**Organization Name:** Click here to enter text.

**Time Period for the report:** Click here to enter text.

**Service Provision:**

* Describe the successes, challenges, and service gaps identified with the implementation of the enhancements to your Crisis Stabilization Services:

Click here to enter text.

**Personnel: Mark N/A if not applicable**

* List any staffing changes made during this reporting period whose employment impacted your ability to assist and safely manage your work with either former Trueblood class members or individuals experiencing behavioral health stressors.

Click here to enter text.

* Identify barriers or challenges encountered from working with former Trueblood class members or individuals experiencing behavioral health stressors. Click here to enter text.
* Discuss obstacles encountered in filling vacancies, if any: prospects/strategies for filling vacancies and for minimizing negative program impact.

Click here to enter text.

* Describe the staff development and or trainings provided this quarter for Crisis Services staff.

Click here to enter text.

**Services: Mark N/A if not applicable**

* Describe how Crisis Services markets its service to the community and projects itself as a resource for the community in need of support.

Click here to enter text.

* + Provide specific examples of how your services work to link clients with behavioral health needs to the appropriate level of aftercare to include; Community Mental Health Agencies, FHARPS, Substance Abuse Treatment, etc.

Click here to enter text.

**Collaboration with Local Law Enforcement Agencies:**

* + Provide a brief description of partnerships efforts and activities with local Law Enforcement Agencies and other first responders with the goal of providing support for individuals experiencing a behavioral health crisis. Click here to enter text.

**Data:**

|  |  |
| --- | --- |
| Number of persons served for the month: Click here to enter text. | Time period:Click here to enter text. |
| * Number of persons served in last quarter that have also had law enforcement involvement in last 24 months.
 | Click here to enter text. |
| * Number of persons served that have been referred by police or other first responders.
 | Click here to enter text. |
| * Number of persons served with a history of co-occurring disorder.
 | Click here to enter text. |
| * Number of persons referred for emergency hotel/motel voucher.
 | Click here to enter text. |
| * Number of persons referred for FHARPS
 | Click here to enter text. |