







Behavioral Health Continuum Infrastructure Program (BHCIP)

Crisis Care Mobile Units (CCMU) Tribal Vehicle Funding Kickoff Webinar

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Behavioral Health Continuum Infrastructure Program (BHCIP)

Crisis Care Mobile Units (CCMU) Tribal Vehicle Funding Kickoff Webinar

Welcome and Agenda

Monica Reeves
CCMU Project Director
Advocates for Human Potential, Inc.



CRISIS CARE MOBILE UNITS PROGRAM

Blessing

Cheryl Wilcox
Tribal Liaison
Advocates for Human Potential, Inc.



CRISIS CARE MOBILE UNITS PROGRAM

Welcome to CCMU



CRISIS CARE MOBILE UNITS PROGRAM

Stephanie Williams

Section Chief

Program and Policy Section

Federal Grants Branch

Community Services Division

Department of Health Care Services

Contracting Process

Monica Reeves
CCMU Project Director
Advocates for Human Potential, Inc.



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Contracting Process

- » Thank you and congratulations on receiving this award!
- » You have all received your contracts via email.
- » Please sign and return to Denise Tornabene (dtornabene@ahpnet.com)
- » Who is your primary contact to provide quarterly report access?
- » Please complete the survey ([Click Link Here](#))
- » Participate in monthly check-in calls with AHP staff.



Invoicing

- » Invoices are to be completed and submitted to AHP promptly upon completion of deliverables each quarter.
- » Refer to the "Statement of Work" (SOW) provided with your Subcontract Agreement, to complete your invoice.
- » Please be sure to verify your total; an invoice with incorrect values will be returned to the subcontractor for re-submission.
- » Sign and date the invoice where indicated. If you are submitting for vehicles and equipment purchased within the quarter, please scan the receipts to substantiate purchases, along with the invoice form, into 1 PDF document and email to ap2@ahpnet.com.

CCMU TRIBAL VEHICLE FUNDING INVOICE TEMPLATE

EMAIL COMPLETED INVOICE AND RECEIPTS FOR EQUIPMENT, IF APPLICABLE, TO AP2@AHPNET.COM

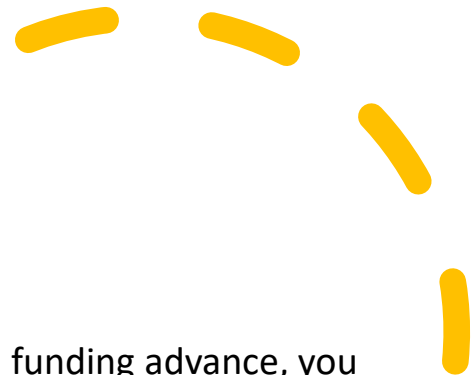
Advocates For Human Potential, Inc.

CCMU Tribal Vehicle Funding Invoice Template

Grantee Quarterly Deliverables Invoice

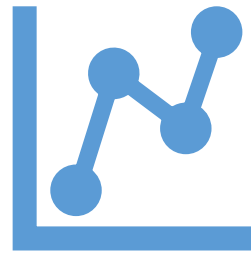
Please delete all instructional text highlighted in yellow **BEFORE** submitting

Agency Name:		
Address:		
Submitted by name:		
Submitted by email:		
Telephone #:		
Project #: 7460.01		
7460.01-004 Click here to choose quarter	Funding Advance	Deliverable Amount
	<i>IF APPLICABLE:</i> Funding advance, per contract Statement of Work (SOW) if you did not receive a funding advance, please delete this text before submitting.	Please add funding advance total here. If you did not request an advance, please delete this text before submitting. Do not replace with \$0. \$
	Vehicle and Modification Purchase(s)	Deliverable Amount
	Include vehicle and vehicle modifications/equipment you purchased here. If you did not purchase any this quarter, please delete this text before submitting. Do not replace with "no equipment purchased" If you have equipment, please list it as: 1 – Passenger Van w/ ADA lift 1- Sedan	Please add vehicle purchase total here. If you did not purchase equipment in this quarter, please delete this text before submitting. Do not replace with \$0. \$
	Deliverable Description	Deliverable Amount
<i>The text below is part of the template. DO NOT DELETE OR EDIT. If any items below are not included in your contract SOW, please leave as is.</i>		
a. Maintain vehicles for Mobile Crisis and Non-Crisis Behavioral Health Services including insurance, maintenance, and repairs to keep in good working order, fuel, and parking. b. Maintain documentation of expenses for submission. c. Prepare quarterly report, detailing purchase activity and service data , with all invoices for submission by the fifteenth day of the first month of the next quarter.	Add total from attachment E of payment schedule for the quarter here (found in your contract SOW) please delete this text before submitting. \$	
Total Amount Due		Add total of Deliverable Amount HERE.

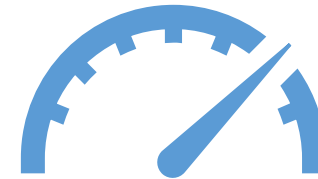


- **Funding Advance:** If your SOW includes a funding advance, you can invoice for that amount immediately upon execution of your contract.
- **Vehicle Purchase:** If a vehicle was purchased in full in the quarter, list each vehicle with a short description, including modification. Provide the actual purchase cost (as confirmed by purchase receipt) in the deliverable amount column. If you received a funding advance, the funding advance amount should be subtracted from the total cost of the vehicle(s) and may not exceed the dollar amount as outlined in your contract SOW.
- **Deliverable Description:** Please leave all written deliverables in BOLD, even if you did not complete the deliverables listed. Deliverable amount should reflect EXACTLY what is listed in the contract SOW.

