CCMU Implementation Grantees Quarterly Report
Welcome!This form should be submitted by one member of the grantee organization each quarter. Information included will help us understand recent progress and future support needs you may have for the upcoming quarter. InstructionsYou may hit the Save Draft button to save your work in progress. You may then return to the form at any later time, to continue entering data.

Contracted Agency Name:Enter agency name without acronyms

County:Enter county where agency is located
1. Alameda County
2. Alpine County
3. Amador County
4. Butte County
5. Calaveras County
6. Colusa County
7. Contra Costa County
8. Del Norte County
9. El Dorado County
10. Fresno County
11. Glenn County
12. Humboldt County
13. Imperial County
14. Inyo County
15. Kern County
16. Kings County
17. Lake County
18. Lassen County
19. Los Angeles County
20. Madera County
21. Marin County
22. Mariposa County
23. Mendocino County
24. Merced County
25. Modoc County
26. Mono County
27. Monterey County
28. Napa County
29. Nevada County
30. Orange County
31. Placer County
32. Plumas County
33. Riverside County
34. Sacramento County
35. San Benito County
36. San Bernardino County
37. San Diego County
38. The City and County of San Francisco
39. San Joaquin County
40. San Luis Obispo County
41. San Mateo County
42. Santa Barbara County
43. Santa Clara County

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44. Santa Cruz County
45. Shasta County
46. Sierra County
47. Siskiyou County
48. Solano County
49. Sonoma County
50. Stanislaus County
51. Sutter County
52. Tehama County
53. Trinity County
54. Tulare County
55. Tuolumne County
56. Ventura County
57. Yolo County
58. Yuba County

CCMU Program Name:Enter CCMU program name without acronyms

Report Period of Performance:
1. Jan 1 - Mar 31, 2022: Due Apr 15, 2022
2. Apr 1 - Jun 30, 2022: Due Jul 15, 2022
3. Jul 1 - Sep 30, 2022: Due Oct 15, 2022
4. Oct 1 - Dec 31, 2022: Due Jan 15, 2023
5. Jan 1 - Mar 31, 2023: Due Apr 17, 2023
6. Apr 1 - Jun 30, 2023: Due Jul 17, 2023
7. Jul 1 - Sep 30, 2023: Due Oct 16, 2023
8. Oct 1 - Dec 31, 2023: Due Jan 15, 2024
9. Jan 1 - Mar 31, 2024: Due Apr 15, 2024
10. Apr 1 - Jun 30, 2024: Due Jul 15, 2024
11. Jul 1 - Sep 30, 2024: Due Oct 15, 2024
12. Oct 1 - Dec 31, 2024: Due Jan 15, 2025
13. Jan 1 - Mar 31, 2025: Due Apr 15, 2025
14. Apr 1 - Jun 30, 2025: Due Jul 15, 2025

Name of Person Completing Report:Enter full name of CCMU staff completing report

Narrative Questions

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1. Provide a brief (up to 600 characters, about 75 words) executive summary of your project and accomplishments this quarter.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. What challenges or barriers are you encountering in your implementation process? If applicable, what resolutions are used in tackling these challenges?Provide an explanation of the recent and/or ongoing challenges or barriers your agency has experienced in your CCMU Program during the past quarter. These barriers/challenges can include hiring practices, data collection methods, on-site staff safety, and client follow-up procedures. Please include resolutions to these challenges that CCMU staff have developed to help work through these challenges/barriers.

3. Are there any staffing or program changes this quarter?Select yes or no. If yes, please indicate any major changes that have occurred this quarter in your CCMU project, including staffing changes, hours of project operation, or site location changes.
    1. No
    2. Yes

If yes, please explain changes.

4. Please describe all Equipment Purchases, Activities/Deliverables that build the CCMU Infrastructure and Direct Services.This information should match or reference the activities and deliverables in your contract statement of work. Please enter N/A if the deliverable does not apply.

4a. Equipment Purchases

4b. Field Communications for CCMU

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4c. Dispatch of CCMU Teams

4d. Trainings

4e. Coordination and Planning Activities with Local and Regional Organizations and/or to Manage Multiple CCMUs

4f. Developing Peer Supports within Crisis Services

4g. Marketing for CCMU Services

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4i. Direct Services

[gray box]

Quarterly Report Infrastructure Data Questions

Training

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. Please describe how many in-person and virtual training courses your agency conducted and attended. If the same virtual training was taken by multiple people at different times, it will only count as one occurrence (only unique numbers of the same virtual training are counted; not the number of times you attended the training)

