



## Legislation Text

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Report regarding an update on the Mental Health Clinician and Community Wellness and Crisis Response Team Pilot Program (*Mika Celli, Licensed Crisis Response Clinician, Amy Ferguson, Management Fellow, and Lieutenant Adam Plank, South San Francisco Police Department*)

### **RECOMMENDATION**

**It is recommended that the City Council meet Mental Health Clinician, Mika Celli and receive an update on the launch of the Community Wellness and Crisis Response Team pilot program.**

### **BACKGROUND**

The South San Francisco Commission on Racial and Social Equity, which concluded in July 2021, set as one of its top priorities the creation of a police-mental health response team for mental health crises, substance use, and homelessness, focused on conflict management, de-escalation, and linking people to supportive services. In the 2021 calendar year, SSFPD is trending towards 450 5150 cases (temporary mandatory placement in a medical facility for psychiatric evaluation and treatment under Section 5150 of the Welfare and Institutions Code), where an officer investigated and completed a case report. The work of the Commission on Racial and Social Equity is a driving force for the creation of the Community Wellness and Crisis Response Team (CWCRT) pilot program in South San Francisco. CWCRT is a direct and streamlined community health response to those experiencing a mental health crisis.

### **DISCUSSION**

The Community Wellness and Crisis Response Team (CWCRT) is a law enforcement and mental health partnership between the South San Francisco Police Department (SSFPD), StarVista, and Behavioral Health and Recovery Services (BHRS) of San Mateo County Health Department, designed to optimally respond to individuals experiencing behavioral health crises. The CWCRT is a collaborative co-response model approach to presently occurring behavioral crisis situations, acknowledging that optimal support for those in crisis results from a partnership between law enforcement and mental health professionals. To accomplish this, a Clinician is assigned to the SSFPD to respond to behavioral crisis incidents along with sworn staff. The Clinician will assist in the first response by providing early intervention, referrals to therapeutic hospitalizations, and guidance to support services for individuals in mental health crisis. The CWCRT is not intended to address long-term case management or in-depth care provision; instead, they are intended to assist with in-progress, current incidents. The new mental health clinicians will possess necessary certifications as Licensed Marriage and Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), or Licensed Psychologists.

The project involves San Mateo County and four cities, each with their own clinician to partner with their respective police departments. The four cities are South San Francisco, Daly City, Redwood City, and the City of San Mateo. On January 12, 2020, the San Mateo County Board of Supervisors adopted a Resolution which approved the pilot program, a partnership among the Parties, to embed in each City's police department one

licensed clinician. On January 13, 2021, South San Francisco City Council voted to approve Resolution No. 12-2021 to authorize the City Manager to execute a Memorandum of Understanding between the City of South San Francisco and the County of San Mateo in establishing the Community Wellness and Crisis Response Team Pilot Program. In October 2021, the SSF Clinician, Mika Celli, was hired. On November 15, she began training for one week with BHRS and StarVista and two weeks with the South San Francisco Police Department. The official start date to actively respond to calls is December 8, 2021. The pilot program will last for two years and then be evaluated.

On a response to a call for service, a responding officer will first assess the scene, to ensure for safety. If the scene is determined to be safe, the Clinician will respond, exercising their independent judgment and expertise and in collaboration with the City's law enforcement staff. The goal of the immediate response will be to de-escalate the crisis and to support the safety of the individual in crisis, those around the individual, and all responding to the incident. The Clinician will then assess the person suspected to be in mental health crisis ("the client") and determine the best course of action (e.g., temporary mandatory placement in a medical facility for psychiatric evaluation and treatment under Section 5150 of the Welfare and Institutions Code, referral for treatment, etc.). The officer may stay on the scene to assist or may leave once they have established safety for all involved. One of the goals of the Pilot Program is that clients in mental health crisis who come into contact with law enforcement receive early intervention to guide them toward appropriate health services. Clinicians assigned to the Pilot Program will have been trained in the range of available mental health resources both within BHRS and in the community and, together, the law enforcement/Clinician response team will decide on the best course of action and/or resource or program for the client.

The CWCRT Program has identified goals and objectives, which include the following:

- Goal 1: Law enforcement staff and Clinicians will respond together to active crisis situations where mental health crisis is a factor.
- Goal 2: Improve outcomes for individuals experiencing a crisis due to mental illness or suspected mental illness.
- Goal 3: Increase access to appropriate behavioral health resources.
- Goal 4: Clinicians will provide clinical consultation, training, and support to law enforcement personnel in the field.
- Goal 5: Clinicians will increase knowledge of mental health conditions and effective intervention strategies among law enforcement personnel.
- Goal 6: Law enforcement will strengthen relationships with service providers and community.
- A long-term goal is to have a non-law enforcement response when safety can be assured. Until that time, law enforcement will be the first on scene with support of a mental health staff.

