

# Community Wellness Response Team (CWRT) Update For January 2025

## **Staffing/Teams:**

Total # Teams/Shift				
AM Shift (7:30am-3:30pm)	3			
PM Shift (12:00pm-8:00pm)	4			
NOC Shift (8:00pm-7:00am)	1			
Total # Teams MTD:	8			

### **Calls for Service:**

988 Call Data		CWRT Call Data		
# Calls to 988	1,666	# of CWRT Calls from 988	104	
# Calls 988 resolved	1,558	# of CWRT Calls from the Hope Line	24	
# Calls referred to CWRT	104	Total # of CWRT Calls	128	
# Calls unable to connect to CWRT	0	# Calls resolved telephonically	10	
# 988 – welfare checks	4	# Calls further assessed for mobile response	118	
		# Calls cancelled	44	

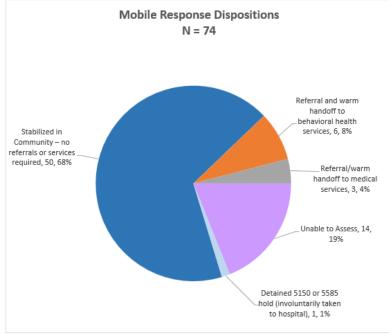
# **CWRT Responses & Dispositions:**

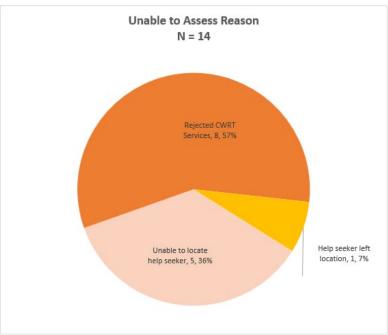
Mobile Response Dispositions*		Unable To Assess Reason			
Stabilized in Community – no referrals or	50	Detained 5150 or 5585 hold	1	Unable to locate help seeker	5
services required		(involuntarily taken to hospital)			
Referral and warm handoff to behavioral	6	Detained by Law Enforcement	0	Rejected CWRT Services	8
health services					
Referral/warm handoff to medical services	3	Other	0	Help no longer needed	0
Unable to Assess	14	Unresolved	0	Help seeker canceled mobile response	0
				en route	
Unknown	0	Total # Mobile Responses	74	Help seeker left location	1
Risk Assessment Elements**			Transports		
Other Mental Health	74	Self-reported possession of a firearm	1	Transported to MHUCC	2
Screened as harm to self	74	Substance Use	74	Transported to MHTC	1
Screened as harm to others	74			Transported to other facility	7

<sup>\*</sup>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.

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







## Demographics

N = 128

Race	#	%	Age Group	#	96
American Indian	1	1%	0-15	6	5%
Asian Indian	2	2%	16-25	23	18%
Black/African-American	10	8%	26-59	84	66%
Cambodian	1	1%	60+	12	9%
Chinese	1	1%	Unknown/Not Reported	3	2%
Filipino	2	2%	Gender	#	96
Guamanian	1	1%	Female	32	25%
Hmong	1	1%	Male	20	16%
Multi-Race	5	496	Unknown/Not Reported	76	59%
Other Asian	2	2%	Ethnicity	#	96
Other Race	8	6%	Hispanic	5	4%
Other Pacific Islander	1	1%	Mexican	4	3%
Unknown(Asked but not answered)	2	2%	Not Hispanic	38	30%
Unknown/Not Reported	58	45%	Other Hispanic	12	9%
White/Caucasian	33	26%	Prefer Not to Answer	1	1%
			Unknown/Not Reported	68	53%

Data Source: A combination of BHL and SmartCare



#### **Success Stories:**

A third-party caller reached out regarding a family member that was experiencing psychosis. The third-party caller stated the family member made indirect statements about having suicidal ideation and that they were showing manic behaviors. The counselor provided validation, empathy and support to the third-party caller. The counselor used a warm tone and allowed caller to vent. The counselor offered to support the caller and person at risk with the Community Wellness Response Team, the caller agreed.

During the next day follow up, the clinician checked in with the third-party stated the family member/person at risk had connected with mental health services. The family member expressed gratitude and appreciation for the support and resources they received. The caller stated they "what would we have done without you!"

A therapist from the LGBTQI+ Center called 988 with her client who could not keep themselves safe for the rest of the evening. The youth was overwhelmed with symptoms of Post Trauma Stress Disorder, isolation, and lack of family support. The Team met with the youth and provided further assessment services. The Team supported the youth to voluntarily admit themselves to the nearest emergency room for further evaluation and possible medication assistance. During the follow up call, the youth reported feeling better and had developed an even stronger safety plan with the LGBTQI+ Center and other natural supports.

A caller contacted 988 reporting thoughts of suicide after being scammed out of a significant amount of their life savings. This resulted in family conflict and the caller was feeling that everyone would be better off if she were gone. She didn't know what else to do. The Team met with the caller in person, listened with empathy, and engaged the caller in problem solving and safety planning. The Team provided additional resources and possible options to address the financial scam. The caller's family reached back out and a plan was developed for the caller to return home safely.