Training Course	Number of in-person trainings conducted by agency	Number of virtual trainings conducted by agency	Number of in-person trainings attended outside agency	Number of virtual trainings attended by staff through outside agency
Crisis Intervention Training (CIT)	❑	❑	❑	❑
Understanding SMI and MH crisis response (including MH First Aid)	❑	❑	❑	❑
Understanding SUD and SUD crisis response (including Naloxone training)	❑	❑	❑	❑
Other (culturally responsive services, TIC, harm reduction, structured brief interventions, etc.)	❑	❑	❑	❑
Total	❑	❑	❑	❑

1b. Enter the total number of attendees for in-person and virtual trainings, by topic, made available to staff of the CCMU and community partners, for the reporting quarter, by training type. Please describe how many attendees you had for in-person and virtual training courses your agency conducted and participated in. If your agency is conducting or sponsoring training, please document the total number of individuals inside and outside of your agency that attended. For training courses attended outside of your agency,

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please only note the number of staff within your agency that attended.

Training Course	Number of people attended in-person training conducted by agency	Number of people attended virtual training conducted by agency	Number of internal staff attended in-person training through outside agency	Number of internal staff attended virtual trainings through outside agency	TOTAL OF ALL ATTENDED
Crisis Intervention Training (CIT)	❏	❏	❏	❏	❏
Understanding SMI and MH crisis response (including MH First Aid)	❏	❏	❏	❏	❏
Understanding SUD and SUD crisis response (including Naloxone training)	❏	❏	❏	❏	❏
Other (culturally responsive services, TIC, harm reduction, structured brief interventions, etc.)	❏	❏	❏	❏	❏
Total	❏	❏	❏	❏	❏

If other, please list topics:List other in-person or virtual training topics, number of training courses and total number of attendees. If you did not enter data in the "Other (culturally responsive services, TIC, harm reduction, structured brief interventions, etc.)" line in the previous question, enter "N/A".

2. Enter the total number of individuals trained (in table above), by discipline, during the reporting quarter:This total will auto-sum.

Discipline	Total number of individuals trained
Clinician	❏
Peer	❏
Other behavioral health provider	❏
Administrator/manager	❏
Administrative support	❏
Law enforcement	❏
Other system partner	❏
Other (please list)	❏

Not reported	☐
Total	☐

If "Other", please list:If you did not enter information on the "Other (please list)" line from above, enter N/A.

MARKETING OF CCMU SERVICES

3. Enter the total number of unique outreach materials developed and distributed by your organization during the reporting quarter.Enter the total number of outreach or education materials. Outreach materials are any materials developed to reach providers, the community or other project stakeholders. This could include flyers, newsletters, social media posts, email blasts, billboards, etc. Distributed includes the number of individual materials dispensed, or audience reached. All cells in the table must be filled out to move on. Zero is an acceptable answer.

Developed/Distributed	Number
Number of outreach materials developed this quarter:	☐
Number of outreach materials distributed this quarter:	☐

4. Enter the number of unique outreach materials developed, during the reporting quarter, in each of the languages below. If a material is in more than one language, include it under each relevant language.All cells in the table must be filled out to move on. Zero is an acceptable answer.

Language	Number of products developed
English	☐
Spanish	☐
Mandarin	☐
Cantonese	☐
Tagalog (including Filipino)	☐
Vietnamese	☐

Korean	❏
Armenian	❏
Farsi	❏
Arabic	❏
Other (please list)	❏

If "other", please describe language and list number of materials for each:If you did not enter information on the "Other (please list)" line from above, enter N/A.

5. Enter the total number of in-person or virtual community events (aside from training) held by or attended by your organization for purpose of awareness/outreach, during the reporting quarter, and the total number of attendees across all events of each type:All cells in the table must be filled out to move on. Zero is an acceptable answer.

Total	Number of Community Events Held or Sponsored	Number of people who attended Community Events Held or Sponsored	Number of Community Events Attended that were sponsored by other agencies	Number of staff attended community events sponsored by other agencies
Total number	❏	❏	❏	❏

6. Who was the audience for your outreach activities during the reporting quarter? Check all that apply.
   1. People who use drugs
   2. People with mental health conditions
   3. Family members of individuals with SUD/SMI
   4. Black/African American populations
   5. Southeast Asian populations
   6. Individuals experiencing homelessness
   7. TAY (18-24)
   8. Immigrants without documentation
   9. Pregnant and post-partum persons
   10. People who have never accessed behavioral health care before
   11. Native American/Tribal/Urban Indian populations
   12. Latino/a/x or Hispanic specific populations
   13. LGBTQ2SIA+
   14. Youth (under 18)

15. Veterans
16. People involved with the justice system
17. Other (please list below)How many new teams started this quarter

If other, please list here:

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CCMU Services Data Questions

CCMU Program Status

1. Did you have CCMU teams delivering Services this quarter?Please select either Yes or No if your CCMU Program provided services to the community this quarter. If no, provide a written explanation of why services were not provided this quarter and when services are expected to begin.
    1. No
    2. Yes

1a. Why were CCMU services not delivered this quarter?

