

Name: Chad Pierce, PsyD

Professional Title, Organization: Chief of Behavioral Health Crisis Services, Contra Costa County

CHIP Title: Creating A3 (Anyone, Anywhere, at any time): A Community-Inspired, Behavioral Health Crisis Response for Contra Costa County

Project Description:

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 is currently no timely and clinically appropriate response, which too often results in unnecessary suffering, loss of life, criminalization, or incarceration. A3 addresses this enormous need by making behavioral health part of the emergency response system throughout Contra Costa County.

This project is important to me personally because of Miles Hall and many others who have died due to NOT receiving appropriate behavioral health care. Miles was a 23-year-old African American male who was tragically killed by law enforcement while experiencing a behavioral health emergency in our county.

This project is working to address the unmet behavioral health needs in Contra Costa County through A3. A3 will provide timely and appropriate behavioral health crisis services to **Anyone** in Contra Costa County **Anywhere** at **any time**.

The model is to have a Crisis Call/Dispatch Center to de-escalate crises by phone when possible, mobile response teams to intervene on site (co-responding with law enforcement when necessary), and the build-out of an alternative destination site, the A3 Hub. The A3 Hub will house the A3 Miles Hall Crisis Call Center, Behavioral Health Urgent Care Center, Peer Respite Center, and Recharge (sobering) Center to decrease visits to the Hospital Emergency Department, Psychiatric Emergency Services Department, and Detention Centers.

Key Findings and Lessons Learned:

In November 2020, I was invited to participate as a leader of a design team aimed at identifying gaps and areas where we could improve our system of care related to behavioral health crisis services. The team included people with lived experience or their family members navigating our system of care, city managers, law enforcement, fire and emergency responders, behavioral health professionals, and health care improvement advisors.

One year later, I was asked to be the Chief of the initiative as we transitioned from the design to the implementation phase.

Project's Primary Achievement: Having a thorough design phase and developing a cutting-edge model helped us secure \$30 million from local, state, and federal funding sources to implement the project.

Project's Primary Challenge: Onboarding staff has seemed like an insurmountable obstacle due to the nationwide worker shortage, exacerbated by the pandemic.

Key insights:

- Stakeholder engagement and informant interviews are critical.
- A communications plan is needed to guide how to brand and socialize the concept.
- Collaborating and involving law enforcement in curriculum development and training is essential.
- Such a large project should be organized into various workstream groups led by talented people with diverse skill sets (Communications, Onboarding and Talent Acquisition, Training and

Curriculum Development, Finance and Budgeting, Technology, Facilities, and Construction, Evaluation/Metrics/Analytics, Hub Operations, and Dispatch, Service Delivery).

- Leverage as many resources as possible.
- Consider creating a joint governance structure to include a subset of city managers, internal organization leadership, and the community voice, which is essential.

Next Steps:

- Continue partnership with the University of California, Berkeley, to evaluate the design and implementation process (3-year-long project).
- Continue working with the Evaluation/Metrics/Analytics workstream group to refine data collection and determine clearly what metrics to use to measure impact (e.g., reduced visits to psychiatric emergency services, reduced law enforcement involvement with behavioral health crises, etc.)
- Continue working with and coordinating all workstream groups to ensure progress.
- Integrate the 988 behavioral health crisis line as part of our call/dispatch center.
- Continue strategic recruitment efforts to increase staffing (34 response teams by December 2023).
- Ultimate Goal: By December 2023, we will have completed the construction of the A3 Hub to include 1.) 24/7 Call/Dispatch Center with 34 mobile crisis field teams to respond onsite to intervene within 10 minutes 2.) Behavioral Health Urgent Care Center 3.) Peer Respite Center, and 4.) Recharge (sobering) Center.