

# Community Wellness and Crisis Response Team Pilot Program

San Mateo City Council  
Presentation

1-19-21





# A Collaborative Partnership



# Presentation Outline

1. Background
2. Program Design
3. Program Operations
4. On-going Assessment
5. Community and Stakeholder Input
6. Budgetary Impact and Requested Action



# Background

- Increasing demand on law enforcement to respond to incidents with people experiencing a behavioral health crisis
  - SMPD averages approximately **500 such calls per year**
- Approximately 50% of the San Mateo county jail population has some form of mental illness
- Increased reflection and focus on how to optimally respond and provide service to community members experiencing a behavioral health crisis
- Various models of collaborations between law enforcement and mental health providers focusing on public safety are being deployed nationally

# Program Design

## This program will be a partnership

- One mental-health clinician embedded in each of the four-city law-enforcement agencies
- Law-enforcement officers and the clinician will respond collaboratively to presently occurring incidents
  - Co-Response Model
- Combine expertise and resources of both disciplines to best serve the community in a responsive and thorough manner
- On-going evaluation as an 'evolving' program

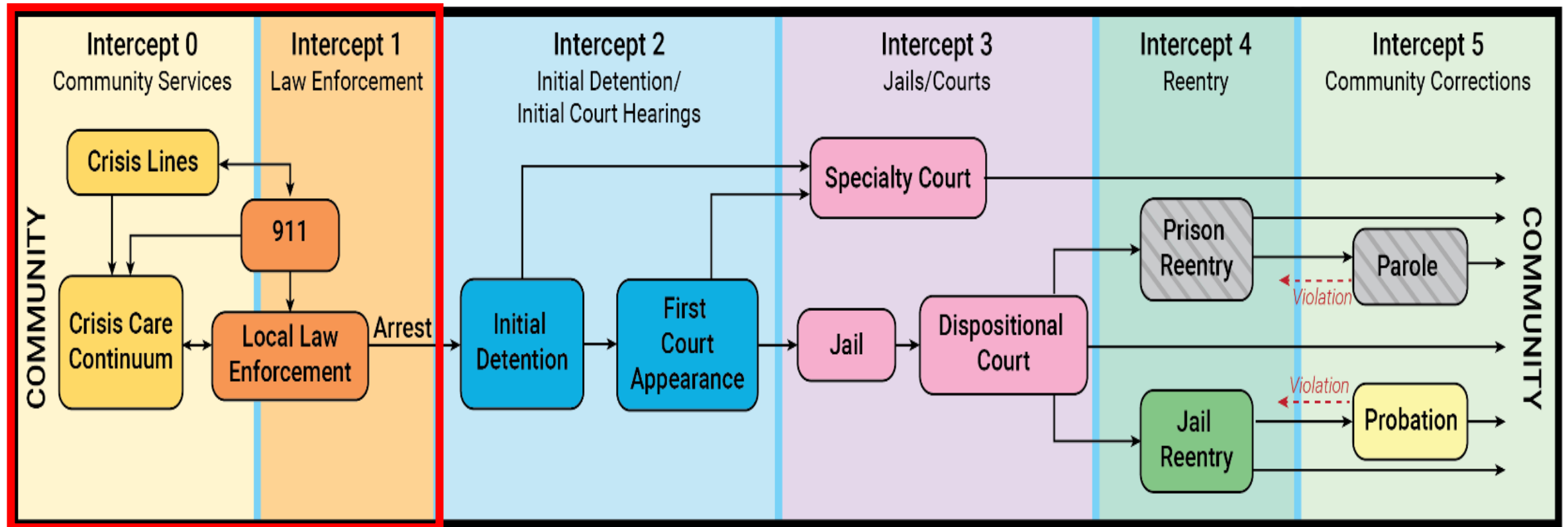




# Sequential Intercept

## National Framework for Community Planning and Soliciting Community Input

-Provides a framework for community discussion and for the pilot program-



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>

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# Operations - Dispatchers

- Dispatch staff are the first point of contact for this program
  - Will receive additional training and support
- Protocols will be developed when receiving a call for service involving an individual experiencing a behavioral crisis so that both law enforcement and mental health staff are able to respond to the crisis in the community
- A long-term goal to be considered is non-law enforcement response when safety can be assured
  - Until that time, law enforcement will be dispatched in addition to the clinician

