**Quarterly Enhanced Crisis Stabilization/Crisis Triage Report**

**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/Crisis Triage (CS/CT) setting:

Click here to enter text.

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

* List any CS/CT staff hired during the reporting period whose employment contributes to the milieu management for working with Trueblood class members and potential class members.

Click here to enter text.

* Identify barriers or challenges encountered from working with the Trueblood class member and potential class member population.

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 CS/CT staff.

Click here to enter text.

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

* Describe how CS/CT markets its service to the community and projects itself as a resource for law enforcement and community in need of support.

Click here to enter text.

* + Provide specific examples of how your facility works to link clients with behavioral health needs to the appropriate level of aftercare to include Community Mental Health Agencies, Forensic Housing and Recovery through Peer Services (FHARPS), Substance Abuse Treatment, etc.

Click here to enter text.

**Collaboration with Local Law Enforcement Agencies:**

* + Provide a brief description of partnerships and activities with local Law Enforcement agencies and other first responders with the ultimate goal of providing support for individuals brought in for a police hold or drop-off. Describe the coordination of activities and policies taken by the facility to meet the objectives of the Trueblood Settlement with those organizations.

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 via drop-off or brought in on a police hold.
 | 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. |