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2. How many total CCMU teams did you have delivering services this quarter?Enter total CCMU teams. A CCMU Team is defined as a minimum of a 2-person team with at least one licensed/waivered clinician. Do not report half teams. Whole numbers only.

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2a. Have new teams started this quarter?
    1. No
    2. Yes

2b. How many new teams started this quarter?This number should be equal to or lower than your answer to Question 2.

[   ]

3. Do CCMU teams serve all zip codes in your jurisdiction?
    1. No
    2. Yes

3a. How many zip codes are not served?

[   ]

3b. Are there zip codes where new services began this quarter?
    1. No
    2. Yes

4. What hours per week are CCMU services available?
    1. 24/7
    2. 80+ hours per week
    3. 40-80 hours per week
    4. Less than 40 hours per week

5. Please provide the following information about staffing of your CCMU program.All cells in the table must be filled out to move on. Zero is an acceptable answer.

Staff Type	Unduplicated count of staff working on CCMU (regardless of hours or funding source)	Vacant positions in CCMU program (by FTE)
Licensed clinicians	❏	❏
Unlicensed clinicians	❏	❏
Peer staff	❏	❏
Medical staff - EMT, paramedic, nurse	❏	❏
Other direct service staff	❏	❏
Management and administrative staff	❏	❏

Other	❏	❏
Total	❏	❏

If "Other", or "Other direct service staff" please describe:If you did not enter information on the "Other" line from above, enter N/A.

6. What is the makeup of your CCMU teams? Please indicate how many of each type of team you utilize in the table below.This number must match the answer from Question 2.

- One clinician and one peer _____
- One clinician and one para-professional (e.g., bachelor level) _____
- Two clinicians _____
- One clinician and one case manager _____
- One clinician and one EMT or other health provider _____
- One clinician and two additional team members _____
- Other _____

If "Other", please describe:If you did not enter information on the "Other (please list)" line from above, enter N/A.

CCMU Dispatched and Non-Dispatched Calls

Indicate the total number of requests for CCMU services that resulted in a team dispatched and CCMU services provided, a team dispatched and NO CCMU services provided, and a team is not dispatched because issue was resolved without dispatch of a team). Include the unduplicated individuals served when a CCMU team is dispatched and CCMU services are provided.Unduplicated individuals refers to the number of unique individuals served in this quarter, regardless of whether they were served in a previous quarter.Dispatched and CCMU Services Provided: Team was dispatched and had contact with individual (example: team provided clinical assessment and 5150 evaluation)Dispatched and no CCMU Services Provided: Team was dispatched, but no CCMU services were provided (example: individual could not be located)

7a-1. Total requests for CCMU services that resulted in a CCMU Team Dispatched and CCMU services provided:

7a-2. Total number of unduplicated individuals served when a team is dispatched and CCMU Services are provided:

7b. Total requests for CCMU services that resulted in a CCMU Team Dispatched BUT NO CCMU Services were provided:

7c. Total number of requests where the issue was resolved without dispatching a CCMU team:

8. Please indicate your CCMU team response times for CCMU dispatches this quarter in the table below.

Response Time

	Response Time
Mean (average) response time in minutes for all dispatches during the quarter	❏

Number of Calls and Response Time Windows. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total calls must equal the total dispatched calls from Question 7a-1 and 7b.

Service	< 1 hour	> 1 hours < 2 hours	> 2 hours < 4 hours	> 4 hours < 24 hours	> 24 hours	Not Reported	TOTAL
Dispatch and CCMU services provided	❏	❏	❏	❏	❏	❏	❏
Dispatch and no CCMU services provided	❏	❏	❏	❏	❏	❏	❏

Total calls resulting in dispatch of a CCMU team	❏	❏	❏	❏	❏	❏	❏

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. All cells in the table must be filled out to move on. Zero is an acceptable answer. Table will auto-sum.

Referral Source	Number of calls resulting in CCMU Dispatches
Crisis line, suicide hotline or 988	❏
911	❏
211	❏
Law enforcement	❏
Behavioral health, homeless, or other service provider	❏
Friend/family	❏
Community member	❏
Source Not Available	❏
Not Reported	❏
Other	❏
Total	❏

If "Other", please list.If you did not enter information on the "Other" line from above, enter N/A.

