**DOWNTOWN EMERGENCY SERVICE CENTER**

**2023 ICM QUARTERLY PROJECT NARRATIVE REPORT**

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| --- |
| **ICM Staff Person:**   |
| **Reporting Period (highlight one):** Q1 Q2 Q3 Q4 |
|  |
| **Total # of clients served this quarter-**  |
| Duplicated:  |
| Unduplicated:  |
|  |
| **Total # of unduplicated clients admitted to substance use treatment:**   |
| **Total # of unduplicated clients linked to other services:**  |
|  |
| Please provide a brief description of program successes and challenges this quarter (i.e. – crisis services diverted, collaboration with therapeutic courts, collaboration with primary care offices, etc.): *\*do not include identifying client information* |
| NARRATIVE  |