

## City Outreach Quarterly Report

Name: Bert Nash Community Mental Health Center

**Please circle quarter**

1 <sup>st</sup> Jan-March	2 <sup>nd</sup> April-June	3 <sup>rd</sup> <b>July-Sept</b>	4 <sup>th</sup> Oct-Dec
01/01-03/31	04/01-06/30	<b>07/01-09/30</b>	10/01-12/31
Due 04/15	Due 07/15	Due 10/15	Due 1/15

### A: PERSONS SERVED

This table indicates **all** contacts provided for the quarter, (can include multiple contacts with same individual)

1	Number of <b>hours</b> of assertive outreach	60.75
2	Number of <b><u>service contacts</u></b> for assertive outreach (Individuals may also receive Outreach Support)	126
3	Number of <b>hours</b> of outreach support	1061.45
4	Number of <b><u>service contacts</u></b> for outreach support (Individuals may also receive Assertive Outreach Support)	1340
5	Number of <b><u>service contacts</u></b> for households receiving Outreach	184
6	Number of <b><u>service contacts</u></b> household members receiving Outreach	392
7	Number of individuals/households who were discharged	2
8	Declined services	5

#### **\*\* Unduplicated Numbers**

9	Number received outreach 3 or more times	109
10	Number received outreach services (received service less than 3 times)	103
11	Number of new <b><u>unduplicated</u></b> individuals receiving services this quarter	96
12	Number of new <b><u>unduplicated</u></b> households/members receiving services this quarter	6/22
13	Number of existing carried over from previous quarter	128
14	Number who received outreach	168

- Assertive Outreach: seeking individuals/households out, relationship building, ie. Campsites, library, LINK, street canvassing
- Outreach Support: Facilitating access to services, ongoing interactions, technical assistance with applications
- Individual or head of household will be the identified recipient of services

## B: REFERRAL ACTIVITIES

\* This section is to be completed regarding the number of individuals/ head of household who received service during the past quarter including new or existing. (can include multiple contacts with same individual)

1	Number required emergency room visit and / or crisis screening	11/1
2	Number of referrals to SRS, Social Security, Legal	181/1
3	Number of CMHC Services intakes/assessments	16/0
4	Number of Alcohol or Drug Treatment Services/referrals	8/0
5	Number of referrals to Voc Rehab/Employment	21/0
6	Number of Referrals for Health Care Services	55/1
7	Number of Referrals for Dental Care Services	5/0
8	Number of referrals to LDCHA	21/0
9	Number Technical Assistance in Applying for Housing Assistance	32/0
10	Number Received Planning/obtaining Housing	17/1
11	Number of One-Time Rental Payments to Prevent Eviction	4/0

\* Numbers indicate services to identified individual/ head of household,

	<b>Referral Assistance from other community partners: ESC, Churches, Private Donation.</b>	<b>City Outreach Funds</b>	<b>ESC, Churches, Private Donation</b>
1	Food Pantry	12	30
2	Funds for ID, birth certificates	10	1
3	Bus Pass	303	0
4	Temporary Shelter	9	1
5	Security Deposit	6	11
6	Utility Assistance	5	10
7	One Time Rental Assistance	8	16
8	Other emergency assistance	11	12
	<b>Total</b>	<b>364</b>	<b>81</b>

- Numbers indicate services to identified individual/ head of household

These qualifiers apply through duration of report.

Left hand column represents those receiving services 3 or more times.

Right hand column represents those receiving services less than 3 times.

Numbers are unduplicated.

<b>4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS (By consumer report or observation)</b>	<b>TOTAL</b>
a. Schizophrenia and other Psychotic Disorders	10/19
b. Other Serious Mental Illness	47/24
c. Undiagnosed Mental Illness	4/5
d. Unknown/No mental illness	29/33
c. MR/DD	19/22
<b>TOTAL</b>	<b>109/103</b>

\* Numbers refer to identified individual/ head of household

<b>5. SUBSTANCE USE DISORDER</b>	<b>TOTAL</b>
<ul style="list-style-type: none"> <li>Co-Occurring Substance Use Disorder (Mental Health and Substance Abuse)</li> </ul>	22/23
b. Substance Use Disorder	13/11
c. No Substance Use Disorder	33/10
d. Unknown If Substance Use Disorder	41/59
<b>TOTAL</b>	<b>109/103</b>

\* Numbers refer to identified individual/ head of household

<b>7. HOUSING STATUS @ FIRST CONTACT (only those enrolled)</b>	<b>TOTAL</b>
a. Outdoors (e.g., street, abandoned building, car)	5/14
b. Emergency Shelter	45/44
c. Apartment, Room, House (Someone Else's or Own)	41/28
d. Hotel, SRO, Boarding House	7/5
e. Halfway House, Residential Treatment Program	2/1
f. Institution (Hospital, Nursing Facility)	3/0
g. Jail or Correctional Facility	3/2
h. Other	1/0
i. Unknown	2/9
<b>TOTAL</b>	<b>109/103</b>