The desired outcomes of the program are a more effective response to community members in mental health crisis and reduced contact between individuals with behavioral health issues and the criminal justice system.

The Clinician will work 40 hours per week on a schedule determined to best meet the needs of the South San Francisco community. There will not be a Clinician on duty at all hours; when a Clinician is not on duty, Officers will have primary responsibility to respond to and address behavioral crisis incidents. The Clinician will have work space available to them in the Police Department. When using the police radio, the Clinician will use a standardized radio call sign as determined by the Department.

## HIRING AND INTRODUCTION OF CLINICIAN

In the recruitment process, StarVista actively recruited clinicians from the immediate area as well as throughout the state and nearby states, to generate a larger pool of candidates. Candidates were screened for qualifications and underwent a phone interview and a formal virtual interview with Assistant City Managers and Police Departments participating. All four cities interviewed each candidate together, to ensure cohesiveness in the program.

Mika Celli exhibited excellent qualifications and a community connection. She is from South San Francisco, attended South San Francisco High School, and requested to work in this city specifically. As a candidate she demonstrated a willingness to serve as a leader in the new program, including a capability to identify problems and problem-solve, as well as an energetic and positive attitude.

Mika is a Licensed Clinical Social Worker, who graduated from the University of Southern California with a Master of Arts in Social Work, with an emphasis on mental health. She also holds a Bachelor of Arts degree in social work, obtained from Concordia University in Portland, OR. Her experience includes treating many forms of common mental health disorders, including depression, suicidality, anxiety, PTSD, Bipolar Disorder, Borderline Personality Disorder, etc., as well as eating disorders and dual diagnosis (mental health and substance abuse) issues. She has experience in all levels of outpatient treatment, including general outpatient, intensive outpatient, and partial hospitalization programs, as well as the residential level, where clients reside in a facility for treatment (usually for 3 to 30 days). She has also worked in community-based mental health treatment for children and families on MediCal.

She works to meet her clients and their support systems wherever they are in the moment and provides empathetic, individualized, and client-centered care, using a variety of therapeutic approaches and techniques. She makes an effort to develop and increase awareness about mental health, including services offered.

Outside of work, she provides suicide prevention and intervention on the Golden Gate Bridge and strongly values civil rights and social justice. She has been working/volunteering with a non-profit civil rights education program for the last 14 years teaching civil rights and educating students on advocacy work and how they can make a difference in their own communities. She's a lifelong learner and enjoys enhancing her education in any way she can.

She is very excited to join the CWCRT and be involved in expanding access services to those in crisis. Given her background in advocacy work and community organizing, she also loves being able to be a part of this groundbreaking program for the community and hopes it can eventually extend farther for support in other counties and states as well. Breaking barriers and challenging stereotypes for mental health, civil rights, and social justice has always been a passion of hers, and she is happy to have that built into her full-time work.

Her goal with this program is to bring that exact awareness to mental health issues and break down the stereotypes around it. She hopes to lead this pilot into a larger, full-time program, and eventually lead to the development of a whole unit dedicated to mental health crises.

PROTOCOLS (For more detail, see Appendix A, South San Francisco Policy Document):

## DECISION-MAKING AUTHORITY

1. During responses, for issues involving questions of safety, SSFPD Officers will have final decision-making authority and responsibility.
2. If the incident involves a crime, the primary officer and clinician should strive to reach agreement on the appropriate course of action.
  - A. In the event that agreement is not reached, the on-duty Patrol Sergeant or Watch Commander should be contacted.
  - B. Ultimately, in such cases, SSFPD has final decision-making authority and responsibility.
3. For issues regarding treatment and incident resolution involving a person in crisis that does not involve a crime, the clinician will have final decision-making authority and responsibility.

## DISPATCHER RESPONSIBILITIES

1. SSFPD Dispatchers should do the following:
  - a. When receiving a call for service involving an individual experiencing a behavioral crisis, Dispatchers should first dispatch officers as appropriate.
  - b. If the Clinician is on duty, Dispatch should dispatch them via the radio.
    - i. If possible, a text message with the call details should also be sent to the Clinician via cell phone.
  - c. For calls for service not meeting the definition of a behavioral crisis, where a Dispatcher believes that a CWCRT response would be beneficial, the Dispatcher is encouraged to consult with an on-duty Patrol Sergeant.

