

Community Wellness Response Team (CWRT) Update

Staffing/Teams:

| Total # Teams/Shift | |
|---------------------------|-----------|
| AM Shift (7:30am-3:30pm) | 4 |
| PM Shift (12:00pm-8:00pm) | 4 |
| NOC Shift (8:00pm-7:00am) | 2 |
| Total # Teams MTD: | 10 |

Calls for Service:

| 988 Call Data | | CWRT Call Data | |
|-----------------------------------|-------|--|-----------|
| # Calls to 988 | 1,210 | # of CWRT Calls from 988 | 79 |
| # Calls 988 resolved | 1,129 | # of CWRT Calls from the Hope Line | 13 |
| # Calls referred to CWRT | 79 | Total # of CWRT Calls | 92 |
| # Calls unable to connect to CWRT | 0 | # Calls resolved telephonically | 2 |
| # 988 – welfare checks | 2 | # Calls further assessed for mobile response | 90 |
| | | # Calls cancelled | 36 |

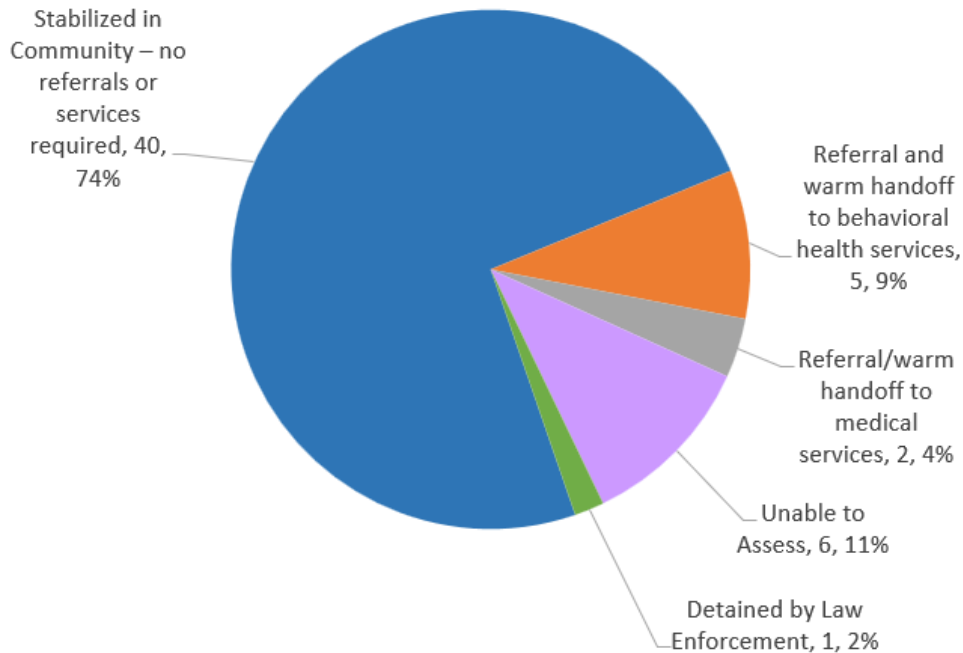
CWRT Responses & Dispositions:

| Mobile Response Dispositions* | | | | Unable To Assess Reason | |
|---|----|--|-----------|---|---|
| Stabilized in Community – no referrals or services required | 40 | Detained 5150 or 5585 hold (involuntarily taken to hospital) | 0 | Unable to locate help seeker | 0 |
| Referral and warm handoff to behavioral health services | 5 | Detained by Law Enforcement | 1 | Rejected CWRT Services | 1 |
| Referral/warm handoff to medical services | 2 | Other | 0 | Help no longer needed | 0 |
| Unable to Assess | 6 | Unresolved | 0 | Help seeker canceled mobile response en route | 2 |
| Unknown | 0 | Total # Mobile Responses | 54 | Help seeker left location | 3 |
| Risk Assessment Elements** | | | | Transports | |
| Other Mental Health | 54 | Self-reported possession of a firearm | 0 | Transported to MHUCC | 1 |
| Screened as harm to self | 54 | Substance Use | 54 | Transported to MHTC | 0 |
| Screened as harm to others | 54 | | | Transported to other facility | 0 |

*Note: “Unresolved” is a disposition option the response team can select from a drop-down list in BHL. “Unknown” is the number of mobile responses without a disposition entry in BHL.

**Note: The sum of risk assessment elements exceeds the total number of mobile responses, because clients can have multiple risk elements.

Mobile Response Dispositions
N = 54



An adult child called 988 for their parent who is currently experiencing homelessness. The Mom is off her medication and was reported to be having a psychotic episode and was in need of in person support. The Mom was wanting help to get herself stabilized and wanted to avoid the trauma of being hospitalized. We helped link her to a Respite Center for the evening. The Mom and daughter’s plan was to get her to her doctor in the morning. The Respite Center had an opening and was on their way to pick up the Mom before we left.

A young man experiencing suicidal thoughts and extreme fluctuations in mood called 988 for himself. He explained there was lot going on and he felt overwhelmed and could not get his symptoms under control himself and would like to speak to someone in person. The Team arrived and explored client’s current stressors and symptoms he found unmanageable. The young man voluntarily agreed to go to Mental Health Urgent Care for additional assistance with symptom management and medication support.

Community Wellness and Response Team (CWRT) responded to a community member in crisis at her hotel. She stated she had moved to California (CA) this past Sunday to leave a long-term domestic violent relationship. We asked questions, listened, validated her experiences as needed and provided answers to questions about the CA healthcare system. After a careful assessment of the situation, the team offered to conduct a referral via BHS-SAC and/or assist her with the call. She requested a clinical assessment in addition to housing and mental health resources and shared a need for immediate psychiatric medications. Mental Health Urgent Care Clinic (MHUCC) was offered since she had been turned away from the hospital that morning for lack of insurance. We transported and accompanied her to MHUCC and stayed with her by request through assessments as another friendly presence in the room. We validated her struggles, strengths and bravery throughout an extensive trauma history in her life and utilized humor to keep her spirits bright during the long wait. She received a clinical assessment, referral to mental services, a new diagnosis, a better understanding of her existing one and a medication assessment. The team provided information about how to apply for Medi-Cal to ensure access to her medications and ongoing mental health services in addition to information about programs such as Good RX to reduce medication cost. The community