• Numbers refer to identified individual/ head of household

<b>8. TIME LENGTH HOMELESS/PRECARIOUSLY HOUSED (Only those enrolled)</b>	<b>TOTAL</b>
a. Less than 2 days	3/2
b. 2-30 days	7/4
c. 31-90 days	23/11
d. 91 days to 1 yr	24/6
e. Over than 1 yr	28/34
f. Unknown/Not Currently Homeless	24/46
<b>TOTAL</b>	<b>109/103</b>

- Numbers refer to identified individual/ head of household

<b>CHRONIC HOMELESS</b>	<b>TOTAL</b>
HUD defines a chronically homeless person as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.” To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays.	<b>70/70</b>

<b>PRECARIOUSLY HOUSED</b>	<b>TOTAL</b>
Includes people sleeping in conventional dwelling units but their housing situation must have arisen from an inability to pay for one’s own housing due to an emergency, and must be of short anticipated duration, and the person has no immediate plans or prospects for stable housing, and insufficient financial resources to obtain housing	<b>37/26</b>

<b>OTHER</b>	<b>TOTAL</b>
Any individuals who do not qualify as homeless or precariously housed should still be accounted for.  2 /7	<b>109/103</b>

### C: DEMOGRAPHICS\*

\* This section is to be completed using the information of those **new and existing individuals/household members** during the past quarter

\* Demographics include all household members including children/family

<b>1. AGE</b>	<b>Total</b>
a. Less than 13	0/0
b. 13-17 yrs	0/0
c. 18-34 yrs	43/21
d. 35-49 yrs	40/56
e. 50-64 yrs	25/17
f. 65-74 yrs	0/1
g. 75 and older	0/0
h. Unknown	2/8
<b>TOTAL</b>	<b>109/103</b>

<b>2. GENDER</b>	<b>Total</b>
a. Male	59/65
b. Female	50/38
c. Unknown	0/0
<b>Total</b>	<b>109/103</b>

<b>3. RACE</b>	<b>Total</b>
a. American Indian or Alaska Native	4/2
b. Asian	0/0
c. Black or African American	17/14
d. Hispanic or Latino	3/2
e. Native Hawaiian or Other Pacific Islander	0/0
f. White	84/80
g. Other	0/0
h. Unknown	1/5
<b>TOTAL</b>	<b>109/103</b>

<b>6. VETERAN STATUS</b>	<b>TOTAL</b>
a. Veteran	8/2
b. Non-Veteran	94/65
c. Unknown	7/36
<b>TOTAL</b>	<b>109/103</b>

**D:**

#### **SERVICE PROVISION OUTCOMES\***

- This section is to be completed regarding all individuals receiving services within the past quarter. .

	3 mos	6 mos	9 mos	12 mos
Number of Individuals upgraded Into Permanent Housing	/	/	12/3	/
Number of Households upgraded to Permanent Housing/number in household	/	/	12/4	/
Number of Individuals Upgraded Into Transitional Housing	/	/	14/7	/
Number of Households Upgraded into Transitional Housing/number in household	/	/	5/1	/
Number Homeless	/	/	43/39	/
Number Incarcerated	/	/	4/3	/
Number Hospitalized/Placed In Nursing Facility	/	/	1/0	/
Number Lost Contact/Status Unknown	/	/	10/27	/
Number On Waiting List For subsidized housing	/	/	9/0	/
Receiving Housing Assistance/Number housed	/	/	4/0	/
Number Employed/Increased Employment/improved income	/	/	14/1	/
Number Receiving Mental Health Treatment	/	/	35/7	/

Number Received Alcohol/ Drug Services	/	/	5/2	/
Number Who decrease/no Drug/Alcohol Use	/	/	1/0	/
Number of individuals discharged into homelessness from jail/hospital	/	/	5/1	/
Number of individuals discharged from jail/hospital not from Douglas Co	/	/	1/0	/
Number individuals returned to homelessness despite outreach support services	/	/	3/0	/

\* Individual client could experience situations more than once per quarter

## **EXECUTIVE SUMMARY:**

### **City Homeless Outreach Team 3<sup>rd</sup> Quarter July through August 2008**

- **1061** hours of direct service provided to
- **168** (unduplicated) individuals received either assertive outreach, outreach and/or ongoing supportive services
- **1340** hours of service contracts including assertive outreach, outreach and ongoing supportive services
- **5** individuals declined services

This quarter we have served approximately 10% more clients than the previous quarter as a result of being fully staffed and an increase in the number of referrals. The number of referrals to SRS, Social Security Administration, CMHC intakes, Vocational Rehabilitation and Employment, Health Care services, and LDCHA, and Food Pantry continues to remain significant for this quarter. We have continued to provide bus passes to individuals and provided funds for IDs and birth certificates (see table B/Referral activities). The number of individuals upgraded into permanent housing has significantly risen again this quarter.

### **Other Highlights**

Ongoing collaboration with local agencies, improving communication to provide a reduction in the duplication of agency services, prompt services delivery, increased referrals of clients who are Severe and Persistently Mentally Ill to BNC case management services or other appropriate community providers. The team continues to be motivated and enthusiastic about their work as demonstrated by their advocacy efforts and their commitment to the population they are serving.

**Budget Report:** Budget remains on track for the third quarter.