Data Metrics Review and Feedback



Data must be collected and reported each quarter through an online reporting portal (access to be provided)



Data metrics include service activity provided using the vehicles.

Tribal Vehicle Quarterly Report Metrics

Narrative Questions

1. Provide a brief (up to 50 words) executive summary of your program and how you are using the vehicles to provide access to behavioral health crisis and non-crisis services.

Provide a written summary of the work that has been completed this quarter. A summary should include highlights of the activities and deliverables of the contract. This summary will be provided to DHCS.

- 2. 2a. Were vehicle(s) purchased this quarter Y/N (*if no, do not require answers to 2b, 2c*)
- 2b. How many vehicle(s) were purchased this quarter? ____
- 2c. Type of vehicle(s) purchased

Year, Make, Model	Type (drop down list)
	<ul style="list-style-type: none">• Sedan• SUV• Passenger Van• Transit Van

Tribal Vehicle Quarterly Report Metrics

Service Delivery Data

1. Individuals served using vehicles this quarter

Unduplicated individuals refers to the number of unique individuals served in this quarter, regardless of whether they were served in a previous quarter.

Total Individuals Served	Unduplicated Individuals Served

2. Types of services provided

One service encounter may have multiple services provided. Please include total number of service types provided in all service encounters.

Type	Number
Wellness Check	
Transportation to outpatient behavioral health appointment, including MAT services	
Mobile crisis response	
Delivery of home-based behavioral health services, including MAT services	
Delivery of community-based behavioral health services, including MAT services	
Transportation to or from inpatient behavioral health services	
Delivery of school-based services	
Delivery of or transportation to cultural wellness activities and other prevention and early intervention programming	

Tribal Vehicle Quarterly Report Metrics

Service Delivery Data, continued

3. Outreach, engagement, and training activities utilizing vehicle(s)

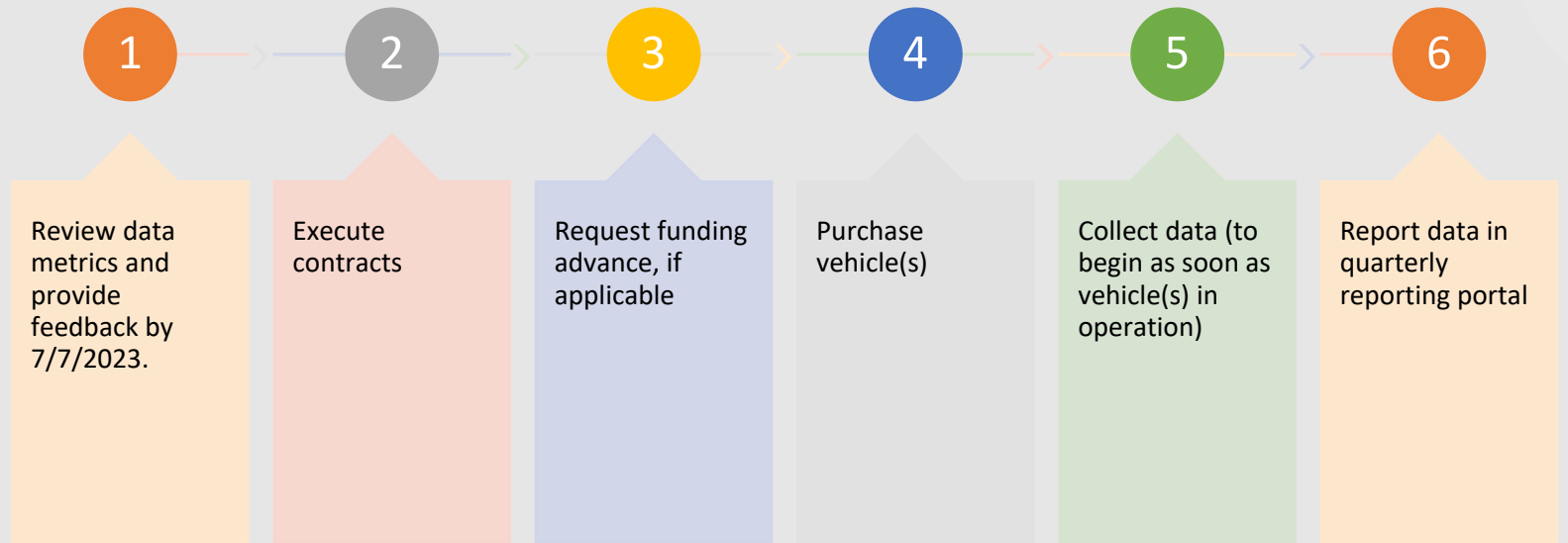
3a. Were any outreach, engagement or training events held, using these vehicles, this quarter? Y/N (*if no, do not require answers to 3b, 3c*)

3b. How many separate activities were held this quarter? ____

3c. Please list activity type and number of individuals served at each event.

Activity Type	People Served
Drop Down: <ul style="list-style-type: none">• Training to community• Outreach and education	

Next Steps



**We look forward to continuing
our partnership with you!**

For additional information:

<https://www.infrastructure.buildingcalhhs.com/ccmu>

CCMU@ahpnet.com



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