# Operations - Police Officers

- Prioritize the safety of all community members when responding to incidents involving an individual experiencing a behavioral health
- Officer and clinician collaborate on interventions, options and resources
  - Guiding light is optimal service and outcome for all involved
- Depending on the specific incident, officers may stay on scene to assist or may leave scene once they have confirmed safety for all involved







# Operations - Clinicians

- Employee of San Mateo County Behavioral Health and Recovery Services
- Workspace located at each police department but this program is designed to have clinicians *“in the field able to respond”*
- 40 hours per week, and the schedule is based on our specific needs as a City.
- Coordinates with the Field Operations Administrative Lieutenant



# Operations - Police Officers and Clinicians

**Co-Response by Officer(s) and Clinician  
to Call for Service**

**Crime only**

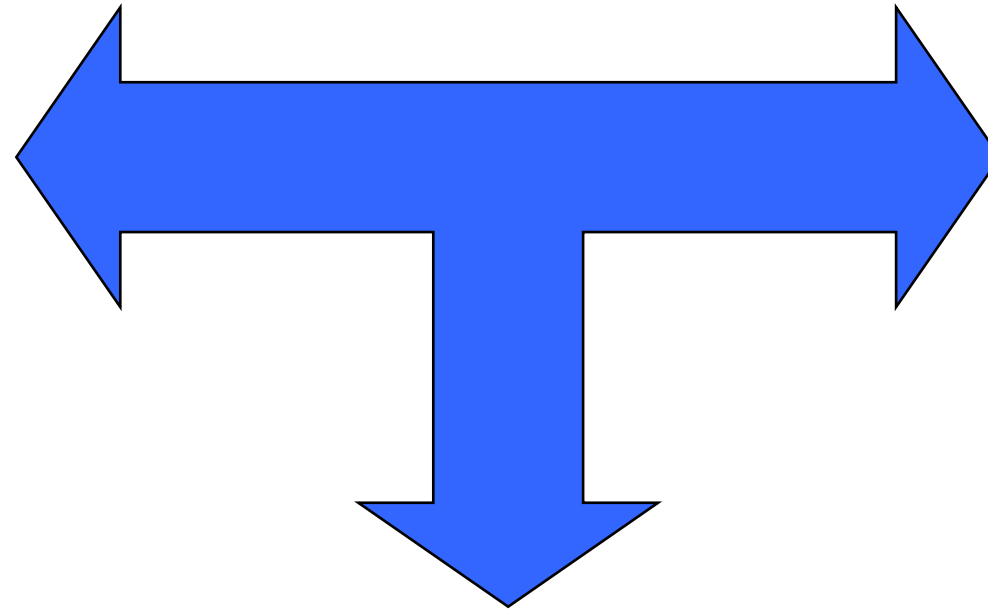
Officer determines resolution  
and has decision-making  
authority

**Crisis only**

Clinician determines resolution  
and has decision-making  
authority

**Incident involves both crime and behavioral crisis**

Collaboration between officer and clinician  
to determine optimal resolution  
- Officer has decision-making authority



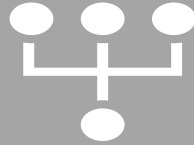
# On-going Assessment



Results will be shared with  
the community

**john w. gardner**  
**center** for youth and their communities

Partnership with the John W. Gardner Center for  
Youth and their communities at Stanford  
University



Support planning efforts among the four cities,  
BHRS, and the County Manager's Office to  
develop the pilot program



Conduct quantitative analysis and study of  
outcomes to determine efficacy, lessons learned,  
and potential areas for improvement.