## OFFICER RESPONSIBILITIES

1. SSFPD Officers will have the following responsibilities during a CWCRT response:
  - (a) The safety of the Clinician and the public must be paramount. Officers should ensure the scene is safe prior to the Clinician's arrival. Officers should not leave the scene until they and the Clinician agree that it is safe to do so for all involved.
  - (b) If an officer determines that a CWCRT response would be beneficial in the resolution of an incident, they are encouraged to request that the Clinician respond.
  - (c) If appropriate, officers should assist the Clinician in engaging the individual in question.
  - (d) For incidents involving no criminal violation, the goal is a successful 'pass off,' in which the Clinician assumes responsibility for incident resolution.
    - i. In such cases, officers may leave the scene after it is safe to do so.
      1. If the incident results in a mental health detention per 5150 W&I, even after officers have left the scene, the primary responding officer will be responsible for writing a police report to document the detention.
        - a. This report will document such things as the reason for the call for service, the initial response, their observations and/or involvement, and the fact that the incident resulted in a 5150 W&I detention.
          - i. The report should not include information that the officer did not directly observe (other than the incident resolution information).
  - (e) For incidents involving a criminal violation in addition to a behavioral crisis, the primary officer will maintain investigative responsibility for the criminal violation.
  - (f) Research the individual in question through law enforcement databases and share appropriate information with the Clinician. This information should include past interactions with law enforcement, gun ownership or prohibitions, or other relevant information as determined by

involved staff.

- (g) Ensure appropriate documentation is entered in RIMS. This may include safety or hazard notifications, incident or case reports, photographs, etc.
  - i. Ensure that the call for service is listed in RIMS as a CWCRT incident with the appropriate call type code.

## CLINICIAN RESPONSIBILITIES

1. The Clinician should do the following:
  - a. When starting their shift, they should notify SSFPD Dispatch that they are on-duty and available for CWCRT response. They will have a police radio available for radio dispatch.
    - i. The Clinician should notify Dispatch when they end their shift and are off-duty.
  - b. The Clinician may self-dispatch to incidents, if they believe it involves a behavioral crisis or another matter benefiting from their involvement.
    - i. When self-dispatching, the Clinician should advise SSFPD Dispatch of their action.
    - ii. Before responding to the scene, the Clinician should stage nearby, confirm with on-scene officers that the scene is safe, and request authorization to respond.
  - c. When responding to a call for service, the Clinician should not go directly to the scene until officers notify them that the scene is safe.
    - i. The Clinician should usually stage nearby for a timely arrival once the scene is deemed safe.
  - d. Research an individual's history through mental health information resources and share Protected Health Information with Officers in compliance with HIPAA legal restrictions on privacy and security of protected health information.
  - e. Once on scene, the Clinician should conduct mental health screening and assessment of the individual to determine the appropriate disposition for the needs and safety of the individual and community.
  - f. If the individual in question requires transport to another location, the Clinician will not provide this transportation.
    - i. The Clinician will arrange that through medical transport (ie: AMR ambulance) or alternate means.
  - g. Ensure the individual in question receives information on available resources as appropriate.

## CWCRT ADDITIONAL GUIDELINES

1. In addition to behavioral health crisis response, the Clinician will do the following as appropriate:
  - a. Provide appropriate training to SSFPD personnel, in conjunction with the Training Unit, related to behavioral health issues, crisis resolution, de-escalation, or other topics related to the mission of the CWCRT.
  - b. Work with the SSFPD Homeless Outreach Team (HOT) on outreach, service provision, or other projects as appropriate.
  - c. When available, serve as a resource to other City departments and other agencies for incidents involving subjects experiencing behavioral crisis.
  - d. Collaborate with SSFPD staff, other City departments, public agencies, non-profit organizations, etc., to provide a link between behavioral health service providers and individuals in need of such service.
  - e. Other duties as assigned.

## ADDITIONAL CONSIDERATIONS

- 1) ATTIRE
  - a) The uniform includes khaki pants and a customized grey polo with markings clearly designating that the wearer is a clinician and distinguishing them from law enforcement. There is also a customized grey hoodie sweatshirt.
- 2) SUPPLIES
  - a) The County is providing a vehicle and laptop. StarVista is providing a cell phone. The City is providing charging stations for electric vehicles, a workspace including a desk, computer, and landline phone.
- 3) BODY WORN CAMERAS
  - a) The Clinicians will not wear body worn cameras (BWC). The responding officer will continue standard policy and wear their BWC. If the scene is determined to be safe, the officer may step back and the clinician may step forward with the person in crisis. At this time, the conversation between the clinician and the person in crisis would be off camera.
- 4) REGULAR MEETINGS
  - a) The participating Parties will coordinate regular meetings once the Clinician is active.
    - i) These may include meetings of the “Leadership” or “Advisory” group, monthly for the first few months of the program.
    - ii) They may include meetings of the “Working Group” monthly.
    - iii) A “Clinicians Group” with BHRS and StarVista may participate in regular calls.
    - iv) There may be a monthly San Mateo County Field Crisis Consultation Committee meeting including the Clinician and police representatives.
    - v) Communication Managers may schedule meetings and provide regular updates to the community.
    - vi) The Evaluation team may wish to sit in on meetings and report to the community regularly, as well as schedule regular data transfer.
- 5) TRAINING
  - a) Training at StarVista included 40 hours on topics including but not limited to: the note taking system, de-escalating a crisis, 5150 write ups and reports, law enforcement’s legal responsibilities and how best to work together safely, and all kinds of public services available to those in the community. All clinicians were 5150-certified. There were presentations from law enforcement, specific training from the county’s PERT (Psychiatric Emergency Response Team), and all kinds of services available within San Mateo County.
  - b) Please refer to Appendix E for a document on Clinician Training in the South San Francisco Police Department. This may be updated as needed.

