

## City Outreach Quarterly Report

Name: Bert Nash Community Mental Health Center

### Please circle quarter

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

### 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	106.75
2	Number of <b><u>service contacts</u></b> for assertive outreach (Individuals may also receive Outreach Support)	349
3	Number of <b>hours</b> of outreach support	1071.45
4	Number of <b><u>service contacts</u></b> for outreach support (Individuals may also receive Assertive Outreach Support)	1155
5	Number of <b><u>service contacts</u></b> for households receiving Outreach	37
6	Number of <b><u>service contacts</u></b> household members receiving Outreach	69
7	Number of individuals/households who were discharged	18
8	Declined services	6

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

9	Number received outreach 3 or more times	103
10	Number received outreach services (received service less than 3 times)	111
11	Number of new <b><u>unduplicated</u></b> individuals receiving services this quarter	110
12	Number of new <b><u>unduplicated</u></b> households/members receiving services this quarter	19
13	Number of existing carried over from previous quarter	123
14	Number who received outreach	214

- 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	16
2	Number of referrals to SRS, Social Security, Legal	205
3	Number of CMHC Services intakes/assessments	58
4	Number of Alcohol or Drug Treatment Services/referrals	22
5	Number of referrals to Voc Rehab/Employment	96
6	Number of Referrals for Health Care Services	122
7	Number of Referrals for Dental Care Services	2
8	Number of referrals to LDCHA	48
9	Number Technical Assistance in Applying for Housing Assistance	169
10	Number Received Planning/obtaining Housing	46
11	Number of One-Time Rental Payments to Prevent Eviction	5

\* 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	2	33
2	Funds for ID, birth certificates	13	4
3	Bus Pass	150	0
4	Temporary Shelter	1	2
5	Security Deposit	2	3
6	Utility Assistance	0	1
7	One Time Rental Assistance	6	18
8	Other emergency assistance	49	3
	<b>Total</b>	<b>223</b>	<b>64</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	9/11
b. Other Serious Mental Illness	54/37
c. Undiagnosed Mental Illness	0/1
d. Unknown/No mental illness	33/59
c. MR/DD	7/3
<b>TOTAL</b>	<b>103/111</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>	38/15
b. Substance Use Disorder	9/11
c. No Substance Use Disorder	25/20
d. Unknown If Substance Use Disorder	31/65
<b>TOTAL</b>	<b>103/111</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)	6/6
b. Emergency Shelter	38/43
c. Apartment, Room, House (Someone Else's or Own)	47/37
d. Hotel, SRO, Boarding House	6/9
e. Halfway House, Residential Treatment Program	3/2
f. Institution (Hospital, Nursing Facility)	1/1
g. Jail or Correctional Facility	2/3
h. Other	0/1
i. Unknown	0/9
<b>TOTAL</b>	<b>103/111</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	1/1
b. 2-30 days	4/21
c. 31-90 days	16/15
d. 91 days to 1 yr	20/11
e. Over than 1 yr	44/29
f. Unknown/Not Currently Homeless	18/34
<b>TOTAL</b>	<b>103/111</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>40/59</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>46/31</b>

<b>OTHER</b>	<b>TOTAL</b>
Any individuals who do not qualify as homeless or precariously housed should still be accounted for.  <b>17/21</b>	<b>103/111</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	32/34
d. 35-49 yrs	46/55
e. 50-64 yrs	23/12
f. 65-74 yrs	0/0
g. 75 and older	0/0
h. Unknown	2/10
<b>TOTAL</b>	<b>103/111</b>

<b>2. GENDER</b>	<b>Total</b>
a. Male	58/69
b. Female	45/42
c. Unknown	0/0
<b>Total</b>	<b>103/111</b>

<b>3. RACE</b>	<b>Total</b>
a. American Indian or Alaska Native	5/5
b. Asian	0/0
c. Black or African American	14/21
d. Hispanic or Latino	3/3
e. Native Hawaiian or Other Pacific Islander	0/0
f. White	79/79
g. Other	0/0
h. Unknown	2/3
<b>TOTAL</b>	<b>103/111</b>

<b>6. VETERAN STATUS</b>	<b>TOTAL</b>
a. Veteran	5/3
b. Non-Veteran	92/87
c. Unknown	6/21
<b>TOTAL</b>	<b>103/111</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	21/9	/	/	
Number of Households upgraded to Permanent Housing/number in household	11/7	/	/	
Number of Individuals Upgraded Into Transitional Housing	9/4	/	/	
Number of Households Upgraded into Transitional Housing/number in household	2/4	/	/	
Number Homeless	41/44	/	/	
Number Incarcerated	7/3	/	/	
Number Hospitalized/Placed In Nursing Facility	7/0	/	/	
Number Lost Contact/Status Unknown	15/39	/	/	
Number On Waiting List For subsidized housing	12/6	/	/	
Receiving Housing Assistance/Number housed	8/4	/	/	
Number Employed/Increased Employment/improved income	20/8	/	/	
Number Receiving Mental Health Treatment	35/18	/	/	

Number Received Alcohol/ Drug Services	9/3	/	/	
Number Who decrease/no Drug/Alcohol Use	7/0	/	/	
Number of individuals discharged into homelessness from jail/hospital	2/0	/	/	
Number of individuals discharged from jail/hospital not from Douglas Co	1/0	/	/	
Number individuals returned to homelessness despite outreach support services	4/2	/	/	

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

## EXECUTIVE SUMMARY:

### **City Homeless Outreach Team 1st Quarter January through March 2009**

- **1071.45** hours of direct service provided to
- **214** (unduplicated) individuals received either assertive outreach, outreach and/or ongoing supportive services
- **1155** hours of service contracts including assertive outreach, outreach and ongoing supportive services
- **6** individuals declined services

The number of clients who received outreach services has increased during this quarter. Compared to the previous quarter, a 30% increase in services is the result of increased number of referrals, fully staffed team, and improved outreach opportunities related to the season. The number of referrals for Vocational Rehabilitation/Employment and Technical Assistance with applying for housing and Social Security as well as those receiving CMHC Services has increased during this period. The number of referrals for Health Care services, SRS benefits, and Food Pantries continue to be significant for this quarter. We have continued to provide bus passes to individuals and provided funds for IDs, birth certificates, temporary shelters and emergency assistance (see table B/Referral activities). The number of individuals upgraded into permanent housing remains consistent 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 committed efforts and willingness to advocate publically for the population they serve.

**Budget Report:** Budget is on track for the first quarter.