# Community and Stakeholder Input

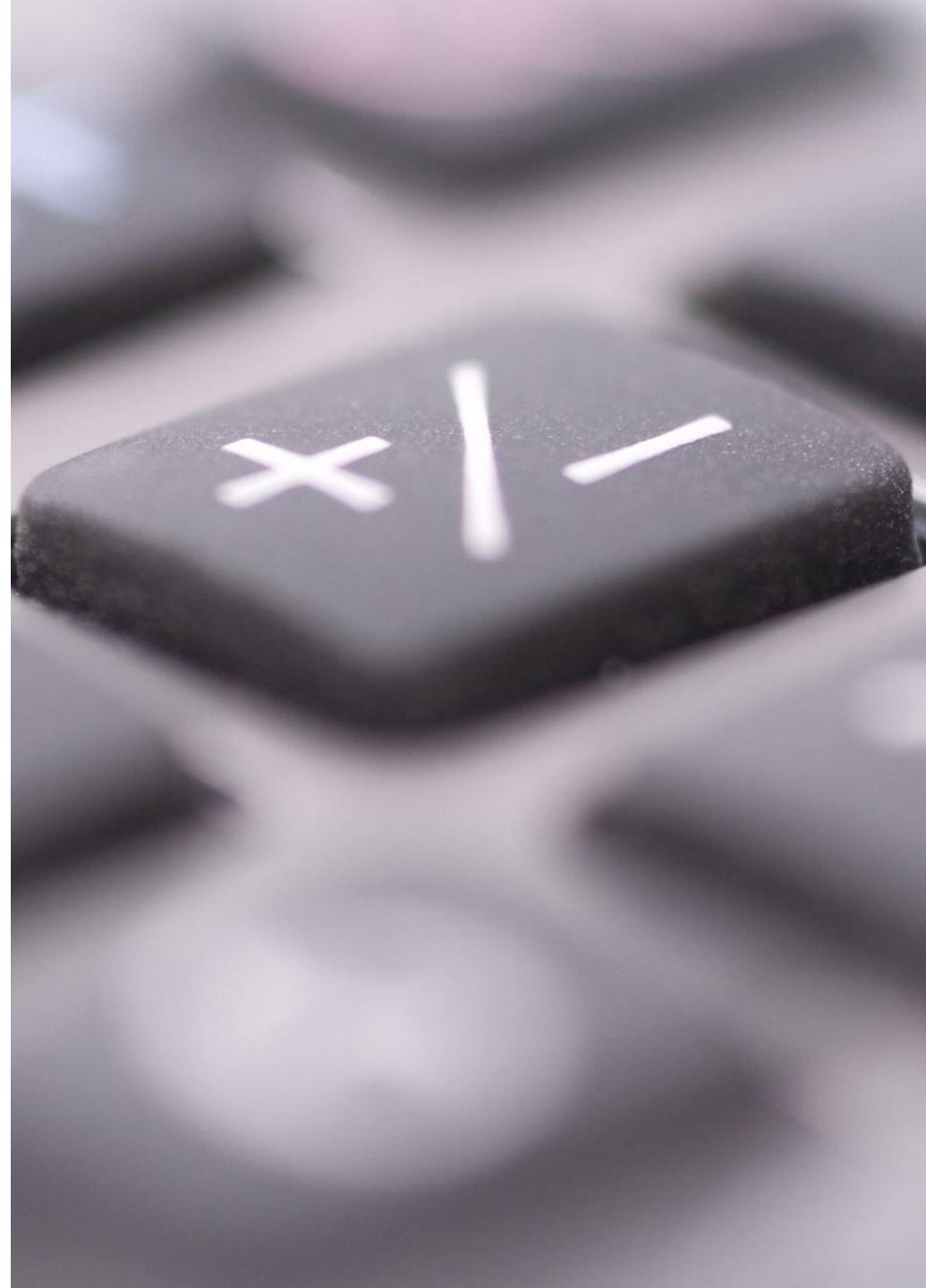
- Transparency with program results and lessons learned
- Coordinated effort at County level to solicit key community partners in opening up communication and program evaluation
  - ❑ NAMI
  - ❑ Mental Health and Substance Use Recovery Commission
  - ❑ Among others
- Data-driven, Evidence-based, and Community Informed to assist in program evolution.





# Budgetary Impact & Recommendation

- Approve formal Memorandum of Understanding between County and Cities
- Cost split
  - County - 50%
  - Each city (4) - 12.5%
- Over two year term: \$156,182
- Assignment of Sergeant to GIU will generate revenue to fully cover the cost
  - Resulting in no net impact to General Fund
- Adopt Resolution to appropriate funds for the anticipated costs incurred in FY 20/21
  - \$19,235





# Questions?



**john w. gardner**  
**center** for youth and their communities

**COUNTY** OF **SAN MATEO**



**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**