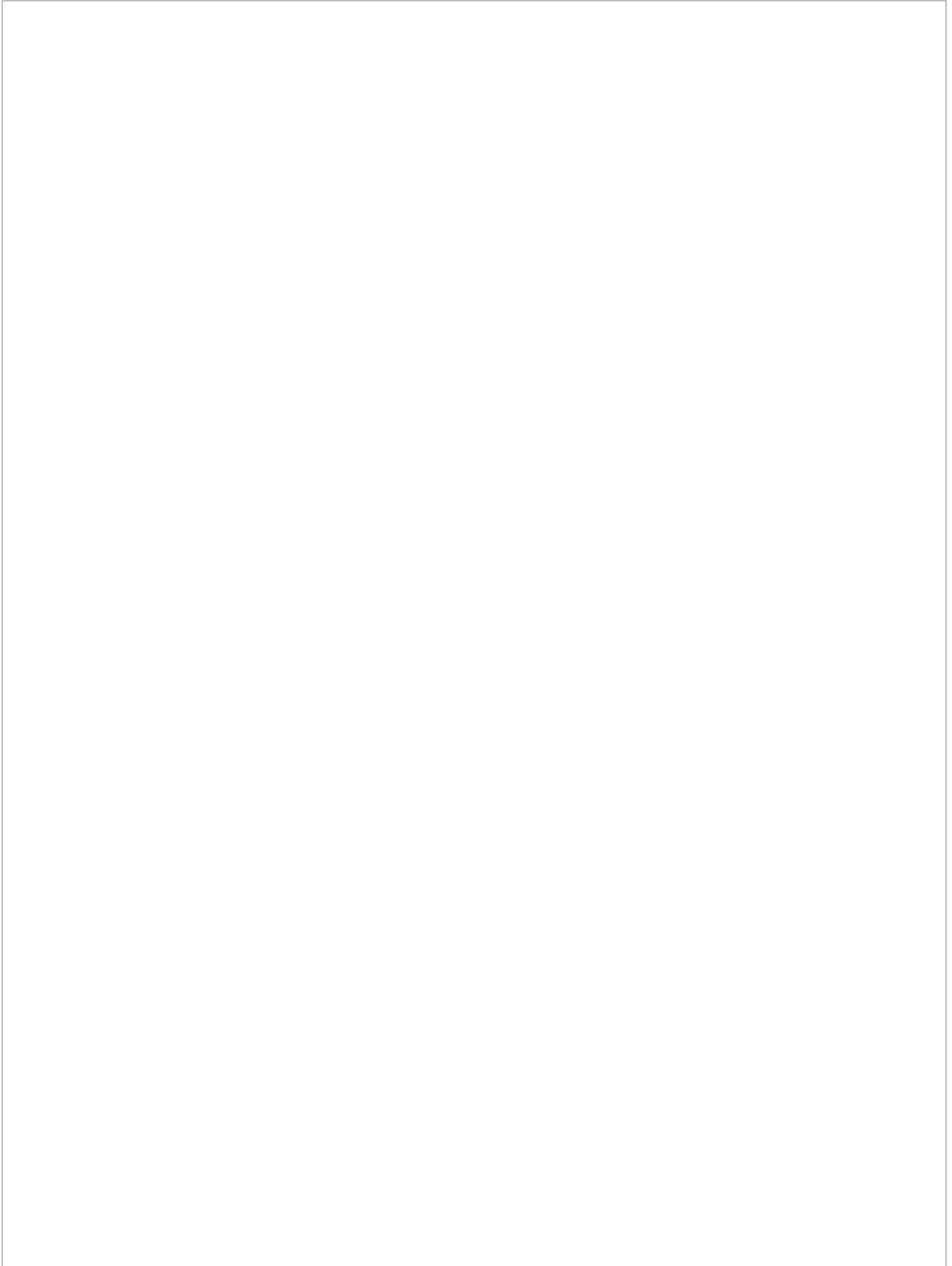


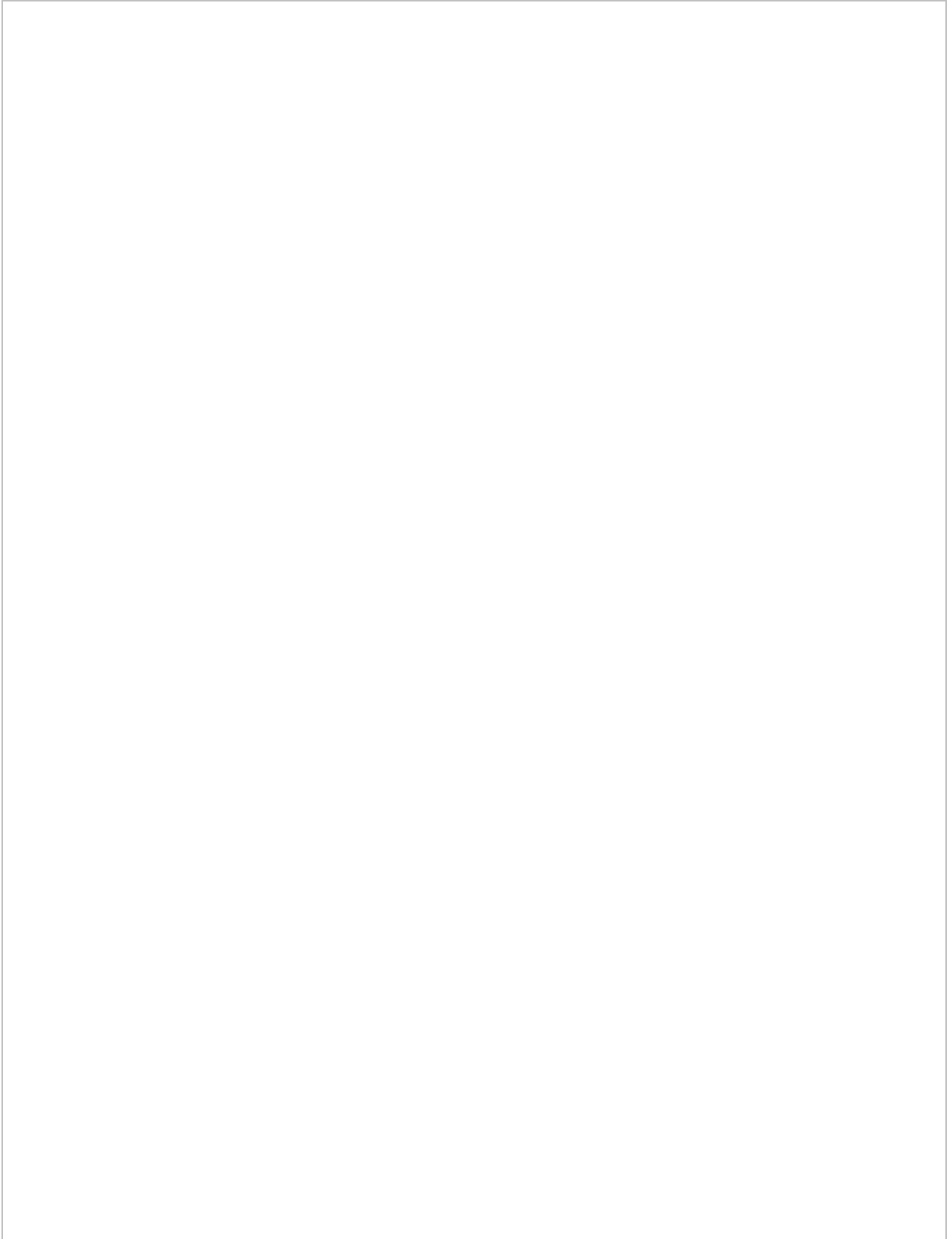


CRISIS CARE MOBILE UNITS PROGRAM

Quarterly Narrative Report

Contracted Agency Name	
CCMU Program Name	
Date of Submission	
Report Period of Performance (Ex: 1/1/2022 - 3/31/2022)	
Name of Person Completing Report	
<p>Provide a brief (up to 50 words) executive summary of your project and accomplishments this quarter. This summary may be submitted to DHCS and posted, and it should be ready for view.</p>	
<p>For each area of activity in your statement of work for this quarter, provide a description of major activities or accomplishments that occurred during the reporting period. (Approximately 2 pages total.)</p>	
<ul style="list-style-type: none"> I. Equipment/Property II. Activities/Deliverables That Build the CCMU Infrastructure <ul style="list-style-type: none"> a. Vehicle-related Costs for the CCMU b. Field Communications for CCMU c. Dispatch of CCMU Teams d. Trainings e. Coordination and Planning Activities with Local and Regional Organizations and/or to Manage Multiple CCMUs f. Developing Peer Supports within Crisis Services g. Marketing for CCMU Services h. Data Collection, Analysis, and Quarterly Reporting for CCMU III. Direct Services 	





What challenges or barriers are you encountering and, if applicable, possible resolutions in implementing your plan?

Are there any staffing or program changes this quarter? Yes No — If yes, please explain your answer.

Have you purchased any equipment/property this quarter? Yes No If yes, what is status?

Do you have any pending or new TA requests? (Check one) **Yes, request in process**
 Yes, new request **No, not at this time. If a new request, please describe here.**