that homeless populations have significantly higher incidences of mental health illness and substance abuse than the general population. (See Social Science and Medicine, Vol. 268, January 2021) Law Enforcement and City officials interviewed agree that homeless encampments require a higher level of services than the rest of the community. Although specific population counts of the homeless are difficult to estimate, January 2019 estimates for the County were 2,295 homeless (combined sheltered and unsheltered), representing a 43% increase in two years. (See the Contra Costa Health, Housing & Homeless 2021 Point In Time Report.) Antioch's homeless population was counted as the second highest in the county in that report and has been described by both city administration and police sources as "considerable."

FINDINGS

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

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

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

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

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

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

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

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

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

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

RECOMMENDATIONS

The Grand Jury recommends that:

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

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

R3. By September 30, 2022, the Antioch City Council collaborate with DHS to establish a pilot project.

R4. By October 30, 2022, the City of Antioch apply for grants, including AB-118, to fund its participation in the pilot program.

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

project.

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

R7. By December 31, 2022, the Antioch Police Department and its 911 dispatchers augment their training to include the new MCRT alternative response options available.

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

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

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

REQUEST FOR RESPONSES

Agency	Findings	Recommendations
Contra Costa County Board of Supervisors	F1 through F10	R1, R2, R5 through R10
Antioch City Council	F8, F10	R3, R4, R6, R7
Department of Health Services is invited to respond.	F1 through F10	R1, R2, R5 through R10

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to: ctadmin@contracosta.courts.ca.gov and should be mailed to:

Civil Grand Jury-Foreperson
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PO Box 431
Martinez, CA 94553-0091