

Community Wellness Response Team (CWRT) Update For February 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	1,689	# of CWRT Calls from 988	117
# Calls 988 resolved	1,566	# of CWRT Calls from the Hope Line	36
# Calls referred to CWRT	117	Total # of CWRT Calls	153
# Calls unable to connect to CWRT	0	# Calls resolved telephonically	3
# 988 – welfare checks	6	# Calls further assessed for mobile response	150
		# Calls cancelled	59

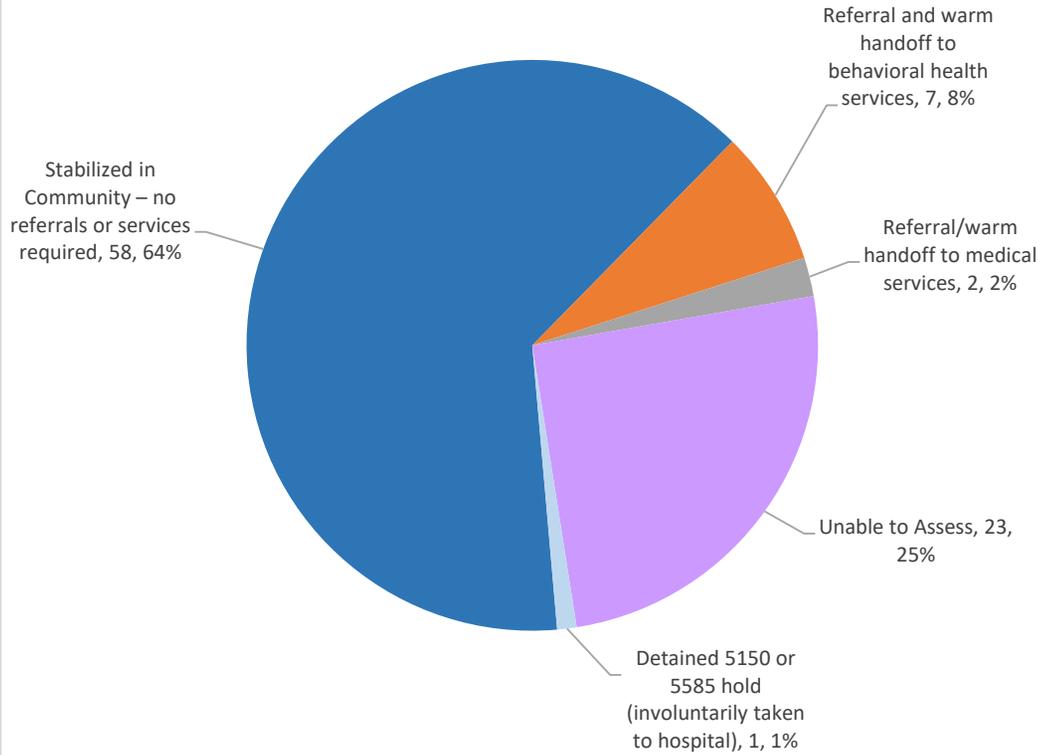
CWRT Responses & Dispositions:

Mobile Response Dispositions*				Unable To Assess Reason	
Stabilized in Community – no referrals or services required	58	Detained 5150 or 5585 hold (involuntarily taken to hospital)	1	Unable to locate help seeker	4
Referral and warm handoff to behavioral health services	7	Detained by Law Enforcement	0	Rejected CWRT Services	17
Referral/warm handoff to medical services	2	Other	0	Wrong or incomplete address	1
Unable to Assess	23	Unresolved	0	Help seeker canceled mobile response en route	0
Unknown	0	Total # Mobile Responses	91	Help seeker left location	1
Risk Assessment Elements**				Transports	
Other Mental Health	91	Self-reported possession of a firearm	3	Transported to MHUCC	0
Screened as harm to self	91	Substance Use	91	Transported to MHTC	0
Screened as harm to others	91			Transported to other facility	9

