FAQ (Frequently Asked Questions): CCMU Implementation Data Report

What do we do if we have technical problems with the form or submitting data?

Under the tech support/help desk form, select "Quarterly report" and submit your question. A member of our technical team will answer within 2 business days.

What do we do if we have a question about how to answer the questions, and the issue is not covered by this FAQ document?

Contact your Implementation Specialist to inquire, or under the tech support/help desk form, select "Quarterly report" and submit your question. A member of our project staff will answer within 2 business days.

How do we determine which zip codes we serve and which we do not? If we can respond to calls from a zip code but have not received any from that zip code, does that mean we did not serve that zip code? (Question 2 under CCMU Program Status)

If you are willing and able to respond to calls from a zip code, then you should count that as serving that zip code, whether you have received any calls from that zip code or not. If, however, you received funding for an entire city or county but cannot or do not serve certain zip codes for any reason, then you should list these as not served and the remainder as served.

If some teams in our county are available 24 hours a day, 7 days a week, and others are not, should we say that services are available 24/7? (Question 3a under CCMU Program Status)

Yes. This question refers to the hours that any mobile crisis services are available.

If we have multiple teams with different coverage hours, how do we answer the question regarding hours of availability? Do we add the hours of availability together? (Question 3b under CCMU Program Status)

Not necessarily. This question refers to the hours that any mobile crisis services are available. If there are two teams working 10 am–10 pm Monday through Friday and a third team working noon–8 pm Saturday and Sunday, you should answer 76 (5×12 + 2×8). You should not double count for the hours when two teams are working. There are 168 hours in a week, so your answer should be less than that if services are not available 24/7.

If we have multiple teams working at the same time, how do we reflect this in total service hours for the quarter? (Question 4 under CCMU Program Status)

This question refers to all hours for all teams. If you have 10 teams working 40 hours per week for 13 weeks, then you would answer 5,200 (10×40×13), even though the teams' shifts overlap.

If our teams work a "9/80" schedule (nine days every two weeks), how do we handle this?

To simplify reporting, report this as though they are working 40 hours per week.

If there were some variations in hours due to weather, vacations, etc., during the quarter, do we need to provide an exact count of the hours worked, or can we multiply the typical schedule by the number of weeks in the quarter? (Question 4 under CCMU Program Status)

Use your best judgment. If a team went home early because of a storm, or if two teams combined occasionally due to staff illnesses, you do not need to go through staff timesheets to answer this question. On the other hand, if you know that one of the teams was available for only 10 of the 13 weeks, then your answer should account for that.

For CCMU staffing, should we include only staff paid for by the CCMU grant? (Question 5 under CCMU Program Status)

No. Please include any teams receiving any type of support through CCMU funding—training, equipment, dispatch, etc.

All the choices for the staffing question list 2-person teams. If we have 1-person or 3-person teams, how would we answer? (Question 5 under CCMU Program Status)

For anything other than a 2-person team, list "other" and describe in the text area.

For the table of calls, dispatches, and services by zip code, do we need to include all zip codes, or only the ones from which we received calls? (Question 1 under About CCMU Inquiries Resulting in Dispatch)

For this table, you only need to list the zip codes from which you received calls.

Can you explain how a call could result in dispatch, but not services? (Question 1 under About CCMU Inquiries Resulting in Dispatch)

Generally, if the CCMU team provides any form of evaluation, counseling, or referral, it would count as providing services. Dispatches not resulting in services should be limited to situations in which the team goes out into the field, but the individual could not be found or refused services, law enforcement or emergency medical technicians were already on scene and did not allow CCMU staff to intervene, etc.

For the table identifying referral sources, is it possible that a single call, dispatch, or service could have more than one referral source? (Question 2 under About CCMU Inquiries Resulting in Dispatch)

Please list only one referral source per call, dispatch, or service. For example, if you provide services based on a local business calling 911, then you would choose 911.

How do we report on the number of unduplicated individuals provided services if some individuals do not provide the staff with a full name? (Question 6 under About CCMU Inquiries Resulting in Dispatch)

Due to the nature of mobile crisis services, it might not be possible to eliminate all duplication. Please use your best efforts to provide this information.

What service encounters that took place without dispatch should be included? (Question 6b under Non-Dispatched CCMU Calls)

Service encounters should be counted only if they are somehow supported by CCMU funding and include crisis-related services, such as triage/screening, clinical assessment by mental health professional, de-escalation, support for family/friends, coordination with medical services, coordination with behavioral health services, crisis and safety planning, 5150/5585 evaluation, or administering Naloxone. Brief outreach contacts without discussing behavioral health needs should not be included.