10. For the dispatches that did not result in CCMU services, how many were due to each of the following reasons, for the specified quarter?The total must match the total number of "Team Dispatched, no CCMU services" from Question 7b.Total will auto-sum.
- Individual not found _____
- Individual refused services _____
- Situation resolved in community prior to CCMU arrival _____
- Law enforcement responded first and declined CCMU participation _____
- Emergency health responded first and declined CCMU participation _____

- Another reason (please describe and provide number) _____
- Not Reported _____

If another reason, please describe and provide number(s):If you did not enter data on the line above, "Another reason (please describe..." please enter N/A.

11. Does your CCMU team provide crisis services in the community without a dispatch (e.g., through mobile outreach or walk-in)?
    1. No
    2. Yes

CCMU Services and Resolution

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.

Service Provided	Number of Service Episodes
Triage/screening onsite	❑
Clinical assessment by MH professional	❑
De-escalation, conflict resolution	❑
Peer support services	❑
Support for family/friends	❑
Referral to medical services	❑
Referral to outpatient behavioral health services	❑
Crisis and safety planning	❑
5150/5585 assessment	❑
Administered Naloxone	❑
Welfare check	❑
Transportation	❑

Other	☐
Total	☐

If "Other", please describe and list the number of each other service:If you did not enter information on the "Other (please list)" line from above, enter N/A.

13. How were CCMU service episodes resolved during the reporting quarter?Select only one choice per service episode. This total number must match the total number of "Dispatch and CCMU Services" in Question 7a-1. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total will auto-sum.
- Stabilized in community – no referrals or services required. _____
- Referral and warm handoff to behavioral health services _____
- Referral/warm handoff to medical services _____
- Detained 5150 or 5585 hold (involuntarily taken to hospital) _____
- Detained by law enforcement _____
- Unresolved _____
- Other _____

If "Other", please list:If you did not enter information on the "Other (please list)" line from above, enter N/A.

CCMU SERVICES - DEMOGRAPHICS

14. Please enter the number of unduplicated individuals served through dispatch in the reporting quarter, by race/ethnicity.This total number must match the total number of unduplicated individuals served through dispatch in Question 7a-2. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total will auto-sum.
- American Indian/Alaska Native _____
- Asian or Asian American _____
- Black/African American _____
- Native Hawaiian/Pacific Islander _____
- Latino/a/x/,Chicano/a/x, or Hispanic _____
- More than one race _____
- White _____
- Other (please describe below) _____
- Not Reported _____

If "other," please describe and list number:If you did not enter information on the "Other (please list)" line from above, enter N/A.

15. Enter the number of unduplicated individuals served through dispatch in the reporting quarter, by gender.This total number must match the total number of unduplicated individuals served through dispatch in Question 7a-2. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total will auto-sum.
- Male _____
- Female _____
- Non-binary/other _____
- Not Reported _____

16. How many unduplicated individuals served during the reporting quarter were pregnant?

17. Enter the number of unduplicated individuals served through dispatch in the reporting quarter, by age for the reporting quarter, by age group.This total number must match the total number of unduplicated individuals served through dispatch in Question 7a-2. All cells in the table must be filled out to move on. Zero is an acceptable answer. Total will auto-sum.
- < 12 _____
- 12-17 _____
- 18-24 _____
- 25-44 _____
- 45-64 _____
- 65+ _____
- Not Reported _____

18. Enter the number of all individuals receiving CCMU services through dispatch for the reporting quarter, by housing status:This total number must match the total from 7a-2. Total will auto-sum.
- Unhoused, unsheltered _____
- Unhoused, sheltered _____
- At risk of homeless _____
- Stably housed _____
- Other (please describe below) _____
- Not Reported _____

If "other," please describe and list number:If you did not enter information on the "Other (please list)" line from above, enter N/A.

19. Enter the number of all individuals receiving CCMU services through dispatch, for the reporting quarter, by previous experience with behavioral health care.Total will auto-sum. This total number must match the total number of unduplicated individuals served through dispatch in Question 7a-2.

- Never received behavioral health services before _____
- Receive or have received SMI/SED services (full Service Partnerships or other SMI services) _____
- Receive or have received SUD services _____
- Receive or have received some counseling or community based mental health services in the past _____
- Other (please describe) _____
- Not reported _____

If "Other", please describe and list number:If you did not enter information on the "Other (please list)" line from above, enter N/A.

I have reviewed my report responses and am ready to submit.

1. Yes