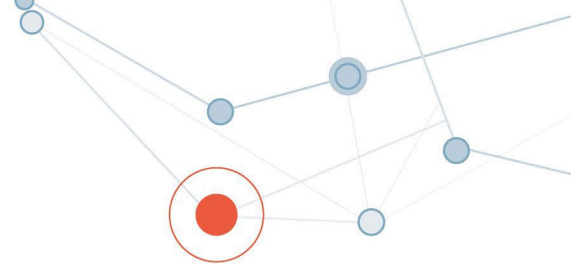




Advocates for Human Potential, Inc.



## CCMU Implementation

Quarterly Report Questions with Frequent Errors

### Training

**Question 1a: Enter the total number of in-person and virtual training courses, by topic, and number of attendees, made available to staff of the CCMU and community partners, for the reporting quarter, by training type.**

**NOTE:** One person can attend multiple trainings; count the individual as an attendee for each training attended.

**NOTE:** If you report having attendees for a specific category, the number of trainings held for that category should be more than zero. If you report having zero attendees for a specific category, the number of trainings held for that category should be zero.

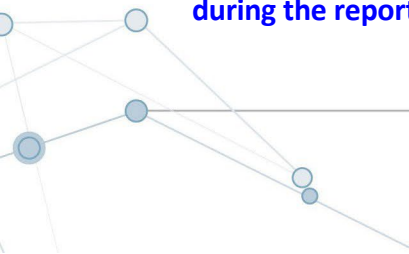
**NOTE:** We define a “community partner” as “another service provider/community **agency** (not individual, unless they are representing a business) that you partner or collaborate with.


**NOTE:** Training category examples may include, but are not limited to:

- **Crisis Intervention Training (CIT):** CIT International (official 40-hour CIT training done in partnership with law enforcement)
- **Understanding SMI and MH crisis response:** mental health first aid, crisis stabilization, suicide prevention, trauma training, coping skills, compassion fatigue, burnout
- **Understanding SUD and SUD crisis response:** Naloxone training, pathways to recovery, recovery support, signs and symptoms of SUD, SUD assessment
- **Other:** Culturally responsive services, TIC, harm reduction, structured brief interventions

**NOTE:** Do not count CCMU events.

**Question 2: Enter the total number of individuals trained (in table above), by discipline, during the reporting quarter.**





**NOTE:** The total number of individuals can be fewer than the total reported in Question 1b, if an individual(s) attended more than one training.

**NOTE:** Discipline examples may include, but are not limited to:

- **Other behavioral health provider:** Case manager, navigator, care coordinator
- **Other system partner:** Insurance provider, housing provider, schools, medical providers (not clinicians)
- **Other:** Parents, caregivers

## CCMU Program Status

**Question 9:** For each referral source, indicate how many calls were received and resulted in dispatch. This total must match the total number of service encounters for dispatched calls from question 7a-1 and 7b.

**NOTE:** Each call that was received and resulted in dispatch should have only **one** referral source.

**NOTE:** “Other” referral examples may include, but are not limited to: School, self.

## CCMU Services and Resolution

**Question 12:** Please indicate the number of CCMU service encounters, by the type of CCMU services provided. One service encounter may have multiple services provided. Please include total number of service types provided in all service encounters. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total will auto-sum. Note: Each individual service type cannot exceed 7a-1.

**NOTE:** Each **service type** can only be delivered a maximum of one time for each service encounter.

**NOTE:** Report all services that were received in each service encounter.

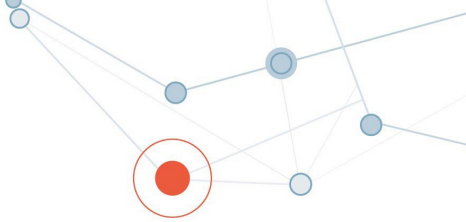
**NOTE:** “Other” service encounters examples may include, but are not limited to: referral to clothing, referral to social services, referral to housing.

**Question 13:** How were CCMU service episodes resolved during the reporting quarter?

**NOTE:** “Other” resolutions examples may include, but are not limited to: Referral/warm handoff to housing, referral/warm handoff to state social services.

## CCMU Services: Demographics

**Question 19:** Enter the number of all individuals receiving CCMU services through dispatch, for the reporting quarter, by previous experience with behavioral health care.



**NOTE:** Previous experience with behavioral health care categories examples may include, but are not limited to:

- **Receive or have received SMI/SED services:** Full-service partnerships (in-patient mental health treatment or hospitalization), other SMI services, wraparound services, intensive case management, therapeutic courts
- **Receive or have received SUD services:** Alcoholics Anonymous (AA), Narcotics Anonymous (NA), in-patient SUD, out-patient SUD, SUD assessment
- **Have received some counseling or health/community based mental health services in the past:** Out-patient mental health services
- **Other:** School counseling

### For all “If ‘Other,’ please list” explanations

- Training: **Questions 1a/1b, 2**
- Marketing: **Questions 4, 6**
- CCMU Program Status: **Questions 5, 6**
- CCMU Dispatched and Non-Dispatched Calls: **Questions 9, 10**
- CCMU Services and Resolution: **Questions 12, 13**
- CCMU Services: Demographics: **Questions 14, 18, 19**
  - **NOTE:** Explanation should be specific and include **quantity** (when applicable) and **description** (title, category, etc.) of “other” and should match the “other” totals reported.