*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 = 91

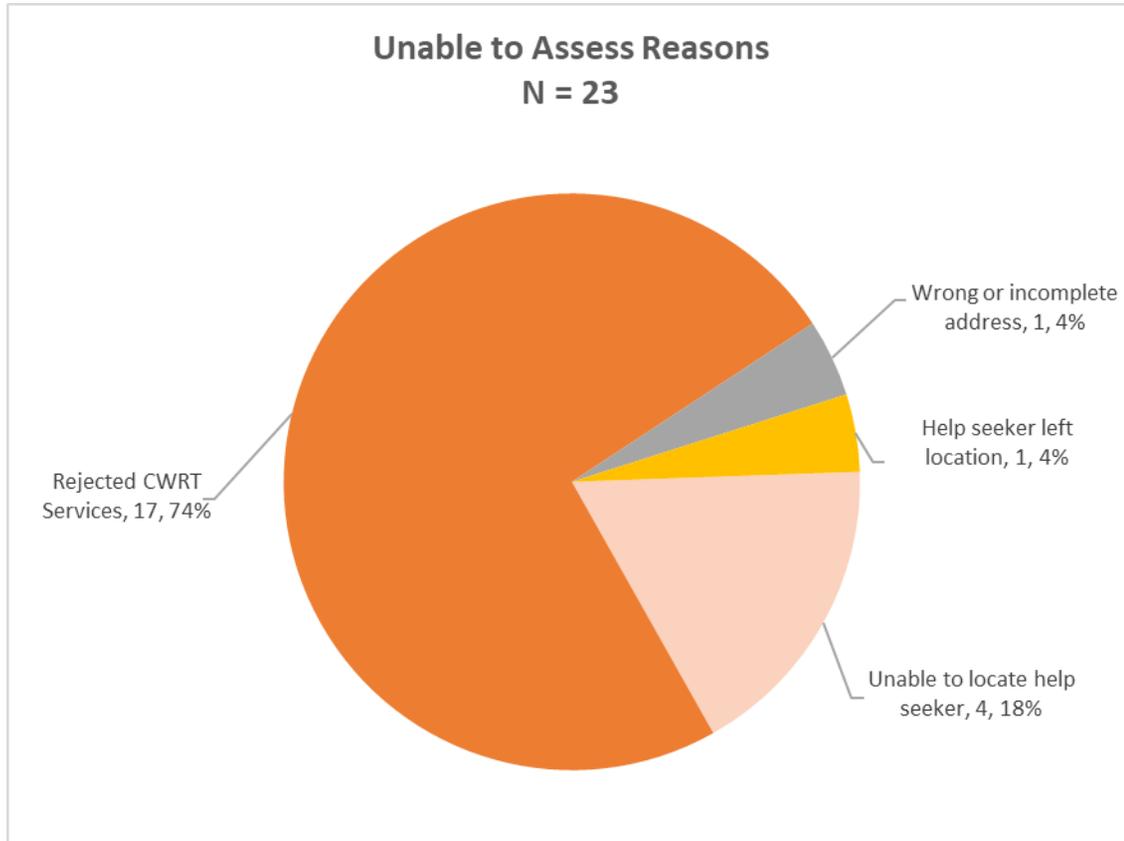


Demographics, N = 153

Race	#	%	Age Group	#	%	
American Indian	1	1%	0-15	4	3%	
Asian Indian	1	1%	16-25	25	16%	
Black/African-American	20	13%	26-59	86	56%	
Cambodian	0	0%	60+	33	22%	
Chinese	0	0%	Unknown/Not Reported	5	3%	
Filipino	1	1%				
Guamanian	0	0%	Gender		#	%
Hmong	0	0%	Female	46	30%	
Multi-Race	7	5%	Male	44	29%	
Native Hawaiian	1	1%	Non-Binary	1	1%	
Other Asian	2	1%	Unknown/Not Reported	62	41%	
Other Race	11	7%	Ethnicity		#	%
Other Pacific Islander	0	0%	Hispanic	7	5%	
Unknown(Asked but not answered)	3	2%	Mexican	2	1%	
Unknown/Not Reported	74	48%	Not Hispanic	55	36%	
White/Caucasian	38	25%	Other Hispanic	3	2%	
			Prefer Not to Answer	0	0%	
			Puerto Rican	1	1%	
			Unknown/Not Reported	85	56%	

Note: Race exceeds 100% because some help seekers indicated more than one race.

Data Source: A combination of BHL and SmartCare



Success Stories:

A caller contacted 988 after feeling jealous towards her life partner and taking action to scare the partner. The caller identified this as a problem and it also scared the caller who was feeling remorseful and guilty. 988 completed the warm transfer to CWRT who responded out to the caller. By providing trauma informed care and empathic, non-judgmental listening, the Team was able to engage the caller in safety planning and identifying community resources. Upon follow-up, the Behavioral Health Peer Specialist (BHPS) provided more encouragement and validation. The BHPS also congratulated the caller for following up on the resources and finding a therapist that offers a sliding fee scale. The caller now has weekly therapy appointments and is feeling more hopeful.

A 22-year-old female contacted 988 and was experiencing suicidal ideation. The caller reported she recently lost her job, was struggling with her relationship and was concerned about becoming homeless. The counselor provided empathy, validation and supported the caller with providing resources. The counselor discussed the benefits of CWRT and the caller agreed to receiving their services.

During the next day follow-up phone call, the clinician reassessed for suicidal ideation and risk. The caller reported a decrease in suicidal ideation and stated the counselor's recommendation for CWRT was very helpful and appreciated the clinician following up with her.

CWRT was dispatched following a third-party call from a community member concerned about their family member, who was struggling with wartime trauma and a recent devastating breakup. The family member had transferred his savings to his mother and sent his family his will, indicating his intention to take his life the following Saturday. The response team made contact with the family member, explained the services available, and he expressed interest in speaking further. The family member stepped outside to engage with the team, who began building rapport and used selective self-disclosure to help him open up about his stressors.

The family member shared that he had not confided in anyone for nine years and was now venting to someone he trusted. Despite his extensive self-care routine, the grief from his broken engagement had exacerbated his past trauma. He had witnessed traumatic events that led to previous suicide attempts. The family member shared that a month ago, he tried to shoot himself by putting the gun in his mouth but was unsuccessful because he had forgotten to disengage the safety on the gun. Although he had since disposed of the firearm but felt certain earlier that day, he would end his life in less than a week. He reported he felt significantly better after speaking to the team. CWRT completed a follow-up call that Saturday and the family member reported he was at Yosemite surrounded by friends and feeling even better than he had after the encounter. The family member reported he would be connecting with a psychiatrist for further support in the future.