

City Outreach Quarterly Report

Name _____ 2006 _____

Please circle quarter

1 st March –June 3/15 – 6/15 Due 7/20	2nd July-Sept 6/16 – 9/15 Due 10/20	3 rd Oct-Dec 9/16 – 12/15 Due 1/20	4 th Jan-March 12/16 – 3/15 Due 4/20
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A: PERSONS SERVED

This table should be unduplicated count of persons served.

1	Number of hours of assertive outreach	380.5
2	Number of <i>individuals</i> receiving assertive outreach (Individuals may also receive Outreach Support)	156
3	Number of hours of outreach support	1192.5
4	Number of <i>individuals</i> receiving outreach support (Individuals may also receive Assertive Outreach Support)	113
5	Number of <i>households</i> receiving Outreach	28
6	Number of household members receiving Outreach	84
7	Number of in-house referrals or walk-ins Literally Homeless: 17 Precariously Housed: 13	30
8	Number Existing/Enrolled Who Were discharged	20

9	Declined services	27
10	Number received outreach services not enrolled (received service less than 3 times)	103
11	Number Newly Enrolled this quarter including households members	91
12	Number carried over from previous quarter	64
13	Number who received outreach (all unduplicated people outreach)	285

Question #9 + Question #10 + Question #11 + Question #12 = Question #13

Question #11 + Question #12 = Number enrolled

AVAILABLE SERVICES REFERRED TO*

* This section is to be completed regarding the number of clients/households who received service during the past quarter whether they were newly enrolled **or** existing.

1	Number required emergency room visit and / or crisis screening	25
2	Number of referrals to SRS, Social Security	58
3	Number of CMHC Services intakes/assessments	39
4	Number of Alcohol or Drug Treatment Services/referrals	23
5	Number of referrals to Voc Rehab/Employment	30
6	Number of Referrals for Health Care Services	37
7	Number of Referrals for Dental Care Services	5
8	Number of referrals to LDCHA	51
9	Number Technical Assistance in Applying for Housing Assistance	55
10	Number Received Planning/obtaining Housing	81
11	Number of One-Time Rental Payments to Prevent Eviction	6

* Numbers indicate services to identified client

	Referral Assistance from other community partners: ESC, Churches, Private Donation.	City Outreach Funds	ESC, Churches, Private Donation
1	Food Pantry	2	48
2	Funds for ID	27	6
3	Bus Pass	34	22
4	Temporary Shelter	4	15
5	Security Deposit	7	7
6	Utility Assistance	4	6
7	One Time Rental Assistance	6	5
8	Other emergency assistance	11	38
	Total	95	147

* Numbers indicate services to identified client

B: DEMOGRAPHICS*

* This section is to be completed using only the information of those **enrolled** during the past quarter includes household members.

1. AGE	TOTAL
a. Less than 13	43
b. 13-17 yrs	7
c. 18-34 yrs	40
d. 35-49 yrs	57
e. 50-64 yrs	16
f. 65-74 yrs	
g. 75 and older	
h. Unknown	2
TOTAL	165*

2. GENDER	Total
a. Male	76
b. Female	79
c. Unknown	
Total	155

* Demographics include all household members including children/family members

3. RACE	Total
a. American Indian or Alaska Native	9
b. Asian	1
c. Black or African American	29
d. Hispanic or Latino	1
e. Native Hawaiian or Other Pacific Islander	0
f. White	111
g. Other	3
h. Unknown	1
TOTAL	155

4. PRINCIPAL MENTAL ILLNESS DIAGNOSIS (By consumer report or observation)	TOTAL
a. Schizophrenia and other Psychotic Disorders	18
b. Other Serious Mental Illness	38
c. Undiagnosed Mental Illness	15
d. Unknown	84
TOTAL	155

5. SUBSTANCE USE DISORDER	TOTAL
a. Co-Occurring Substance Use Disorder (Mental Health and Substance Abuse)	26
b. Substance Use Disorder	20
c. No Substance Use Disorder	100
d. Unknown If Substance Use Disorder	9
TOTAL	155

6. VETERAN STATUS	TOTAL
a. Veteran	4
b. Non-Veteran	150
c. Unknown	1
TOTAL	155

7. HOUSING STATUS @ FIRST CONTACT (only those enrolled)	TOTAL
a. Outdoors (e.g., street, abandoned building, car)	22
b. Emergency Shelter	43
c. Apartment, Room, House (Someone Else's or Own)	46

d. Hotel, SRO, Boarding House	15
e. Halfway House, Residential Treatment Program	0
f. Institution (Hospital, Nursing Facility)	2
g. Jail or Correctional Facility	3
h. Other	0
i. Unknown	24
TOTAL	155

8. TIME LENGTH HOMELESS/PRECARIOUSLY HOUSED (Only those enrolled)	TOTAL
a. Less than 2 days	4
b. 2-30 days	11
c. 31-90 days	21
d. 91 days to 1 yr	66
e. Over than 1 yr	30
f. Unknown	23
TOTAL	155

CHRONIC HOMELESS	TOTAL
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.	53

PRECARIOUSLY HOUSED	TOTAL
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	102

MR/DD	TOTAL
Includes persons who have symptoms of mental retardation and/or developmental disability (impairments in adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, and use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Also includes persons who report having MR/DD services as a child.	12

C. SERVICE PROVISION OUTCOMES*

* This section is to be completed regarding only enrolled consumers within the past quarter.

	3 mos	6 mos	9 mos	12 mos	D/C
Number of Individuals upgraded Into		11			

Permanent Housing					
Number of Households upgraded to Permanent Housing/number in household		4/13			
Number of Individuals Upgraded Into Transitional Housing		2			
Number of Households Upgraded into Transitional Housing/number in household		3/10			
Number Homeless		110			
Number Incarcerated		1			
Number Hospitalized/Placed In Nursing Facility		0			
Number Lost Contact/Status Unknown		8			
Number On Waiting List For subsidized housing		19			
Receiving Housing Assistance/ Number housed		4/36			
Number Employed/Increased Employment/improved income Stability/In School		17			
Number Receiving Mental Health Treatment		29			
Number Received Alcohol/ Drug Services		2			
Number Who decrease/no Drug/Alcohol Use		6			
Number of individuals discharged into homelessness from jail/hospital		5			
Number of individuals discharged from jail/hospital not from Douglas Co		2			
Number individuals returned to homelessness despite outreach support services		1			

* Individual client could experience situations more than once per quarter

NARRATIVE:

155 individuals are enrolled in Outreach Support
285 individuals were reached

36 individuals housed