## MEMORANDUM OF UNDERSTANDING

Collaboratively, a Memorandum of Understanding (MOU) has been drafted between the aforementioned Cities and the County, a copy of which is Appendix B. A side letter (Appendix C) also updates the MOU to reflect that StarVista was brought on to aid BHRS.

The MOU discusses that the Parties may develop, review and modify, as needed, policies and procedures for the Pilot Program, regarding, but not limited to, scope of work, chain of communication, necessary training, grievance process, performance concerns, monitoring of the Pilot Program, supervision of job performance of

Clinicians, and handling and disposition of data generated by Pilot Program participants.

The documents state that StarVista is responsible for supervision of the Clinician, including maintaining their licensure and conducting evaluations. As discussed with their StarVista supervisors, the Clinician may wish to provide follow-up interactions with community members, when appropriate.

The MOU states that the Clinician is an employee of StarVista and not an employee of the City.

The MOU also includes provisions around conflict resolution and records management.

## EVALUATION

Additionally, the CWCRT Program will measure and report regularly on its effectiveness in achieving identified outcomes, which include reduced use of public safety and emergency services, reduced contact between individuals with behavioral health issues and the criminal justice system, improved residential and behavioral health stability, etc. To accomplish this, the County and the Cities have partnered with the John W. Gardner Center of Stanford University and created a Data Use Agreement (Appendix D). The Gardner Center will conduct regular data analysis to determine the program's effects, assess outcomes, and consider appropriate adjustments. The data and corresponding analysis will be shared with the Parties to facilitate informed decision making about the program's continuation. At the conclusion of the two-year term, the Parties will determine if the program should be continued.

The Parties will share the costs for the Gardner Center Agreement.

## FISCAL IMPACT

The County and four cities will share the costs of the program. Each city will pay \$102,097 in the first year, while the County is paying \$468,388. There are additional costs in the second year. Funding in South San Francisco will come from the General Fund.

The total cost of the Gardner Center Agreement shall not exceed \$259,869 for the duration of the Term. The contributions of Cities and County to the costs of the Gardner Center Agreement shall be as follows:

- County shall be responsible for the first fifty percent (50%) of the Gardner Center Agreement, as and when invoices come due. Thereafter, the Cities will collectively pay for the remaining fifty percent (50%) of the Gardner Center Agreement, as and when invoices come due.
- The maximum obligation of County shall not exceed \$129,934.50, fifty percent (50%) of the Gardner Center Agreement costs.
- Each City's respective maximum obligation for the Gardner Center Agreement costs shall not exceed \$32,483.63, twelve and one-half percent (12.5%) of the Gardner Center Agreement costs.
- Should the Gardner Center Agreement exceed \$259,869, the Parties agree to meet to address additional cost sharing.

## RELATIONSHIP TO STRATEGIC PLAN

This proposed pilot program strives to provide improved outcomes for individuals experiencing crises associated with mental health or co-occurring disorders, supporting Strategic Plan Priority #4: Public Safety.

## CONCLUSION

The *Community Wellness and Crisis Response Team* pilot program is launching this month. It provides an alternative approach to law enforcement's sole response to individuals in mental distress. It strengthens the response to emergencies by providing a licensed and skilled mental health professional that can aid in de-escalating mental health situations, reduces law enforcement use of force, while providing an improved response to South San Francisco residents in crises. Recognizing that the need for an efficient, effective, and a safe response, this pilot program addresses immediate community requests to create a response team for mental health crises, substance use and homelessness. The pilot program will continue for two years and will be evaluated. City Council will receive regular updates on the program.

It is recommended that the City Council meet Mental Health Clinician, Mika Celli and receive an update on the launch of the Community Wellness and Crisis Response Team pilot program.

## APPENDICES:

- A. South San Francisco Police Department Community Wellness and Crisis Response Team Policy
- B. Memorandum of Understanding
- C. Side Letter
- D. Data Use Agreement
- E. Clinician Training Outline