How are service encounters defined? (Question 1 under Total Services Summary)

Each time one or more CCMU staff interact with an individual and provide triage, clinical assessment, de-escalation, support for family or friends, coordination with medical services, coordination with behavioral health services, crisis and safety planning, 5150/5585 assessment, naloxone administration, or other crisis services would count as one service encounter, even if multiple services are provided.

Can a service encounter span multiple days? (Question 1 under Total Services Summary)

Ordinarily, a service encounter takes place on a single date. The only exception would be when contact takes place continuously past midnight, for example a response at 11:30 pm Monday that lasted until 12:30 am Tuesday would count as a single encounter.

How do we provide an accurate count of unduplicated clients if our teams respond to calls and provide some form of services without obtaining the individual's full name? (Question 2 under Total Services Summary)

Please use your best efforts to provide an unduplicated client count. Count each provision of services to an unnamed individual as an individual client unless it can be determined, based on service records, that multiple service encounters involved a single individual.

If an individual receives services both dispatched services and non-dispatched services, would this count as one unduplicated client or two? (Question 2 under Total Services Summary)

This would count as one client. You cannot calculate the unduplicated number of clients simply by adding the unduplicated dispatch clients to the unduplicated non-dispatch clients.

Do we list all applicable CCMU services provided during an encounter, or do we have to identify only one? (Question 1 under CCMU Services and Resolution)

List all services provided. We recognize that the percentages in column 2 may add up to more than 100%.

How do we differentiate between walk-in CCMU services and the behavioral health services we normally provide onsite? (Question 1 under CCMU Services and Resolution)

In some circumstances, it might be difficult to distinguish. In general, services provided by CCMU-funded staff would be considered walk-in services, while follow-up services scheduled by the CCMU but provided by other staff would not be considered CCMU services.

What numbers should we use to calculate the percentage of service encounters? (Question 1 under CCMU Services and Resolution)

Use the number in the first column as a percentage of the unduplicated count of all CCMU clients. We are interested in knowing the percentage of CCMU clients that received any given service.

Can we list multiple resolutions for CCMU services (e.g., if the situation was de-escalated onsite but the person was also transported for behavioral health services or if there was a 5150 and transportation for behavioral health services)? (Question 2 under CCMU Services and Resolution)

Please list only one resolution per CCMU interaction with an individual that best describes the situation. Choose de-escalation onsite if the individual was not transported or detained. If there was a 5150, then choose that option because it assumes that the individual was transported for services.

What numbers should we use to calculate the percentage of service episodes resolved in each way? (Question 2 under CCMU Services and Resolution)

Use the number in the first column as a percentage of all CCMU service episodes. We are interested in knowing the resolution of all episodes, whether dispatched or not.

Is the diagnostic and demographic information based on encounters, or on unduplicated clients? (Questions 1–11 under CCMU Services—Diagnoses and Demographics)

This should be based on unduplicated clients.

We live in a small community and are concerned that providing some demographic information might constitute personally identifiable information. (Questions 1–11 under CCMU Services—Diagnoses and Demographics)

If providing this information could result in connecting an individual to the receipt of crisis services or could result in identifying other personal information (such as gender identity), then answer "unknown."

We do not have diagnosis information for most people seen by the CCMU team. How do we report this information? Should we ask the team to guess? (Question 1 under CCMU Services—Diagnoses and Demographics)

It is understood that diagnostic information will not be known. Any diagnosis reported should be based on medical records (if accessed) or information provided by the individual or family member. Otherwise, report "unknown."

Does the diagnosis column need to add up to the total unduplicated clients? What if someone has more than one diagnosis? (Question 1 under CCMU Services—Diagnoses and Demographics)

The total should equal the number of unduplicated clients. If someone has more than one documented diagnosis, then select either the most relevant diagnosis or "other."

Does the race column need to add up to the total unduplicated clients? What if someone has more than one race? (Question 2 under CCMU Services—Diagnoses and Demographics)

The total should equal the number of unduplicated clients. If someone has more than one race, then choose "more than one race."

Does the client count, by language, need to add up to the total unduplicated clients? (Question 3 under CCMU Services—Diagnoses and Demographics)

Yes. You should be able to ensure this by adding entries under "unknown."

We do not ask individuals in crisis for demographic information. How do we report on race, ethnicity, gender, and age? Should these be based on staff observation?

For this type of information please use your best efforts to obtain the information from the individual, their medical records, or collateral contacts. If you are unable to get the information, please mark "unknown."