

## Community Wellness Response Team (CWRT) Updates

### Staffing/Teams:

Staffing Shift Analysis – County CWRT		Staffing Shift Analysis – BACS CWRT		Total # Teams Across Crisis Programs	
# of Teams/Shift		# of Teams/Shift		Total # of Teams	
AM Shift (7:30am-3:30pm)	3	AM Shift (7:30am-3:30pm)	2	AM Shift (7:30am-3:30pm)	5
PM Shift (12:00pm-8:00pm)	2	PM Shift (12:00pm-8:00pm)	2	PM Shift (12:00pm-8:00pm)	4
NOC Shift (8:00pm-7:00am)	0	NOC Shift (8:00pm-7:00am)	2	NOC Shift (8:00pm-7:00am)	2
<b>Total # Teams MTD:</b>	<b>5</b>	<b>Total # Teams MTD:</b>	<b>6</b>	<b>Total # Teams MTD:</b>	<b>11</b>

### Calls for Service:

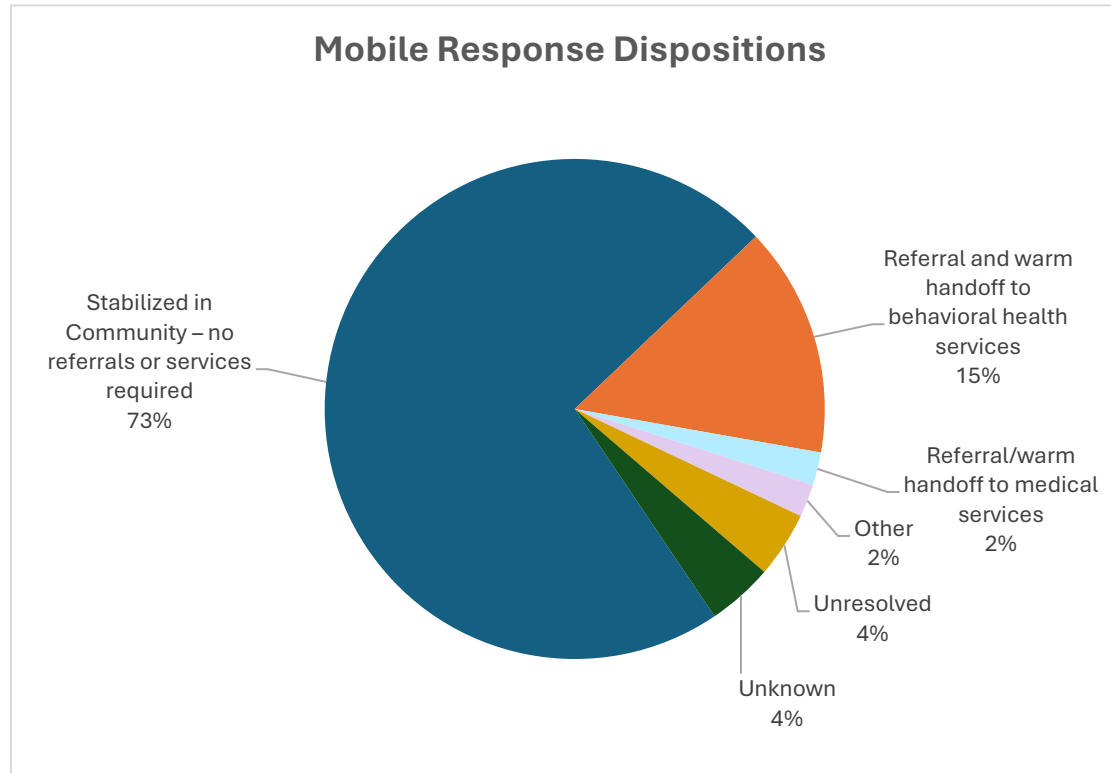
988 Call Data		CWRT Call Data	
# Calls to 988	1,059	# of CWRT Calls from 988	56
# Calls referred to CWRT	56	# of CWRT Calls from the HOPE Line	16
# Calls 988 resolved	1,003	<b>Total # of CWRT Calls</b>	<b>72</b>
# 988 – welfare checks	1	# Calls resolved telephonically	5
		# Calls further assessed for mobile response	67
		# Calls cancelled	20

### CWRT Responses & Dispositions:

Mobile Response Dispositions*			
Stabilized in Community – no referrals or services required	34	Refused CWRT Services	0
Referral and warm handoff to behavioral health services	7	Detained 5150 or 5585 hold (involuntarily taken to hospital)	0
Referral/warm handoff to medical services	1	Detained by Law Enforcement	0
Transported to MHUCC	0	Other	1
Transported to MHTC	0	Unresolved	2
Unable to Locate	0	Unknown	2
Unable to Assess	0	<b>Total # Mobile Responses</b>	<b>47</b>

\*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 Behavioral Health Links (BHL) dispatch software.

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



**Success Stories:**

- *A community member reached out to 988 for anxiety and emotional distress around recent substance use. CWRT visited the community member in her home and observed signs of stress and anxiety. CWRT gave space for the community member to express her thoughts and feelings before asking open-ended questions. The community member shared she does not use substances regularly and she felt stupid for not being prepared for the reaction she had. CWRT assured that the community member she is not stupid, and that the experience is a lesson learned. CWRT also provided validation to the client and encouraged the community member to talk to her doctor. The community member was open to therapy resources provided to her. By the end of the visit, the community member stated she felt a lot better and thanked CWRT and expressed gratitude for all their help.*
- *A mom called about her young adult son who she reported was experiencing symptoms of mania and jeopardizing his housing due to his behavior and the lack of upkeep of his unit. When the CWRT arrived, the son refused services explaining it was his first apartment and he did not really know what he was doing. He shared that he had not responded to his mother’s repeated calls and texts due to his newfound independence and wanting to do things on his own. CWRT began speaking with the mother and identified resources that could assist her with the transition and the loss she was experiencing as her children are becoming adults and identifying as an “empty nester”. She accepted the referrals offered and identified ways she could respond differently and develop a more substantial social support system for herself.*